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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

			C Name of organization	g 07-01-2009 and ending 06-30	2010	D Employer id	entification number		
	eck if ap dress cha		Ursinus College			23-117793	30		
_	me char	label or print or		E Telephone n					
_	al retur	type. Se		O box if mail is not delivered to street a	ddrass) Doom/suta	(610) 409-	3000		
– Ter	mınated	Instruc-	601 East Main Street	O DOX II Maii is not delivered to street a	duress) Room, suite	G Gross receipts	\$ \$ 284,012,237		
– _{Am}	ended r	return	City or town, state or co	untry, and ZIP + 4		1			
– App	olication	pending	Collegeville, PA 194261	000					
		F N	ame and address of princ	ipal officer	H(a) Is t	■ nis a group retur	n for		
			Corson East Main Street			ates?	⊤Yes ▼ No		
			geville, PA 19426		H(b) Are	all affiliates includ	ded?		
			_		1 ' '		(see instructions)		
Та	x-exem	pt status	(c) (3) ◀ (insert no)	1947(a)(1) or 527	H(c) Gro	up exemption nu	umber ►		
W	ebsit e	: • www ursinus	edu						
	_		ration Trust Association	Other 🕨	L Year of f	ormation 1869	M State of legal domicile PA		
Pa	rt I	Summary	hh						
				on or most significant activities IS TO ENABLE STUDENTS TO B	ECOME INDEPE	NDENT, RESPO	ONSIBLE, AND		
ų	1			H A PROGRAM OF LIBERAL EDU					
2									
Ě									
ankellidilice	١,	Chack this have		scontinued its operations or dispo	and of more than	2 E 0/2 of its not	nacata		
			,						
ნ				ing body (Part VI, line 1a)			39		
CANIANA			endent voting members	e 1 b)		36			
			employees (Part V , line :			1,517			
ŧ			volunteers (estimate if n			38			
		_	lated business revenue	2		a 16,750			
	ь	Net unrelated bu	ısıness taxable ıncome f		7				
Revenue		Cantuckustusus	and supplied (DoublyTIT line		or Year	Current Year			
	8			e 1h)		9,952,678	11,847,295		
	9		e revenue (Part VIII, lin		74,806,343	81,850,327			
Ž	10 11		ome (Part VIII, column (Part VIII, column (A), l	•	-3,927,409 605,168	6,989,530			
	12		-add lines 8 through 11 (line	003,108	517,111			
					81,436,780	101,204,263			
	13	Grants and sım	ıılar amounts paıd (Part I		27,605,381	31,801,443			
	14	Benefits paid to	o or for members (Part IX		0				
Ø.	15	Salaries, other 10)	compensation, employed	es 5-	26,551,591	27,810,585			
Expenses	16a	•	ndraising fees (Part IX, c		0	95,545			
ੜੇ	ь	Total fundraising e	expenses (Part IX, column (D),						
ш	17	Other expense	s (Part IX, column (A), lı	nes 11a-11d, 11f-24f)		29,047,973	30,502,824		
	18	Total expenses	Add lines 13-17 (mus	t equal Part IX, column (A), line 2!	5)	83,204,945	90,210,397		
	19	Revenue less e	expenses Subtract line 1	8 from line 12		-1,768,165	10,993,866		
8 8 8					_	ng of Current	End of Year		
net Assets or Fund Balances	20	Total assets /D	art X, line 16)			Year 235,201,446	251,856,595		
90	21		(Part X, line 26)		68,699,638	69,514,206			
E E	22		und balances Subtract l	' <u> </u>	166,501,808	182,342,389			
Pai		Signature I		<u> </u>	-	100,001,000	102,312,303		
		Under penalties of	регјигу, I declare that I have	examined this return, including accompan					
		and belief, it is true	e, correct, and complete Deck	aration of preparer (other than officer) is l	pased on all informa	tion of which prepa	rer has any knowledge		
Sign	1				2011	05-12			
ler		Signature of of	ficer		Date				
		Winfield L Guiln Type or print na	nette VP for Finance & Admini ame and title	stration					
		Preparer's		Date	Check If	Preparer's ident			
Paid		signature			self- empolyed 🕨				
	arer's	Firm's name (or yo	ours 📐 KPMG LLP		1 7 7	<u>' </u>			
Jse (Only	ıf self-employed), address, and ZIP +	4 1676 International Driv	an and an		EIN 🕨			
		address, and Air T				Phone no 🕨 (703) 286-8000		
		McLean, VA 22102 Phone no F (703) 286-8000 V Ves							
4		C 4					G v		

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

THE MISSION OF URSINUS COLLEGE IS TO ENABLE STUDENTS TO BECOME INDEPENDENT, RESPONSIBLE, AND THOUGHTFUL INDIVIDUALS THROUGH A PROGRAM OF LIBERAL EDUCATION THAT EDUCATION PREPARES THEM TO LIVE CREATIVELY AND USEFULLY, AND TO PROVIDE LEADERSHIP FOR THEIR SOCIETY IN AN INTERDEPENDENT WORLD

the If' 3 Did se If' 4 De Se	e prior Form 990 or 99 "Yes," describe these d the organization cea rvices? "Yes," describe these escribe the exempt pu ction 501(c)(3) and 5	onew services on Schoolse conducting, or ma changes on Schedule	edule O ke significant	changes in how it co	r which were not listed on	│ Yes
3 Did se If' 4 De Se	d the organization cearvices?	se conducting, or ma	ke significani . O	_	onducts, any program	Γ Yes Γ No
se If` 4 De Se	rvices?	changes on Schedule		_	onducts, any program	┌ Yes ┌ No
4 De Se	scribe the exempt pu ction 501(c)(3) and 5	rpose achievements i				
Se	ction 501(c)(3) and 5					
	ocations to others, th	e total expenses, and	ns and sectio	n 4947(a)(1) trusts a	largest program services bare required to report the an service reported	
4a ((Code) (Expenses \$	61,736,884	ıncludıng grants of \$	31,801,443) (Revenue \$	67,039,497)
U EI	NDERGRADUATE STUDENT	S FROM VARIOUS STATES	AND COUNTRIE	S, MOST OF WHO RESIDE	R OF ARTS OR BACHELOR OF SCIE IN CAMPUS RESIDENCE HALLS T IRTS AND BACHELOR OF SCIENCE	
4b (0	Code) (Expenses \$	17,027,537	ıncludıng grants of \$) (Revenue \$	14,810,830)
E1 C B/	ITHER TRADITIONAL RESID HOOSE FROM A VARIETY C AR URSINUS OFFERS OPP	ENCE HALLS INTEGRATED OF MEAL PLANS AND MAY CO ORTUNITIES TO ACHIEVE	INTO THE CAM CHOOSE TO TAK ATHLETIC AND F	PUS, OR IN RENOVATED H E THEIR MEALS IN THE MA PERSONAL GOALS THROUG	FFERS LIVING ACCOMMODATIONS ISTORIC HOMES THAT BORDER T AIN DINING HALL, OR IN ZACK'S, T IH INTERCOLLEGIATE ATHLETICS, ROGRAM INTO THEIR LIVES AT TH	HE COMMUNITY STUDENTS MAY THE CAMPUS GRILL AND SNACK CLUB SPORTS AND INTRAMURAL
4c ((Code) (Expenses \$		including grants of \$) (Revenue \$)
- - - - -						
4d 0	ther program service	s (Describe in Sched	ule O)			
(E	Expenses \$	ınclud	ıng grants of	\$) (Revenue \$)
4e T	otal program service o	expenses - \$	78,764,42	L		

and V Checklist of Required Schedules

			Yes	No
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes,"		Yes	
_	complete Schedule A	1		
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 similar funds or 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		Νο
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	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	Yes	
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, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? <i>If</i> "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	ļ	ļ	
13	Is the organization a school 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 United States?	14a		Νο
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? 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 U S? If "Yes," complete Schedule F, Part II	15		No
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 U S ? <i>If "Yes," complete Schedule F, Part III</i>	16	Yes	
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

Par	Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? 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, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? 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 line 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	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	Yes	
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
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		No
36	Section 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		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

art V	Statements Regarding Other IRS Filings and Tax Compliance	
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		Ī	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		103			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0					
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	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 return					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes			
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b	Yes			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No		
b	If "Yes," enter the name of the foreign country ►_ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \cdot .	5a		Νo		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo		
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c				
6a						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes			
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?					
d	If "Yes," indicate the number of Forms 8282 filed during the year					
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N o		
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h				
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8				
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?	9a				
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter					
а	a Initiation fees and capital contributions included on Part VIII, line 12 10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities					
11	Section 501(c)(12) organizations. Enter					
а	Gross income from members or shareholders					
b	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year					

601 EAST MAIN STREET Collegeville, PA 19426 (610) 409-3000

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

Se	ection A. Governing Body and Management				
		\square	Yes	No	
1a	Enter the number of voting members of the governing body				
ь	Enter the number of voting members of the governing body				
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		Νo	
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		Νο	
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		No	
6	Does the organization have members or stockholders?	6		Νο	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο	
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No	
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		
9	9		No		
Se	organization's mailing address? If "Yes," provide the names and addresses in Schedule O ection B. Policies (This Section B requests information about policies not required by the Internal				
	venue Code.)				
			Yes	No	
	Does the organization have local chapters, branches, or affiliates?	10a		No	
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?	10b			
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form				
118	11A Describe in Schedule O the process, if any, used by the organization to review the Form 990				
117	bescribe in Schedule of the process, if any, used by the organization to review the Form 550				
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes		
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	4.51	,		
	to conflicts?	12b	Yes		
С	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		
13	Does the organization have a written whistleblower policy?	13		Νο	
14	Does the organization have a written document retention and destruction policy?	14		No	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official	15a	Yes		
b	Other officers or key employees of the organization	15b	Yes		
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο	
b	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			
Se	ection C. Disclosure				
17	List the States with which a copy of this Form 990 is required to be filed ▶PA				
18	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.				
19	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				
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ie orga	nızatıor	ı -	
	JAMES E COOPER				

Part VIII 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 Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

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

Check this box if the organization did not compensate any current or former officer, director, trustee or key employee										
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

1b Total	. •	1,714,389	0	226,087
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Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 19

		Yes	No
nest compensated employee	3		No
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such individual			
organization for services	-	Yes	
_	nization for services		

Section B. Independent Contractors

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				
Sodexo Inc Affiliates 7001 Hentage Village Plaza Ste 24 GAINESVILLE, VA 20155	Food services	4,006,948				
Dell Financial Services One Dell Way ROUND ROCK, TX 78682	Laptop computers	1,290,899				
ISS Facilities Services 1 Eves Drive Ste 108 MARLTON, NJ 08053	Janıtonal services	945,882				
Warfel Construction Co 1110 Enterprise Road East Petersburg, PA 17520	CONSTR CONTRACTOR	3,913,889				
United Healthcare Insurance Co 5901 Lincoln Drive Edina, MN 55436	HEALTH INSURANCE	1,095,904				
2 Total number of independent contractors (including but not limited to those listed above) who received more than						

\$100,000 in compensation from the organization \(\mathbb{\texts}\)45

Page 8

Form 99			.f. Davidson					Page 9
Part	/	Statement o	or Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
茶茶	1a	Federated camp	paigns 1a					
필	b	Membership du	es					
%, g	С	Fundraising eve	ents 1c	46,395				
ਸ਼ੁੱਲ	d	Related organiz	ations 1d					
žŒ.	е	Government grants	s (contributions) 1e	2,036,963				ļ
Contributions, gifts, grants and other similar amounts	f g	sımılar amounts no Noncash contri	ons, gifts, grants, and ti included above butions included in 25,540	9,763,937				
Ç≅	h	Total. Add lines	: 1a-1f	▶	11,847,295			
				Business Code				
e E	2a		CTION - TUITION AND	900,099	66,268,913	66,268,913		
Program Service Revenue	ь	FEES ACADEMIC INSTRU	CTION - AUXILIARY	900,099	770,584	770,584		
2 <u>2</u>	_	ENTERPRISES	S-ROOM/BOARD,FOOD					
Ş	С	SVC, ATHLETICS	S-ROOM/BOARD, FOOD	900,099	14,754,155	14,754,155		
38	d	STUDENT SERVICES ENTERPRISES	S-AUXILIARY	900,099	56,675	56,675		
<u> </u>	e							
ું •	f	All other progra	m service revenue					
_	g	Total. Add lines	32a-2f		81,850,327			
	3	Investment inc	ome (including dividend	ds, interest				
			aramounts)		2,552,858			2,552,858
	4		tment of tax-exempt bond p		0			
	5	Royalties	(ı) Real	(II) Personal	Ü			
	6a	Gross Rents	(i) iteui	(II) I CISOIIII				
	ь	Less rental expenses						
	С	Rental income						
	d	or (loss) Net rental incor	me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	187,045,997					
	b	Less cost or other basis and	182,609,325					
	_	sales expenses Gain or (loss)	4,436,672					
	c d		s)		4,436,672			4,436,672
	8a	Gross income fi						
Other Revenue		¥	.395 reported on line 1c)					
<u>.</u>			а	163,700				
Ě	b		penses b	198,649	-34,949			-34,949
0	c 9a		loss) from fundraising e	events F	-34,949			-34,545
	J u	See Part IV, lin						
	b		penses b		0			
	10a	Gross sales of i		vittes	0			
			a					
	b		oods sold b	entory	0			
	С	Miscellaneous	loss) from sales of inve s Revenue	Business Code	9			
	11a	MISCELLANEO		900,099	552,060	535,310	16,750	
	b							
	С							
	d	All other revenu	ne					
	e	Total. Add lines	: 11a-11d		552,060			
	12	Total revenue.	See Instructions	•	101,204,263	82,385,637	16,750	6,954,581

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

_	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).										
			ns (B), (C), and (B)	(D).	(D)						
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses						
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0									
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	20 215 250	30,315,359								
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	30,315,359 1,486,084	1,486,084								
4	Benefits paid to or for members	0		1							
5	Compensation of current officers, directors, trustees, and key employees	1,110,943	414,973	575,130	120,840						
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0									
7	Other salaries and wages	20,538,277	17,124,213	2,554,998	859,066						
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,262,706	1,031,284	169,359	62,063						
9	Other employee benefits	3,201,067	2,594,666	456,953	149,448						
10	Payroll taxes	1,697,592	1,637,771	57,992	1,829						
11	Fees for services (non-employees)				·						
а	Management	0									
b	Legal	147,646		147,646	_						
С	Accounting	200,763		200,763							
d	Lobbying	2,418	2,418								
e	Professional fundraising See Part IV, line 17	95,545	,		95,545						
f	Investment management fees	0			· · · · · · · · · · · · · · · · · · ·						
g	Other	1,285,874	982,809	279,553	23,512						
12	Advertising and promotion	34,123	33,913	210	· · · · · · · · · · · · · · · · · · ·						
13	Office expenses	2,457,420	1,594,939	738,141	124,340						
14	Information technology	2,032,416	1,702,448	329,968							
15	Royalties	0	, ,	·							
16	Occupancy	7,954,300	7,696,204	236,245	21,851						
17	Travel	955,231	842,112	65,871	47,248						
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	,	,	<u>'</u>						
19	Conferences, conventions, and meetings	101,642	76,484	22,775	2,383						
20	Interest	2,479,092	,	2,479,092							
21	Payments to affiliates	0									
22	Depreciation, depletion, and amortization	3,552,431	3,321,877	230,554							
23	Insurance	658,357	330,821	278,280	49,256						
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)				<u> </u>						
а	FOOD SERVICE	4,257,980	4,020,434	200,998	36,548						
Ь	INSTRUCTION/CAMPUS PROGRAMS	2,064,730	2,046,606	6,862	11,262						
c	EQUIPMENT/FURNITURE/FIXTURES	905,377	880,407	24,840	130						
d	LIBRARY MATERIALS	429,925	429,925								
e	DUES/REFERENCES/SUBSCRIPTIONS	224,174	93,479	115,121	15,574						
f	All other expenses	758,925	105,195	632,995	20,735						
25	Total functional expenses. Add lines 1 through 24f	90,210,397	78,764,421	9,804,346	1,641,630						
26	Joint costs. Check here ► ☐ 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										

Pa	rt X	Balance Sheet										
					(A) Beginning of year		(B) End of year					
	1	Cash—non-interest-bearing			6,754	1	6,750					
	2	Savings and temporary cash investments			8,824,176	2	11,748,993					
	3	Pledges and grants receivable, net			1,288,131	3	2,392,761					
	4	Accounts receivable, net										
	5	Receivables from current and former officers, directors, trustee highest compensated employees Complete Part II of	s, key	employees, and								
		Schedule L				5						
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ Complete Part II of		n 4958(f)(1)) and								
		Schedule L				6						
Assets	7	Notes and loans receivable, net	otes and loans receivable, net									
8	8	Inventories for sale or use				8						
⋖	9	Prepaid expenses and deferred charges			1,224,422	9	1,509,059					
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	169,773,826								
	b	Less accumulated depreciation	10b	49,892,922	116,218,295	10c	119,880,904					
	11	Investments—publicly traded securities			56,987,519	11	92,863,194					
	12	Investments—other securities See Part IV, line 11			46,099,182	12	18,013,519					
	13	Investments—program-related See Part IV, line 11				13						
	14	Intangible assets				14						
	15	Other assets See Part IV, line 11			1,875,117	15	1,670,298					
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			235,201,446	16	251,856,595					
	17	Accounts payable and accrued expenses .			6,654,828	17	8,335,933					
	18	Grants payable				18						
	19	Deferred revenue			896,933	19	778,191					
	20	Tax-exempt bond liabilities			50,478,849	20	49,469,171					
<u>.</u>	21	Escrow or custodial account liability Complete Part IV of Schedu	le D			21						
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified	,									
ä		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 to unrelated third parties				24						
	25	Other liabilities Complete Part X of Schedule D			10,669,028	25	10,930,911					
	26	Total liabilities. Add lines 17 through 25			68,699,638	26	69,514,206					
S do		Organizations that follow SFAS 117, check here ► ✓ and comp through 29, and lines 33 and 34.	olet e l	ines 27								
an	27	Unrestricted net assets			85,815,333	27	94,983,211					
Balance	28	Temporarily restricted net assets		11,218,186	28	13,636,752						
Σ	29	Permanently restricted net assets										
Fund		Organizations that do not follow SFAS 117, check here ▶ ┌ ar	ıd con	nplete								
2		lines 30 through 34.										
	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 for	ınds			32						
ĕ	33	Total net assets or fund balances			166,501,808	33	182,342,389					
_	34	Total liabilities and net assets/fund balances			235,201,446	34	251,856,595					

			Yes	No
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
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	▼ Separate basis			
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	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Form **990** (2009)

0 MB N . 1545 004

OMB No 1545-0047

2009

Open to Public
Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Ursınus College

Name of the organization

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

Public Charity Status and Public Support

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

Employer identification number

								23-117793					
Part	I Rea	son for Pu	blic Charity Stat	us (All orga	anızatıons	must compl	ete this pa	rt.) See ins	tructions				
he org	anızatıon ı	s not a privat	e foundation because	ıtıs (Forlır	nes 1 throug	jh 11, check o	only one box)			<u></u>		
1 [– A chu	rch, conventi	on of churches, or as:	sociation of c	hurches se	ection 170(b)	(1)(A)(i).						
2	✓ A sch	ool described	ın section 170(b)(1)	(A)(ii). (Atta	ach Schedul	le E)							
з Г	– A hos	pital or a coo	perative hospital serv	vice organiza	tıon describ	ed in section	170(b)(1)(A	A)(iii).					
4 「		dical research cal's name, cit	organization operate ty, and state	ed in conjunc	tion with a h	nospital descr	ribed in secti	ion 170(b)(1)(A)(iii). Ent	erthe			
5 [-	erated for the benefit	=	or university	y owned or op	erated by a (governmenta	l unit describ	— ed ın			
_	sectio	n 170(b)(1)(A)(iv). (Complete Pa	rt II)									
6	A fed	eral, state, or	or local government or governmental unit described in section 170(b)(1)(A)(v).										
7 [descr	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II)											
8 [_		described in section)(vi) (Com	plete Part II)						
9 10 11	An order receiptives sure acquired An order one order to be a sure acquired	An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. Seesection 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h											
f	section If the check	on 509(a)(2) organization this box	received a written de	termination f	rom the IRS	that it is a T	ype I, Type :	II or Type II					
g		August 17, 2 ing persons?	006, has the organiz	ation accept	ed any gift o	or contribution	n from any of	rtne					
			rectly or indirectly co	ntrols, either	r alone or to	gether with pe	ersons desc	rıbed ın (ıı)		Yes	No		
	and (ı	ıı) below, the	governing body of the	the support	ed organizat	tion?			11g(i)	1			
	(ii) a	family membe	r of a person describ	ed ın (ı) abov	e?				11g(ii)		 		
	(iii) a	35% control	led entity of a person	described in	ı (ı) or (ıı) ab	oove?			11g(iii				
h			ig information about t							<u>' I </u>			
suj	(i) ame of oported inization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section	(iv) Is the organizati col (i) list your gove	on in ed in rning	(v) Did you not organizat col (i) of suppor	(vi) Is th organizat col (i) org	ie tion in janized	A m	(vii) ount of pport?			
			(see instructions))	Yes	No	Yes	No	Yes	No	1			
										1			
otal													

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	֥ <i>)</i>		
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	organization's benefit and either						
	paid to or expended on its						
	behalf						
3	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
_	(f) Dublic Support Subtract line F from						
6	Public Support. Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and stop here						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
	and stop here. The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	▶ □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and stop here. The organization				,		▶
17a	10%-facts-and-circumstances test-	-2009. If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization				gaao., quu		▶ ┌
10	Deiveta Farmdation Ifthe averages	on did not about	a hay an line 12	16- 16- 17-	17	hay and cas	•

▶□

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that				+		
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes here	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

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

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

Software ID: Software Version:

EIN: 23-1177930 **Name:** Ursinus College

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors (A) (B) (C) (D) (E)											
(B) Average hours		tion (che		II		Reportable compensation	Reportable compensation	(F) Estimated amount of other		
per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations		
1 0	Х		Х				0	0	0		
1 0	×						0	0	0		
1 0	x						0	0	0		
1 0	Х						0	0	0		
1 0	х						0	0	0		
1 0	×						0	0	0		
1.0	×						0	0	0		
							0	0	0		
							0				
									0		
									0		
1 0	X						0	0	0		
1 0	X						0	0	0		
1 0	Х						0	0	0		
1 0	Х						0	0	0		
1 0	×		х				0	0	0		
1 0	×						0	0	0		
1 0	×						0	0	0		
1 0	×						0	0	0		
1 0	Х						0	0	0		
1 0	х						0	0	0		
1 0	х						0	0	0		
1 0	х						0	0	0		
	(B) Average hours per week 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1	(B) Average hours per week Post the feet of t	(B) A verage hours per week 1 0	(B) A verage hours per week	C	C	C	CD	Compensation Comp		

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per	Posi t			')			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
	week	individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations	
REV DR HAROLD C SMITH Voting Member, Board of Dir	10	х						О	0	0	
JOSEPH DESIMONE Voting Member, Board of Dir	1 0	Х						0	0	0	
KELLY FINCH Voting Member, Board of Dir	1 0	Х						0	0	0	
MICHAEL HARDY Voting Member, Board of Dir	1 0	Х						0	0	0	
JERROLD HARRIS Voting Member, Board of Dir	1 0	Х						0	0	0	
NINA B STRYKER ESQ Voting Member, Board of Dir	1 0	Х						0	0	0	
KEMI LANIYA ESQ Voting Member, Board of Dir	1 0	Х						0	0	0	
CAROL LAWRENCE Voting Member, Board of Dir	1 0	Х						0	0	0	
MICHAEL LEWIS Voting Member, Board of Dir	1 0	Х						0	0	0	
J ROBERT LOVETT Voting Member, Board of Dir	1 0	Х						0	0	0	
NANCY OPALACK Voting Member, Board of Dir	1 0	Х						0	0	0	
COURTNEY SOLENBERGER MCNEILL Voting Member, Board of Dir	1 0	Х						0	0	0	
WILLIAM WARDEN Voting Member, Board of Dir	1 0	Х						0	0	0	
JOHN R STRASSBURGER President of the College	40 0	Х		х				366,771	0	48,138	
WINFIELD L GUILMETTE VP for Finance & Administratio	40 0			x				173,604	0	16,576	
RICHARD DIFELICIANTONIO VP for Enrollment	40 0				Х			197,186	0	29,730	
JUDITH T LEVY VP for Academic Affairs	40 0				х			166,648	0	22,930	
LINDSAY A RHODENBAUGH Sr VP for College Relations	40 0				х			208,986	0	14,996	
JOHN P KING Chief Information Officer	40 0					х		141,892	0	25,237	
JAMES L BAER Sr VP of Development	40 0					х		127,859	0	24,943	
PETER F SMALL Biology Department Chair	40 0					х		111,214	0	12,407	
JO SEPH H MELRO SE Prof International Relations	40 0					х		110,298	0	8,985	
PAUL C STERN Politics Department Chair	40 0					×		109,931	0	22,145	

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
FOOD SERVICE	4,257,980	4,020,434	200,998	36,548
INSTRUCTION/CAMPUS PROGRAMS	2,064,730	2,046,606	6,862	11,262
EQUIPMENT/FURNITURE/FIXTURES	905,377	880,407	24,840	130
LIBRARY MATERIALS	429,925	429,925		
DUES/REFERENCES/SUBSCRIPTIONS	224,174	93,479	115,121	15,574

DLN: 93493136012431

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

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

Open to Public Inspection

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

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

If "Yes," describe in Part IV

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

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

LIII	e organization answered ties, to form 990, Part IV, Line 5 (Proxy Tax) or Form 990-122,	ille ssa (regar	amg	proxy tax,	, men	
Se	ction 501(c)(4), (5), or (6) organizations Complete Part III					
	me of the organization	Employer ider	itifica	ition numbe	r	
Ursi	inus College					
		23-1177930				_
ar	t I-A Complete if the organization is exempt under section 501(c) or is a	section 527	<u>org</u>	<u>janizatio</u>	<u>n. </u>	_
1	Provide a description of the organization's direct and indirect political campaign activities in Pa	art IV				
2	Political expenditures	Þ	\$			
3	Volunteer hours		_			_
ar	t I-B Complete if the organization is exempt under section 501(c)(3).					
1	Enter the amount of any excise tax incurred by the organization under section 4955	▶	\$ <u>_</u>			
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶	\$ <u>_</u>			
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?			☐ Yes	☐ No	
4a	Was a correction made?			☐ Yes	┌ No	

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

- Enter the amount directly expended by the filing organization for section 527 exempt function activities
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities
- Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year?
- State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments

were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's 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-

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Pa	Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).								
	Check If the filing organization belongs to a Check If the filing organization checked box		d" provisions apply	,					
<u> </u>	Limits on Lobbying E (The term "expenditures" means ar	Expenditures			(a) Filing Organization's Totals	(b) Affiliated Group Totals			
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lob	bying)						
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	yıng)						
c	Total lobbying expenditures (add lines 1a and 18	b)							
d	Other exempt purpose expenditures								
e	Total exempt purpose expenditures (add lines 1	c and 1d)							
f	Lobbying nontaxable amount Enter the amount f	from the following table	ın both						
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxa 20% of the amount on lir							
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	0					
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,0	000					
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,00	00					
	Over \$17,000,000	\$1,000,000							
		•							
g	Grassroots nontaxable amount (enter 25% of lin	ne 1 f)							
h	Subtract line 1g from line 1a If zero or less, enter	er -0-							
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -							
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file F	orm 4720 repoi	rtıng	┌ Yes ┌ No			
	4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)								
	Lobbying Exp	enditures During	4-Year Averag	ing Period	I	ı			
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total			
2a	Lobbying non-taxable amount								
b	Lobbying ceiling amount (150% of line 2a, column(e))								
c	Total lobbying expenditures								
d	Grassroots non-taxable amount								

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

		(a)		(b)	
		Yes	No	A mount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?		Νo		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		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?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo		
i	Other activities? If "Yes," describe in Part IV	Yes		2,418	
j	Total lines 1c through 1i			2,418	
2a	Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$?		Νo		
b	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				

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

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

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

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	
Ь	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	

Part IV Supplemental Information

5 Taxable amount of lobbying and political expenditures (see instructions)

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 1i Also, complete this part for any additional information

Ident if ier	Return Reference	Explanation
PART II, LINE 1I		URSINUS COLLEGE PROVIDED \$2,418 TO JUNIATA COLLEGE FOR ADVOCACY SUPPORT FOR HIGHER ED/BASIC ED RELATED TO THE SCIENCE IN MOTION GRANT JUNIATA COLLEGE IS THE LEADER OF A COALITION OF 12 PENNSYLVANIA COLLEGES AND UNIVERSITIES WHO TAKE PART IN THE SCIENCE IN MOTION PROGRAM, WHICH USES STATE GRANT FUNDS TO SUPPORT MOBILE SCIENCE LABS THAT PROVIDE PROGRAMS AND EQUIPMENT TO MIDDLE SCHOOLS AND HIGH SCHOOLS IN OVER 200 SCHOOL DISTRICTS IN THE COMMONWEALTH

5

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493136012431

OMB No 1545-0047

2009

Open to Public

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

rsınus Colle	ege			Employe	i identii icat	ion number	l
				23-1177			
art I	Organizations Maintaining Donor A		ther Similar Fu	nds or A	Accounts.	Complete	e if the
	organization answered "Yes" to Form 9	(a) Donor advi	ised funds	(b) F	unds and of	her accoun	ts
Total	number at end of year	(a) Bollot davi	isca idilas	(5)	ands and ot	cr uccoun	
	•						
	egate contributions to (during year)						
	egate grants from (during year)						
A ggre	gate value at end of year						
	he organization inform all donors and donor adv are the organization's property, subject to the	-		radvised		☐ Yes	Г№
used	he organization inform all grantees, donors, and only for charitable purposes and not for the be rring impermissible private benefit		-	•	pose	┌ Yes	┌ No
rt II	<u> </u>	of the organization a	nswered "Yes" to	Form 99	0. Part IV	. line 7.	
	ose(s) of conservation easements held by the or Preservation of land for public use (e g , recreat Protection of natural habitat Preservation of open space olete lines 2a-2d if the organization held a qua	cion or pleasure)	Preservation of an h Preservation of a ce	rtıfıed hıs	toric struct	·	
	ment on the last day of the tax year		_	1			
Tatal	number of concernation occuments		_		leld at the	End of the \	Year
	number of conservation easements		<u> </u>	2a			
	acreage restricted by conservation easements			2b			
	per of conservation easements on a certified hi		d in (a)	2c			
Numb	per of conservation easements included in (c) a	acquired after 8/17/06		2d			
	per of conservation easements modified, transf axable year ▶	erred, released, extingu	ished, or terminated	by the or	ganızatıon d	luring	
Numb	per of states where property subject to conserv	ation easement is locat	ed ►	_			
	the organization have a written policy regardin cement of the conservation easements it holds		ıg, ınspection, handlı	ng of viola	ations, and	☐ Yes	┌No
Staff	and volunteer hours devoted to monitoring, ins	pecting and enforcing c	onservation easeme	nts during	the year 🕨		
A mou	unt of expenses incurred in monitoring, inspect	ing, and enforcing conse	ervation easements o	during the	year ►\$ _		
	each conservation easement reported on line h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the re	equirements of secti	on		┌ Yes	┌ No
balan	rt XIV, describe how the organization reports on ice sheet, and include, if applicable, the text of rganization's accounting for conservation ease	the footnote to the orga					
t III	Organizations Maintaining Collection Complete if the organization answered			r Other	Similar A	Assets.	
art, h	organization elected, as permitted under SFAS istorical treasures, or other similar assets held de, in Part XIV, the text of the footnote to its fi	5 116, not to report in it d for public exhibition, e	s revenue statement ducation or research	ın further			,
hıstor	organization elected, as permitted under SFAS rical treasures, or other similar assets held for de the following amounts relating to these item	public exhibition, educa				•	
(i) _{Re}	evenues included in Form 990, Part VIII, line :	1			► \$	19	8,000
(ii) A	ssets included in Form 990, Part X				► \$	19	8,000
If the	organization received or held works of art, his wing amounts required to be reported under SFA			financial	gaın, provid	e the	
Rever	nues included in Form 990, Part VIII, line 1				► \$		
110 4 61	made meraded in Form 550, Fait VIII, lille I				. 4		

b Assets included in Form 990, Part X

'ar	Titl Organizations Maintaining Co	ollections of Art	<u>, His</u>	toric	al Trea	isures, or (Othe	<u>r Similar</u>	Asse	ets (co	ntınued,
3	Using the organization's accession and othe items (check all that apply)	r records, check any	y of th	ie follo	wing tha	t are a signific	ant ı	use of its col	lectio	n	
а	Public exhibition		d	~	Loan or e	exchange prog	grams	5			
b	Scholarly research		e	Γ	Other						
С	✓ Preservation for future generations										
	Provide a description of the organization's c Part XIV	ollections and expla	ın hov	v they	further tl	he organizatio	n's e	xempt purpo	se in		
5	During the year, did the organization solicit assets to be sold to raise funds rather than							nılar	Г	Yes	√ No
Pa i	t IV Escrow and Custodial Arrang						ed "\	es" to Forr	n 990),	
	Part IV, line 9, or reported an ar										
.a	Is the organization an agent, trustee, custod included on Form 990, Part X?					ns or other as	sets	not	Γ	Yes	┌ No
Ь	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ıng ta	ble			T			
_	B								A mo	unt	
۲ C	Beginning balance						1c				
d	Additions during the year						1d				
e	Distributions during the year						1e				
f	Ending balance						1f				
a	Did the organization include an amount on F	orm 990, Part X, line	e 21?						Г	Yes	No
	If "Yes," explain the arrangement in Part XI\								_		
Pa	rt V Endowment Funds. Complete	If the organizatior (a)Current Year		were Prior		to Form 990 (c)Two Years Ba				NEOUr V	ears Back
a	Beginning of year balance	91,729,268	(1)		.656,893	(C) TWO TEATS DA	CK (C	Tyrinee rears b	ack (2) 1 Out 10	cars back
– b	Contributions	3,196,968		2,	.594,260				+		
c	Investment earnings or losses	11,937,832		-20,	,063,615						
d	Grants or scholarships	2,347,347		2,	.282,376						
e	Other expenditures for facilities and programs	3,863,150		3,	881,646						
f	Administrative expenses	402,501			294,248						
g	End of year balance	100,251,070		91,	,729,268						
2	Provide the estimated percentage of the yea	r end balance held a	as						•		
а	Board designated or quasi-endowment 🕨	19.000 %									
ь	Permanent endowment > 72.000 %										
c	Term endowment ► 9.000 %										
а	Are there endowment funds not in the posse	ssion of the organiza	ation t	that a	re held ar	nd administer	ed for	the			
	organization by							г		Yes	No
	(i) unrelated organizations			•				<u> </u>	3a(i)	Yes	
_	(ii) related organizations						•		3a(ii)		No
·	Describe in Part XIV the intended uses of the	•							3b		
	t VI Investments—Land, Building					. Part X. line	10.				
	Description of investment			(a) C	ost or othe	er (b) Cost or o	other	(c) Accumula		(d) Boo	ok value
.a	Land					56	7,618				567,61
ь	Buildings					137,99			,035	10	1,706,80
	Leasehold improvements						9,618	· ·	. 		4,211,46
d	Equipment					4,75	4,553	3,901	,731		852,822
e	Other					12,54	2,199		0	12	2,542,199

119,880,904

(a) Description of security or category			of valuation
(including name of security)	(b)Book value		year market value
Financial derivatives			
Closely-held equity interests			
Other See Additional Data Table			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	18,013,519		
Part VIII Investments—Program Related. See		13.	
			of valuation
(a) Description of investment type	(b) Book value		year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, III			
(a) Descrip	tion		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1			
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability			
	(b) A mount		
Federal Income Taxes	0		
STUDENT LOANS/GRANTS	1,620,615		
ANNUITY REQUIREMENTS	7,626,782		
ASSET RETIREMENT OBLIGATION	1,613,729		
CAPITAL LEASE PAYABLE - CHILLE	69,785		
	į		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)			

Sche	dule D (Form 990) 2009		Page 4
Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	101,204,263
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	90,210,397
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	10,993,866
4	Net unrealized gains (losses) on investments	4	5,095,916
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-241,360
9	Total adjustments (net) Add lines 4 - 8	9	4,854,556
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	15,848,422
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		
1	Total revenue, gains, and other support per audited financial statements	1	74,912,662
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities 2b		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d -31,586,166		
e	Add lines 2a through 2d	2e	-26,490,250
3	Subtract line 2e from line 1	3	101,402,912
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	-198,649
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	101,204,263
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	s per	Return
1	Total expenses and losses per audited financial statements	1	59,064,240
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	<u> </u>	
a	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Other losses	1	
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	198,649
3	Subtract line 2e from line 1	3	58,865,591
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b 31,344,806	1	
c	Add lines 4a and 4b	4c	31,344,806
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	90,210,397

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
SCHEDULE D, PART III		THE PERMANENT ART COLLECTION HOUSED IN THE PHILIP AND MURIEL BERMAN MUSEUM OF ART AT URSINUS COLLEGE PROVIDES A VALUABLE CULTURAL RESOURCE FOR THE CAMPUS COMMUNITY THE MUSEUM, IN CONJUNCTION WITH THE ART DEPARTMENT, INTEGRATES THE RICH RESOURCES PROVIDED BY THE COLLECTION INTO PROGRAMMING FOCUSING ON IMPORTANT TEXTS RELATED TO THE COLLECTIONS
SCHEDULE D, PART V		ENDOWMENT FUNDS PROVIDE RETURNS THAT ARE USED TO SUPPORT THE OPERATIONS OF THE COLLEGE SPECIFICALLY, ENDOWMENTS ARE ESTABLISHED TO SUPPORT STUDENT SCHOLARSHIPS AND PRIZES, EDUCATIONAL PROGRAMS, SPECIFIC CAPITAL PURCHASES AND OTHER OPERATIONAL NEEDS
SCHEDULE D, PART XI, LINE 8	RECONCILIATION OF CHANGE IN NET ASSETS	\$-241,360 - FOR THE COLLEGE'S ANNUITIES PAYABLE, ADJUSTMENTS RELATED TO CHANGES IN ESTIMATES OF FUTURE PAYMENTS TO BENEFICIARIES AND ACTUARIAL ASSUMPTIONS ARE RECORDED AS ACTUARIAL GAINS OR LOSSES
SCHEDULE D, PART XII, LINE 2D	RECONCILIATION OF REVENUE	\$-31,344,806 - GRANTS FOR STUDENT FINANCIAL AID PROVIDED BY THE COLLEGE ARE SHOWN ON THE FORM 990 AS AN EXPENSE, AND ON THE AUDITED FINANCIAL STATEMENTS AS A DISCOUNT TO REVENUE \$-241,360 - FOR THE COLLEGE'S ANNUITIES PAYABLE, ADJUSTMENTS RELATED TO CHANGES IN ESTIMATES OF FUTURE PAYMENTS TO BENEFICIARIES AND ACTUARIAL ASSUMPTIONS ARE RECORDED AS ACTUARIAL GAINS OR LOSSES
SCHEDULE D, PART XII, LINE 4B	RECONCILIATION OF REVENUE	\$198,649 - FUNDRAISING DIRECT EXPENSES SHOWN ON PART VIII, LINE 8B ARE INCLUDED IN OPERATING EXPENSES ON THE COLLEGE'S FINANCIAL STATEMENTS
SCHEDULE D, PART XIII, LINE 2D	RECONCILIATION OF EXPENSES	\$198,649 - FUNDRAISING DIRECT EXPENSES SHOWN ON PART VIII, LINE 8B ARE INCLUDED IN OPERATING EXPENSES ON THE COLLEGE'S FINANCIAL STATEMENTS
SCHEDULE D, PART XIII, LINE 4B	RECONCILIATION OF EXPENSES	\$31,344,806 - GRANTS FOR STUDENT FINANCIAL AID PROVIDED BY THE COLLEGE ARE SHOWN ON THE FORM 990 AS AN EXPENSE, AND ON THE AUDITED FINANCIAL STATEMENTS AS A DISCOUNT TO REVENUE
FIN 48 FOOTNOTE	SCHEDULE D, PART X, LINE 2	THE COLLEGE ACCOUNTS FOR UNCERTAIN TAX POSITIONS, IF ANY, IN ACCORDANCE WITH ASC 740, INCOME TAXES (FASB INTERPRETATION NO 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES) THE COLLEGE DOES NOT BELIEVE THAT THERE ARE ANY UNRECOGNIZED TAX BENEFITS OR COSTS THAT SHOULD BE RECORDED

Additional Data

Software ID: Software Version:

EIN: 23-1177930

Name: Ursinus College

Form 990, Schedule D, Part VII - Investments— Other Securities

(a) Description of security or cateory (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
GOLDMAN SACHS DISTR FUND LP	413,766	F
KOCH TRUST HARVARD MANAGEMENT	791,433	F
LIFE INSURANCE CASH VALUE	717,011	F
LINCOLN ANNUITY-DAVIS #2	208,460	F
MCCAUSLAND CGA-INS POLICIES	106,393	F
MS GLENMEDE TR-BWOOD CHR	19,580	F
OAKTREE CAPITAL MGT DISTR FUND	3,108,142	F
TECHNOLOGY LEADERS II & III	1,355	F
UBP-SELECTINVEST ARBITRAGE FD	2,711,169	F
REAL ESTATE - WELCH CONDO	525,000	F
OTHER	9,331	F
HC Total Return II Offshore Fd	2,584,867	F
Held by others Clamer	6,330,189	F
Held by others Patterson	415,228	F
Held by others SuperBıbıghaus	71,595	F

Employer identification number

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Ursinus College

Name of the organization

Schools

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2009

Open to Public Inspection

	23-1177930			
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	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?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No,"			
	please explain	3	Yes	
	THE COLLEGE'S NON-DISCRIMINATORY POLICY IS INCLUDED IN ALL PRINTED AND BROADCAST ADVERTISING, AS WELL AS IN THE COLLEGE CATALOG IT IS ALSO PRINTED IN VARIOUS LOCATIONS ON CAMPUS			
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
Ь	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	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, use Schedule O (Form 990)			
5	Does the organization discriminate by race in any way with respect to			
а	Students' rights or privileges?	5a		Νo
b	Admissions policies?	5b		Νo
С	Employment of faculty or administrative staff?	5с		Νo
d	Scholarships or other financial assistance?	5d		Νo
е	Educational policies?	5e		Νo
f	Use of facilities?	5f		Νo
g	Athletic programs?	5g		Νo
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990)	5h		Νo
	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		Νo
7	If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990) # Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Poy. Proc. 75-50, 1975-3 C.B. 587, covering region producer minertants of Fig. 1975-3 C.B. 587, covering region producer minertants.	_		
	of Rev Proc 75-50, 1975-2 CB 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form 990)	7	Yes	

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493136012431

OMB No 1545-0047

2009

SCHEDULE F (Form 990)

Department of the Treasury

Totals .

Statement of Activities Outside the United States

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

Open to Public Inspect ion

Internal Revenue Service Name of the organization

Employer identification number

Irci	nus College					zinpioyei ide			
)151	ilus College					23-1177930)		
Pa	General Information "Yes" to Form S			de the United States	s. Complete	ıf the orgar	nization answered		
1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or									
assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award									
the grants or assistance?									
2	For grant makers. Descr United States	ibe in Part IV the	organization's pr	ocedures for monitoring th	ne use of gran	t funds outsıd	e the		
3	Activites per Region (U	se Schedule F-1	(Form 990) ıf add	ditional space is needed)					
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	ıs a progra describe sp	y listed in (d) am service, ecific type of) in region	(f) Total expenditures for region	;	
See	e Add'l Data			and regionly		, ,		_	

3,058,714

Part IV	, line 15, for an	sistance to Orgar y recipient who recensional	eived more than \$5	es Outside the Ur ,000. Check this box	nited States. Composite of the composite	plete if the organiza received more that	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 n tax-exempt	number of recipions by the IRS, or f	ent organizations lis or which the grante	ted above that are e or counsel has pr	recognized as chari ovided a section 50	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . ►	
3 Enter total n	umber of other	organizations or en	tities					: (Earm 990) 2009

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Use Schedule F-1 (Form 990) if additional space is needed.

OSE Scriedule	T T (TOTTIL 220) IT addit	ional space is	necucu.				
(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)
Tuition, fees, room and board for study abroad	East Asia/Pacific	15			154,687	std acct cr	FMV
Tuition, fees, room and board for study abroad	Cent A merica/Caribbean	1			9,000	stud acct crdt	FMV
Tuition, fees, room and board for study abroad	-	70			676,100	std acct cr	FMV
Tuition, fees, room and board for study abroad	North America	20			170,425	std acct cr	FMV
Tuition, fees, room and board for study abroad	South A merica	1			17,000	std acct cr	FMV
Tuition, fees, room and board for study abroad	Sub-Saharan Africa	1			8,250	std acct cr	FMV
Tuition, fees, room and board	Cent A merica/Caribbean	1			20,400	std acct cr	FMV
Tuition, fees, room and board	East Asia and the pacifi	9			249,238	std acct cr	FMV
Tuition, fees, room and board	Europe/Iceland/Greenland	4			119,484	std acct cr	FMV
Tuition, fees, room and board	North America	2	·		29,500	std acct cr	FM∨
Tuition, fees, room and board	South Asia	1			25,000	std acct cr	FMV
Tuition, fees, room and board for study abroad		2			7,000	std acct cr	FV M

Schedule F (Form 990) 2009

Part IV	Supplemental Info		in Part I, line 2, and any additional information.
	Identifier	ReturnReference	Explanation
SCHEDULE	F, PART I, LINE 2	PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS	URSINUS COLLEGE PROVIDED GRANTS TOTALING \$1,042,462 TO 110 URSINUS COLLEGE STUDENTS IN GOOD ACADEMIC STANDING FOR TUITION, FEES, ROOM AND BOARD FOR STUDY ABROAD PROGRAMS IN VARIOUS REGIONS THE GRANTS ARE APPLIED DIRECTLY TO THE STUDENTS' ACCOUNTS AT URSINUS WHILE THE STUDENTS ARE ABROAD URSINUS COLLEGE PROVIDED GRANTS TOTALING \$443,622 TO 17 FOREIGN STUDENTS FOR TUITION, FEES, ROOM AND BOARD TO ATTEND URSINUS COLLEGE FOREIGN STUDENTS ARE AWARDED GRANTS BASED ON MERIT AND NEED PRIOR TO ARRIVING AT URSINUS COLLEGE THESE GRANTS ARE APPLIED DIRECTLY TO THE STUDENTS' ACCOUNT AT URSINUS

Software ID: Software Version:

EIN: 23-1177930

Name: Ursinus College

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Central America and the Caribbean			Grantmakıng		29,400
East Asia and the pacific			Grantmakıng		403,925
Europe (Including Iceland and Greenland)			Grantmakıng		795,584
North America			Grantmakıng		199,925
South America			Grantmakıng		17,000
South Asia			Grantmakıng		32,000
Sub-Saharan Africa			Grantmakıng		8,250
Central America and the Caribbean			Program Services	Study Abroad	22,750
East Asia and the pacific			Program Services	Study Abroad	172,969
Europe (Including Iceland and Greenland)			Program Services	Study Abroad	1,179,017
North America			Program Services	Study Abroad	148,536
South America			Program Services	Study Abroad	12,760
South Asia			Program Services	Study Abroad	13,980
Sub-Saharan Africa			Program Services	Study Abroad	11,450
East Asia and the pacific			Program Services	Faculty Development	5,053
Europe (Including Iceland and Greenland)			Program Services	Faculty Development	4,340
North America			Program Services	Faculty Development	1,775
Central America and the Caribbean			Program Services	Investments	

DLN: 93493136012431

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name	of the	organization
Hrsini	اه ۲۰۱۱	606

Department of the Treasury

Internal Revenue Service

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

Employer identification number

23-1177930

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

- Indicate whether the organization raised funds through any of the following activities. Check all that apply
- Mail solicitations
- Internet and e-mail solicitations
- Phone solicitations
- ▼ In-person solicitations

- e 🔽 Solicitation of non-government grants
- Solicitation of government grants
- Special fundraising events
- Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	No			
Marts Lundy	Database Analysis		No	0	43,270	0
The Solstice Group	Training & Development		No	0	52,275	0
Total			0	95,545	0	

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

Pa	rt II	Fundraising Events. Commore than \$15,000 on Form					report	:ed
			(a) Event #1 Swim Lessons (event type)	(b) Event #2 Golf Outing (event type)	(c) O ther Events 3 (total number)	(d) Tot (Add col col		
£	1	Gross receipts	41,043	29,500	20,251		91	0,794
Revenue	2	Less Charitable contributions		11,900			1	1,900
<u>~</u>	3	Gross income (line 1 minus line 2)	41,043	17,600	20,251		7	8,894
	4	Cash prizes						
မှာ	5	Non-cash prizes						
Expenses	6	Rent/facility costs		9,700				9,700
ă	7	Food and beverages						
Direct	8	Entertainment						
ā	9	Other direct expenses .		3,884	7,804		1	1,688
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)			2	1,388
	11	Net income summary Combine li	nes 3, column d, and line	10			5	7,506
Par	t III	Gaming. Complete if the oi \$15,000 on Form 990-EZ, lii	rganization answered ' ne 6a.	"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted mor	e thar	1
Reveilue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tot (Add col col		
	1	Gross revenue						
Ses	2	Cash prizes						
Expenses	3	Non-cash prizes						
	4	Rent/facility costs						
Direct	5	Other direct expenses						
	6	Volunteer labor	Г Yes	Г Yes				
		Direct expense summary Add line						
	8	Net gaming income summary Com	ibine lines 1, column d, ar	nd line 7	•		Yes	No
9 a b	Ist	er the state(s) in which the organiza he organization licensed to operate No," Explain			 .	· 9a		
	_							
10a b		e any of the organization's gaming Yes," Explain	licenses revoked, suspen	ded or terminated during	the tax year?	10a		
11 12	Is t	es the organization operate gaming he organization a grantor, beneficia	ry or trustee of a trust or	a member of a partnersh	ip or other entity	11		
	torn	ned to administer charitable gaming]′		Schedule G (Form 9	12	EZ) 20	09

		Yes	No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name 🟲		
	Address -		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	,	
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the	+	
	amount of gaming revenue retained by the third party 🟲 \$		
c	If "Yes," enter name and address		
	Name 🟲		
	Address •		
16			
16	Gaming manager information		
	Name 🟲		
	Name F		
	Gaming manager compensation 🕨 \$		
	Description of services provided -		
	Director/officer Employee Independent contractor		
	I Independent contractor		
.7	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	<u> </u>	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent		
	in the organization's own exempt activities during the tax year ▶ \$	1	

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

the United States

2009

DLN: 93493136012431OMB No 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

Schedule I

(Form 990)

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

Employer identification number Ursinus College 23-1177930 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" to 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 (a) Name and address of **(b)** EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable (book, FMV, appraisal, non-cash assistance or assistance grant cash other) or government assistance Enter total number of section 501(c)(3) and government organizations

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. 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
Financial Aid - SUMMER PROGRAMS	93		77,575	FMV	HOUSING
SCHOLARSHIPS AND FINANCIAL AID	1618		29,984,534	FMV	TUITION, FEES, ROOM
Stipends	92		253,250	FMV	STIPENDS-SUMMER RES

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

Ident if ier	Return Reference	Explanation
SCHEDULE I, PART I, LINE 2	PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS	URSINUS COLLEGE PROVIDED GRANTS TOTALING \$77,575 TO 93 URSINUS COLLEGE STUDENTS IN GOOD ACADEMIC STANDING FOR CAMPUS HOUSING, PRIMARILY FOR SUMMER RESEARCH THE GRANTS ARE APPLIED DIRECTLY TO THE STUDENTS' ACCOUNTS AT URSINUS COLLEGE URSINUS COLLEGE PROVIDED GRANTS TOTALING \$29,984,534 TO 1,618 URSINUS COLLEGE STUDENTS IN GOOD ACADEMIC STANDING FOR TUITION, FEES, ROOM AND BOARD FOR THE ACADEMIC YEAR 2009-10 THE GRANTS ARE APPLIED DIRECTLY TO THE STUDENTS' ACCOUNTS AT URSINUS COLLEGE URSINUS COLLEGE PROVIDED GRANTS TOTALING \$253,250 TO 92 URSINUS COLLEGE STUDENTS IN GOOD ACADEMIC STANDING FOR STIPENDS WHILE ENGAGED IN SUMMER RESEARCH PROJECTS ON CAMPUS THE STIPENDS ARE DISBURSED VIA PAYROLL TO THE INDIVIDUAL STUDENTS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**Compensation Information**

DLN: 93493136012431

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

OIS	mus College		23-1177930			
Pa	rt I Questions Regarding Compensation	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	굣	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>	Health or social club dues or initiation fees			
	Discretionary spending account	<u>~</u>	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the or reimbursement orprovision of all the expenses desc	_		1b		No
2	Did the organization require substantiation prior to rofficers, directors, trustees, and the CEO/Executive			2	Yes	
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all the company of the c		y			
	Compensation committee	ا ا	Written employment contract			
	Independent compensation consultant Form 990 of other organizations	고 V	Compensation survey or study Approval by the board or compensation committee			
	Form 990 of other organizations	ĮΨ	Approval by the board of compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VII	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	paymer	nt?	4a	Yes	
ь	Participate in, or receive payment from, a suppleme	ntal non	qualified retirement plan?	4ь		Νο
С				4c		No
	If "Yes" to any of lines 4a-c, list the persons and pr					
	, , , , , , , , , , , , , , , , , , , ,					
	Only 501(c)(3) and 501(c)(4) organizations only mu	ıst com	olete lines 5-9.			
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		Νo
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," o			7		No
8	Were any amounts reported in Form 990, Part VII, p					
	subject to the initial contract exception described in	n Regs	section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow the section 53 4958-6(c)?	e rebutt	able presumption procedure described in Regulations	9		

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)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	ļ	(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and		(E) Total of columns	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
JOHN R STRASSBURGER	(I) (II)	356,793 0		- /	17,150		8 414,909 0 0	o
WINFIELD L GUILMETTE	(ı) (ıı)	173,604 0	0 0	1	11,987	•	9 190,180 0 0	, o
JOHN P KING	(ı) (ıı)	141,892 0		_	10,133	•	5 167,130 0 0	, o
JAMES L BAER	(ı) (ıı)	127,859 0	_		9,352	•	1 152,802 0 0	o
RICHARD DIFELICIANTONIO	(ı) (ıı)	158,686 0			11,550		0 226,916 0 0	, o
JUDITH T LEVY	(ı) (ıı)	166,648 0	0 0	1	11,900	•	0 189,578 0 0	o l
LINDSAY A RHODENBAUGH	(ı) (ıı)	88,146 0		120,840	5,998	8,998	8 223,982 0 0	o
						1		
				 				+
			<u> </u>					
	'	<u> </u>	<u> </u>					
	\longrightarrow							
					+			

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	Explanation
SCHEDULE J, PART I, LINE 1B		HOUSING HAS BEEN PROVIDED TO THE COLLEGE PRESIDENT AS A CUSTOMARY BENEFIT PROVIDED BY INSTITUTIONS OF HIGHER LEARNING THE COLLEGE ALSO PROVIDES PAYMENT OF THE PRESIDENT'S COUNTRY CLUB DUES THIS PAYMENT IS INCLUDED IN THE PRESIDENT'S FORM W- THE COLLEGE IS CONSIDERING THE ADOPTION OF A POLICY REGARDING PAYMENT/REIMBURSEMENT OF EXPENSES
***		DURING THE TAX YEAR SEVERANCE WAS PAID TO LINDSAY RHODENBAUGH IN THE AMOUNT OF \$120,000

Schedule J (Form 990) 2009

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

(b) Issuer EIN

(c) CUSIP #

DLN: 93493136012431

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

2000

2009

(h) 0 n

Behalf of

Issuer

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule 0 (Form 990).
 Attach to Form 990.
 See separate instructions.

(d) Date Issued

(e) Issue Price

Cat No 50193E

Open to Public Inspection

Name of the organization Ursinus College

Bond Issues

(a) Issuer Name

Employer identification number

(g) Defeased

Schedule K (Form 990) 2009

23-1177930

(f) Description of Purpose

			I .											
											Yes	No	Yes	No
Α_	PHEFA	23-2243852	70917NZQ0	10-21-	2003	40,7	723,967 P	erf Arts Ct	tr & Facılıtı	es		×		Х
В	PHEFA	23-2243852	70917PFZ7	02-01-	2006	14,:	164,259 R	esidence H	all & Facılı	ties		x		Х
Pa	rt III Proceeds		•	•	•		•				•	•	•	•
					A		В		С)		E	
1	Total proceeds of issue			4	11,024,185	-	14,455,112	2						
2	Gross proceeds in reserve funds				1,366,010		1,243,576	5						
3	Proceeds in refunding or defeasa	nce escrows		2	27,852,895		(o						
4	Other unspent proceeds				О		(0						
5	Issuance costs from proceeds				1,702,540		1,147,315	5						
6	Working capital expenditures fror	n proceeds			0		(0						
7	Capital expenditures from procee	eds		1	10,102,740	=	12,064,149	Ð						
8	Year of substantial completion			20	04	20	007					•		
-				Yes	No	Yes	No	Yes	No	Yes	No	Ye	es	No
9	Were the bonds issued as part of	a current refunding i	ssue?	х			X							
10	Were the bonds issued as part of	an advance refundın	g issue?	х			X							
11	Has the final allocation of procee	ds been made?		Х		Х								
12	Does the organization maintain a the final allocation of proceeds?	dequate books and re	ecords to support	Х		Х								
Pa	rt IIII Private Business Use	:					•	•					•	
					Ą	E	В		:	D	1		E	
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No
1	Was the organization a partner in which owned property financed by				x		×							
2	Are there any lease arrangement which may result in private busin	•	financed property		х		х							

Schedule K (Form 990) 2009

Part III Private Business Use (Continued)

		4	A	1	3		С	1	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?		Х		х						
3b	Are there any research agreements with respect to the financed property which may result in private business use?		Х		х						
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?	х		х							
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0 %		0 %						
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		0 %		0 %						
6	Total of lines 4 and 5		0 %		0 %						
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	Х		х							
Da	rt IV Arbitrage	<u> </u>		<u> </u>		<u> </u>			<u> </u>		

Part IV Arbitrage

	12.0										
					3		С	ı	D		E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		x		x						
2	Is the bond issue a variable rate issue?		X		х						
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		х	х							
ь	Name of provider	JP Morgan		JP Morgan			•				•
С С	Term of hedge		0 25		0 25						
4a	Were gross proceeds invested in a GIC?		Х		Х						
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?		Х		х						
6	Did the bond issue qualify for an exception to rebate?		х		х						
									Cahadul	o V /Form 00/	0) 2000

DLN: 93493136012431

OMB No 1545-0047

Open to Public Inspection

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

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

Internal Revenue Service Name of the organization

Name of Ursinus Co	t he organizat ion llege							E	mployer i	dentificati	on numbe	er
Part I	Excess Benefit Trai							organi		only).	o 40h	
										rait V, iiii		orrected
1	(a) Name of disq	ualıfıed	person		(b) De	script	ion c	ftransa	action		Yes	No
-												
	r the amount of tax impos		_					-	_	r		
	ion 4958									* \$		
3 Ente	r the amount of tax, if any	, on line	2, abo	ve, reimbursed by	the organization .		•		🕨	* \$		
Part II	Loans to and/or l	Erom	Intere	stad Darsons								
raitii	Complete if the organiz					6. or	Form	n 990-E	Z. Part V	'. line 38a		
				<u> </u>		1			(f)			
(a) Namo	of interested person and	1	oan to m the	(c)O riginal		· · · ·	(e) I		Approv	ved	(g)Writt	en
(a) Name	purpose		zation?	principal amoun	t (d)Balance du	e de	efaul	t?	by boar		agreeme	nt?
	F F		1			\	_	L	commit		W	
		То	From			Ye	:5	No	Yes	No	Yes	No
									+			
									+			
									+			
									1			
otal .				<u>'</u> ▶ s	1	\top		I				
Part III												
	Complete if the orga					[V, lır	ne 2	7.				
			(b) Relationship bet	ween interested p	erson						
(a	Name of interested pers	on			organization			(C)Am	iount or g	rant or typ	e or assis	stance
lank per	instructions		bla	nk per instruction:	5							81,000
							_					
David TV												
Part IV							_					
Part IV	Business Transact Complete if the orga		n ansv	wered "Yes" on		[V, lır	1e 2	8a, 28	b, or 28	c.		
Part IV			on ansv	wered "Yes" on) Relationship	Form 990, Part :		ne 2	8a, 28	b, or 28	C.		haring of
		ınızatıd	on ansv (b betv	wered "Yes" on						C. transactio	organ	haring of nization's enues?

DLN: 93493136012431

OMB No 1545-0047

Inspection

SCHEDULE M (Form 990)

Department of the Treasury

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

NonCash Contributions

Internal Revenue Service Name of the organization Ursınus College

Employer identification number

23-1177930

Рa	Types of Property						
		(a) Check	(b) Number of Contributions	(c) Revenues reported on	(d) Method of determı	nıng	
		ıf applıcable		Form 990, Part VIII, line 1g	revenues		
1	Art—Works of art	Х	16	198,000	Estimated value		
2	Art—Historical treasures .						
3	Art—Fractional interests						
4	Books and publications	Х		840	Estimated value		
5	Clothing and household goods	х		424	Selling price		
6	Cars and other vehicles				· · · · · · · · · · · · · · · · ·		
7							
	Intellectual property						
	Securities—Publicly traded .	X	35	383.107	FMV @ date of gift		
	Securities—Closely held stock			555,251	c adata ar g		
	Securities—Partnership, LLC, or trust interests						
12	Securities—Miscellaneous						
	Qualified conservation contribution—Historic structures						
14	Qualified conservation						
15	Real estate—Residential .						
16	Real estate—Commercial						
	Real estate—Other						
18	Collectibles						
	Food inventory						
	Drugs and medical supplies .						
	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
	Electronic						
25	Other ► (Equipment) Scientific	X	2	3,124	Estimated value		
26	Other ► (Equipment)	X	2	40,000	Appraised value		
	Other (Gift Cards)	Х	2		Cost		
	Other►()						
29	Number of Forms 8283 receiver for which the organization comp				29		
	,		,		•	Yes	No
30a	During the year, did the organiz	atıon receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it		
	must hold for at least three yea	rs from the o	date of the initial contribution	on, and which is not require	d to be used		
	for exempt purposes for the ent	ire holding p	eriod?		30а		No
b	If "Yes," describe the arrangem	ent in Part I	I				
31	Does the organization have a gi	ft acceptand	ce policy that requires the r	eview of any non-standard	contributions? 31	Yes	
32a	Does the organization hire or us contributions?	e third parti	es or related organizations	to solicit, process, or sell i		Yes	
	If "Yes," describe in Part II If the organization did not repor	t revenues ı	n column (c) for a type of p	roperty for which column (a) is checked,		
	describe in Part II			0.1.11.510077			

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Ident if ier	Return Reference	Explanat ion
LINE 32A		URSINUS COLLEGE MAINTAINS AN ACCOUNT WITH SMITH BARNEY AND USES THIS ACCOUNT TO RECEIVE DONATIONS OF SECURITIES SMITH BARNEY SELLS STOCK AT THE REQUEST OF THE COLLEGE, AND FORWARDS NET PROCEEDS TO THE COLLEGE

Schedule M (Form 990) 2009

Software ID: **Software Version:**

> **EIN:** 23-1177930 Name: Ursinus College

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

DLN: 93493136012431

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ► Attach to Form 990.

OMB No 1545-0047

Name of the organization

Ursınus College

Employer identification number

23-1177930

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11A		THE COMPLETED FORM 990 IS DISTRIBUTED AND REVIEWED PRIOR TO FILING AT A SPECIALLY-CONVENED MEETING OF THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS THE COMPLETED FORM 990 WAS MADE AVAILABLE TO THE FULL BOARD

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C		TRUSTEES OR OFFICERS COMPLETE A CONFLICT OF DISCLOSURE STATEMENT ANNUALLY THOSE WHO HAVE A CONFLICT OF INTEREST ARE ASKED TO REFRAIN FROM PARTICIPATING IN CONSIDERATION OF PROPOSED TRANSACTIONS, UNLESS FOR SPECIAL REASONS THE BOARD OR ADMINISTRATION REQUESTS INFORMATION OR INTERPRETATION PERSONS WITH CONFLICTS SHALL NOT VOTE, PARTICIPATE IN DISCUSSION, OR BE PRESENT AT THE TIME OF VOTE

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINES 13 AND 14		THE COLLEGE IS CONSIDERING THE ADOPTION OF A WHISTLEBLOWER POLICY AND A DOCUMENT RETENTION AND DESTRUCTION POLICY

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15		THE ASSOCIATE VICE PRESIDENT FOR FINANCE & CONTROLLER OF URSINUS COLLEGE CONDUCTS A STUDY EACH YEAR OF THE SALARIES AND BENEFITS FOR THE PRESIDENT, CHIEF ACADEMIC OFFICER, CHIEF BUSINESS OFFICER, CHIEF DEVELOPMENT OFFICER, CHIEF ENROLLMENT OFFICER, AND DEAN OF STUDENT LIFE THE STUDY DOCUMENTS THE SALARIES AND BENEFITS OF THOSE IN SIMILAR POSITIONS IN THE OTHER CENTENNIAL CONFERENCE COLLEGES BRYN MAWR, DICKINSON, FRANKLIN & MARSHALL, GETTY SBURG, HAVERFORD, MCDANIEL, MUHLENBERG, SWARTHMORE AND WASHINGTON THE STUDY PRESENTS THE DATA AS BOTH TABLES AND GRAPHS THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES DETERMINES THE COMPENSATION OF THE PRESIDENT OF THE COLLEGE AND REVIEWS AND APPROVES THE COMPENSATION RECOMMENDATIONS OF THE PRESIDENT FOR THE OTHER OFFICERS THE STUDY PREPARED BY THE ASSOCIATE VICE PRESIDENT FOR FINANCE & CONTROLLER IS PROVIDED TO THE CHAIR OF THE BOARD AS SUPPORTING DOCUMENTATION FOR THE DISCUSSION OF COMPENSATION IN THE EXECUTIVE COMMITTEE MEETING. THE RESULTS OF THE DELIBERATION PROCESS WERE DOCUMENTED IN EMPLOY MENT LETTERS SENT TO EMPLOY EES.

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19		URSINUS MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

ldentifier	Return Reference	Explanation
SCHEDULE G, PART I	FUNDRAISING	THE PROFESSIONAL FUNDRAISING AGREEMENTS ENTERED INTO DURING THE YEAR PROVIDE FOR THE PAYMENT OF FEES AND ALSO FOR THE PAYMENT OF FUNDRAISING EXPENSES ACCORDING TO THE INVOICES, THE FOLLOWING FUNDRAISING EXPENSES WERE PAID MARTS & LUNDY \$6,763 SOLSTICE GROUP \$5,433

DLN: 93493136012431

2009

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R (Form 990)

Name of the organization

Related Organizations and Unrelated Partnerships

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

Department of the Treasury Internal Revenue Service

Ursinus College

Employer identification number

				23-1177930							
Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)											
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity						
Part II Identification of Related Tax-Exempt Organiza or more related tax-exempt organizations during the		he organızatıon ar	nswered "Yes" on	Form 990, Part	IV, line 34 because it had one						
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code sectio	n Public charity stat (if section 501(c)(tus (f) Direct controlling entity						
PENNSYLVANIA FOLKLIFE SOCIETY											
PO BOX 1000	FOLK CHITURE		504(6)(2)		NA						
COLLEGEVILLE, PA 19426 23-1502589	FOLK CULTURE	PA	501(C)(3)								
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Cat No 5013	5Y	1	Schedule R (Form 990) 2009						

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end asset		(h Disprop allocat	ortionate	Code amount II Sched	(i) V—UBI n box 20 of ule K-1 n 1065)	(j Gener mana partr	al or Iging
								Yes	No			Yes	No
				s a Corporation of treated as a corpo				nswer	ed "Y	es" on F	orm 990, P	art IV,	
	cause it had one t		ciacca organización.				(f))	Ī	(a)	(h)		
(a) Name, address, and EIN o	f related organization	(b) Primary activity		(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	Share of incor	f total	Sh end-	(g) nare of -of-year issets	(h) Percentag ownership		
									1				
									1				

Pa	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 34, 35, or 36.)		V	N.						
	Note. Complete line 1 if any entity is listed in Parts II, III or IV			Yes	No						
	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		1a		No						
_	a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity										
	b Gift, grant, or capital contribution to other organization(s)										
	Gift, grant, or capital contribution from other organization(s)		1c 1d		No No						
	d Loans or loan guarantees to or for other organization(s)										
е	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)		1 g		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)		1 j		No						
k	Performance of services or membership or fundraising solicitations for other organization(s)		1k		No						
I	Performance of services or membership or fundraising solicitations by other organization(s)		11		No						
m	m Sharing of facilities, equipment, mailing lists, or other assets										
n	Sharing of paid employees		1 n		No						
o	Reimbursement paid to other organization for expenses		10		No						
р	Reimbursement paid by other organization for expenses		1 p		No						
q	O ther 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 complete this line, including covered relationships	and transaction thres	holds								
	(a)	(b)		(c)							
	Name of other organization	Transaction type(a-r)		t involve	ed						
(1)											
(2)											
(3)											
(4)											
(5)											
(6)			1								

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(state or foreign p		all ners ion c)(3) rations?	(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	(h) eneral or nanaging partner?	
			Yes	No		Yes	No		Yes	N	
									+-	╁	
										1	
										+	
										T	
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			<u> </u>							+	

Depreciation and Amortization

(Including Information on Listed Property)

DLN: 93493136012431

OMB No 1545-0172

Department of the Treasury See separate instructions. ► Attach to your tax return. Sequence No 67 Internal Revenue Service Name(s) shown on return Business or activity to which this form relates Identifying number Ursinus College GENERAL DEPRECIATION 23-1177930 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount. See the instructions for a higher limit for certain businesses. 1 \$ 125.000 2 Total cost of section 179 property placed in service (see instructions) 2 \$ 500.000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-4 5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (b) Cost (business use (a) Description of property 6 (c) Elected cost only) 6 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 15 **15** Property subject to section 168(f)(1) election 16 Other depreciation (including ACRS) 16 49.892.922 MACRS Depreciation (Do not include listed property.) (See instructions.) **Section A** 17 17 MACRS deductions for assets placed in service in tax years beginning before 2009 18 If you are electing to group any assets placed in service during the tax year into one or more Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (a)Depreciation year placed in (e) Convention (f) Method (business/investment property period deduction service use only—see instructions) 19a 3-year property **b** 5-year property c7-year property d 10-year property e 15-year property f 20-year property g 25-year property 25 yrs S/L h Residential rental 27 5 yrs ΜМ S/L property 27 5 yrs ММ S/L 39 yrs MMS/L i Nonresidential real property MMS/L Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life S/L **b** 12-year 12 yrs S/L c 40-vear 40 vrs ММ S/L Non-Res Prop Type 1 count 0 Non-Res Prop Type 2 count 0 Non-Res Prop Totals count 0 **Summary** (see instructions) 21 Listed proper 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here 49.892.922 and on the appropriate lines of your return Partnerships and S corporations—see instructions 23 For assets shown above and placed in service during the current year, enter the 23

Part V
Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense,

comp	lete only	24a, 24b, colui	mns (a	a) thro	ugh (c)	of Sec	ction	A, al	ll of .	Sectio	n B, a	nd Se	ction (C if ap	oplicat	ile.
Section A—Depre																
24a Do you have eviden	ce to support	the business/investi	ment us	e claimed	d? ┌ Yes	. □ _{No}			24b lf	"Yes."	s the ev	/ idence	written?	Гуе	sГNo)
										,						-
(a) Type of property (list vehicles first)	(b) Date placed in service (c) Business/ investment use percentage (d) Cost or bas			r other (husiness/investment				(f) (g) Recovery Method/ period Convention			(h) Depreciation/ deduction			(i) Elected section 1 cost		
25Special depreciation allow 50% in a qualified busir	•	lified listed property i	placed in	service (l during the	tax year	and u	sed mo	re tha	in 25						
26 Property used more	•	•	inacci	15.0						20						
Lot roperty asea more	thun 50 70	% %	111033	450			П				\top			\Box		
		%														
	orlessin	% %	ee 1160											—		
27 Floperty used 50 %	01 1633 111	%	35 USE				П		S/L	-	Т			\Box		
		%							S/L							
		%			L				S/L		_			+		
28 Add amounts in co		_				ne 21,	page	1 .		2	8					
29 Add amounts in co	ılumn (ı), lır							•		•			29			
Complete this section	forvobicle				mation						r rolat	ad nar	con			
if you provided vehicles to	your employe	es, first answer the q	uestions	in Section	on C to see	e if you n	neet a	n exce	otion t	o comple	ting this	section	for thos	e vehic	les	
30 Total business/inv	estment m	ıles driven diirina	the	-	a)		o)		(c)			d)	(6	-		f)
year (do not includ		-		Vehi	cle 1	Vehi	cle 2	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	'ehic	le 3	Vehi	cle 4	Vehi	<u>cle 5</u>	Vehi	cle 6
31 Total commuting n	niles driver	during the year	F													
32 Total other person			,,, <u> </u>													
·	•		⊢			<u> </u>		+								
33 Total miles driven through 32	· · ·	year Add lines 3	٠. ا													
34 Was the vehicle av	allable for	personal use		Yes	No	Yes	No	Ye	s	No	Yes	No	Yes	No	Yes	No
during off-duty hou	ırs?		.													
35 Was the vehicle us owner or related pe	•	y by a more than	5%													
36 Is another vehicle		or personal use?	` .` -													
		estions for Em	volar	ers W	ho Pro	vide \	/ehi	cles	for	Use b	v The	ir Er	nplov	ees	<u> </u>	<u> </u>
Answer these question 5% owners or related	ns to deterr	nine if you meet a									-				not moi	re tha
37 Do you maintain a employees?	written poli	cy statement tha	t prohil	bits all	personal •	use of	vehic	les, ı	nc lud	ling cor	nmutır	ıg, by y	our.	Y	es	No
38 Do you maintain a employees? See th																
39 Do you treat all us								,, 01 1	, o o i		-					
40 Do you provide mo	re than five	vehicles to your	•			- ormatio	n fron	n you	emp	loyees	- about	the us	e of the	a -		
vehicles, and retai			العامل ما		la damar				•			•	•	\vdash		
Note: If your answ																
Part VI Amortiz		5, 39, 40, 01 41 1	5 165,	40 110	Comple	te seci	.1011 6	101 11	ie co	vereu v	emcie	<u> </u>				
Part VI Amortiz		(b)				I				(6	.,					
(a)		Date		(c	-			(d)		A morti	-		۸ ۵	(f)	an far	
Description of c	osts	amortization		A mort amo				ode ction		perio				rtızatı hıs yea		
		begins 								perce	ntage					
42 A mortization of co	sts that be	gins during your 2	2009 ta	ax year	(see ins	truction	ıs)									
42 A months = 1 - 1		ann hafar	000 +-	V 146 - 5							43					
43 A mortization of co	sis that be	gan before your 2	UUY ta	x year		•	•		•	•	43					

44 Total. Add amounts in column (f) See the instructions for where to report . . .

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