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DLN: 93493175003081

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2009

Open to Public

Department of the Treasury ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection A For the 2009 calendar year, or tax year beginning 09-01-2009 and ending 08-31-2010 D Employer identification number B Check if applicable WALSH COLLEGE OF ACCOUNTANCY & BUSINESS use IRS Address change ADMINISTRATION 38-1308480 label or Doing Business As E Telephone number Name change print or type. See Specific (248) 689-8282 Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite Instruc-**G** Gross receipts \$ 30,059,269 3838 LIVERNOIS RD PO BOX 7006 Terminated tions. City or town, state or country, and ZIP + 4 TROY, MI 480077006 Amended return Application pending Name and address of principal officer **H(a)** Is this a group return for HELEN C KIEBA-TOLKSDORF ┌ Yes ┌ No affiliates? 3838 LIVERNOIS RD PO BOX 7006 TROY, MI 480077006 H(b) Are all affiliates included? □ Yes □ No If "No," attach a list (see instructions) Tax-exempt status **✓** 501(c) (3) **◄** (insert no) **✓** 4947(a)(1) or **✓** 527 Group exemption number 🕨 **Website: ►** www walshcollege edu K Form of organization ✓ Corporation ✓ Trust ✓ Association ✓ Other ► L Year of formation 1922 M State of legal domicile MI Summary Briefly describe the organization's mission or most significant activities WALSH COLLEGE IS AN INDEPENDENT, NON-PROFIT INSTITUTION OFFERING A BROAD RANGE OF BUSINESS AND RELATED TECHNOLOGY DEGREE PROGRAMS, THE COLLEGE GRANTS DEGREES AT THE BACHELOR'S, MASTER'S, AND Activities & Governance DOCTORAL LEVELS THAT ARE RESPONSIVE TO STUDENT, EMPLOYER AND COMMUNITY NEEDS Check this box | If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . 27 25 Number of independent voting members of the governing body (Part VI, line 1b) . . 415 Total number of employees (Part V, line 2a) Total number of volunteers (estimate if necessary) . . . 26 0 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, line 34 0 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . 624.926 8 1,153,896 24,955,419 Program service revenue (Part VIII, line 2g) . 27,729,326 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 146,971 263,300 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 176,427 137,120 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 25,903,743 29.283.642 12) . 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 442,118 505,345 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-Expenses 13,304,684 15,115,121 16a Professional fundraising fees (Part IX, column (A), line 11e) $\,$. 22,920 4,240 Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright 909,003 b 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 10,543,855 10,456,570 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 18 24,313,577 26,081,276 19 Revenue less expenses Subtract line 18 from line 12 . 1.590.166 3,202,366 t Assets or nd Balances **Beginning of Current End of Year** Year 46,728,632 50,749,325 20 Total assets (Part X, line 16) . Total liabilities (Part X, line 26) . 15,343,789 21 14,365,375 22 Net assets or fund balances $\,$ Subtract line 21 from line 20 $\,$ 32,363,257 35,405,536 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sian 2011-06-03 Signature of officer Here helen kieba-tolksdorf VP CFO & TREASURER Type or print name and title Preparer's identifying number Check if Preparer's signature (see instructions) Paid empolyed 🕨 🔽 Preparer's PLANTE & MORAN PLLC Firm's name (or yours if self-employed), address, and ZIP + 4 **Use Only** 2601 CAMBRIDGE CT SUITE 500 Phone no (248) 375-7100 AUBURN HILLS, MI 48326

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

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

WALSH COLLEGE DELIVERS A BUSINESS EDUCATION THAT INTEGRATES APPLICATION AND THEORY TO PREPARE GRADUATES FOR SUCCESSFUL CAREERS

	AS WELL AS BEING DEDICATE LEARNING ENRIRONMENT TO					ED SERVICE IN A PROFESSIONAL
	LEARNING ENRIRONMENT TO	TAL ENROLLMENT	F FOR FY 2009-10UNDE	ERGRADUATE 3,930GRADI	JATE 7,571 DOCTORAL 29	
4b						0)
4b 4c	LEARNING ENRIRONMENT TO	TAL ENROLLMENT	F FOR FY 2009-10UNDE	ERGRADUATE 3,930GRADI	JATE 7,571 DOCTORAL 29	
	(Code Student Services (Code INCOMING UNDERGRADUATE) (Expenses \$) (Expenses \$ STUDENTS ARE	3,085,932 305,345 30VITED TO APPLY FOR	including grants of \$ including grants of \$ including grants of \$ A WALSH COLLEGE SCHO	JATE 7,571 DOCTORAL 29) (Revenue \$	0) O) ICING THEIR EDUCATION
	(Code Student Services (Code INCOMING UNDERGRADUATE	TAL ENROLLMENT) (Expenses \$) (Expenses \$ STUDENTS ARE :) IN THREE CATE	3,085,932 505,345 INVITED TO APPLY FOR GORIES COMMUNITY	INCluding grants of \$ Including grants of \$ Including grants of \$ A WALSH COLLEGE SCHOOLLEGE EXCELLENCE AW) (Revenue \$ 505,345) (Revenue \$ LARSHIP TO ASSIST THEM IN FINAN ARDS, ACADEMIC AWARDS, AND M	0) O) ICING THEIR EDUCATION
4c	(Code Student Services (Code INCOMING UNDERGRADUATE SCHOLARSHIPS ARE OFFERED	TAL ENROLLMENT) (Expenses \$) (Expenses \$ STUDENTS ARE :) IN THREE CATE	3,085,932 505,345 INVITED TO APPLY FOR GORIES COMMUNITY	including grants of \$ including grants of \$ including grants of \$ A WALSH COLLEGE SCHO COLLEGE EXCELLENCE AW also Additional Data) (Revenue \$ 505,345) (Revenue \$ LARSHIP TO ASSIST THEM IN FINAN ARDS, ACADEMIC AWARDS, AND M	0) O) ICING THEIR EDUCATION

Part IV	Check	dist of	Required	Schedules
	CIICCI	11136 01	IXC GGII CG	Schoules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any 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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "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		No
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	j	ĺ	
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
	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		No
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</i> " <i>Yes,"</i> complete Schedule F, Part III	16		No
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		No
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		No
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		Νο

Par	t IV 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		Νo
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		Νo
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		Νο
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
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		Νο
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		No
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		Νο
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
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	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Νο
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	Yes	1
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	

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Part V	Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
.a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
	1a 32			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
а	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			
ь	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	
3	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Νo
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
a	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		Νo
b	If "Yes," enter the name of the foreign country ►			
	Financial Accounts			
•	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		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		N c
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	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		Νo
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
F	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7£		No
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		-110
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		
	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		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	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			
	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
2a	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			

3838 Livernois Road PO Box 7006

troy, MI 480077006 (248) 689-8282

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			
			Yes	No
1a	Enter the number of voting members of the governing body 1a 27			
ь	Enter the number of voting members that are independent 1b 25			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any	1		
	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		Νo
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νo
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo
6	Does the organization have members or stockholders?	6		Νo
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νo
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo
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	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
100	venue code.)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	Yes	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			
		11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
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 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	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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		No
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 MI			
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	ıe orga	nızatıor	n 🕨
	Helen Kıeba-Tolksdorf			

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 i	ffice	r, dırector, trustee	or key employee							
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)				I		(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										

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►28

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		Νο
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
		4	162	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		Νo

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B)	(C)
Name and pusiness address	Description of services	Compensation
CareTech SOLUTIONS 901 Wilshire Troy, MI 48084	IT SYSTEMS SUPPORT	1,592,035
harrison media agency 24116 CROCKER CLINTON TOWNSHIP, MI 48036	MARKETING	646,939
Perich 117 N First St Ann Arbor, MI 48104	marketing/advertising	266,320
UCOMPASS COM 302 FERN HOLLOW TALLAHASSEE, MI 32312	IT SYSTEMS SUPPORT	129,516
2 Total number of independent contractors (including but not limited to those listed above \$100,000 in compensation from the organization ►4) who received more than	

Form 9	•	<u> </u>						Page 9
Part \	<u> </u>	Statement of	of 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
<u>\$</u> \$	1a	Federated cam	paigns 1a					
필드	Ь	Membership du	es 1b					
s, g	c	Fundraising eve	ents 1c					
≢ੁ≅	d	Related organiz	zations 1d	368,697				
Contributions, gifts, grants and other similar amounts	e	Government grant	s (contributions) 1e	653,001				
ntio er s	f	All other contribute similar amounts no	ons, gifts, grants, and 1f ot included above	132,198				
ξŧ	g	Noncash contri	butions included in					
걸	h		s 1a-1f	▶-	1,153,896			
<u>O 46</u>	⊢" -	Total. Add filles	5 1 d - 11	• • •	1,133,636			
Ę	2a	Tuition and fees		Business Code 611,600	27,462,988	27,462,988		
evel	Ь	Bookstore Commis	ssions	611,600	196,476	196,476		
Program Serwice Revenue	_ c	BUSINESS LEADER		611,600	63,193	63,193		
¥.	d	library revenue		611,600	6,669	6,669		
ૐ ⊊	e			·	· · ·			
្នាធ	f	All other progra	am service revenue					
ξ	g	Total. Add lines	s 2a-2f		27,729,326			
	3		ome (including divident		21,7125,020			
		and other simil	aramounts)	▶ [494,103			494,103
	4	Income from inves	stment of tax-exempt bond p	proceeds 🕨				
	5	Royalties						
	6a	Gross Rents	(ı) Real 137,120	(11) Personal				
	Ь	Less rental						
	_c	expenses Rental income	137,120					
	d	or (loss)	me or (loss)	▶	137,120			137,120
	<u> </u>	Weet remediation	(i) Securities	(II) O ther	,			,
	7a	Gross amount from sales of assets other than inventory	540,088	4,736				
	Ь	Less cost or other basis and	775,627					
	c	sales expenses Gaın or (loss)	-235,539	4,736				
	d	Net gain or (los	ss)		-230,803			-230,803
4.	8a	Gross income f	_					
Other Revenue			s reported on line 1c)					
<u>-</u>	.		a					
듔	b c		penses b (loss) from fundraising e	events				
_	9a	Gross income f	rom gaming activities ne 19					
	b c		penses b (loss) from gaming activ	/ities				
		Gross sales of returns and allo	ınventory, less					
	b c		oods sold b (loss) from sales of inve	entory				
		Miscellaneou		Business Code				
	11a							
	b							
	c							
	d	All other reven	ı					
	e	iotal. Add lines	s 11a-11d					
	12	Total revenue.	See Instructions	▶	29,283,642	27,729,326	(400,420

	990 (2009)				Page 10			
Part								
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).								
			(B), (C), and	(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 $$ See Part IV , line 21 $$							
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	505,345	505,345					
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	·	,					
4	Benefits paid to or for members							
5	Compensation of current officers, directors, trustees, and key employees	1,499,411	354,457	920,080	224,874			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$							
7	Other salaries and wages	10,442,183	8,717,193	1,412,459	312,531			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	681,765	541,717	113,841	26,207			
9	Other employee benefits	1,612,795	1,212,604	312,671	87,520			
10	Payroll taxes	878,967	678,138	 	35,191			
11	Fees for services (non-employees)	3,3,37	2,3,130	133,030				
a	Management			+				
a h	Legal	126,579		126,579				
c	Accounting	248,314		248,314				
_	-	66,000		66,000				
d	Lobbying	•		66,000	4 240			
e	Professional fundraising See Part IV, line 17	4,240		40.720	4,240			
f	Investment management fees	49,738	F7.604	49,738	22.002			
g	Other	626,559	57,681	535,786	33,092			
12	Advertising and promotion	2,006,388	51,663	 	12,806			
13	Office expenses	881,484	332,000	· ·	67,393			
14	Information technology	1,600,466	800,233	800,233				
15	Royalties							
16	Occupancy	1,804,011	513,695	 	34,897			
17	Travel	220,540	122,906	70,736	26,898			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials							
19	Conferences, conventions, and meetings	111,935	85,364	11,213	15,358			
20	Interest	382,528		382,528				
21	Payments to affiliates							
22	Depreciation, depletion, and amortization	1,296,746	1,182,962	93,884	19,900			
23	Insurance	103,422		103,422				
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)							
а	BAD DEBT EXPENSE	367,991		367,991				
b	library services	333,026	333,026					
c	MISCELLANEOUS	230,843	187,070	35,677	8,096			
d								
e								
f	All other expenses							
25	Total functional expenses. Add lines 1 through 24f	26,081,276	15,676,054	9,496,219	909,003			
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			2,744,776	1	2,361,430
	2	Savings and temporary cash investments			120,186	2	107,685
	3	Pledges and grants receivable, net			16,421	3	621,558
	4	Accounts receivable, net			415,729	4	398,815
	5	Receivables from current and former officers, directors, trustees highest compensated employees. Complete Part II of	s, key e	mployees, and			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under s persons described in section $4958(c)(3)(B)$ Complete Part II of		1958(f)(1)) and			
		Schedule L				6	
ssets	7	Notes and loans receivable, net				7	
SS	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			395,063	9	409,635
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	38,570,045			
	ь	Less accumulated depreciation	10b	14,455,664	23,763,789	10c	24,114,381
	11	Investments—publicly traded securities			17,157,914	11	21,591,341
	12	Investments—other securities See Part IV, line 11	•	817,172	12	7,760	
	13	Investments—program-related See Part IV, line 11		13			
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11	•	1,297,582	15	1,136,720	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			46,728,632	16	50,749,325
	17	Accounts payable and accrued expenses .			956,083	17	1,441,771
	18	Grants payable		18			
	19	Deferred revenue	1,536,698	19	1,069,957		
	20	Tax-exempt bond liabilities		8,135,000	20	7,253,074	
<u>.</u>	21	Escrow or custodial account liability Complete Part IV of Schedul	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	5			23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			3,737,594	25	5,578,987
	26	Total liabilities. Add lines 17 through 25			14,365,375	26	15,343,789
,		Organizations that follow SFAS 117, check here ▶ 🔽 and comp	plete lin	es 27			_
9		through 29, and lines 33 and 34.					
<u> ar</u>	27	Unrestricted net assets			30,049,935		33,303,914
Fund Balance	28	Temporarily restricted net assets			1,293,822		1,082,121
Ē	29	Permanently restricted net assets			1,019,500	29	1,019,501
Fu		Organizations that do not follow SFAS 117, check here ► and	nd comp	lete			
0	20	lines 30 through 34.				20	
Assets	30	Capital stock or trust principal, or current funds				30	
is si	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other fu	unas		20 262 257	32	3E 40E E20
Net	33	Total net assets or fund balances			32,363,257	33	35,405,536
	34	Total liabilities and net assets/fund balances			46,728,632	34	50,749,325

Part XI Financial Statements and Reporting

			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		No
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 Consolidated basis Both consolidated and separated 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)

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

Inspection

WALSH	lame of the organization /ALSH COLLEGE OF ACCOUNTANCY & BUSINESS DMINISTRATION							Employer identification number			
			on for Dul	alia Chawito Ctato	(All aus			laka khia wa	38-130848		
	rt I			olic Charity State foundation because						ucuons	
1	/ ga			on of churches, or as					,		
2	, \			in section 170(b)(1)				(=)(=)(-).			
3	<u> </u>			perative hospital serv				170(b)(1)(<i>t</i>	. .// iii .		
4	Ė	-	-	organization operate	=					(A)(iii). Ente	rthe
•	•			y, and state	a iii conjant	otion men a n	ospital dese			,(-1,)(-1,)-1 = mex	in the
5	Г	An orga	ınızatıon ope	rated for the benefit	of a college	or university	owned or op	erated by a g	governmental	unıt describ	_ ed ın
		section	170(b)(1)(A	A)(iv). (Complete Pa	rt II)						
6	Γ	A feder	al, state, or	local government or q	governmenta	al unıt descrı	bed in sectio	n 170(b)(1)((A)(v).		
7	Γ	describ	ed ın	t normally receives a		l part of its s	upport from a	a government	tal unit or froi	m the genera	l public
	_			A)(vi) (Complete Pa	· ·		. . . D TT	`			
8	<u> </u>		· ·	described in section				-			
9	ı			t normally receives ties related to its exc							
		•		ss investment incom	•	-			` '		
			_	anızatıon after June 3				-		x, 110111 busii	e33e3
10	\vdash			anized and operated	•			•	•		
11	,	-	_	anized and operated	•	-	-			carrv out the	purposes of
	·	one or i	nore publicly	supported organizates besthe type of suppo Type II	tions descri rting organi	bed in sectio	n 509(a)(1) mplete lines	or section 50 11e through	09(a)(2) See	•	(a)(3). Check
e	Γ	By chec	king this bo an foundation	x, I certify that the o	rganızatıon	ıs not contro	lled directly	or indirectly	by one or mo	re disqualifie	d persons
f			_	eceived a written det	termination	from the IRS	that it is a T	ype I, Type I	II or Type III	[supporting	organization,
g		Since A		006, has the organız	ation accep	ted any gıft o	r contributio	n from any of	fthe		•
		(i) a pe	rson who dır	ectly or indirectly co	ntrols, eithe	ralone or to	gether with p	ersons desc	rıbed ın (ıı)		Yes No
				joverning body of the			ion?			11g(i)	
		` '	•	r of a person describ	• • •					11g(ii)	
				ed entity of a person						11g(iii)	
h 		Provide	the followin	g ınformatıon about t	he supporte	d organizatio	n(s)				
(i) Namo suppo organiz		e of rted	ted EIN lines 1-9 above		Is th organizat col (i) lis your gove	(iv) Is the organization in col (i) listed in your governing document?		tify the tion in fyour rt?	(vi) Is the organization in col (i) organized in the U S ?		(vii) A mount of support?
				(see instructions))	Yes	No	Yes	No	Yes	No	
									1	1	
										1	
										1	
	_								1	1	
Tota			1			1	I	1	1	1	1

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.	÷·/		
	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 obselv	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

Additional Data

Software ID:

Software Version:

EIN: 38-1308480

Name: WALSH COLLEGE OF ACCOUNTANCY & BUSINESS

ADMINISTRATION

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses \$ 728,543 including grants of \$ 0) (Revenue \$ 6,669)

THE WALSH COLLEGE LIBRARY COLLECTION CONSISTS OF APPROXIMATELY 31,600 VOLUMES TOTALLY FOCUSED TO SUPPORT THE BUSINESS PROGRAMS OFFERED AT WALSH IN ADDITION, THERE ARE OVER 2,000 E-BOOKS AND 58 ONLINE DATABASES

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

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per	Posi t	tion (that a	(che)			(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
Richard D Aginian TRUSTEE	30	X						0	0	0
WALTER FISHER TRUSTEE	30	Х						0	0	0
DONALD H CLAYTON TRUSTEE	30	Х						0	0	0
VANECONWAY TRUSTEE	30	Х						0	0	0
DENNIS G COWAN TRUSTEE	30	Х						0	0	0
Barbara J Dobb TRUSTEE	30	Х						0	0	0
SHIRLEY GOFRANK TRUSTEE	30	Х						0	0	0
EDWARD T GWILT TRUSTEE	30	Х						0	0	0
WILLIAM F JONES JR TRUSTEE	30	Х						0	0	0
ALAN J KAUFMAN TRUSTEE	30	Х						0	0	0
KATHLEEN M KOSMATKA TRUSTEE	30	Х						0	0	0
N PATRICIA KURTZ TRUSTEE	30	Х						0	0	0
AUBREY W LEE TRUSTEE	30	Х						0	0	0
BARBARA J MAHONE TRUSTEE	30	Х						0	0	0
MARK MCCAMMON TRUSTEE	30	Х						0	0	0
THOMAS F MCNULTY TRUSTEE	30	Х						0	0	0
RONALD D MOORE TRUSTEE	30	Х						0	0	0
ROBERT H NAFTALY TRUSTEE	30	Х						0	0	0
David J Petoskey TRUSTEE	30	Х						0	0	0
Michael J Plotzke TRUSTEE	30	Х						0	0	0
MADHAVA REDDY TRUSTEE	30	Х						0	0	0
WILLIAM C RONEY III TRUSTEE	30	Х						0	0	0
Michael A Semanco TRUSTEE	30	Х						0	0	0
Richard T Walsh TRUSTEE	30	Х						0	0	0
Neal F Zalenko TRUSTEE	30	Х						0	0	0

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

Compensated Employees, and Independent Contractors												
(A) Name and Title	(B) (C) Average Position (check all hours that apply) per							(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		
A MARK ZEFFIRO TRUSTEE	30	Х						0	0	0		
STEPHANIE W BERGERON PRESIDENT	40 00	Х		х				256,093	0	35,380		
PATRICK DUERR TRUSTEE	30	Х						0	0	0		
EDWARD D CALLAGHAN TRUSTEE	30	Х						0	0	0		
ROBERT MINTER EXECUTIVE VP & CAO	40 00			х				183,843	0	14,049		
HELEN KIEBA-TOLKSDORF VP, CFO & TREASURER	40 00			х				146,364	0	31,728		
AUDREY OLMSTEAD VP, CHIEF DEVELOPMENT OFFICER	40 00			х				163,579	0	26,987		
JOHN LICHTENBERG VP, CHIEF MARKETING AND ENROLLMENT	40 00			х				148,068	0	31,611		
ELIZABETH BARNES VP, CHIEF HR AND ADMIN OFF	40 00			х				144,858	0	18,505		
MICHAEL LEVENS FACULTY	40 00					Х		182,948	0	32,409		
RICHARD BERSCHBACK FACULTY	40 00					Х		182,557	0	34,502		
LINDA WIECHOWSKI FACULTY	40 00					Х		174,139	0	12,244		
MARK SOLOMON FACULTY	40 00					Х		168,979	0	17,524		
SHEILA RONIS FACULTY	40 00					х		162,718	0	20,292		

DLN: 93493175003081

OMB No 1545-0047

Open to Public Inspection

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.

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 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 ILB. Do not complete Part ILA

If th	, , , ,	s," to Form 990, Part IV, Line 5 (Prozations Complete Part III	,	.,			•	
N a	me of the organization LSH COLLEGE OF ACCOUNTANCY & BUS MINISTRATION	·		Employ			ation numbe	er
Par	t I-A Complete if the or	ganization is exempt under s	section 501(c)				ganizatio	n.
1	Provide a description of the or	ganization's direct and indirect politic	al campaign activ	rities in Part IV				
2	Political expenditures	•			>	\$		
3	V olunteer hours					_		
Par	t I-B Complete if the or	ganization is exempt under s	section 501(c)	(3).				
1	Enter the amount of any excise	tax incurred by the organization und	er section 4955		>	\$ _		0
2	Enter the amount of any excise	e tax incurred by organization manage	ers under section	4955	•	\$ _		0
3	If the organization incurred a s	ection 4955 tax, did it file Form 4720	O for this year?				┌ Yes	┌ No
4a	Was a correction made?						☐ Yes	┌ No
ь	If "Yes," describe in Part IV							
Par	t I-C Complete if the or	ganization is exempt under s	section 501(c	except section	n 50	1(c)	(3).	
1	Enter the amount directly expe	nded by the filing organization for sec	ction 527 exempt	function activities	 - -	\$ _		
2	Enter the amount of the filing o exempt funtion activities	rganızatıon's funds contributed to oth	ner organizations 1	or section 527	F	\$ _		
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here a	ind on Form 1120	-POL, line 17b	•	¢		
4	Did the filing organization file F	Form 1120-POL for this year?				Ψ_	┌ Yes	┌ No
5	were made For each organizat contributions received that we	nd employer identification number (EI ion listed, enter the amount paid from re promptly and directly delivered to a ittee (PAC) If additional space is ne	the filing organiza a separate politica	ation's funds Also al organization, suc	enter	the a	mount of po	olitical
	(a) Name	(b) Address	(c) EIN	(d) A mount paid	from	(e) A mount o	fpolitical

	filing organization's funds If none, enter -0-	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	rt II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c)(3) and file	d Form 5768	(election					
	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	00									
	Over \$17,000,000										
		•									
g	Grassroots nontaxable amount (enter 25% of lin										
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	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?		Νo	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		66,000
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo	
i	Other activities? If "Yes," describe in Part IV		Νo	
j	Total lines 1c through 1i			66,000
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		•	
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

- 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
- a Current year
- **b** Carryover from last year
- c Total
- 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues
- 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?
- 5 Taxable amount of lobbying and political expenditures (see instructions)

expenses for which the section 527(f) tax was paid).

Part IV Supplemental Information

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

Ident if ier	Return Reference	Explanation
· '	Activities	Lobbying activity represents fees paid to an outside consulting firm that specialized in government relations, with the intent to establish direct contact with legislators in regard to distribution of appropriations

2a

2b

2c 3

4

5

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

DLN: 93493175003081

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

emai Re	evenue Service F Attach to Fo	orm 990. F See separate instructions.		Tilsbection
WALSI	e of the organization H COLLEGE OF ACCOUNTANCY & BUSINESS NISTRATION			oyer identification number
		duised Funds or Other Similar		308480
Рап	Organizations Maintaining Donor Ac organization answered "Yes" to Form 99		runas	or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
ι т	otal number at end of year			
2 4	Aggregate contributions to (during year)			
3 4	Aggregate grants from (during year)			
1 4	Aggregate value at end of year			
	Did the organization inform all donors and donor advi		onor advis	eed Yes No
ı	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit		•	
Part	Conservation Easements. Complete	if the organization answered "Yes"	" to Form	990, Part IV, line 7.
]]]	Purpose(s) of conservation easements held by the or Preservation of land for public use (e g , recreati Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualicatement on the last day of the tax year	on or pleasure) Preservation of Preservation of	a certified	cally importantly land area I historic structure nservation
	sassinent en tile last aa, et tile tax , ea.			Held at the End of the Year
a ·	Total number of conservation easements		2a	
ь -	Total acreage restricted by conservation easements		2b	
	Number of conservation easements on a certified his		2c	
_	Number of conservation easements included in (c) ac	• ,	2d	
		•		
	Number of conservation easements modified, transfe the taxable year 🛌	rrea, released, extinguished, or termina	ated by th	e organization during
1 [Number of states where property subject to conserva	ation easement is located ►		
	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		andling of	violations, and Yes No
5 9	Staff and volunteer hours devoted to monitoring, insp	pecting and enforcing conservation eas	ements du	iring the year 🛌
7	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easeme	nts durıng	the year ►\$
	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of s	ection	┌ Yes
ı	In Part XIV, describe how the organization reports co balance sheet, and include, if applicable, the text of t the organization's accounting for conservation easen	he footnote to the organization's financ	•	•
art	Organizations Maintaining Collectio Complete if the organization answered "		s, or Oth	er Similar Assets.
ä	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or rese	arch in fur	
_ I	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for p provide the following amounts relating to these items	public exhibition, education, or researc		•
((i) Revenues included in Form 990, Part VIII, line 1			▶ \$
((ii) Assets included in Form 990, Part X			▶ \$
2]	If the organization received or held works of art, histofollowing amounts required to be reported under SFA:		for financ	• •
	Revenues included in Form 990, Part VIII, line 1			► \$

Assets included in Form 990, Part X

'ar	Organizations Maintaining Co	<u>llections of Art, </u>	<u>, Hist</u>	oric	al Tre	asu	ires, or (<u> 2the</u>	<u>r Simila</u>	r Asse	ts (coi	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	ofthe	follo	owing th	at ar	e a signific	ant ι	ise of its co	ollectio	n	
а	Public exhibition		d	Г	Loan or	exc	hange prog	rams	;			
b	Scholarly research		e	Γ	Other							
С	Preservation for future generations											
ŀ	Provide a description of the organization's co	ollections and explai	n how	they	further	the	organizatio	n's e	xempt purp	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t		,						nılar	Г	Yes	┌ No
Pa i	rt IV Escrow and Custodial Arrang						n answere	ed "Y	es" to Fo	rm 990),	
	Part IV, line 9, or reported an ar		•									
.a	Is the organization an agent, trustee, custoo included on Form 990, Part X?					ons	or other as	sets	not	Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	√ and complete the f	followir	ng ta	ble				1			
										A mou	ınt	
C	Beginning balance							1c				
d	Additions during the year							1d				
е	Distributions during the year							1e				
f	Ending balance							1f				
a	Did the organization include an amount on Fe	orm 990, Part X, line	21?							Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI\	/										
Pa	rt V Endowment Funds. Complete											
		(a)Current Year	(b)	Prior \		(c) ⊤	wo Years Bac	k (d)Three Years	Back (e	e)Four Ye	ars Back
а	Beginning of year balance	2,313,322		2,	573,327			+				
Ь	Contributions	523,793			563,408			_				
C	Investment earnings or losses	42,517			64,937							
d	Grants or scholarships	778,011			888,350							
e	Other expenditures for facilities and programs											
f	Administrative expenses				İ							
g	End of year balance	2,101,621		2,	.313,322							
!	Provide the estimated percentage of the yea	r end halance held a	<u> </u>									
		0 %	3									
а	Board designated or quasi-endowment	5 .5										
b	F1 000 0/											
C	Term endowment 51.000 %		. 4 41						. 4 6 -			
a	Are there endowment funds not in the posse organization by	ssion of the organiza	ition tr	пат а	re neia a	and a	administere	а тог	tne		Yes	No
	(i) unrelated organizations									3a(i)		Νο
	(ii) related organizations									3a(ii)	Yes	
Ь	If "Yes" to 3a(II), are the related organization	ns listed as required	l on Sc	hedu	ıle R?					3b	Yes	
	Describe in Part XIV the intended uses of th											
a l	t VI Investments—Land, Building	s, and Equipmer	nt. Se	e Fo	orm 990	0, P	art X, line	10.	1			
	Description of investment				Cost or ot (investme		(b)Cost or o basis (oth		(c) Accumu depreciat		(d) Boo	k value
a	Land						2,69	2,659			2	,692,659
b	Buildings		. [22,17	8,871	5,6	24,783	16	,554,088
c	Leasehold improvements		. [
d	Equipment		. [9,30	5,285	7,1	96,575	2	,108,710
e	Other						4,39	3,230	1,6	34,306	2	,758,924

24,114,381

Part VII Investments—Other Securities. See (a) Description of security or category	Form 990, Part X, line 1	
(including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	•	
Part VIII Investments—Program Related. Se	e Form 990, Part X, line	
(a) Description of investment type	(b) Book value	(c) Method of valuation
	. ,	Cost or end-of-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	ne 15.	
	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15. ption	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 2 Part X Other Liabilities. See Form 990, Part X	ne 15. ption	
Part IX Other Assets. See Form 990, Part X, III (a) Description Total. (Column (b) should equal Form 990, Part X, col.(B) line 3	ne 15. ption	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 2 Part X Other Liabilities. See Form 990, Part X	ne 15. ption (5.) (, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	ne 15. ption (5.) (, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 2 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	(5.) (, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line : Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes ACCRUED PENSION	(5.) (, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line : Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes ACCRUED PENSION	(5.) (, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line : Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes ACCRUED PENSION	(5.) (, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line : Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes ACCRUED PENSION	(5.) (, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line : Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes ACCRUED PENSION	(5.) (, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line : Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes ACCRUED PENSION	(5.) (, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line : Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes ACCRUED PENSION	(5.) (, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line : Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes ACCRUED PENSION	(5.) (, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line : Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes ACCRUED PENSION	(5.) (, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line : Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes ACCRUED PENSION	(5.) (, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line : Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes ACCRUED PENSION	(5.) (, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line : Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes ACCRUED PENSION	(5.) (, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line : Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes ACCRUED PENSION	(5.) (, line 25. (b) A mount	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	29,283,642
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	26,081,276
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	3,202,366
4	Net unrealized gains (losses) on investments	4	935,014
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-1,095,101
9	Total adjustments (net) Add lines 4 - 8	9	-160,087
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	3,042,279
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	30,256,568
2	Amounts 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		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d 678,087		
e	Add lines 2a through 2d	2e	1,851,704
3	Subtract line 2e from line 1	3	28,404,864
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) 4b 878,778		
c	Add lines 4a and 4b	4c	878,778
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	29,283,642
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	26,691,654
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	<u> </u>	
a	Donated services and use of facilities		
ь	Prior year adjustments	1	
c	Other losses	1	
d	Other (Describe in Part XIV)	1	
e	Add lines 2a through 2d	2e	1,120,459
3	Subtract line 2e from line 1	3	25,571,195
4	Amounts 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		
ь	Other (Describe in Part XIV)	1	
c	Add lines 4a and 4b	4c	510,081
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	26,081,276
Pai	rt XIV Supplemental Information		
Cor	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P	art IV ,	lines 1b and 2b,

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

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part 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
Part V, Line 4	Description of Intended Use of Endowment Funds	THE COLLEGE HAS A TOTAL OF FORTY-EIGHT ENDOWMENTS FORTY-FIVE OF THESE ENDOWMENTS ARE FOR UNDERGRADUATE AND GRADUATE SCHOLARSHIPS, TWO ENDOWMENTS PROVIDE TUTORING SUPPORT AND ONE ENDOWMENT PROVIDES AN AWARD FOR ACADEMIC EXCELLENCE IN ACCOUNTING
		PART XI, LINE 8 - PENSION ACCRUAL \$1,095,101 PART XII, LINE 2D - REVENUE OF WALSH COLLEGE FOUNDATION (SEPARATE 990 FILED) \$678,087 PART XII, LINE 4B - SCHOLARSHIPS \$505,345 SALE OF ASSETS \$ 4,736 TRANSFER OF ENDOWMENTS \$368,697 PART XIII, LINE 2D - EXPENSES OF WALSH COLLEGE FOUNDATION (SEPARATE 990 FILED) \$25,358 PENSION ACCRUAL \$1,095,101 PART XIII, LINE 4B - SCHOLARSHIPS \$505,345 SALE OF ASSETS \$4,736

Employer identification number

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

WALSH COLLEGE OF ACCOUNTANCY & BUSINESS

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

ADMI	NISTRATION	38-1308480					
	·			YES	NO		
1	Does the organization have a racially nondiscriminatory policy toward students by statement in it other governing instrument, or in a resolution of its governing body?	ts charter, bylaws,	1	Yes			
2	2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?						
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broads the period of solicitation for students, or during the registration period if it has no solicitation prothat makes the policy known to all parts of the general community it serves? If "Yes," please desplease explain THE COLLEGE'S NONDISCRIMINATORY POLICY IS ON ALL STUDENT APPLICATIONS, CO	gram, in a way cribe If"No,"	3	Yes			
4	PUBLICATIONS, AND IS POSTED ON THE WEBSITE Does the organization maintain the following?		1				
	Records indicating the racial composition of the student body, faculty, and administrative staff?		4a	Yes			
	• Records documenting that scholarships and other financial assistance are awarded on a racially basis?	nondiscriminatory	4b	Yes			
(Copies of all catalogues, brochures, announcements, and other written communications to the pu with student admissions, programs, and scholarships?	blic dealing	4c	Yes			
•	Copies of all material used by the organization or on its behalf to solicit contributions?		4d	Yes			
5	Does the organization discriminate by race in any way with respect to Students' rights or privileges?		5a		No		
I	Admissions policies?		5b		No		
•	Employment of faculty or administrative staff?		5c		No		
•	Scholarships or other financial assistance?		5d		No		
•	Educational policies?		5e		Νo		
1	Use of facilities?		5f		Νo		
,	g Athletic programs?		5g		No		
I	n 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		No		
	a Does the organization receive any financial aid or assistance from a governmental agency? b Has the organization's right to such aid ever been revoked or suspended?		6a 6b	Yes	No		
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 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Sc 990)		7	Yes			

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DLN: 93493175003081

OMB No 1545-0047

Governments and Individuals in the United States

Schedule I

(Form 990)

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

Grants and Other Assistance to Organizations,

nternal Revenue Service			Attach to Form 9	90			Inspection
lame of the organization	INTANOV O BUGINE					Employer identifica	tion number
VALSH COLLEGE OF ACCOL ADMINISTRATION	JNIANCY & BUSINE	:55				38-1308480	
Part I General Infor	mation on Gran	ts and Assistance				•	
the selection criteria us	ed to award the grant	bstantiate the amount of test or assistance? dures for monitoring the us					✓ Yes 🗀
	IV, line 21 for any	to Governments and receive (1909) if additional space	d more than \$5,000	. Check this box if n	io one recipient receiv	ed more than \$5,00	0. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2 Enter total number of se	ction 501/c)/2\ and	government organizations					
						•	
2 Enter total number of oti	organizations i	· · · · · · ·				· · · · · ·	

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
SCHOLARSHIPS	182	505,345	0	CASH	N/A
See Additional Data Table					

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

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

DLN: 93493175003081

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

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

Name	ot	t he	org	anızatı	on			
NALSH	COL	LLEGE	OF	ACCOU	NTANCY	&	BUSINES	9
ADMINI	ISTR	OITA	N					

Employer identification number

38-1308480

Pa	rt I Questions Regarding Compensation					
					Yes	Νo
1a	Check the appropriate box(es) if the organization provi 990, Part VII, Section A, line 1a Complete Part III t		•			
	First-class or charter travel	Г	Housing allowance or residence for personal use			
	Travel for companions	Γ	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	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organism reimbursement orprovision of all the expenses describ			1b	Yes	
2	Did the organization require substantiation prior to rei officers, directors, trustees, and the CEO/Executive D					
	officers, directors, trustees, and the CEO/Executive L	mecti	or, regarding the items checked in line 1a7	2	Yes	
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all tha	t appl	y			
	Compensation committee		Written employment contract			
	Independent compensation consultant	고	Compensation survey or study			
	Form 990 of other organizations	<u> </u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Pa or a related organization	art VII	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control pa	aymer	nt?	4a		Νo
b	Participate in, or receive payment from, a supplement	al non	qualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-bas	ed co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and prov	ıde th	ne applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must	com	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, licompensation contingent on the revenues of	_				
а	The organization?			5a		Νο
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, li compensation contingent on the net earnings of	ne 1a,	, did the organization pay or accrue any			
а	The organization?			6a		Νo
Ь	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, li payments not described in lines 5 and 6? If "Yes," de			7		No
8	Were any amounts reported in Form 990, Part VII, pa					
	subject to the initial contract exception described in F	Regs	section 53 4958-4(a)(3)? If "Yes," describe			1
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow the resection 53 4958-6(c)?	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		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
STEPHANIE W BERGERON	(I) (II)	256,093 0	0 0	0	17,500 0	17,880 0	291,473 0	
ROBERT MINTER	(ı) (ıı)	180,000 0	0 0	3,843 0	12,869	1,180 0	197,892 0	
HELEN KIEBA- TOLKSDORF	(ı) (ıı)	146,364	o 0	0	10,395 0	21,333 0	178,092 0	
AUDREY OLMSTEAD	(ı) (ıı)	163,579 0	0	0	11,340	15,647 0	190,566 0	
JOHN LICHTENBERG	(ı) (ıı)	148,068 0	0 0	0	10,290	21,321 0	179,679 0	
ELIZABETH BARNES	(ı) (ıı)	144,858 0	0	0	10,080	8,425 0	163,363 0	
MICHAEL LEVENS	(ı) (ıı)	104,740 0	0	78,208 0	12,787 0	19,622 0	215,357 0	
RICHARD BERSCHBACK	(ı) (ıı)	156,071 0	0	26,486 0	12,846 0	21,656 0	217,059 0	
LINDA WIECHOWSKI	(ı) (ıı)	96,096 0	0	78,043 0	11,444	800	186,383 0	
MARK SOLOMON	(ı) (ıı)	108,327 0	0	60,652 0	8,270 0	9,254 0	186,503 0	
SHEILA RONIS	(ı) (ıı)	102,558 0	0 0	60,160 0	11,317 0	8,975 0	183,010 0	

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	Ret urn Ref erence	Explanation
	Part I, Line 1a	HEALTH CLUB DUES ARE PAID FOR DIRECTLY BY THE COLLEGE TO THE HEALTH CLUB FOR THE OFFICERS AND IS INCLUDED IN THEIR W-2'S

Schedule J (Form 990) 2009

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DLN: 93493175003081

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

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

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Department of the Treasury Internal Revenue Service Name of the organization Employer identification number WALSH COLLEGE OF ACCOUNTANCY & BUSINESS 38-1308480 ADMINISTRATION Part Bond Issues (h) O n (g) Defeased Behalf of (a) Issuer Name (b) Issuer EIN (c) CUSIP # (d) Date Issued (e) Issue Price (f) Description of Purpose Issuer Yes No Yes No MICHIGAN HIGHER EDUCATION TO REFUND ON 6/1/10 THE **FACILITIES AUTHORITY** 04-01-2010 7.510.000 Х Х SERIES 2005 BONDS Part II **Proceeds** В C D Ε Total proceeds of issue 7,510,000 Gross proceeds in reserve funds 2 Proceeds in refunding or defeasance escrows 3 Other unspent proceeds Issuance costs from proceeds 105.000 Working capital expenditures from proceeds Capital expenditures from proceeds Year of substantial completion Yes No Yes No Yes No Yes No Yes No Were the bonds issued as part of a current refunding issue? Х Were the bonds issued as part of an advance refunding issue? Χ 10 Has the final allocation of proceeds been made? Χ 11 Does the organization maintain adequate books and records to support Χ the final allocation of proceeds? Part III **Private Business Use** C Ε Α В D Yes No Yes No Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC. 1 Χ which owned property financed by tax-exempt bonds? Are there any lease arrangements with respect to the financed property 2 Χ which may result in private business use?

Schedule K (Form 990) 2009

Part III Private Business Use (Continued)

			A	ı	3		С	ı	D		E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		Х								
3b	Are there any research agreements with respect to the financed property which may result in private business use?		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									
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	2 000 %									
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 %									
6	Total of lines 4 and 5		2 000 %								
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	Х									
Da	CHV Arbitrage										

Part IV Arbitrage

	-		\		3		С		ס		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								
2	Is the bond issue a variable rate issue?	Х									
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?	х									
ь	Name of provider	COMERICA	BANK								
С	Term of hedge	4 0000	00000000								
4a	Were gross proceeds invested in a GIC?		Х								
ь	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								
6	Did the bond issue qualify for an exception to rebate?	х									

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DLN: 93493175003081

OMB No 1545-0047

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Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

BURNS WILCOX

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.

Name of the organization

Employer identification number

art I											
	Complete if the organizat	ion ans	wered "	Yes" on Form 990	, Part IV, line 25a	or 25b,	or Form	990-EZ,	Part V , lın		
1	(a) Name of disq	ualıfıed	person		(b) Desc	cription	of trans	action			orrecte
										Yes	No
	er the amount of tax ımpos tıon 4958		_	_	or disqualified pers		_	_	r • \$		
	er the amount of tax, If any								* \$		
art II	Loans to and/or	Erom	Intoro	stad Parsons							
all II	Complete if the organiz					, or Fori	m 990-l	EZ, Part \	/ , lıne 38a		
) Nam	e of interested person and purpose	or fro	(b) Loan to or from the organization? principa		I (d) Rajance dije i		In It?	(f) Appro by boar	ved rd or	(g) Writt	
		То	From	•		Yes	No	Yes	No	Yes	No
											-
tal .				► \$	•				I		
rt III	Grants or Assistar Complete if the orga					/ lung '	7				
	•				ween interested pe						
(a) Name of interested pers	on		and the			(c) A n	nount of g	rant or typ	e of assis	stance
art I\						/ line 1	28a 28	2h or 28	ec.		
Complete if the organization answered "Yes (b) Relationshi between interest) Relationship		, inte 2	_Ou, ZO	,D, OI 20			harıng nızatıor
(2)	Name of interested nerso	n	1		(c) A mount of	perween interested (c) A mount of transaction				n I -	enues

COMPANY OWNED BY

ALANJ KAUFMAN,

25,000

BURNS AND WILCOX

CONTRACTED WITH WALSH

Software ID: Software Version:

EIN: 38-1308480

Name: WALSH COLLEGE OF ACCOUNTANCY & BUSINESS

ADMINISTRATION

COMMITTEE, THE COMMITTEE REVIEWS THE 990 PRIOR TO ITS FILING WITH THE IRS ONCE REVIEWED BY

THE AUDIT COMMITTEE, THE 990 IS POSTED TO AN INTERNAL SITE SO THE FULL BOARD OF TRUSTEES HAS

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As Filed Data -

DLN: 93493175003081

OMB No 1545-0047

ZUU Open to Public

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

line 11

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

Supplemental Information to Form 990

► Attach to Form 990.

Inspection
Employer identification number

Name of the organization

WALSH COLLEGE OF ACCOUNTANCY & BUSINESS ADMINISTRATION

38-1308480

 Identifier
 Return Reference
 Explanation

 Form 990, Part VI, Section B,
 THE FORM 990 IS REVIEWED BY ALL OFFICERS OF THE COLLEGE THE RETURN IS THEN SENT TO THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES OF THE COLLEGE AS STATED IN THE BY LAWS OF THE AUDIT

ACCESS TO VIEW THE RETURN

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

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

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

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DLN: 93493175003081

OMB No 1545-0047 2009

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SCHEDULE R (Form 990)

Internal Revenue Service

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

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

Name of the organization **Employer identification number** WALSH COLLEGE OF ACCOUNTANCY & BUSINESS ADMINISTRATION 38-1308480

(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	Dire	(f) ect controlling entity
Part II Identification of Related Tax-Exempt Organizations or more related tax-exempt organizations during the	tions (Complete if tax year.)	the organization an	swered "Yes" o	n Form 990, Part	: IV, line	e 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 sec	(e) Public chanty st (if section 501(c	tatus c)(3))	(f) Direct controlling entity
THE WALSH COLLEGE FOUNDATION 3838 LIVERNOIS TROY, MI 480077006 20-0664128	RAISE FUNDS FOR SCHOLARSHIPS AND GENERAL SUPPORT OF WALSH COLLEGE	MI	501(C)(3)		7 W	VALSH COLLEGE
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Cat No 5013!		•		Schedule R (Form 990) 2009

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end asset	-of-year	(h Disprop allocat	ortionate			(j Gener mana parti	al or Iging
								Yes	No			Yes	No
												+	
				s a Corporation on treated as a corpo				nswer	ed "Y	es" on F	orm 990, P	art IV,	
	cause it flad offe t		elated organizations				(f))		(-)	(5)		
(a) Name, address, and EIN o	f related organization	(b) Primary a	ctivity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	Share o	f total	Sh end-	(g) nare of -of-year ssets	(h) Percentag ownership		
									1				

(6)

Part V	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV	, line 34, 35, or 36.)			
Not	e. Complete line 1 if any entity is listed in Parts II, III or IV			Yes	No
1 During	g the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-	IV?			
a Re	ceipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a		No
b Gif	t, grant, or capital contribution to other organization(s)		1b		No
c Gıf	t, grant, or capital contribution from other organization(s)		1 c	Yes	
d Loa	ans or loan guarantees to or for other organization(s)		1d		No
e Loa	ans or loan guarantees by other organization(s)		1e		No
f Sal	e of assets to other organization(s)		1f		No
	rchase of assets from other organization(s)		1 g		No
	change of assets		1h		No
	se of facilities, equipment, or other assets to other organization(s)		1 i		No
j Lea	se of facilities, equipment, or other assets from other organization(s)		1j		No
k Pe	rformance of services or membership or fundraising solicitations for other organization(s)		1k		No
I Per	formance of services or membership or fundraising solicitations by other organization(s)		11	Yes	
m Sha	arıng of facılıtıes, equipment, mailing lists, or other assets		1m		
n Sh	aring of paid employees		1n	Yes	
o Re	imbursement paid to other organization for expenses		10	Yes	
	imbursement paid by other organization for expenses		1p	Yes	
q Ot	her transfer of cash or property to other organization(s)		1 q		No
r Oth	ner transfer of cash or property from other organization(s)		1 r		No
	he answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationsh	nips and transaction thres	holds		
	(a) Name of other organization	(b) Transaction type(a-r)	((c) t involve	ed
(1) WALSH	COLLEGE FOUNDATION	С		36	8,697
(1) See Ad	ditional Data Table				
(2)					
(3)					
(4)					
(+)					
(5)					

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(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) eral or naging rtner?
			Yes	No		Yes	No		Yes	N
									+-	╁
										1
									_	+
										T
										1
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										-