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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements	OMB No 1545-0047
		2010
		Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011			
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization Ursinus College		D Employer identification number 23-1177930
	Doing Business As		E Telephone number (610) 409-3000
	Number and street (or P O box if mail is not delivered to street address) 601 East Main Street	Room/suite	
	City or town, state or country, and ZIP + 4 Collegeville, PA 194261000		G Gross receipts \$ 147,223,411
	F Name and address of principal officer John Corson 601 East Main Street Collegeville, PA 19426	H(a) Is this a group return for affiliates? ☐ Yes ☒ No H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions) H(c) Group exemption number ▶	
I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀ (Insert no) ☐ 4947(a)(1) or ☐ 527			
J Website: ▶ www.ursinus.edu			
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶		L Year of formation 1869	M State of legal domicile PA

Part I		Summary	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities THE MISSION OF URSINUS COLLEGE IS TO ENABLE STUDENTS TO BECOME INDEPENDENT, RESPONSIBLE, AND THOUGHTFUL INDIVIDUALS THROUGH A PROGRAM OF LIBERAL EDUCATION		
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	39
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	35
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	1,585
6 Total number of volunteers (estimate if necessary)	6	0	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	12,591	
b Net unrelated business taxable income from Form 990-T, line 34	7b	-16,724	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	11,847,295	8,919,409
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	81,850,327	87,482,246
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,989,530	7,568,332
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	517,111	569,426
		101,204,263	104,539,413
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	31,801,443	35,582,112
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	27,810,585	27,752,361
	16a Professional fundraising fees (Part IX, column (A), line 11e)	95,545	63,345
	b Total fundraising expenses (Part IX, column (D), line 25) ▶1,861,389		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	30,502,824	32,484,574
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	90,210,397	95,882,392
	19 Revenue less expenses Subtract line 18 from line 12	10,993,866	8,657,021
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	251,856,595	275,034,825
	21 Total liabilities (Part X, line 26)	69,514,206	67,612,327
	22 Net assets or fund balances Subtract line 21 from line 20	182,342,389	207,422,498

Part II Signature Block					
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.					
Sign Here	▶ Signature of officer			2012-05-14	
				Date	
Paid Preparer Use Only	▶ Winfield L Guilmette VP for Finance & Administration				
	Type or print name and title				
	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ☐	PTIN
	Firm's name ▶ KPMG LLP			Firm's EIN ▶	
	Firm's address ▶ 1676 International Drive McLean, VA 22102			Phone no ▶ (703) 286-8000	
May the IRS discuss this return with the preparer shown above? (see instructions)					☒ Yes ☐ No

Part IIISTatement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization’s mission

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

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

If “Yes,” describe these new services on Schedule O

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

If “Yes,” describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 64,981,880 including grants of \$ 35,582,112) (Revenue \$ 71,465,565)

ACADEMIC INSTRUCTION THE COLLEGE PROVIDES EDUCATION LEADING TO EITHER BACHELOR OF ARTS OR BACHELOR OF SCIENCES DEGREES TO FULL-TIME UNDERGRADUATE STUDENTS FROM VARIOUS STATES AND COUNTRIES, MOST OF WHO RESIDE IN CAMPUS RESIDENCE HALLS THE COLLEGE ALSO PROVIDES EDUCATION LEADING TO BACHELOR OF BUSINESS ADMINISTRATION DEGREES, BACHELOR OF ARTS AND BACHELOR OF SCIENCE DEGREES TO PART-TIME EVENING STUDENTS

4b (Code) (Expenses \$ 19,666,394 including grants of \$ 0) (Revenue \$ 16,016,681)

STUDENT SERVICES, INCLUDING HOUSING, ROOM & BOARD, AND ATHLETICS THE COLLEGE OFFERS LIVING ACCOMMODATIONS FOR MOST OF ITS STUDENTS IN EITHER TRADITIONAL RESIDENCE HALLS INTEGRATED INTO THE CAMPUS, OR IN RENOVATED HISTORIC HOMES THAT BORDER THE COMMUNITY STUDENTS MAY CHOOSE FROM A VARIETY OF MEAL PLANS AND MAY CHOOSE TO TAKE THEIR MEALS IN THE MAIN DINING HALL, OR IN ZACK’S, THE CAMPUS GRILL AND SNACK BAR URSINUS OFFERS OPPORTUNITIES TO ACHIEVE ATHLETIC AND PERSONAL GOALS THROUGH INTERCOLLEGIATE ATHLETICS, CLUB SPORTS AND INTRAMURAL PROGRAMS OVER 85% OF URSINUS STUDENTS INTEGRATE SOME ASPECT OF THE ATHLETIC PROGRAM INTO THEIR LIVES AT THE COLLEGE

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 84,648,274

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 	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	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	
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 Yes	
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10 Yes	
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. 	11b Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 	12b	No
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	No
b 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, Parts I and IV 	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV 	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 ? If "Yes," complete Schedule F, Parts III and IV 	16 Yes	
17 Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 	17 Yes	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19	No
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

Part 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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	26	Yes	
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? <i>If "Yes," complete Schedule L, Part III</i>	27	Yes	
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</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		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance					
Check if Schedule O contains a response to any question in this Part V ☐					
		Yes	No		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	2,496		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes		
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	2a	1,585		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	Yes		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b			
11	Section 501(c)(12) organizations. Enter				
a	Gross income from members or shareholders.	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b			
c	Enter the amount of reserves on hand.	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b			

Part VI

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Does the organization have members or stockholders?		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		No
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	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		No

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		No
10b	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?		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Yes	
13	Does the organization have a written whistleblower policy?		No
14	Does the organization have a written document retention and destruction policy?		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	Yes	
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?		No
16b	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?		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed PA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. ☒ Own website ☐ Another's website ☒ Upon request
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 organization. PA JAMES E COOPER 601 EAST MAIN STREET Collegeville, PA 19426 (610) 409-3562

Check if Schedule O contains a response to any question in this Part VII ☒

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, 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, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

[illegible]

Part VII

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								2,156,542	0	273,239

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶21

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

YesNo

3Yes

4Yes

5No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Sodexo Inc Affiliates 9801 Washingtonian Boulevard GAINESVILLE, VA 20878	Food services	4,036,458
Dell Financial Services One Dell Way ROUND ROCK, TX 78682	Laptop computers	1,210,075
ISS Facilities Services 1 Eves Drive Ste 108 MARLTON, NJ 08053	Janitorial services	1,042,493
Warfel Construction Co 1110 Enterprise Road EAST PETERSBURG, PA 17520	CONSTR CONTRACTOR	2,834,023
United Healthcare Insurance Co 5901 Lincoln Drive EDINA, MN 55436	HEALTH INSURANCE	1,704,591

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶48

Form 990 (2010)

Part VIII

Statement 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	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	43,168			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	1,497,469			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	7,378,772			
	g	Noncash contributions included in lines 1a-1f \$		651,735			
	h	Total. Add lines 1a-1f		8,919,409			
	Program Service Revenue	2a	Business Code				
		ACADEMIC INSTRUCTION - TUITION AND FEES	900099	71,036,515	71,036,515		
b		ACADEMIC INSTRUCTION - AUXILIARY ENTERPRISES	900099	429,050	429,050		
c		STUDENT SERVICES - ROOM AND BOARD	900099	15,927,579	15,927,579		
d		STUDENT SERVICES-AUXILIARY ENTERPRISES	900099	89,102	89,102		
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		87,482,246			
Other Revenue		3	Investment income (including dividends, interest and other similar amounts)				
				3,125,758			3,125,758
	4	Income from investment of tax-exempt bond proceeds			0		
	5	Royalties			0		
	6a	(i) Real		(ii) Personal			
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7a	(i) Securities		(ii) Other			
		46,916,278		1,000			
		42,474,704					
		4,441,574		1,000			
	d	Net gain or (loss)			4,442,574		4,442,574
	8a	Gross income from fundraising events (not including \$ 43,168 of contributions reported on line 1c) See Part IV, line 18					
		a		161,665			
		b Less direct expenses		209,294			
	c	Net income or (loss) from fundraising events			-47,629		-47,629
9a	Gross income from gaming activities See Part IV, line 19		a				
	b Less direct expenses		b				
	c Net income or (loss) from gaming activities			0			
10a	Gross sales of inventory, less returns and allowances		a				
	b Less cost of goods sold		b				
	c Net income or (loss) from sales of inventory			0			
Miscellaneous Revenue			Business Code				
11a	MISCELLANEOUS REVENUE		900099	617,055	604,464	12,591	
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			617,055			
12	Total revenue. See Instructions			104,539,413	88,086,710	12,591	7,520,703

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U S See Part IV, line 22	34,050,796	34,050,796		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	1,531,316	1,531,316		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,239,274	394,937	568,501	275,836
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	20,134,032	17,730,536	1,662,863	740,633
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,349,498	1,181,187	118,041	50,270
9	Other employee benefits	3,294,144	2,793,227	350,882	150,035
10	Payroll taxes	1,735,413	1,467,323	185,581	82,509
a	Fees for services (non-employees) Management	0			
b	Legal	191,344		191,344	
c	Accounting	169,167		169,167	
d	Lobbying	1,334		1,334	
e	Professional fundraising services See Part IV, line 17	63,345			63,345
f	Investment management fees	430,099		430,099	
g	Other	1,348,068	1,025,933	306,785	15,350
12	Advertising and promotion	11,736	11,536	200	
13	Office expenses	2,532,380	1,876,121	456,952	199,307
14	Information technology	1,737,117	1,568,167	168,950	
15	Royalties	0			
16	Occupancy	9,147,467	8,733,323	414,144	
17	Travel	1,024,083	915,114	81,664	27,305
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	89,992	72,813	10,955	6,224
20	Interest	2,430,385		2,430,385	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	3,723,828	3,422,416	301,412	
23	Insurance	675,276	337,856	287,664	49,756
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	FOOD SERVICE	4,351,792	4,258,466	73,759	19,567
b	INSTRUCTION/CAMPUS PROGRAMS	2,485,556	2,304,744	37,522	143,290
c	EQUIPMENT/FURNITURE/FIXTURES	713,059	310,584	399,365	3,110
d	LIBRARY MATERIALS	406,681	406,681	0	0
e	DUES/REFERENCES/SUBSCRIPTIONS	213,608	99,147	90,196	24,265
f	All other expenses	801,602	156,051	634,964	10,587
25	Total functional expenses. Add lines 1 through 24f	95,882,392	84,648,274	9,372,729	1,861,389
26	Joint costs. Check here ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

						(A)		(B)
						Beginning of year		End of year
Assets	1	Cash—non-interest-bearing				6,750	1	6,750
	2	Savings and temporary cash investments				11,748,993	2	12,232,025
	3	Pledges and grants receivable, net				2,392,761	3	1,672,864
	4	Accounts receivable, net				1,595,637	4	1,060,497
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				0	5	10,068
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Schedule L					6	
	7	Notes and loans receivable, net				2,175,480	7	1,982,512
	8	Inventories for sale or use					8	
	9	Prepaid expenses and deferred charges				1,509,059	9	1,835,782
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	175,128,771				
	b	Less: accumulated depreciation	10b	53,560,556		119,880,904	10c	121,568,215
	11	Investments—publicly traded securities				92,863,194	11	113,022,073
	12	Investments—other securities. See Part IV, line 11				18,013,519	12	20,046,089
	13	Investments—program-related. See Part IV, line 11					13	
	14	Intangible assets					14	
	15	Other assets. See Part IV, line 11				1,670,298	15	1,597,950
	16	Total assets. Add lines 1 through 15 (must equal line 34)				251,856,595	16	275,034,825
Liabilities	17	Accounts payable and accrued expenses				8,335,933	17	7,741,647
	18	Grants payable					18	
	19	Deferred revenue				778,191	19	796,002
	20	Tax-exempt bond liabilities				49,469,171	20	48,424,494
	21	Escrow or custodial account liability. Complete Part IV of Schedule D					21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L					22	
	23	Secured mortgages and notes payable to unrelated third parties					23	
	24	Unsecured notes and loans payable to unrelated third parties					24	
	25	Other liabilities. Complete Part X of Schedule D				10,930,911	25	10,650,184
	26	Total liabilities. Add lines 17 through 25				69,514,206	26	67,612,327
Net Assets or Fund Balances		Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets				94,983,211	27	108,115,661
	28	Temporarily restricted net assets				13,636,752	28	20,375,048
	29	Permanently restricted net assets				73,722,426	29	78,931,789
		Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds					30	
	31	Paid-in or capital surplus, or land, building or equipment fund					31	
	32	Retained earnings, endowment, accumulated income, or other funds					32	
	33	Total net assets or fund balances				182,342,389	33	207,422,498
	34	Total liabilities and net assets/fund balances				251,856,595	34	275,034,825

Part XI **Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI ☒					
1	Total revenue (must equal Part VIII, column (A), line 12)	.	.	.	104,539,413
2	Total expenses (must equal Part IX, column (A), line 25)	.	.	.	95,882,392
3	Revenue less expenses Subtract line 2 from line 1	.	.	.	8,657,021
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	.	.	.	182,342,389
5	Other changes in net assets or fund balances (explain in Schedule O)	.	.	.	16,423,088
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	.	.	.	207,422,498

Part XII **Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII ☐		Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	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		
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 separate basis, consolidated basis, or both ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis	2c	Yes
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	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

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.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization Ursinus College	Employer identification number 23-1177930
---	--

Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☒

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other
- e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?
- h

☐

Provide the following information about the supported organization(s)

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

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

Part II

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage						
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))					14	
15 Public Support Percentage for 2009 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶						
b 33 1/3% support test—2009. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶						
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶						
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶						
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶						

Part IIIPart III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11 and 12)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 		
b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions 		

Part IV

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

Additional Data

Software ID:
Software Version:
EIN: 23-1177930
Name: Ursinus College

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SPENCER FOREMAN MD Chairman of the Board of Dir	1 0	X		X				0	0	0
RUTH KURISU Voting Member, Board of Dir	1 0	X						0	0	0
WILBERT ABELE Voting Member, Board of Dir	1 0	X						0	0	0
ROBERT BARCHI MD Voting Member, Board of Dir	1 0	X						0	0	0
DONALD PARLEE MD Voting Member, Board of Dir	1 0	X						0	0	0
KIM O BRIEN Voting Member, Board of Dir	1 0	X						0	0	0
PHILLIP BRACKIN MD Voting Member, Board of Dir	1 0	X						0	0	0
SCOTT RHOADES Voting Member, Board of Dir	1 0	X						0	0	0
LLEWELLYN SMITH Voting Member, Board of Dir	1 0	X						0	0	0
FREDERICK CALLAHAN Voting Member, Board of Dir	1 0	X						0	0	0
CLAUDIA HIGHBAUGH Voting Member, Board of Dir	1 0	X						0	0	0
ALAN NOVAK ESQ Voting Member, Board of Dir	1 0	X						0	0	0
ROBERT KEEHN Voting Member, Board of Dir	1 0	X						0	0	0
FRANCIS CORRELL ESQ Voting Member, Board of Dir	1 0	X						0	0	0
HENRY PFEIFFER Voting Member, Board of Dir	1 0	X						0	0	0
CYNTHIA A FISHER Voting Member, Board of Dir	1 0	X						0	0	0
CAROL HAAS Voting Member, Board of Dir	1 0	X						0	0	0
PATRICIA COSGRAVE Secretary of the Board of Dir	1 0	X		X				0	0	0
JEFFREY BECK Voting Member, Board of Dir	1 0	X						0	0	0
GEOFFREY BLOOM Voting Member, Board of Dir	1 0	X						0	0	0
WILLIAM BROMLEY Voting Member, Board of Dir	1 0	X						0	0	0
MICHAEL CARTER MD Voting Member, Board of Dir	1 0	X						0	0	0
MICHAEL COLA Voting Member, Board of Dir	1 0	X						0	0	0
ROBERT L BRANT ESQ Voting Member, Board of Dir	1 0	X						0	0	0
JOHN E F CORSON Interim Pres of the College	40 0	X		X				123,848	0	9,398

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
REV DR HAROLD C SMITH Voting Member, Board of Dir	1 0	X						0	0	0	
JOSEPH DESIMONE Voting Member, Board of Dir	1 0	X						0	0	0	
KELLY FINCH Voting Member, Board of Dir	1 0	X						0	0	0	
MICHAEL HARDY Voting Member, Board of Dir	1 0	X						0	0	0	
JERROLD HARRIS Voting Member, Board of Dir	1 0	X						0	0	0	
NINA B STRYKER ESQ Voting Member, Board of Dir	1 0	X						0	0	0	
KEMI LANIYA ESQ Voting Member, Board of Dir	1 0	X						0	0	0	
CAROL LAWRENCE Voting Member, Board of Dir	1 0	X						0	0	0	
MICHAEL LEWIS Voting Member, Board of Dir	1 0	X						0	0	0	
J ROBERT LOVETT Voting Member, Board of Dir	1 0	X						0	0	0	
NANCY OPALACK Voting Member, Board of Dir	1 0	X						0	0	0	
CARL V BUCK III ESQ Voting Member, Board of Dir	1 0	X						0	0	0	
WILLIAM WARDEN Voting Member, Board of Dir	1 0	X						0	0	0	
MICHAEL C MARCON Voting Member, Board of Dir	1 0	X						0	0	0	
WINFIELD L GUILMETTE VP for Finance & Administratio	40 0			X				183,256	0	17,322	
RICHARD DIFELICIAntonio VP for Enrollment	40 0				X			178,211	0	32,681	
JUDITH T LEVY VP for Academic Affairs	40 0				X			168,480	0	23,091	
JILL A MARSTELLER VP for College Relations	40 0				X			241,904	0	19,473	
JOHN P KING Chief Information Officer	40 0					X		145,750	0	45,333	
JAMES L BAER Sr VP of Development	40 0					X		129,761	0	25,335	
PETER F SMALL Biology Department Chair	40 0					X		113,574	0	12,573	
ANNETTE V LUCAS Assoc Dean & Prof Mod Language	40 0					X		113,490	0	26,604	
CONSTANCE L MURPHY Assistant VP for Advancement	40 0					X		114,741	0	24,430	
JOHN R STRASSBURGER President Emeritus	1 0						X	643,527	0	36,999	

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

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

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

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

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

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

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

Name of the organization Ursinus College	Employer identification number 23-1177930
---	--

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

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

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

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

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

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

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

Part II-A

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

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		☐ 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 Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(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					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

		(a)		(b)	
		Yes	No	Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
	a Volunteers?				No
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				No
	c Media advertisements?				No
	d Mailings to members, legislators, or the public?	No			
	e Publications, or published or broadcast statements?	No			
	f Grants to other organizations for lobbying purposes?				
	g Direct contact with legislators, their staffs, government officials, or a legislative body?	No			
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	No			
	i Other activities? If "Yes," describe in Part IV	Yes		1,334	
	j Total lines 1c through 1i			1,334	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	No			
b	If "Yes," enter the amount of any tax incurred under section 4912				
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

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

Identifier	Return Reference	Explanation
Part II-B, Line 1i	Schedule C	Ursinus College provided \$1,334 to Juniata College for Advocacy Support for Higher Ed/Basic Ed related to the Science in Motion Grant. Juniata College is the leader of a coalition of 12 Pennsylvania colleges and universities who take part in the Science in Motion program, which uses state grant funds to support mobile science labs that provide programs and equipment to middle schools and high schools in over 200 school districts in the Commonwealth.

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.**
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization
Ursinus College

Employer identification number
23-1177930

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No	

Part II

Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1	Purpose(s) of conservation easements held by the organization (check all that apply) ☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area ☐ Protection of natural habitat ☐ Preservation of a certified historic structure ☐ Preservation of open space											
2	Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year											
		<table><tr><td></td><td>Held at the End of the Year</td></tr><tr><td>a</td><td>Total number of conservation easements</td></tr><tr><td>b</td><td>Total acreage restricted by conservation easements</td></tr><tr><td>c</td><td>Number of conservation easements on a certified historic structure included in (a)</td></tr><tr><td>d</td><td>Number of conservation easements included in (c) acquired after 8/17/06</td></tr></table>		Held at the End of the Year	a	Total number of conservation easements	b	Total acreage restricted by conservation easements	c	Number of conservation easements on a certified historic structure included in (a)	d	Number of conservation easements included in (c) acquired after 8/17/06
	Held at the End of the Year											
a	Total number of conservation easements											
b	Total acreage restricted by conservation easements											
c	Number of conservation easements on a certified historic structure included in (a)											
d	Number of conservation easements included in (c) acquired after 8/17/06											
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____											
4	Number of states where property subject to conservation easement is located ▶ _____											
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No											
6	Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____											
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____											
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No											
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements											

Part III

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

1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items	
	(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ 130,075
	(ii) Assets included in Form 990, Part X	▶ \$ 130,075
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items	
a	Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b	Assets included in Form 990, Part X	▶ \$ _____

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☒

Public exhibition

b

☒

Scholarly research

c

☒

Preservation for future generations

d

☒

Loan or exchange programs

e

☐

Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☒ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance	100,251,070	91,729,268	115,656,893	
b	Contributions	2,494,549	3,196,968	2,594,260	
c	Investment earnings or losses	23,648,053	11,937,832	-20,063,615	
d	Grants or scholarships	2,430,704	2,347,347	2,282,376	
e	Other expenditures for facilities and programs	3,894,599	3,863,150	3,881,646	
f	Administrative expenses	430,099	402,501	294,248	
g	End of year balance	119,638,270	100,251,070	91,729,268	

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 20 000 %

b

Permanent endowment ▶ 65 000 %

c

Term endowment ▶ 15 000 %

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i) Yes	
(ii) related organizations	3a(ii)	No

b

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

3b

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

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

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land	567,618		567,618
b	Buildings	139,122,621	39,085,254	100,037,367
c	Leasehold improvements	13,998,694	9,963,308	4,035,386
d	Equipment	5,712,543	4,511,994	1,200,549
e	Other	15,727,295	0	15,727,295
Total.	Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶			121,568,215

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements						
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	104,539,413			
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	95,882,392			
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	8,657,021			
4	Net unrealized gains (losses) on investments	4	16,097,245			
5	Donated services and use of facilities	5				
6	Investment expenses	6				
7	Prior period adjustments	7				
8	Other (Describe in Part XIV)	8	325,843			
9	Total adjustments (net) Add lines 4 - 8	9	16,423,088			
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	25,080,109			
Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return						
1	Total revenue, gains, and other support per audited financial statements	1	85,656,600			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12					
a	Net unrealized gains on investments				2a	16,097,245
b	Donated services and use of facilities				2b	
c	Recoveries of prior year grants				2c	
d	Other (Describe in Part XIV)				2d	-34,759,253
e	Add lines 2a through 2d	2e	-18,662,008			
3	Subtract line 2e from line 1	3	104,318,608			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1					
a	Investment expenses not included on Form 990, Part VIII, line 7b				4a	430,099
b	Other (Describe in Part XIV)				4b	-209,294
c	Add lines 4a and 4b				4c	220,805
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	104,539,413			
Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return						
1	Total expenses and losses per audited financial statements	1	60,576,491			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25					
a	Donated services and use of facilities				2a	
b	Prior year adjustments				2b	
c	Other losses				2c	
d	Other (Describe in Part XIV)				2d	209,294
e	Add lines 2a through 2d	2e	209,294			
3	Subtract line 2e from line 1	3	60,367,197			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
a	Investment expenses not included on Form 990, Part VIII, line 7b				4a	430,099
b	Other (Describe in Part XIV)				4b	35,085,096
c	Add lines 4a and 4b				4c	35,515,195
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	95,882,392			
Part XIVSupplemental Information						
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information						

Identifier	Return Reference	Explanation
Schedule D, Part III		THE PERMANENT ART COLLECTION HOUSED IN THE PHILIP AND MURIEL BERMAN MUSEUM OF ART AT URSINUS COLLEGE PROVIDES A VALUABLE CULTURAL RESOURCE FOR THE CAMPUS COMMUNITY THE MUSEUM, IN CONJUNCTION WITH THE ART DEPARTMENT, INTEGRATES THE RICH RESOURCES PROVIDED BY THE COLLECTION INTO ACADEMIC PROGRAMMING FOCUSING ON IMPORTANT TEXTS RELATED TO THE COLLECTIONS
SCHEDULE D, PART V		ENDOWMENT FUNDS PROVIDE RETURNS THAT ARE USED TO SUPPORT THE OPERATIONS OF THE COLLEGE SPECIFICALLY, ENDOWMENTS ARE ESTABLISHED TO SUPPORT STUDENT SCHOLARSHIPS AND PRIZES, EDUCATIONAL PROGRAMS, SPECIFIC CAPITAL PURCHASES AND OTHER OPERATIONAL NEEDS
SCHEDULE D, PART XI, LINE 8	RECONCILIATION OF CHANGE IN NET ASSETS	\$325,843 - FOR THE COLLEGE'S ANNUITIES PAYABLE, ADJUSTMENTS RELATED TO CHANGES IN ESTIMATES OF FUTURE PAYMENTS TO BENEFICIARIES AND ACTUARIAL ASSUMPTIONS ARE RECORDED AS ACTUARIAL GAINS OR LOSSES
SCHEDULE D, PART XII, LINE 2D	RECONCILIATION OF REVENUE	\$-35,085,096 - GRANTS FOR STUDENT FINANCIAL AID PROVIDED BY THE COLLEGE ARE SHOWN ON THE FORM 990 AS AN EXPENSE, AND ON THE AUDITED FINANCIAL STATEMENTS AS A DISCOUNT TO REVENUE \$325,843 - FOR THE COLLEGE'S ANNUITIES PAYABLE, ADJUSTMENTS RELATED TO CHANGES IN ESTIMATES OF FUTURE PAYMENTS TO BENEFICIARIES AND ACTUARIAL ASSUMPTIONS ARE RECORDED AS ACTUARIAL GAINS OR LOSSES
SCHEDULE D, PART XII, LINE 4B	RECONCILIATION OF REVENUE	\$209,294 - FUNDRAISING DIRECT EXPENSES SHOWN ON PART VIII, LINE 8B ARE INCLUDED IN OPERATING EXPENSES ON THE COLLEGE'S FINANCIAL STATEMENTS
SCHEDULE D, PART XIII, LINE 2D	RECONCILIATION OF EXPENSES	\$209,294 - FUNDRAISING DIRECT EXPENSES SHOWN ON PART VIII, LINE 8B ARE INCLUDED IN OPERATING EXPENSES ON THE COLLEGE'S FINANCIAL STATEMENTS
SCHEDULE D, PART XIII, LINE 4B	RECONCILIATION OF EXPENSES	\$35,085,096 - GRANTS FOR STUDENT FINANCIAL AID PROVIDED BY THE COLLEGE ARE SHOWN ON THE FORM 990 AS AN EXPENSE, AND ON THE AUDITED FINANCIAL STATEMENTS AS A DISCOUNT TO REVENUE
FIN 48 FOOTNOTE	SCHEDULE D, PART X, LINE 2	THE COLLEGE ACCOUNTS FOR UNCERTAIN TAX POSITIONS, IF ANY, IN ACCORDANCE WITH ASC 740, INCOME TAXES (FASB INTERPRETATION NO 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES) THE COLLEGE DOES NOT BELIEVE THAT THERE ARE ANY UNRECOGNIZED TAX BENEFITS OR COSTS THAT SHOULD BE RECORDED

Additional Data

Software ID:

Software Version:

EIN: 23-1177930

Name: Ursinus College

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
GOLDMAN SACHS DISTR FUND LP	833,732	F
KOCH TRUST HARVARD MANAGEMENT	913,191	F
LIFE INSURANCE CASH VALUE	710,626	F
LINCOLN ANNUITY-DAVIS #2	274,334	F
MCCAUSLAND CGA-INS POLICIES	109,012	F
MS GLENMEDE TR-BWOOD CHR	225,996	F
OAKTREE CAPITAL MGT DISTR FUND	2,597,934	F
TECHNOLOGY LEADERS II & III	9,538	F
UBP-SELECTINVEST ARBITRAGE FD	1,300,730	F
OTHER	9,331	F
HC TOTAL RETURN II OFFSHORE FD	5,072,562	F
HELD BY OTHERS CLAMER	7,428,760	F
HELD BY OTHERS PATTERSON	476,165	F
HELD BY OTHERS SUPERBIBIGHAUS	84,178	F

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2010

Open to Public
Inspection

Name of the organization
Ursinus College

Employer identification number

23-1177930

Part I

- 1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?
- 2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?
- 3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II

- 4 Does the organization maintain the following?
- a Records indicating the racial composition of the student body, faculty, and administrative staff?
- b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
- c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
- d Copies of all material used by the organization or on its behalf to solicit contributions?
- If you answered "No" to any of the above, please explain If you need more space, use Part II

- 5 Does the organization discriminate by race in any way with respect to
- a Students' rights or privileges?
- b Admissions policies?
- c Employment of faculty or administrative staff?
- d Scholarships or other financial assistance?
- e Educational policies?
- f Use of facilities?
- g Athletic programs?
- h Other extracurricular activities?
- If you answered "Yes" to any of the above, please explain If you need more space, use Part II

- 6a Does the organization receive any financial aid or assistance from a governmental agency?
- b Has the organization's right to such aid ever been revoked or suspended?
- If you answered "Yes" to either line 6a or line 6b, explain on Part II
- 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II

	YES	NO
1	Yes	
2	Yes	
3	Yes	
4a	Yes	
4b	Yes	
4c	Yes	
4d	Yes	
5a		No
5b		No
5c		No
5d		No
5e		No
5f		No
5g		No
5h		No
6a	Yes	
6b		No
7	Yes	

Part II Supplemental Information

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

Identifier	Return Reference	Explanation
SCHEDULE E, PART 1, LINE 3	RACIALLY NONDISCRIMINA TORY POLICY	THE COLLEGE'S NON-DISCRIMINATORY POLICY IS INCLUDED IN ALL PRINTED AND BROADCAST ADVERTISING, AS WELL AS IN THE COLLEGE CATALOG. IT IS ALSO POSTED IN VARIOUS LOCATIONS ON CAMPUS.
SCHEDULE E, PART 1, LINE 6A		URSINUS COLLEGE RECEIVES FINANCIAL AID/ASSISTANCE FROM VARIOUS FEDERAL (U.S. DEPARTMENT OF EDUCATION) AND STATE (COMMONWEALTH OF PENNSYLVANIA) GOVERNMENTAL AGENCIES INCLUDING PERKINS STUDENT LOAN PROGRAM, COLLEGE WORK STUDY PROGRAMS, AND THE PELL GRANT PROGRAM.

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization
Ursinus College

Employer identification number
23-1177930

Part I

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

- 1

For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

Yes

No
- 2

For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States
- 3

Activites per Region (Use Part V if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
Central America and the Caribbean			Grantmaking		11,900
East Asia and the pacific			Grantmaking		573,412
Europe (Including Iceland and Greenland)			Grantmaking		764,127
Middle East and North Africa			Grantmaking		40,676
North America			Grantmaking		60,976
South America			Grantmaking		56,475
Sub-Saharan Africa			Grantmaking		23,750
Central America and the Caribbean			Program Services	Study Abroad	15,600
East Asia and the pacific			Program Services	Study Abroad	474,620
Europe (Including Iceland and Greenland)			Program Services	Study Abroad	1,086,110
Middle East and North Africa			Program Services	Study Abroad	26,843
South America			Program Services	Study Abroad	49,825
Sub-Saharan Africa			Program Services	Study Abroad	11,790
Europe (Including Iceland and Greenland)			Program Services	Faculty Development	20,718
Middle East and North Africa			Program Services	Faculty Development	2,502
North America			Program Services	Faculty Development	5,395
Central America and the Caribbean			Program Services	Investments	9,804,958
3a Sub-total					13,029,677
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					13,029,677

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Tuition, fees, room & board for Ursinus College	Cent America/Caribbean	3			11,900	std acct cr	FMV
Tuition, fees, room & board for Ursinus College	East Asia/Pacific	34			384,950	std acct cr	FMV
Tuition, fees, room & board for Ursinus College	Europe/Iceland/Greenland	70			701,175	std acct cr	FMV
Tuition, fees, room & board for Ursinus College	Middle East/North Africa	2			19,250	std acct cr	FMV
Tuition, fees, room & board for Ursinus College	South America	5			56,475	std acct cr	FMV
Tuition, fees, room & board for Ursinus College	Sub-Saharan Africa	2			23,750	std acct cr	FMV
Tuition, fees, room & board for foreign students	East Asia and the pacifi	7			188,462	std acct cr	FMV
Tuition, fees, room & board for foreign students	Europe/Iceland/Greenland	2			62,952	std acct cr	FMV
Tuition, fees, room & board for foreign students	Middle East/North Africa	1			21,426	std acct cr	FMV
Tuition, fees, room & board for foreign students	North America	3			60,976	std acct cr	FMV

Part IV Foreign Forms

- | | | | | | |
|---|---|-------------------------------------|-----|-------------------------------------|----|
| 1 | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)</i> | ☒ | Yes | ☐ | No |
| 2 | Did the organization have an interest in a foreign trust during the tax year? <i>If "Yes," the organization may be required to file Form 3520-A. (see instructions for Forms 3520 and 3520-A)</i> | ☐ | Yes | ☒ | No |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)</i> | ☒ | Yes | ☐ | No |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)</i> | ☒ | Yes | ☐ | No |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)</i> | ☐ | Yes | ☒ | No |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).</i> | ☐ | Yes | ☒ | No |

Part V Supplemental Information

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Identifier	Return Reference	Explanation
Pt I, Line 2	PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS	URSINUS COLLEGE PROVIDED GRANTS TOTALING \$1,197,500 TO 116 URSINUS COLLEGE STUDENTS IN GOOD ACADEMIC STANDING FOR TUITION, FEES, ROOM AND BOARD FOR STUDY ABROAD PROGRAMS IN VARIOUS REGIONS. THE GRANTS ARE APPLIED DIRECTLY TO THE STUDENTS' ACCOUNTS AT URSINUS WHILE THE STUDENTS ARE ABROAD. URSINUS COLLEGE PROVIDED GRANTS TOTALING \$333,816 TO 13 FOREIGN STUDENTS FOR TUITION, FEES, ROOM AND BOARD TO ATTEND URSINUS COLLEGE. FOREIGN STUDENTS ARE AWARDED GRANTS BASED ON MERIT AND NEED PRIOR TO ARRIVING AT URSINUS COLLEGE. THESE GRANTS ARE APPLIED DIRECTLY TO THE STUDENTS' ACCOUNT AT URSINUS.

Identifier	Return Reference	Explanation
PART I, LINE 3, COLUMN (F)	ACCOUNTING METHOD AND ALLOCATION OF INDIRECT EXPENSES	THE EXPENDITURES ON SCHEDULE F, PART I ARE ON AN ACCRUAL BASIS FOR GRANTMAKING ACTIVITIES. THE EXPENSES REPRESENT FINANCIAL AID POSTED TO THE STUDENTS' ACCOUNTS. THESE EXPENSES DO NOT INCLUDE ANY INDIRECT COSTS FOR PROGRAM SERVICE - STUDY ABROAD ACTIVITIES. THE EXPENSES LISTED ARE PRIMARILY MADE UP OF INVOICES PAID TO VENDORS THAT ADMINISTER STUDY ABROAD PROGRAMS. THESE EXPENSES DO NOT INCLUDE ANY INDIRECT COSTS FOR PROGRAM SERVICE - FACILITY DEVELOPMENT ACTIVITIES. THE EXPENSES REPRESENT PAYMENT ON BEHALF OF REIMBURSEMENTS TO FACULTY FOR TRAVEL TO CONFERENCES AND FOR RESEARCH OVERSEAS. THESE EXPENSES DO NOT INCLUDE ANY INDIRECT COSTS.

OMB No 1545-0047

2010

Open to Public Inspection

23-1177930

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Marts Lundy	Database Analysis		No	0	13,875	0
The Solstice Group	Training & Development		No	0	49,470	0
Total				0	63,345	0

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

Part II Fundraising Events.

Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))	
			<u>Swim Lessons</u> (event type)	<u>Golf Outing</u> (event type)	<u>10</u> (total number)		
	1	Gross receipts	41,388	29,240	66,726	137,354	
	2	Less Charitable contributions	0	12,825		12,825	
	3	Gross income (line 1 minus line 2)	41,388	16,415	66,726	124,529	
Direct Expenses	4	Cash prizes					
	5	Non-cash prizes					
	6	Rent/facility costs		9,040		9,040	
	7	Food and beverages					
	8	Entertainment					
	9	Other direct expenses . .	0	3,282	22,940	26,222	
	10	Direct expense summary Add lines 4 through 9 in column (d). ►					35,262
	11	Net income summary Combine lines 3 and 10 in column (d). ►					89,267

Part III Gaming.

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	☐ Yes _____% ☐ No	☐ Yes _____% ☐ No	☐ Yes _____% ☐ No
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary Combine lines 1 and 7 in column (d) ▶			

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

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

b If "No," Explain _____

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

b If "Yes," Explain _____

11

Does the organization operate gaming activities with nonmembers?

☐ Yes ☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

14

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ _____

Address ▶ _____

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b

If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c

If "Yes," enter name and address

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer

☐ Employee

☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
SCHEDULE G, PART I		THE PROFESSIONAL FUNDRAISING AGREEMENTS ENTERED INTO DURING THE YEAR PROVIDE FOR THE PAYMENT OF FEES AND ALSO FOR THE PAYMENT OF FUNDRAISING EXPENSES ACCORDING TO THE INVOICES, THE FOLLOWING FUNDRAISING EXPENSES WERE PAID SOLSTICE GROUP \$4,830

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Ursinus College

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

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

OMB No 1545-0047

2010

Open to Public
Inspection

Employer identification number

23-1177930

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

- 2

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

Enter total number of other organizations ▶

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Financial Aid - SUMMER PROGRAMS	129		78,860	FMV	HOUSING
(2) SCHOLARSHIPS AND FINANCIAL AID	1683		33,721,736	FMV	TUITION,FEES,ROOM
(3) Stipends	91	250,200		FMV	

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

Identifier	Return Reference	Explanation
GRANTS PROCEDURES	PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS	URSINUS COLLEGE PROVIDED GRANTS TOTALING \$78,860 TO 129 URSINUS COLLEGE STUDENTS IN GOOD ACADEMIC STANDING FOR CAMPUS HOUSING, PRIMARILY FOR SUMMER RESEARCH. THE GRANTS ARE APPLIED DIRECTLY TO THE STUDENTS' ACCOUNTS AT URSINUS COLLEGE. URSINUS COLLEGE PROVIDED GRANTS TOTALING \$33,721,736 TO 1,683 URSINUS COLLEGE STUDENTS IN GOOD ACADEMIC STANDING FOR TUITION, FEES, ROOM AND BOARD FOR THE ACADEMIC YEAR 2010-11. THE GRANTS ARE APPLIED DIRECTLY TO THE STUDENTS' ACCOUNTS AT URSINUS COLLEGE. URSINUS COLLEGE PROVIDED GRANTS TOTALING \$250,200 TO 91 URSINUS COLLEGE STUDENTS IN GOOD ACADEMIC STANDING FOR STIPENDS WHILE ENGAGED IN SUMMER RESEARCH PROJECTS ON CAMPUS. THE STIPENDS ARE DISBURSED VIA PAYROLL TO THE INDIVIDUAL STUDENTS

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization Ursinus College	Employer identification number 23-1177930
---	--

Part I

Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
☐ First-class or charter travel		
☒ Housing allowance or residence for personal use		
☐ Travel for companions		
☐ Payments for business use of personal residence		
☐ Tax idemnification and gross-up payments		
☒ Health or social club dues or initiation fees		
☐ Discretionary spending account		
☒ Personal services (e g , maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain		No
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	Yes	
3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
☒ Compensation committee		
☐ Written employment contract		
☐ Independent compensation consultant		
☒ Compensation survey or study		
☒ Form 990 of other organizations		
☒ Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a Receive a severance payment or change-of-control payment from the organization or a related organization?		No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement?		No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a The organization?		No
b Any related organization?		No
If "Yes," to line 5a or 5b, describe in Part III		
6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a The organization?		No
b Any related organization?		No
If "Yes," to line 6a or 6b, describe in Part III		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III		No
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III		No
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) 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-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) WINFIELD L GUILMETTE	(i)	183,256	0	0	12,644	4,678	200,578	0
	(ii)	0	0	0	0	0	0	0
(2) JOHN P KING	(i)	145,750	0	0	10,402	34,931	191,083	0
	(ii)	0	0	0	0	0	0	0
(3) JAMES L BAER	(i)	129,761	0	0	9,453	15,882	155,096	0
	(ii)	0	0	0	0	0	0	0
(4) RICHARD DIFELICIAntonio	(i)	158,236	0	19,975	11,725	20,956	210,892	0
	(ii)	0	0	0	0	0	0	0
(5) JUDITH T LEVY	(i)	168,480	0	0	12,005	11,086	191,571	0
	(ii)	0	0	0	0	0	0	0
(6) JILL A MARSTELLER	(i)	228,102	0	13,802	17,150	2,323	261,377	0
	(ii)	0	0	0	0	0	0	0
(7) JOHN R STRASSBURGER	(i)	265,104	0	378,423	12,863	24,136	680,526	0
	(ii)	0	0	0	0	0	0	0
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

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.

Identifier	Return Reference	Explanation
SCHEDULE J, PART I, LINE 1A		FOR A PORTION OF THE YEAR, HOUSING AND CLEANING SERVICES WERE PROVIDED TO THE COLLEGE PRESIDENT AS A CUSTOMARY BENEFIT PROVIDED BY INSTITUTIONS OF HIGHER LEARNING. NO PART OF THE HOUSING OR CLEANING WAS TREATED AS TAXABLE COMPENSATION. THE COLLEGE ALSO PROVIDES PAYMENT OF THE PRESIDENT'S COUNTRY CLUB DUES. THIS PAYMENT IS INCLUDED IN THE PRESIDENT'S FORM W-2. THE COLLEGE IS CONSIDERING THE ADOPTION OF A POLICY REGARDING PAYMENT/REIMBURSEMENT OF EXPENSES DR. STRASSBURGER PARTICIPATED IN A SERP AND \$360,000 WAS TREATED AS REPORTABLE COMPENSATION ON SCHEDULE J, PART II, COLUMN B (III).

Schedule K (Form 990)	Supplemental Information on Tax Exempt Bonds ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ▶ Attach to Form 990. ▶ See separate instructions.										OMB No 1545-0047		
											2010		
	Department of the Treasury Internal Revenue Service											Open to Public Inspection	
Name of the organization Ursinus College										Employer identification number 23-1177930			

Part I

Bond Issues

(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A PHEFA	23-2243852	70917N2Q0	10-21-2003	40,723,967	Perf Arts Ctr & Facilities		X		X		X
B PHEFA	23-2243852	70917PFZ7	02-01-2006	14,164,259	Residence Hall & Facilities		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	25,480,000		0					
2	Amount of bonds legally defeased	0		0					
3	Total proceeds of issue	41,024,185		14,455,112					
4	Gross proceeds in reserve funds	1,366,010		1,243,576					
5	Capitalized interest from proceeds	0		0					
6	Proceeds in refunding escrow	27,852,895		0					
7	Issuance costs from proceeds	522,540		443,329					
8	Credit enhancement from proceeds	1,179,935		703,986					
9	Working capital expenditures from proceeds	0		0					
10	Capital expenditures from proceeds	10,102,740		12,064,149					
11	Other spent proceeds	0		0					
12	Other unspent proceeds	0		0					
13	Year of substantial completion	2004		2007					
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X			X				
15	Were the bonds issued as part of an advance refunding issue?	X			X				
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III

Private Business Use

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

Part IIIPrivate Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X		X				
b	Are there any research agreements that may result in private business use of bond-financed property?		X		X				
c	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?	X		X					
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %		0 %					
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %		0 %					
6	Total of lines 4 and 5	0 %		0 %					
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X					

Part IVArbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X				
2	Is the bond issue a variable rate issue?		X		X				
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X	X					
b	Name of provider	NA		JP Morgan					
c	Term of hedge	0		0					
d	Was the hedge superintegrated?		X		X				
e	Was a hedge terminated?		X	X					
4a	Were gross proceeds invested in a GIC?		X		X				
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		X		X				
6	Did the bond issue qualify for an exception to rebate?		X		X				

Part VSupplemental Information

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

Identifier	Return Reference	Explanation

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
Ursinus College

Employer identification number
23-1177930

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

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

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

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

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
(1) JILL A MARSTELLER		X	19,607	10,068		No		No	Yes	
Total ▶ \$				10,068						

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance
(1) blank per instructions	blank per instructions	79,000

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

Part V Supplemental Information

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

Identifier	Return Reference	Explanation
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SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
Ursinus College

Employer identification number
23-1177930

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1 Art—Works of art	X	13	130,075	Estimated value
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		19,510	Estimated value
5 Clothing and household goods	X		525	Selling price
6 Cars and other vehicles .				
7 Boats and planes				
8 Intellectual property . .				
9 Securities—Publicly traded	X	37	473,566	FMV @ date of gift
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests .				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other . .				
15 Real estate—Residential .				
16 Real estate—Commercial				
17 Real estate—Other . .				
18 Collectibles	X	2	12,630	Estimated value
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts . .	X	1	4,100	Estimated value
23 Scientific specimens . .				
24 Archeological artifacts .				
25 Other ► (<u>Art Supplies</u>)	X	1	350	Selling price
Athletic				
26 Other ► (<u>training/equipment</u>)	X	3	10,780	Selling price
27 Other ► (<u>Gift Cards</u>)	X	4	199	Cost
28 Other ► (_____)				

29

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

30a

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

30a

Yes

No

b

If "Yes," describe the arrangement in Part II

31

Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?

32a

No

b

If "Yes," describe in Part II

33

If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

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

Cat No 51227J

Schedule M (Form 990) 2010

Part III

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

Identifier	Return Reference	Explanation
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efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493135063512	
SCHEDULE O (Form 990 or 990-EZ)		Supplemental Information to Form 990 or 990-EZ			
Department of the Treasury Internal Revenue Service		Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ▶ Attach to Form 990 or 990-EZ.			
Name of the organization Ursinus College		Employer identification number 23-1177930		Open to Public Inspection	
OMB No. 1545-0047		2010			

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

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

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINES 13 AND 14		THE COLLEGE IS CONSIDERING THE ADOPTION OF A DOCUMENT RETENTION AND DESTRUCTION POLICY THE BOARD ADOPTED IN MARCH 2012 A WHISTLEBLOWER POLICY

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

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19		URSINUS MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. FINANCIAL STATEMENTS ARE ALSO AVAILABLE ON THE COLLEGE'S WEBSITE.

Identifier	Return Reference	Explanation
FORM 990, PART XI LINE 5		OTHER CHANGES IN NET ASSETS UNREALIZED GAIN \$16,097,245 ACTUARIAL GAIN ON ANNUITY LIABILITIES \$325,843 ----- OTHER CHANGES IN NET ASSETS \$16,423,088

SCHEDULE R
(Form 990)

Department of the Treasury
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.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
Ursinus College

Employer identification number
23-1177930

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)						
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
See Additional Data Table							

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
- b Gift, grant, or capital contribution to other organization(s)
- c Gift, grant, or capital contribution from other organization(s)
- d Loans or loan guarantees to or for other organization(s)
- e Loans or loan guarantees by other organization(s)
- f Sale of assets to other organization(s)
- g Purchase of assets from other organization(s)
- h Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)
- j Lease of facilities, equipment, or other assets from other organization(s)
- k Performance of services or membership or fundraising solicitations for other organization(s)
- l Performance of services or membership or fundraising solicitations by other organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets
- n Sharing of paid employees
- o Reimbursement paid to other organization for expenses
- p Reimbursement paid by other organization for expenses
- q Other transfer of cash or property to other organization(s)
- r Other transfer of cash or property from other organization(s)

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Schedule R (Form 990) 2010

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation
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Software ID:
Software Version:
EIN: 23-1177930
Name: Ursinus College

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Percentage ownership
A & J B Charitable Remainder Unitrust PO Box 1000 Collegeville, PA194261000 25-6741464	CRUT	PA		Trust		54,409	100 000 %
R & J B Irrevocable Unitrust PO Box 1000 Collegeville, PA194261000 35-1866676	CRUT	PA		Trust		41,800	100 000 %
LBB Unitrust PO Box 1000 Collegeville, PA194261000 23-7908029	CRUT	PA		Trust		518,489	100 000 %
FKB I Irrevocable Unitrust PO Box 1000 Collegeville, PA194261000 23-7792047	CRUT	PA		Trust		293,567	100 000 %
FKB 2 Irrevocable Unitrust PO Box 1000 Collegeville, PA194261000 23-7876947	CRUT	PA		Trust		127,225	100 000 %
MB Irrevocable Unitrust PO Box 1000 Collegeville, PA194261000 23-7977969	CRUT	PA		Trust		57,265	100 000 %
NBC Charitable Remainder Unitrust 2003 PO Box 1000 Collegeville, PA194261000 06-1707189	CRUT	PA		Trust		93,808	100 000 %
TG & NBD Unitrust #1 PO Box 1000 Collegeville, PA194261000 04-6609384	NIMCRUT	MA		Trust		477,507	100 000 %
B & K H CRUT PO Box 1000 Collegeville, PA194261000 23-7985311	CRUT	PA		Trust		90,662	100 000 %
TG & NBD Irrevocable Unitrust #2 PO Box 1000 Collegeville, PA194261000 35-1877131	NIMCRUT	PA		Trust		274,334	100 000 %
JRH III CRUT PO Box 1000 Collegeville, PA194261000 20-6592857	CRUT	PA		Trust		149,584	100 000 %
DEP Irrevocable Unitrust PO Box 1000 Collegeville, PA194261000 35-1843690	NIMCRUT	PA		Trust		311,005	100 000 %
DE & J P CRAT 2003 PO Box 1000 Collegeville, PA194261000 20-6150264	CRAT	PA		Trust		9,200	100 000 %
DE & J P CRAT 2004 PO Box 1000 Collegeville, PA194261000 20-2431466	CRAT	PA		Trust		9,267	100 000 %
D & J P CRAT 2005 PO Box 1000 Collegeville, PA194261000 20-3933584	CRAT	PA		Trust		9,450	100 000 %
D & J P CRAT 2006 PO Box 1000 Collegeville, PA194261000 20-5953832	CRAT	PA		Trust		8,829	100 000 %
D & J P CRAT 2007 PO Box 1000 Collegeville, PA194261000 26-6092894	CRAT	PA		Trust		9,322	100 000 %
D & J P CRAT 2008 PO Box 1000 Collegeville, PA194261000 26-6419431	CRAT	PA		Trust		9,391	100 000 %
D & J P CRAT 2009 PO Box 1000 Collegeville, PA194261000 27-6425823	CRAT	PA		Trust		10,580	100 000 %
D & J P CRAT 2010 PO Box 1000 Collegeville, PA194261000 27-6941685	CRAT	PA		Trust		10,310	100 000 %

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Percentage ownership
R & S R CRUT PO Box 1000 Collegeville, PA 194261000 25-6681759	CRUT	PA		Trust		77,582	100 000 %
RT & KKS Irrevocable Trust PO Box 1000 Collegeville, PA 194261000 35-1924645	CRUT	PA		Trust		66,090	100 000 %
EC & NBS Unitrust PO Box 1000 Collegeville, PA 194261000 35-6513280	CRUT	IN		Trust		57,629	100 000 %
A & J S Unitrust PO Box 1000 Collegeville, PA 194261000 25-6669326	CRUT	PA		Trust		247,320	100 000 %
JS Fam CRUT PO Box 1000 Collegeville, PA 194261000 20-7128566	NICRUT	PA		Trust		62,409	100 000 %
AGS CRUT 2004 PO Box 1000 Collegeville, PA 194261000 20-2431457	CRUT	PA		Trust		48,184	100 000 %
MHT CRUT 2004 PO Box 1000 Collegeville, PA 194261000 20-1937936	CRUT	PA		Trust		43,146	100 000 %
ASW CRUT 2004 PO Box 1000 Collegeville, PA 194261000 56-6640458	CRUT	CA		Trust		360,258	100 000 %
ASW CRUT 2009 PO Box 1000 Collegeville, PA 194261000 27-6070341	CRUT	CA		Trust		619,139	100 000 %
Ursinus College Pooled Income Fund Trust PO Box 1000 Collegeville, PA 194261000 23-6732370	PIF	PA		Trust		480,979	100 000 %

Form

4562

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2010

Attachment
Sequence No 67

Department of the Treasury
Internal Revenue Service (99)

See separate instructions. Attach to your tax return.

Name(s) shown on return Ursinus College	Business or activity to which this form relates GENERAL DEPRECIATION	Identifying number 23-1177930
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Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount See the instructions for a higher limit for certain businesses	1	\$ 500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	\$ 2,000,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2009 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12 .	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	3,797,736

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2010	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (see instructions)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	3,797,736
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No						24b If "Yes," is the evidence written? ☐ Yes ☐ No			
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost	
25Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)							25		
26 Property used more than 50% in a qualified business use									
		%							
		%							
		%							
27 Property used 50% or less in a qualified business use									
		%				S/L -			
		%				S/L -			
		%				S/L -			
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						28			
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							29		

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2010 tax year (see instructions)					
43 Amortization of costs that began before your 2010 tax year				43	
44 Total. Add amounts in column (f) See the instructions for where to report				44	