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DLN: 93493310007153

Department of the Treasury

## **Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

itemal Revenu	ue Service	The organization may have to use a	copy of this return to satisfy	state reporting	requirements	Inspection
For the		endar year, or tax year beginning 07-01	-2011 and ending 06-30-201	.2	D Employer ide	ntification number
Check if a	applicable	C Name of organization Ursinus College				
Address c	change	Doing Business As			23-1177930 E Telephone nu	
Name cha	ange	boiling business 75			•	
Initial reti	um	Number and street (or P O box if mail is not o	delivered to street address) Room/s	uite	(610)409-3	
Terminate	ed	601 East Main Street		_	<b>G</b> Gross receipts \$	5 156,088,116
Amended	d return	City or town, state or country, and ZIP + 4				
- Applicatio	on pending	Collegeville, PA 19426				
	· •	<b>F</b> Name and address of principal of	icer	H(a) Tathu		£0
		Dr Bobby Fong		affiliat	s a group return :es?	⊤Yes ▼ No
		601 East Main Street Collegeville, PA 19426				
		Collegeville, I A 19420		1 ' '	affiliates include	
Tax-exer	mpt status	▼ 501(c)(3)	☐ 4947(a)(1) or ☐ 527	I _	," attach a list o exemption nur	(see instructions)
W a bait				H(c) Group	o exemption nui	ilbei F
websit	:e:► www	ursınus edu		<u> </u>		
		Corporation Trust Association Othe	r▶	<b>L</b> Year of for	mation 1869 <b>M</b>	State of legal domicile Pr
Part I	Sumn	nary				
	The missi	scribe the organization's mission or mo on of Ursinus College is to enable stud		responsible, and	d thoughtful ınd	ıvıduals through a
;	program o	f liberal education				
2						
_   2	Check thi	s box 🛏 ıf the organızatıon dıscontınu	ed its operations or disposed	of more than 2!	5% of its net as	sets
	Number o	f voting members of the governing body	(Part VI, line 1a)		3	36
4	Number o	findependent voting members of the go	verning body (Part VI, line 1b	)	4	34
5	Total num	ber of individuals employed in calendar	year 2011 (Part V, line 2a)		5	1,62
3 4 5 6	Total num	ber of volunteers (estimate if necessar	y)		6	(
	Total unre	elated business revenue from Part VIII	, column (C), line 12		7a	5,25
Ь	Net unrela	ated business taxable income from Forr	n 990-T, line 34		7b	-5,612
				Prior	Year	Current Year
8	Contrib	utions and grants (Part VIII, line 1h)			8,919,409	6,285,899
9 10	Progran	n service revenue (Part VIII, line 2g)			87,482,246	88,831,592
10	Investn	nent income (Part VIII, column (A), line	es 3, 4, and 7d )		7,568,332	7,050,527
Î   11	Otherr	evenue (Part VIII, column (A), lines 5,	6d, 8c, 9c, 10c, and 11e)		569,426	449,034
12		venue—add lines 8 through 11 (must e			0.4.530.443	102 (17 05)
					04,539,413	102,617,052
13		and similar amounts paid (Part IX, colu			35,582,112	36,160,663
14		s paid to or for members (Part IX, colun	, ,,		0	C
g   15	5-10)	s, other compensation, employee benef	ts (Part IX, column (A), lines		27,752,361	30,401,835
∯ = 16a	•	ional fundraising fees (Part IX, column	(A), line 11e)		63,345	57,112
\$\frac{16a}{5}\$		draising expenses (Part IX, column (D), line 25)			,	,
17		xpenses (Part IX, column (A), lines 11			32,484,574	32,819,021
18		openses Add lines 13–17 (must equal			95,882,392	99,438,631
19		e less expenses Subtract line 18 from			8,657,021	3,178,421
		,		Beginning	of Current	End of Year
20 21 22					ear	
20		ssets (Part X, line 16)			75,034,825	269,292,866
[ 21		abilities (Part X, line 26)			67,612,327	66,399,700
		ets or fund balances Subtract line 21	from line 20	2	07,422,498	202,893,166
Part II	_	ture Block				
	and belief,	jury, I declare that I have examined this re it is true, correct, and complete. Declarat				
	****	*		20.	13-11-05	
ign		ure of officer		Dai		
ere	TANOL	HON C IVEC VP FINANCE & ADMINISTRATION				
		or print name and title				
	Preparer's		Date	Check If	Preparer's taxpav	ver identification number
aid	signature Frank Giardini self- (see instructions)					
aiu reparer's	S Em/s ===	ne (or yours . GRANT THORNTON LLP		employed F	ļ	
se Only	ıf self-em	ployed),			EIN 🕨	
JU OIIIY		and ZIP + 4 2001 MARKET STREET SUITE 3	100		<u> </u>	.=. ==.
		PHILADELPHIA. PA 19103			Phone no 🕨 (21	15) 561-4200

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

✓ Yes No

1 01111	JJU (2011)					Page Z
Par		nent of Program Servic Schedule O contains a respo				୮
1	Briefly describe	the organization's mission				
INDI	VIDUALS THRO	RSINUS COLLEGE IS TO EN UGH A PROGRAM OF LIBER PROVIDE LEADERSHIP FOR	RALEDUCATION THA	T EDUCATION PREPARE	S THEM TO LIVE CRE	
2		ation undertake any significar		<del>-</del>	:listed on	V No.
	•	pe these new services on Sch			, res ,	• 140
3	services? .	ation cease conducting, or ma · · · · · · · · · · · · · · · · · · ·		ın how it conducts, any pro	gram   Yes	▽ No
4	Describe the or expenses Sect	ganization's program service ion 501(c)(3) and 501(c)(4) cations to others, the total ex	accomplishments for e organizations and secti	on 4947(a)(1) trusts are re	equired to report the ar	
	(Code	) (Expenses \$	66,767,070 including g	rants of \$ 36,160,663	) (Revenue \$ 72	2,358,435 )
	various states and	on The College provides education I countries, most of who reside in ca of Arts and Bachelor of Science deg	ampus residence halls. The C	college also provides education le		
4b	(Code	) (Expenses \$	20,978,188 including g	rants of \$	) (Revenue \$ 16	,473,157 )
	halls integrated in may choose to tal	including Housing, Room & Board, a to the campus, or in renovated hist ke their meals in the main dining ha crcollegiate athletics, club sports and e	oric homes in the community ill, or in Zack's, the campus	that border the campus Studen grill and snack bar Ursinus offers	ts may choose from a varie opportunities to achieve atl	ty of meal plans and hletic and personal
4c	(Code	) (Expenses \$	ıncludıng gr	ants of \$ )	(Revenue \$	)
4d		services (Describe in Sche	•			
	(Expenses \$		ding grants of \$	) (Revenue	<del>\$</del>	)
4e	Total program	service expenses►\$	87,745,258			

Part IV	Checklist	of F	Reauired	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 instructions)? $^{f 2}$	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	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
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 for which 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 temporarily restricted endowments, permanent endowments, 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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? 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	
С	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? <i>If</i> "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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II 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, Part 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	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? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		N o
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		N o
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	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? If "Yes," complete Schedule L, Part III	27	Yes	
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		N o
С	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 owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		N o
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		N o
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		N o
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		Νo
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line $2 \cdot \cdot \cdot \cdot$	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		N o
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		N o
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	
		F	orm <b>990</b>	(2011)

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			
	<b>1a</b> 2,560			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	<b>1b</b> 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		v	
	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements filed for the calendar year ending with or within the year covered by this			
	return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
		ı		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Yes	
h	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	30	1 03	
<del>-r</del> a	over, a financial account in a foreign country (such as a bank account or securities			
	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		N o
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
_	Describes an arrange from the control of the contro	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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a	Yes	
	services provided to the payor?		.,	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	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			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	_		
_	contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		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			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other			
_	sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the	u		
	year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?			
	<b>Note.</b> All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization			
	allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by			
	the states in which the organization is licensed to issue qualified health plans			
C	Enter the aggregate amount of reserves on hand 13c			
142	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

Se	ection A. Governing Body and Management								
			Yes	No					
1_	Enter the number of voting members of the governing heady at the and of the tay								
1a	Enter the number of voting members of the governing body at the end of the tax year								
b	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?	2		No					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No					
5									
6	Did the organization have members or stockholders?	6		No					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following								
а	The governing body?	8a	Yes						
b	Each committee with authority to act on behalf of the governing body?	8b	Yes						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No					
	ection B. Policies (This Section B requests information about policies not required by the Internal								
Re	evenue Code.)								
			Yes	No					
	Did the organization have local chapters, branches, or affiliates?	10a		No					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes						
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes						
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give								
	rise to conflicts?	12b	Yes						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes						
13	Did the organization have a written whistleblower policy?	13	Yes						
14	Did the organization have a written document retention and destruction policy?	14		No					
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a	Yes						
Ь	Other officers or key employees of the organization	15b	Yes						
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its								
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b							
Se	ection C. Disclosure								
17									
10	Section 6104 requires an organization to make its Form 1022 (or 1024 if applicable) 990, and 990, T (501/c)								

- 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 made these available. Check all that apply
- 19 Describe in Schedule O whether (and if so, how), the organization made 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 ►
  JAMES E COOPER
  601 EAST MAIN STREET

Collegeville, PA 19426 (610) 409-3562

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

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

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

- 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the or	ganization nor any re	lated o	rgan	ızatı	ons	compe	ensat	ted any current or fo	rmer officer, direc	tor, or trustee
<b>(A)</b> Name and Title	(B)				t che e boi is bo nd a etee)	x, oth		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustae or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		MISC)	related organizations
See Additional Data Table										
				$\vdash$			_			

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

	<b>(A)</b> Name and Title	(B) (C) Average Position (do not check more than one box, unless person is both an officer and a director/trustee)							Rep comp fro organiz	(D) ortable ensation m the zation (W- 9-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	Estim amount comper from organiza	(F) Estimated amount of other compensation from the organization and related	
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			MISC)	organiz		
See /	Addıtıonal Data Table													
								_						
								<u> </u> ▶						
1b c	Sub-Total		tion A			<u> </u>		<u> </u>						
d				•	•	•		<b> -</b>		1,783,758	0		286,777	
2	Total number of individuals (incl \$100,000 of reportable compens						above	) who	o receive	d more tha	n			
												Yes	No	
3	Did the organization list any <b>forr</b> on line 1a? <i>If</i> "Yes," complete Sch					eye •	mploy •	ee, o	or highes	t compens		3	No	
4	For any individual listed on line 1 organization and related organiza										n from the			
5	Individual Did any person listed on line 1a	receive or accri	· ·	• nensa	• etion	fror	manv	• unre	· ·	· · ·	_	4 Yes		
•	services rendered to the organiz										ı	5	No	
	ection B. Independent Con	tractors												
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax y	highest comper the organizatio												
	<u>.</u>	(A) ne and business ad	dress							Descr	(B)		C) Insation	
9801	xo Inc Affiliates Washingtonian Blvd ESVILLE, VA 20878									Food Service			4,429,338	
eBen US S	efits Partner LLC teel Tower 56th FI 600 Grant SBURGH, PA 15219									Benefits Adm	ıın		1,517,264	
1110 EAST	el Construction Co Enterprise Rd PETERSBURG, PA 17520									Constr Contr	actor		1,458,192	
80 Sc	ke Athletics LLC cott Drive IETTA, GA 30067									Synthetic Tu	rf		1,377,189	
Dell I	Financial Services Dell Way									Laptop Com	outers		1,138,315	

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►52

Form 99	•	<u> </u>						Page <b>9</b>
	<b>/</b>	Statement o			<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
쓡	1a	Federated camp	paigns 1a					
gra	b	Membership du	es 1b					
E ⊞	C		ents <b>1c</b>	49,620				
<u>#</u> _a	d		rations 1d					
Sim.	e	Government grants						
Contributions, gifts, grants and other similar amounts	g g	sımılar amounts no	butions included in	3,936,558				
ပ္မ	h	Total. Add lines	s 1a-1f	<b>*</b>	6,285,899			
				Business Code				
TIL 6	2a	ACADEMIC INSTRU FEES	JCTION - TUITION AND		72,159,140	72,159,140		
e Ke	ь	ACADEMIC INSTRU	JCTION-AUXILIARY		199,295	199,295		
Program Service Revenue	c	ENTERPRISES STUDENT SERVICE	S - ROOM AND BOARD		16,413,978	16,413,978		
7.	d	STUDENT SERVICE			16,413,978 59,179	16,413,978 59,179		
Ŗ	"	ENTERPRISES			39,179	39,179		
Tag Tag	e							
ک ک	f	All other progra	im service revenue					
	g	Total. Add lines	s 2a – 2f		88,831,592			
	3		ome (including dividen	· · · · · · · · · · · · · · · · · · ·				
			ar amounts)		2,854,657		2,040	2,852,617
	4   5			· · · · · · · · · · · · · · · · · · ·	0			
		Royalties	(ı) Real	(II) Personal				
	6a	Gross rents	(i) i(dai	(ii) i dibbilai				
	ь	Less rental						
	c c	expenses Rental income						
	d	or (loss) Net rental incor	me or (loss)	<u> </u>				
	"	Nee remed med	(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other	57,416,059	(11) 5 11151				
	ь	than inventory Less cost or other basis and sales expenses	53,220,189					
	c	Gain or (loss)	4,195,870					
	d	Net gain or (los	s)		4,195,870		1,815	4,194,055
Other Revenue	8a	¥	luding ,620 reported on line 1c)	211,626				
the	Ь		penses <b>b</b>	250,875				
0	c 9a			events 🟲	-39,249			-39,249
	ь	Less directev	a penses b					
	c		loss) from gaming acti	vities	o			
	10a	Gross sales of returns and allo	inventory, less					
	ь	Less cost of a	oods sold <b>b</b>					
	С		loss) from sales of inv	entory 🟲	0			
		Miscellaneous	s Revenue	Business Code				
	11a b	MISCELLANEC	OUS REVENUE		488,283	486,883	1,400	
	c							
	d	All other revenu	ue					
	e	Total. Add lines		·				
	12	Total revenue.	See Instructions .	<b>*</b>	488,283			
	I				102,617,052	89,318,475	5,255	7,007,423

## 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) Check if Schedule O contains a response to any question in this Part IX

Do no	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	0			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	35,731,433	35,731,433		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	429,230	429,230		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,365,736	415,271	678,756	271,709
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	21,411,352	18,924,489	1,774,729	712,134
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,421,169	1,243,600	129,662	47,907
9	Other employee benefits	4,384,028	3,753,447	444,649	185,932
10	Payroll taxes	1,819,550	1,544,676	196,067	78,807
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	356,740		356,740	
С	Accounting	169,722		169,722	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	57,112			57,112
f	Investment management fees	464,237		464,237	
g	Other	1,327,524	1,038,669	247,770	41,085
12	Advertising and promotion	15,103	14,783	320	
13	Office expenses	2,262,142	1,657,918	428,922	175,302
14	Information technology	1,823,341	1,635,890	187,451	
15	Royalties	0			
16	Occupancy	9,033,737	8,630,505	403,232	
17	Travel	1,089,654	1,014,518	52,844	22,292
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			· · · · ·
19	Conferences, conventions, and meetings	97,704	75,917	18,250	3,537
20	Interest	2,281,391		2,281,391	
21	Payments to affiliates	0			_
22	Depreciation, depletion, and amortization	3,890,404	3,539,375	351,029	_
23	Insurance	689,951	351,863	288,267	49,821
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)				
а	FOOD SERVICE	4,691,614	4,411,565	121,011	159,038
b	INSTRUCTION/CAMPUS PROGRAMS	2,290,310	2,245,644	12,219	32,447
c	EQUIPMENT/FURNITURE/FIXTURES	608,390	445,414	161,598	1,378
d	LIBRARY MATERIALS	445,072	445,072		
е					
f	All other expenses	1,281,985	195,979	1,031,049	54,957
25	Total functional expenses. Add lines 1 through 24f	99,438,631	87,745,258	9,799,915	1,893,458
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				rm <b>990</b> (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 6,750 6,750 1 1 12.232.025 11.084.984 2 2 3 1.672.864 1.023,356 1.060.497 893.686 4 Accounts receivable, net . 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . . . 10.068 5 4.883 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 0 0 Schedule L . . . . . 6 1,775,966 1,982,512 7 8 1.835.782 9 9 1.801.684 Prepaid expenses and deferred charges . . . . 10a 180,396,370 Land, buildings, and equipment cost or other basis *Complete* Part VI of Schedule D 10a 10b 57,415,375 b Less accumulated depreciation . . . . 121,568,215 **10c** 122,980,995 113,022,073 11 109,416,728 11 20,046,089 18,434,629 12 12 Investments—other securities See Part IV, line 11 . . . . . . 13 13 0 Investments—program-related See Part IV, line 11 . . 14 0 14 1,597,950 15 15 1,869,205 275,034,825 16 16 269,292,866 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 7,741,647 17 6,164,809 17 Accounts payable and accrued expenses . 18 18 0 19 796,002 19 632,646 20 48.424.494 20 48.606.469 21 21 0 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 0 0 persons Complete Part II of Schedule L $\ldots$ . $\ldots$ . $\ldots$ 22 0 0 23 Secured mortgages and notes payable to unrelated third parties . . . 23 ol 24 Unsecured notes and loans payable to unrelated third parties . . . . 24 0 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 10,650,184 25 10,995,776 D . . . . . 26 67,612,327 26 66,399,700 **Total liabilities.** Add lines 17 through 25 . . . . . Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 108,115,661 27 108,830,639 Unrestricted net assets . . . . 20,375,048 28 15,513,070 28 Temporarily restricted net assets . . . . . Fund 29 78,931,789 29 78,549,457 Permanently restricted net assets . . . . Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . . . . Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 32 32 Retained earnings, endowment, accumulated income, or other funds ž 33 Total net assets or fund balances . . . . . 207.422.498 33 202.893.166 275.034,825 34 Total liabilities and net assets/fund balances . . . . . 34 269, 292, 866

-(-	Check if Schedule O contains a response to any question in this Part XI			. [고	
1	Total revenue (must equal Part VIII, column (A ), line 12)				
2	Total expenses (must equal Part IX, column (A), line 25)	2			317,052 138,631
3	Revenue less expenses Subtract line 2 from line 1	3			178,421
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		207,4	122,498
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-7,7	707,753
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		202,8	393,166
Par	The Financial Statements and Reporting  Check if Schedule O contains a response to any question in this Part XII			୮	
1	Accounting method used to prepare the Form 990			Yes	No
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 taudit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	ssued			
2-	Separate basis Consolidated basis Both consolidated and separated basis	_			
За	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?	=	За	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b	Yes	

Software ID: Software Version:

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

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

Compensated Employees, and	Independ	lent C	ont	ract	tors	5				-
<b>(A)</b> Name and Tıtle	(B) Average hours per					1	( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation	
	week	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
John E F Corson Chairman of the Board of Dir	1 0	х		Х				0	0	0
Wilbert Abele Voting Member, Board of Dir	10	×						0	0	0
Robert Barchi MD Voting Member, Board of Dir	1 0	х						0	0	0
Donald Parlee MD Voting Member, Board of Dir	10	Х						0	0	0
Kım O'Brien Voting Member, Board of Dir	1 0	Х						0	0	0
Phillip Brackin MD Voting Member, Board of Dir	10	Х						0	0	0
Ruth Kurisu Voting Member, Board of Dir	1 0	х						0	0	0
Llewellyn Smith Voting Member, Board of Dir	10	Х						0	0	0
Frederick Callahan Voting Member, Board of Dir	1 0	Х						0	0	0
Claudia Highbaugh Voting Member, Board of Dir	1 0	Х						0	0	0
Alan Novak Esq Voting Member, Board of Dir	1 0	Х						0	0	0
Robert Keehn Voting Member, Board of Dir	1 0	Х						0	0	0
Francis Correll Esq Voting Member, Board of Dir	1 0	Х						0	0	0
Henry Pfeıffer Votıng Member, Board of Dır	1 0	Х						0	0	0
Cynthia A Fisher Voting Member, Board of Dir	1 0	Х						0	0	0
Carol Haas Voting Member, Board of Dir	1 0	Х						0	0	0
Patricia Cosgrave Secretary of the Board of Dir	1 0	Х						0	0	0
Jeffrey Beck Treasurer of the Board of Dır	1 0	Х						0	0	0
Geoffrey Bloom Voting Member, Board of Dir	1 0	Х						0	0	0
William Bromley Voting Member, Board of Dir	1 0	Х						0	0	0
Michael Carter MD Voting Member, Board of Dir	1 0	х						0	0	0
Mıchael Cola Votıng Member, Board of Dır	1 0	Х						0	0	0
Robert L Brant Esq Voting Member, Board of Dir	1 0	х						0	0	0
Scott Rhoades Voting Member, Board of Dir	1 0	х						0	0	0
Rev Dr Harold C Smith Voting Member, Board of Dir	10	Х						0	0	0

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

Compensated Employees, and Independent Contractors										
<b>(A)</b> Name and Title	(B) Average hours		tion ( that a			II		(D) Reportable compensation	(E) Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Joseph Desimone Voting Member, Board of Dir	1 0	Х						0	0	0
Kelly Finch Voting Member, Board of Dir	1 0	Х						0	0	0
Michael Hardy Voting Member, Board of Dir	1 0	Х						0	0	0
Jerrold Harris Voting Member, Board of Dir	1 0	Х						0	0	0
Nina B Stryker Esq Voting Member, Board of Dir	1 0	Х						0	0	0
Kemı Lanıya Esq Votıng Member, Board of Dır	1 0	Х						0	0	0
Carol Lawrence Voting Member, Board of Dir	1 0	Х						0	0	0
Michael Lewis Voting Member, Board of Dir	1 0	Х						0	0	0
J Robert Lovett Vice Chair of the Board of Dir	1 0	Х						0	0	0
Nancy Opalack Voting Member, Board of Dir	1 0	Х						0	0	0
Carl V Buck III Esq Voting Member, Board of Dir	1 0	Х						0	0	0
William Warden Voting Member, Board of Dir	1 0	Х						0	0	0
Michael C Marcon Voting Member, Board of Dir	1 0	Х						0	0	0
John E F Corson Interım Pres of the College	40 0			х				123,848	0	153
Winfield L Guilmette VP for Finance & Admin	40 0			Х				195,413	0	18,076
Bobby Fong President of the College	40 0			Х				191,830	0	49,181
Richard Difeliciantonio VP for Enrollment	40 0				Х			183,305	0	33,822
Judith T Levy VP for Academic Affairs	40 0				Х			174,730	0	18,073
Jıll A Marsteller VP for College Relations	40 0				Х			268,025	0	18,386
John P King Chief Information Officer	40 0					Х		148,109	0	68,443
James L Baer Attorney-ın-Residence	40 0					Х		135,470	0	17,470
Sterling Garcia Sr Dir Alumni/Parent Programs	40 0					Х		123,524	0	14,316
Laura Moliken Athletic Director	40 0					Х		120,734	0	30,461
Jay K Miller Assoc Dean & Professor of MCS	40 0					Х		118,770	0	18,396

#### OMB No 1545-0047

### **SCHEDULE A**

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Ursinus College

## **Public Charity Status and Public Support**

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

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

Inspection **Employer identification number** 

									23-1177				
	rt I			blic Charity Sta				•		ınstructı	ons		
he d	organiz	zatıon ıs	not a priva	te foundation becaus	eitis (For	lines 1 thro	ough 11, chec	k only one l	box)				
1	Γ	A churc	ch, convent	ion of churches, or as	ssociation o	f churches	section 170(	b)(1)(A)(i)	•				
2	✓	A scho	ol describe	d in <b>section 170(b)(1</b>	.)( <b>A</b> )(ii). (A	ttach Sche	dule E )						
3	$\sqcap$	A hosp	ital or a cod	perative hospital se	rvice organi	zatıon desc	rıbed ın <b>secti</b>	on 170(b)(1	L)(A)(iii).				
4	Γ			h organization operat ity, and state	ted in conjur	nction with	a hospital des	cribed in <b>s</b> e	ection 170(b)	(1)(A)(ii	i). Enter	the	
5	Γ	_	•	erated for the beneficerated for the beneficerated for the beneficerated P	_	e or univers	ity owned or o	operated by	a governmer	ntal unit d	described	ın	
6	Г			local government or	•	tal unit des	cribed in <b>sect</b>	ion 170(b)(	(1)(A)(v).				
7		An orga describ	anization th	at normally receives (A)(vi) (Complete P	a substanti					from the (	general p	ublic	:
8	Г			: described in <b>sectior</b>		(A)(vi) (Co	mplete Part I	I )					
9 10 11 e f g		receipt its supple acquire An orgation or	s from active port from grad by the organization or more public that descraye I cking this bean foundat a 509(a)(2) rganization this box august 17, in gersons?	rectly or indirectly c governing body of th er of a person descri	xempt function and unread unread and unread unrea	ions—subje elated busin See section y to test for y for the be ribed in sec nization and Type II n is not con e or more pu n from the I pted any gr ner alone or rted organic ove?	ct to certain eless taxable in 509(a)(2). (Complete line 100 for 509(a)(1) complete line 11 - Functional trolled directly support RS that it is a ft or contribut together with zation?	exceptions, ncome (less Complete Pa See <b>sectio</b> form the fur ) or sectiones 11e through (like) and integrate yor indirected organization from and the complete of the section of the secti	and (2) no massection 511 art III) on 509(a)(4). Inctions of, or n 509(a)(2) Sugh 11h ed tly by one or ations describe II or Type y of the	to carry of See section  d	3 3 1/3% on busines out the proon 509(a). Type III qualified ction 50 9 orting or 11g(i) 11g(ii)	of sses (3). Oth perso	ses of Check ner ons 1) or
h				lled entity of a perso ng information about						[-	11g(iii)		
	(i) Name of supported organization		ed EIN lines 1 - 9 above vour governing		e lion in ted in erning	Did you no organizat col (i) of	(v) Did you notify the organization in col (i) of your support?		) he tion in ganized J S ?	(vii) A mount of support?		unt of	
				(see instructions))	Yes	No	Yes	No	Yes	No		$\dashv$	
ot a	1												

instructions

Sch	edule A (Form 990 or 99	90-EZ)2011						Page <b>2</b>
	(Complet	e only if you	checked the	box on line 5,	7, or 8 of Part	<b>(b)(1)(A)(iv)</b> I or if the orgar	nızatıon faıle	d to qualify
			<u>organızatıon f</u>	fails to qualify ι	<u>under the tests</u>	listed below, pl	<u>lease comple</u>	ete Part III.)
	ection A. Public Su			1		Т	1	
Cal	endar year (or fiscal ye in)	ar beginning	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	(d) 2010	(e) 2011	( <b>f</b> ) Total
1	Gifts, grants, contribut	ions, and						
	membership fees recei							
	ınclude any "unusual							
_	grants ") Tax revenues levied fo	rtho						
2	organization's benefit a							
	paid to or expended on							
	behalf							
3	The value of services of							
	furnished by a governme the organization withou							
4	Total. Add lines 1 thro	_						
5	The portion of total cor	-						
-	by each person (other	than a						
	governmental unit or p	•						
	supported organization line 1 that exceeds 2%							
	amount shown on line 1							
	(f)	21,0014						
6	Public Support. Subtractine 4	ct line 5 from						
S	ection B. Total Sup	port						
Cal	<b>endar year</b> (or fiscal yea	r beginning	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	(d) 2010	<b>(e)</b> 2011	(f) Total
_	ın)	_	(4) 2007	(2) 2000	(4) 2005	(4) 2020	(0) 2022	(1) 1 3 4 4
7 8	A mounts from line 4 Gross income from inte	rost –						
0	dividends, payments re							
	securities loans, rents							
	and income from simila	ır						
_	sources							
9	Net income from unrela business activities, wh							
	not the business is reg							
	carried on							
10	Other income (Explain							
	IV ) Do not include gai from the sale of capital							
11	Total support (Add line							
	through 10)							
12	Gross receipts from re	lated activities	s, etc (See inst	ructions )			12	
13	First Five Years If the		r the organizati	on's first, second	l, thırd, fourth, or	fıfth tax year as a	501(c)(3) or	
	check this box and <b>sto</b>	p here						<b>▶</b> □
S	ection C. Computat	ion of Publ	ic Support F	Percentage				
14	Public Support Percen	tage for 2011	(line 6 column	(f) dıvıded by lıne	11 column (f))		14	
15	Public Support Percen	tage for 2010	Schedule A , Pa	rt II, line 14			15	
16a	33 1/3% support test-					line 14 is 33 1/3%	% or more, che	
h	and <b>stop here.</b> The org  33 1/3% support test					6a and line 15 is	33 1/20% or m	ore check this
D	box and <b>stop here.</b> The					oa, and inte 15 IS	1/3%0 UI M	ore, check this
17a	10%-facts-and-circum	-	•		-	ne 13, 16a, or 16	b and line 14	٠,
	ıs 10% or more, and ıf							
	in Part IV how the orga	anızatıon meet	s the "facts and	d circumstances"	test The organiz	zatıon qualıfıes as	a publicly su	
b	organization 10%-facts-and-circum	stances test—	<b>2010.</b> If the ora	anization did not	check a hov on li	ne 13, 16a 16b	or 17a and lin	<b>▶</b> □
,	15 is 10% or more, an							-
	Explain in Part IV how	the organizati						
10	supported organization  Private Foundation If t		n did not chools	a hov on line 12	16a 16h 17a a	or 17h chack this	hov and coc	<b>►</b> □

**▶**□

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 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 (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) 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 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. 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

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

33 1/3% support tests-2010. 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

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

**▶**[

Part IV	<b>Supplemental Information.</b> Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).								
	Facts And Circumstances Test								
	Explanation								

Schedule A (Form 990 or 990-EZ) 2011

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DLN: 93493310007153

OMB No 1545-0047

Supplemental Financial Statements

**Inspection** 

Department of the Treasury Internal Revenue Service

**SCHEDULE D** (Form 990)

> ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Name of the organization Employer identification number Ursinus College 23-1177930 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 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 Yes conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. 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 Preservation of a certified historic structure Protection of natural habitat Preservation of open space 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 Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶\_ Number of states where property subject to conservation easement is located -Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year -Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year

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

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

Does each conservation easement reported on line 2(d) above satisfy the requirements of section

- 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
- 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

299,540

(ii) Assets included in Form 990, Part X

170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?

4,008,184

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

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990 Cat No 52283D

Schedule D (Form 990) 2011

Par	<b>TIL</b> Organizations Maintaining Co	<u>llections of Art</u>	t, His	torica	<u>al Tre</u>	easures, or	Othe	<u>er Similar Ass</u>	ets (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	e follo	wing th	nat are a signifi	cant (	use of its collection	on	
а	Public exhibition		d	<b>▽</b> 1	Loan o	r exchange pro	grams	5		
b	Scholarly research		e	$\Gamma$	Other					
c	✓ Preservation for future generations									
4	Provide a description of the organization's co Part XIV	ollections and expla	ain hov	v they	further	the organization	n's e	xempt purpose in		
5	During the year, did the organization solicit assets to be sold to raise funds rather than								Yes	√ No
Par	t IV Escrow and Custodial Arrang						ed "\	es" to Form 99	0,	
_	Part IV, line 9, or reported an ar									
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?		-			ions or other as	sets		Yes	┌ No
Ь	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ing tab	ole			1		
_							<u> </u>	Amo	ount	
C	Beginning balance						1c			
d	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fe		e 21?						Yes	☐ No
b	If "Yes," explain the arrangement in Part XI\				1 1137	" I - E 000	<u> </u>	171/ 1 40		
Рα	rt V Endowment Funds. Complete	(a)Current Year		Wered Prior Ye		(c)Two Years Ba			<b>(e)</b> Four Y	ears Bac
1a	Beginning of year balance	119,638,270	(5)		51,070	91,729,	_	115,656,893	(e)i odi i	cars bac
ь	Contributions	979,032		2,4	94,549	3,196,	968	2,594,260		
c	Investment earnings or losses	-1,017,316		23,6	48,053	11,937,	832	-20,063,615		
d	Grants or scholarships	2,062,287		2,4	30,704	2,347,	347	2,282,376		
e	Other expenditures for facilities and programs	3,244,920		3,8	94,599	3,863,	150	3,881,646		
f	Administrative expenses	390,987		4	30,099	402,	501	294,248		
g	End of year balance	113,901,792		119,6	38,270	100,251,	070	91,729,268		
2	Provide the estimated percentage of the year	r end balance held	as							
а	Board designated or quasi-endowment 🕨	20 000 %								
b	Permanent endowment 🕨 68 000 %									
c	Term endowment ▶ 12 000 %									
За	Are there endowment funds not in the posse	ssion of the organiz	ation t	hat ar	e held	and administer	ed for	the		
	organization by							2-(:)	Yes	No
	(i) unrelated organizations			•				3a(i)	_	No.
b	(ii) related organizations								<u>'                                       </u>	110
4	Describe in Part XIV the intended uses of th						•			
Pai	t VI Land, Buildings, and Equipme	=				D.				
	Description of property		•	(a) C	ost or ot investm	ther <b>(b)</b> Cost or		(c) Accumulated depreciation	( <b>d</b> ) Boo	k value
1a	Land					56	57,618			567,618
ь	Buildings					147,14	18,239	41,986,117	10	5,162,122
c	Leasehold improvements					13,99	8,694	10,233,064		3,765,630
d	Equipment					6,27	78,223	5,196,194	:	,082,029
e	Other					12,40	3,596		12	2,403,596

Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) .

122,980,995

Part VII Investments—Other Securities. See	e Form 990, Part X, line 12		
<ul><li>(a) Description of security or category (including name of security)</li></ul>	( <b>b)</b> Book value	(c) Method of valuation Cost or end-of-year market value	
(1)Financial derivatives		Cost of end of year market value	
(2)Closely-held equity interests			
Other			
See Additional Data Table			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	18,434,629		
Part VIII Investments—Program Related. S	ee Form 990, Part X, line		
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
		Cost of end of year market value	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	<b> -</b>		
Part IX Other Assets. See Form 990, Part X,	line 15.		
(a) Desc	ription	(b) Book value	
Total. (Column (b) should equal Form 990, Part X, col.(B) line	15)		
Part X Other Liabilities. See Form 990, Part			
( ) 5			
<u>-</u>	(b) A mount		
Federal Income Taxes	0		
STUDENT LOANS/GRANTS	1,614,884		
ANNUITY REQUIREMENTS	7,691,004		
ASSET RETIREMENT OBLIGATION	1,689,888		
	+		
	+		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	10,995,776		
2 - 40 (400 740) - 4 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5			

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	102,617,05.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	99,438,63
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	3,178,42
4	Net unrealized gains (losses) on investments	4	-6,779,568
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV )	8	-928,18!
9	Total adjustments (net) Add lines 4 - 8	9	-7,707,75
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-4,529,33
_	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		
1	Total revenue, gains, and other support per audited financial statements	1	57,990,816
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
е	Add lines <b>2a</b> through <b>2d</b>	2e	-6,528,69
3	Subtract line <b>2e</b> from line <b>1</b>	3	64,519,509
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 464,237		
b	Other (Describe in Part XIV)		
C	Add lines <b>4a</b> and <b>4b</b>	4c	38,097,54
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	102,617,05
<u>Part</u>	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Re	
1	Total expenses and losses per audited financial statements	1	62,520,148
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	250,87!
3	Subtract line <b>2e</b> from line <b>1</b>	3	62,269,27
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 464,237		
b	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	37,169,358
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	99,438,63

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

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part 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
Description of Organization's Collections	Schedule D, Part III, Line 4	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
Intended Uses of Endowment Funds	Schedule D, Part V, Line 4	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
Liability for Uncertain Tax Position (ASC 740)	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
Supplemental Description - Other	Schedule D, Part XI, Line 8	Actuarial Loss on Annuity Liability \$ 928,185
Supplemental Description - Other	Schedule D, Part XII, Line 2d	Fundrasing Expenses \$250,875
Supplemental Description - Other	Schedule D, Part XII, Line 4b	Scholarships 35,685,531 Bond Defeasance 1,019,590 Actuarial Loss on Annuity Liability 928,185
Supplemental Description - Other	Schedule D, Part XIII, Line 2d	Fundraising Expenses \$250,875
Supplemental Description - Other	Schedule D, Part XIII, Line 4b	Scholarships 35,685,531 Bond Defeasance 1,019,590

#### **Additional Data**

Software ID: Software Version:

**EIN:** 23-1177930

Name: Ursınus College

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

(a) Description of security or cateory (including name of security)	( <b>b)</b> Book value	<b>(c)</b> Method of valuation Cost or end-of-year market value
GOLDMAN SACH DIST FUND LP	944,589	F
KOCH TRUST HARVARD MANAGEMENT	880,778	F
LIFE INSURANCE CASH VALUE	717,773	F
LINCOLN ANNUITY - DAVIS #2	265,053	F
MCCAUSLAND CGA-INS POLICIES	111,824	F
MS GLENMEDE TR-BWOOD CHR	179,113	F
OAKTREE CAPITAL MGT DISTR FUND	1,533,376	F
TECHNOLOGY LEADERS II & III	0	F
UBP-SELECTINVEST ARBITRAGE FD	942,895	F
OTHER	9,331	F
HC TOTAL RETURN II OFFSHORE FD	5,182,671	F
HELD BY OTHERS CLAMER	7,114,694	F
HELD BY OTHERS PATTERSON	467,275	F
HELD BY OTHERS SUPERBIBIGHAUS	85,257	F

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#### **SCHEDULE E**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

▶ 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.

**Schools** 

Name of the organization **Employer identification number** Ursinus College

23-1177930 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 Yes 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 3 Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes 4d Yes 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 Does the organization discriminate by race in any way with respect to a Students' rights or privileges? Νo 5a **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? Νo 5e f Use of facilities? 5f Νo g Athletic programs? No\_ 5g 5h Νo h Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a 6a Does the organization receive any financial aid or assistance from a governmental agency? Yes b Has the organization's right to such aid ever been revoked or suspended? Νo 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

#### 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)

ldentifier	Return Reference	Explanation
Publication of Racially Nondiscriminatory Policy	Schedule E, Part I, Line 3	RACIALLY NONDISCRIMINATORY 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
Government Assistance	Schedule E, Part I, Line 6a	URSINUS COLLEGE RECEIVES FINANCIAL AID/ASSISTANCE FROM VARIOUS FEDERAL (US 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 E (Form 990 or 990-EZ) 2011

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DLN: 93493310007153

OMB No 1545-0047

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

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

▶ Attach to Form 990. ▶ See separate instructions.

**Statement of Activities Outside the United States** 

Open to Public **Inspection** 

N	ame	of th	ne o	rgan	ızatıoı	
U	rsını	ıs C	olle	ae		

**Employer identification number** 

23-1177930

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

Pa	<b>It I General Informatio</b> "Yes" to Form 990, Pa			he United States. C	omplete if the organiza	ation answered			
L	<b>For grantmakers.</b> Does the assistance, the grantees' eligible the grants or assistance?	gibility for the	grants or assı	stance, and the select	ion criteria used to awa				
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 ıf addıtıonal s	pace is needed	)					
	(a) Region	<b>(b)</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			
	East Asia and the Pacific	0	0	Grantmakıng		232,29			
	Europe (Including Iceland and Greenland)	0	0	Grantmakıng		144,08			
	Middle East and North Africa	0	0	Grantmakıng		22,35			
	North America	0	0	Grantmakıng		10,00			
	Russia and the Newly Independent States	0	0	Grantmakıng		7,50			
	South Asia	0	0	Grantmakıng		13,00			
	Central America and the Caribbean	0	0	Program Services	Faculty Development	11,36			
	East Asia and the Pacific	0	0	Program Services	faculty Development	46			
	Europe (Including Iceland and Greenland)	0	0	Program Services	Faculty Development	28,23			
	North America	0	0	Program Services	Faculty Development	4,92			
	Central America and the Caribbean	0	0	Investments		8,603,53			
	Sub-total Total from continuation sheets to Part I	0	0			9,077,74			

c Totals (add lines 3a and 3b)

9,077,742

Pa	Part IV, I	ine 15, for any	sistance to Orgar recipient who recesspace is needed.	<b>nizations or Entiti</b> erved more than \$5,	<b>es Outside the Ur</b> 000. Check this box	nited States. Composer if no one recipient	plete if the organiza received more thai	tion answered "Yes' n \$5,000	' to Form 990, ► 厂
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	( <b>d)</b> Purpose of grant	(e) A mount of cash grant	<b>(f)</b> Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	_								
2	Enter total nur tax-exempt by	mber of recipie the IRS, or fo	ent organizations lis or which the granted	ted above that are e or counsel has pro	recognized as chari ovided a section 50:	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . ►	
3	Enter total nur	mber of other	organizations or en	tities					: (Form 990) 2011

Part IIII 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.

USE Part V II a	idultional space is neede	su.		T	ı	1	
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	( <b>f</b> ) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Tuition, Fees to foreign students at UC	East Asia/Pacific	8			232,290	Std Acct CR	FMV
Tuition, Fees to foreign students at UC	Europe/Iceland/Greenland	5			144,085	Std Acct CR	FMV
Tuition, Fees to foreign students at UC	Mıddle East/North Afrıca	1			22,355	Std Acct CR	FMV
Tuition, Fees to foreign students at UC	North America	1			10,000	Std Acct CR	FMV
Tuition, Fees to foreign students at UC	Russia	1			7,500	Std Acct CR	FMV
Tuition, Fees to foreign students at UC	South Asia	1			13,000	Std Acct CR	FMV
-	•				1		dula F (Farma 000) 2011

## Part IV Foreign Forms

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

Schedule F (Form 990) 2011

Schedule F (Form 990) 2011 Page **5** 

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

ldentifier	Return Reference	Explanation
Procedure for Monitoring Use of Grant Funds Outside US	Schedule F, Part I, Line 2	URSINUS COLLEGE PROVIDED GRANTS TOTALING \$429,230 TO 17 FOREIGN STUDENTS FOR TUITION, FEES, ROOM AND BOARD TO ATTEND URSINUS COLLEGE. FOREIGN STUDENTS ARE AWARDED GRANTS BASED ON MERIT AND NEED PRIOR TO ARRIVING AT URSINUS COLLEGE. THESE GRANTS ARE APPLIED DIRECTLY TO THE STUDENTS' ACCOUNT AT URSINUS

Schedule F (Form 990) 2010

DLN: 93493310007153

OMB No 1545-0047

Open to Public Inspection

**Supplemental Information Regarding** SCHEDULE G (Form 990 or 990-EZ) **Fundraising or Gaming Activities** 

Department of the Treasury Internal Revenue Service

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

Name of the organization Ursinus College

**Employer identification number** 

23-1177930

Part I	Fundraising	Activities.	Complete i	f the or	ganızatıon	answered	"Yes" to	Form 990,	Part IV,	line 1	7.
--------	-------------	-------------	------------	----------	------------	----------	----------	-----------	----------	--------	----

- Indicate whether the organization raised funds through any of the following activities. Check all that apply ✓ Mail solicitations e F Solicitation of non-government grants ▼ Solicitation of government grants Internet and e-mail solicitations Phone solicitations ▼ Special fundraising events ✓ In-person solicitations 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? **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
- (iv) Gross receipts (i) Name and address of (ii) Activity (iii) Did (v) A mount paid to (vi) A mount paid to from activity (or retained by) (or retained by) individual fundraiser have fundraiser listed in or entity (fundraiser) custody or organization control of col (i) contributions? Yes No The Solstice Group Trning/Dev 120 Brindley St Ste 7 Nο 57,112 Ithaca, NY 14850 57,112
- List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Pa	rt II	Fundraising Events. Commore than \$15,000 on Form				
			(a) Event #1  Swim Lessons (event type)	(b) Event #2  Golf Outing (event type)	(c) Other Events  11 (total number)	(d) Total Events (Add col (a) through col (c))
ΕE	1	Gross receipts	40,288	24,203	87,541	152,032
Revenue	2	Less Charitable contributions		11,465		11,465
<u>~</u>	3	Gross income (line 1 minus line 2)	40,288	12,738	87,541	140,567
	4	Cash prizes				
မှာ	5	Non-cash prizes				
Expenses	6	Rent/facility costs		7,890		7,890
ă	7	Food and beverages			595	595
Drea	8	Entertainment				
ā	9	Other direct expenses .		3,082	34,525	37,607
	10	Direct expense summary Add line	es 4 through 9 ın column	(d)		(46,092)
	11	Net income summary Combine lin	nes 3 and 10 ın column (	d)	•	94,475
Par	t III	<b>Gaming.</b> Complete if the or \$15,000 on Form 990-EZ, lin		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more than
Revenue			(a) Bingo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1	Gross revenue				
<u>8</u> 68	2	Cash prizes				
xpenses	3	Non-cash prizes				
ш	4	Rent/facility costs				
D D D	5	Other direct expenses				
	6	Volunteer labor	┌ Yes	Г Yes Г No	┌ Yes	
	7	Direct expense summary Add lines	s 2 through 5 in column (	d)	•	( )
	8	Net gaming income summary Coml	bine lines 1 and 7 in colu	mn (d)	<u> ► .</u>	
9 a b	Ist	er the state(s) in which the organiza the organization licensed to operate No," Explain	gaming activities in each	n of these states?		
		re any of the organization's gaming l Yes," Explain	icenses revoked, susper	ded or terminated during	the tax year?	

Schedule G, Part I Col (v)

services and \$7,987 for direct reimbursed expenses

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Schedule I

(Form 990)

**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.

OMB No 1545-0047

DLN: 93493310007153

Department of the Treasury ► Attach to Form 990 **Inspection** Internal Revenue Service Name of the organization Employer identification number Ursinus College 23-1177930 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use (a) Name and address of **(b)** EIN (c) IRC Code (d) Amount of cash (f) Method of (a) Description of (h) Purpose of grant (e) A mount of nonorganization section grant valuation non-cash assistance or assistance cash ıf applicable (book, FMV, or government assistance appraisal, other) 

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>(b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Financial Aid - Summer Programs	121		78,540	FMV	Housing
(2) Scholarships and Financial Aid	1622		35,418,105	FMV	Tuition, Fees
(3) Stipends	85	234,788		FMV	Stipends

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
Procedure for Monitoring Use of Grant Funds Inside US	Schedule I, Part I, Line 2	URSINUS COLLEGE PROVIDED GRANTS TOTALING \$78,540 TO 121 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 \$35,418,105 TO 1,622 URSINUS COLLEGE STUDENTS IN GOOD ACADEMIC STANDING FOR TUITION, FEES, ROOM AND BOARD FOR THE ACADEMIC YEAR 2011-12 THE GRANTS ARE APPLIED DIRECTLY TO THE STUDENTS' ACCOUNTS AT URSINUS COLLEGE URSINUS COLLEGE PROVIDED GRANTS TOTALING \$234,788 TO 85 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

DLN: 93493310007153

**Employer identification number** 

OMB No 1545-0047

**Compensation Information** 

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Ursı	nus College			. ,			
				23-1177930			
Pa	rt I Questions Regarding Compensation						
						Yes	Νo
1a	Check the appropriate box(es) if the organization provid 990, Part VII, Section A, line 1a Complete Part III to						
	First-class or charter travel		Housing allowance or residence for p	=			
	Travel for companions	Ė	Payments for business use of persoi				
	Tax idemnification and gross-up payments	~					
	Discretionary spending account	~	Personal services (e g , maid, chauff	eur, chef)			
b	If any of the boxes in line 1a are checked, did the organ reimbursement orprovision of all the expenses describe				1b		No
2	Did the organization require substantiation prior to rein officers, directors, trustees, and the CEO/Executive Di				2	Yes	
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all that						
	Compensation committee	Γ	Written employment contract				
	Independent compensation consultant	<u> </u>	Compensation survey or study				
	Form 990 of other organizations	~	Approval by the board or compensat	ion committee			
4	During the year, did any person listed in Form 990, Par or a related organization	rt VII	I, Section A, line 1a with respect to th	e filing organization			
а	Receive a severance payment or change-of-control par	ymer	it?		4a	Yes	
b	Participate in, or receive payment from, a supplementa	l non	qualified retirement plan?		4b	Yes	
c	Participate in, or receive payment from, an equity-base	ed co	mpensation arrangement?		<b>4</b> c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provi	de th	ne applicable amounts for each item in	Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must						
5	For persons listed in form 990, Part VII, Section A, lin compensation contingent on the revenues of	e 1a,	did the organization pay or accrue an	У			
а	The organization?				5a		Νo
b	Any related organization?				5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III						
6	For persons listed in form 990, Part VII, Section A, lin compensation contingent on the net earnings of	e 1a,	did the organization pay or accrue an	у			
а	The organization?				6a		Νo
b	Any related organization?				6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III						
7	For persons listed in Form 990, Part VII, Section A, line payments not described in lines 5 and 6? If "Yes," des			-fixed	7		No
8	Were any amounts reported in Form 990, Part VII, paid						
	subject to the initial contract exception described in R in Part III	egs	section 53 4958-4(a)(3)/ If "Yes," d	escribe	8		No
9	If "Yes" to line 8, did the organization also follow the resection 53 4958-6(c)?	ebutt	able presumption procedure described	d in Regulations	9		

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

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

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	<b>(F)</b> Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) Winfield L Guilmette	(I) (II)	195,413 0	0	0	13,562 0	4,514 0	213,489 0	
(2) Richard Difeliciantonio	(ı) (ıı)	162,480 0	0	20,825	12,075 0	21,747 0	217,127 0	
(3) Judith T Levy	(ı) (ıı)	174,730 0	0	0	12,285	5,788 0	192,803	
(4) Jill A Marsteller	(I) (II)	253,552 0	0	14,473 0	17,150 0	1,236 0	286,411	
(5) John P Kıng	(I) (II)	148,109 0	0	0	10,647 0	57,796 0	216,552 0	
(6) James L Baer	(I) (II)	135,470 0	0	0	9,555 0	7,915 0	152,940 0	
(7) Laura Moliken	(I) (II)	120,734 0	0	0	9,170 0	21,291 0	151,195 0	
(8) Bobby Fong	(I) (II)	190,501	0	1,329	25,641 0	23,540 0	241,011	
	_							

#### 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
Housing allowance or residence for personal use	Part I, Line 1a	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 PROVIDES PAYMENT OF THE PRESIDENT'S COUNTRY CLUB DUES THE MEMBERSHIP IS USED EXCLUSIVELY FOR COLLEGE-RELATED PURPOSES, AND IS THEREFORE EXCLUDED FROM THE PRESIDENT'S FORM W-2 WAGES CLEANING SERVICES FOR THE PRESIDENT'S HOUSE, AS MENTIONED IN LINE 11 ABOVE THE COLLEGE IS CONSIDERING THE ADOPTION OF A POLICY REGARDING PAYMENT/REIMBURSEMENT OF EXPENSES STERING GARCIA RECEIVED A SEVERANCE PAYMENT/REIMBURSEMENT OF EXPENSES STERING GARCIA RECEIVED A SEVERANCE PAYMENT OF EXPENSES STERING COLUMN C
	, ,	THE COLLEGE PROVIDES PAYMENT OF THE PRESIDENT'S COUNTRY CLUB DUES THE MEMBERSHIP IS USED EXCLUSIVELY FOR COLLEGE- RELATED PURPOSES, AND IS THEREFORE EXCLUDED FROM THE PRESIDENT'S FORM W-2 WAGES
	Schedule J, Part I, Line 1a	CLEANING SERVICES FOR THE PRESIDENT'S HOUSE, AS MENTIONED IN LINE    ABOVE
' '	Schedule J, Part I, Line 1b	THE COLLEGE IS CONSIDERING THE ADOPTION OF A POLICY REGARDING PAYMENT/REIMBURSEMENT OF EXPENSES
	Schedule J, Part I, Line 4a	Sterling Garcia received a severance payment of \$75,000
	Schedule J, Part I, Line 4b	DR FONG PARTICIPATED IN A DEFERRED COMPENSATION PLAN, WHICH IS REPORTED IN SCHEDULE J, PART II, COLUMN C

Schedule J (Form 990) 2011

Schedule K

**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

DLN: 93493310007153

Open to Public **Inspection** 

Internal Revenue Service Name of the organization Ursinus College

Department of the Treasury

(Form 990)

Employer identification number

0151	nus College								;	23-117	7930			
Pa	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Pric	e (1	<b>f)</b> Description	of Purpose	(g) De	feased	Beh	On alf of uer		Pool ancing
Α	PHEFA	23-2243852	70917N2Q0	10-21-2003	40,723,9	67 Perf	f Arts Ctr & Fa	cilities	163	X	163	X	163	X
В	PHEFA	23-2243852	70917PFZ7	02-01-2006			Residence Hall & Facilities			Х		X		X
с —	PHEFA	23-2243852	70917R6A8	05-21-2012			Advance Refinance of Bonds			Х		Х		х
Pa	rt III Proceeds								1		<u> </u>		<u> </u>	
					A		i i	3		С			D	
1	A mount of bonds retired				2.5	,480,00	00	0		18,	635,000	)		
2	A mount of bonds defease	d 					0	0			(	ו		
3	Total proceeds of issue	41	,024,18	35	14,455,112		19,	896,65	3					
4	Gross proceeds in reserve funds				1	,366,01	10	1,243,576		1,	369,050	ו		
5	Capitalized interest from [						0	0			(	ס		
6	Proceeds in refunding esc				27	,852,89	95	0	20,029,220			וכ		
7	Issuance costs from proc	eeds				522,54	10	443,329	356,268			3		
8	Credit enhancement from	proceeds			1	,179,93	79,935 703,986		<u> </u>		(	0		
9	Working capital expenditu	ires from proceeds					0 0		)		(			
10	Capital expenditures from	proceeds			10	,102,74	102,740 12,064,149		)			0		
11	O ther spent proceeds						0	0			(			
12	O ther unspent proceeds						0	0			(			
13	Year of substantial compl	etion			2004	•	20	07		2012				
					Yes	No	Yes	No	Yes		No	Ye	s	No
14	Were the bonds issued as	part of a current refun	ding issue?		X			Х			Χ			
15	Were the bonds issued as	part of an advance ref	unding issue?		X			Х	Χ					
16	Has the final allocation of	proceeds been made?			X		Х		Х					
17	allocation of proceeds?				Х		Х		Х					
Pai	rt IIII Private Busines	ss Use			A		<u> </u>	3		С			D	

		4	Α		В		c		)
		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?		Х		Х		X		
2	Are there any lease arrangements that may result in private business use of bond- financed property?		X		X		X		

Par	t 1441 Private Business Use (Continued)								
			A		В		С		D
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		х		X		×		
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	×		Х					
С	Are there any research agreements that may result in private business use of bond-financed property?		х		х		х		
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	Х		Х					
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government  •		0 %		0 %		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								
6	Total of lines 4 and 5								
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	Х		Х		Х			
Da	THV Arbitrage								

Part IV Arbitrage

		Α		В		С		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		x		
			^		^		^		
2	Is the bond issue a variable rate issue?		×		X		×		
3 <b>a</b>	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		х	Х			Х		
b	Name of provider	0		JP MORGAN		0			
С	Term of hedge				0				
d	Was the hedge superintegrated?				Х				
е	Was a hedge terminated?			х					
4a	Were gross proceeds invested in a GIC?	X			Х		Х		
b	Name of provider	West LB		0		0			
С	Term of GIC		23 17						
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	x							
5	Were any gross proceeds invested beyond an available temporary period?		х		Х		х		
6	Did the bond issue qualify for an exception to rebate?		х		Х		Х		

#### Part V **Procedures To Undertake Corrective Action**

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations

#### Part VI **Supplemental Information**

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

**Identifier Return Reference Explanation**  efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493310007153

**Employer identification number** 

# OMB No 1545-0047

#### Schedule L

(Form 990 or 990-EZ)

Name of the organization

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.

2011

Open to Public Inspection

Ursinus College							2	3-11779	30		
										ıne 40b	
					<b>(b)</b> Desc						(c) rected?
	Enter the amount of tax imposed on the organization 4958									Yes	No
2 Enter the amount of tax impos	ed on t	he organ	uzation man	agers or	disqualified perso	nns duri	na the v	vear unde	r		
section 4958								•	· • • —		
<b>3</b> Enter the amount of tax, if any	, on line	e 2, abov	ve, reimburs	ed by the	e organization .	• •	• •	<b>,</b>	·		
					, Part IV, line 26,	, or Forr	n 990-E	Z, Part V	, line 38	a	
(a) Name of interested person and purpose	or fro	m the	(c)O rig		(d)Balance due	(e) I defau		(f) Appro- by boar commit	ved d or	(g)Writ	
	То	From				Yes	No	Yes	No	Yes	No
(1) Jıll A Marsteller		Х		19,607	4,883		No		No	Yes	
		-									
										-	
Total	<del>'</del>	<del>'</del>		<b>▶</b> \$	4,883		1				1
						. line 2	27.	•		•	
(a) Name of interested pers			Relationsh)	ııp betwe	en interested per janization			ount of g	rant or ty	/pe of assı	stance
(1) Trustees		Tru	stees	u the org	,umzucion						29,000
(2) Substantial Contributor		Sub	stantıal Cor	ntributor							7,500

				, La contraction of the contract	
Part IV	Business	<b>Transactions</b>	Involving	Interested	Persons

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

Complete if the organization answered Tes Offform 330, Fart IV, line 200, 200, or 200.										
(a) Name of interested person	<b>(b)</b> Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sha organiz reven	ation's					
	organization			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
Grants to Interested Persons	·	Grants for tuition and fees are provided on the same criteria for all students based on academic achievement and financial need

Schedule L (Form 990 or 990-EZ) 2011

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DLN: 93493310007153

OMB No 1545-0047

Open to Public Inspection

### **SCHEDULE M** (Form 990)

Department of the Treasury

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

**NonCash Contributions** 

Internal Revenue Service Name of the organization Ursinus College

**Employer identification number** 

23-1177930

Pa	Till Types of Property							
		(a) Check If applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line	(d) Method of det contribution		_	
				1 g				
	Art—Works of art	X	27	299,540	Estimated Value			
	Art—Historical treasures .							
	Art—Fractional interests							
	Books and publications							
	Clothing and household goods	Х		1,500	Selling Price			
	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	X	27	298,008	FMV@date of gift			
	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							
	Real estate—Residential .							
	Real estate—Commercial							
	Real estate—Other							
	Collectibles							
	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
24	Archeological artifacts							
25	Scientific Other ► ( Equipment )	X	2	13,247	Estimated Value			
	Athletic							
26	Other ► ( <u>Equipment</u> )	Х	2	27,592	Cost			
27	O ther ▶()							
28	O ther ▶ ()							
29	Number of Forms 8283 received				29			27
	for which the organization comp	eted Form 8	8283, Part IV, Donee Ackr	owledgement	29		1	
	5						Yes	No
3Ua	During the year, did the organiza							
	must hold for at least three year							
	for exempt purposes for the enti					30a		No
	If "Yes," describe the arrangem							
31	Does the organization have a gi	t acceptan	ce policy that requires the i	review of any non-standard	contributions? L	31	Yes	
32a	Does the organization hire or us contributions?	e third part	ies or related organizations	to solicit, process, or sell i		32a	Yes	
	If "Yes," describe in Part II		in column (a) for a time of a	ronorty for which live (	) is shooted			
33	If the organization did not report describe in Part II	revenues i	in column (c) for a type of p	roperty for which column (a	) is checked,			

#### Part II

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

Identifier	Return Reference	Explanation
Third Party Assistance of Noncash Contributions		Ursinus College engages Morgan Stanley Smith Barney for the sale of securities received as contributions

Schedule M (Form 990) 2011

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493310007153

### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Name of the organization
Ursinus College

Employer identification number

23-1177930

ldentifier	Return Reference	Explanation
Form 990 Review Process	Form 990, Part VI, 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.
Conflict of Interest Policy Monitoring & Enforcement	Form 990, Part VI, Line 12c	Trustees or officers complete a conflict of disclosure statement annually. Those who have a 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.
Process for Determining Compensation	Form 990, Part VI, Line 15a	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, Gettysburg, 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.
How Documents are Made Available to the Public	Form 990, Part VI, 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
EXPLANATION FOR AMENDING		Ursinus College is amending its Form 990 for fiscal year-ended June 30, 2012, to properly report certain components of compensation for Key Employee, Richard DiFeliciantonio, that had been erroneously double-counted in its original filing. Specifically, the originally filed 2011 Form 990 included tuition benefit disbursed through payroll, in both Part VII, Column D (correctly) and in Part VII Column F (incorrectly). In addition, Schedule J, Column D had been overstated by \$20,825, as this figure had also been included in Schedule J, Column B. Accordingly, Ursinus College is amending its Form 990 for the fiscal year-ended June 30, 2012 to adjust Part VII and Schedule J for the double-counting of the tuition benefit disbursement for Richard DiFeliciantionio" and properly report the amounts in Part VII, Column F and Schedule J, Column B.

efile GRAPHIC print - DO NOT PROCESS | As Filed Data SCHEDULE R Related Or

# 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

DLN: 93493310007153

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

Name of the Ursinus College	organization					dentification number		
Part I	Identification of Disregarded Entities (Comple	te if the organization	on answered "Yes	" on Form 990. P	23-11779 art IV. line 33.)	30		
(a) Name, address, and EIN of disregarded entity		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) e Total income	(e) End-of-year assets	<b>(f)</b> Direct controlling entity		
Part II	Identification of Related Tax-Exempt Organiz or more related tax-exempt organizations during the	ations (Complete le tax year.)	ıf the organızatıoı	n answered "Yes"	' on Form 990, P	art IV, line 34 becau	se it had	one
	(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3)		Section 5 cont	( <b>g)</b> 512(b)(13 trolled nization
							Yes	No
For Privacy	Act and Paperwork Reduction Act Notice, see the Instruction	ns for Form 990.	Cat No 5	0135Y		Schedule R (	Form 990	) 2011

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, li	ıne 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)	,	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	<b>(f)</b> Share of total income	(g) Share of end-of- year assets	(h Disprop allocat	rtionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gene mana parti	ral or aging	<b>(k)</b> 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.)

<b>(a)</b> 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	<b>(h)</b> Percentage ownership
See Additional Data Table							

Part		s" on Form 990, Par	T IV, line 34, 35, 3	35A, Or 36.)	Yes	No			
	ote. Complete line 1 if any entity is listed in Parts II, III or IV		TT TV2		res	NO			
	ng the tax year, did the organization engage in any of the following transactions with one or more related organ	nizations listed in Parts	S 11-1V /	4-		NI-			
	eceipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a 1b	1	No No			
	Gift, grant, or capital contribution to related organization(s)			1b 1c		No			
	iff, grant, or capital contribution from related organization(s)			1d		No			
	2 Louis of four guarantees to of for related organization(5)								
e L	oans or loan guarantees by related organization(s)			1e	+	No			
f S	ale of assets to related organization(s)			1f		No			
	urchase of assets from related organization(s)			1g		No			
	xchange of assets with related organization(s)			1h		No			
	ease of facilities, equipment, or other assets to related organization(s)			1i		No			
j L	ease of facilities, equipment, or other assets from related organization(s)			1 <u>j</u>		No			
-	erformance of services or membership or fundraising solicitations for related organization(s)			1k		No			
	erformance of services or membership or fundraising solicitations by related organization(s)			11		No			
m S	m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)								
n S	n Sharing of paid employees with related organization(s)								
<b>o</b> F	eimbursement paid to related organization(s) for expenses			10		No			
p F	eimbursement paid by related organization(s) for expenses			<b>1</b> p		No			
q	ther transfer of cash or property to related organization(s)			<b>1</b> q		No			
r C	ther transfer of cash or property from related organization(s)			1r		No			
<b>2</b> I	the answer to any of the above is "Yes," see the instructions for information on who must complete this line, ii	ncluding covered relati	onships and transact	cion thresholds					
	(a) Name of other organization	<b>(b)</b> Transaction type(a-r)	(c) Amount involved	(d) Method of determing Involved		unt			
1) 2)									
2)									
3)									
4)									
5)									
6)		1		I					

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

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

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	org	(e) Are all partners section 501(c)(3) janizations?	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	<b>j)</b> eral or aging ener?	<b>(k)</b> Percentage ownership
			,	Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

## Part VII Supplemental Information

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

Identifier Return Reference Explanation

Schedule R (Form 990) 2011

Software ID: **Software Version:** 

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

Form 990, Schedule R, P	<u>Part IV - I</u> der	ntification o	of Related Or	<u>ganiza</u> tior	<u>ıs Taxab</u> le a	s a Corporatio	n or Trust
(a) Name, address, and EIN of related organization	<b>(b)</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, PA 194261000 25-6741464	CRUT	PA	Ursınus	Trust		51,936	100 000 %
R & J B Irrevocable Unitrust PO Box 1000 Collegeville, PA 194261000 35-1866676	CRUT	PA	Ursinus	Trust		40,831	100 000 %
LBB Unitrust PO Box 1000 Collegeville, PA 194261000 23-7908029	CRUT	PA	Ursinus	Trust		503,089	100 000 %
FKB I Irrevocable Unitrust PO Box 1000 Collegeville, PA 194261000 23-7792047	CRUT	PA	Ursınus	Trust		280,741	100 000 %
FKB 2 Irrevocable Unitrust PO Box 1000 Collegeville, PA 194261000 23-7876947	CRUT	PA	Ursınus	Trust		121,134	100 000 %
MB Irrevocable Unitrust PO Box 1000 Collegeville, PA 194261000 23-7977969	CRUT	PA	Ursınus	Trust		54,877	100 000 %
NBC Charitable Remainder Unitrust 2003 PO Box 1000 Collegeville, PA 194261000 06-1707189	CRUT	РА	Ursinus	Trust		89,514	100 000 %
TG & NBD Unitrust #1 PO Box 1000 Collegeville, PA 194261000 04-6609384	NIMCRUT	PA	Ursinus	Trust		465,840	100 000 %
B & K H CRUT PO Box 1000 Collegeville, PA 194261000 23-7985311	CRUT	PA	Ursınus	Trust		87,216	100 000 %
TG & NBD Irrevocable Unitrust #2 PO Box 1000 Collegeville, PA 194261000 35-1877131	NIMCRUT	PA	Ursinus	Trust		265,053	100 000 %
JRH III CRUT PO Box 1000 Collegeville, PA 194261000 20-6592857	CRUT	PA	Ursinus	Trust		173,070	100 000 %
DEP Irrevocable Unitrust PO Box 1000 Collegeville, PA 194261000 35-1843690	NIMCRUT	PA	Ursınus	Trust		331,301	100 000 %
DE & J P CRAT 2003 PO Box 1000 Collegeville, PA 194261000 20-6150264	CRAT	PA	Ursinus	Trust		8,862	100 000 %
DE & J P CRAT 2004 PO Box 1000 Collegeville, PA 194261000 20-2431466	CRAT	PA	Ursinus	Trust		8,967	100 000 %
D & J P CRAT 2005 PO Box 1000 Collegeville, PA 194261000 20-3933584	CRAT	PA	Ursinus	Trust		9,119	100 000 %
D & J P CRAT 2006 PO Box 1000 Collegeville, PA 194261000 20-5953832	CRAT	PA	Ursinus	Trust		8,472	100 000 %
D & J P CRAT 2007 PO Box 1000 Collegeville, PA 194261000 26-6092894	CRAT	РА	Ursınus	Trust		8,971	100 000 %
D & J P CRAT 2008 PO Box 1000 Collegeville, PA 194261000 26-6419431	CRAT	PA	Ursınus	Trust		9,075	100 000 %
D & J P CRAT 2009 PO Box 1000 Collegeville, PA 194261000 27-6425823	CRAT	РА	Ursınus	Trust		10,597	100 000 %
D & J P CRAT 2010 PO Box 1000 Collegeville, PA 194261000 27-6941685	CRAT	РА	Ursınus	Trust		9,517	100 000 %

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

Form 990, Schedule K, Fart IV - Identification of Related Organizations Taxable as a Corporation of Trust											
(a) Name, address, and EIN of related organization	<b>(b)</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	Ursınus	Trust		74,635	100 000 %				
RT & KKS Irrevocable Trust PO Box 1000 Collegeville, PA 194261000 35-1924645	CRUT	PA	Ursınus	Trust		62,768	100 000 %				
EC & NBS Unitrust PO Box 1000 Collegeville, PA 194261000 35-6513280	CRUT	IN	Ursinus	Trust		55,008	100 000 %				
A & J S Unitrust PO Box 1000 Collegeville, PA 194261000 25-6669326	CRUT	PA	Ursinus	Trust		238,103	100 000 %				
JS Fam Crut PO Box 1000 Collegeville, PA 194261000 20-7128566	NICRUT	PA	Ursinus	Trust		43,502	100 000 %				
AGS CRUT 2004 PO Box 1000 Collegeville, PA 194261000 20-2431457	CRUT	PA	Ursinus	Trust		60,528	100 000 %				
MHT CRUT 2004 PO Box 1000 Collegeville, PA 194261000 20-1937936	CRUT	РА	Ursınus	Trust		41,150	100 000 %				
ASW CRUT 2004 PO Box 1000 Collegeville, PA 194261000 56-6640458	CRUT	СА	Ursinus	Trust		338,021	100 000 %				
ASW CRUT 2009 PO Box 1000 Collegeville, PA 194261000 27-6070341	CRUT	СА	Ursınus	Trust		587,724	100 000 %				
Ursinus College Pooled Income Fund PO Box 1000 Collegeville, PA 194261000 23-6732370	PIF	РΑ	Ursınus	Trust		410,012	100 000 %				