			** PUBLIC DISCLOSURE COPY	Y **					
	0	00	Return of Organization Exempt Fre	om Ir	ncome Tax	OMB No. 1545-0047			
Form <b>990</b>			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Co	<sup>ns)</sup> 2017					
Department of the Treasury         Internal Revenue Service         Do not enter social security numbers on this form as it may be made public.         Go to www.irs.gov/Form990 for instructions and the latest information.									
						Open to Public Inspection			
<u>A</u> F	or th	e 2017 calend	ar year, or tax year beginning $ m JUL1$ , $2017$ and end	ding J	<u>UN 30, 2018</u>				
Bc	heck if	C Name of	organization		D Employer identif	ication number			
	Addre								
	_]chang _]Name		NUS COLLEGE		22 1	177930			
	_chang Initial		and street (or P.O. box if mail is not delivered to street address)	om/suite					
	_returr Final	601	EAST MAIN STREET	om/suite	E Telephone numbe	409-3000			
	⊥returr termi ated	n	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	178,770,836.			
	Amer	nded COT.T.	EGEVILLE, PA 19426		H(a) Is this a group r				
	_Appli_tion		nd address of principal officer: DR. S. BROCK BLOMBER	G	for subordinates				
L	pend		AS C ABOVE	-	H(b) Are all subordinates i				
11	ax-ex	empt status:		527		a list. (see instructions)			
			URSINUS.EDU		H(c) Group exemption				
ΚF	orm o	f organization:	X Corporation Trust Association Other ►	L Year of		M State of legal domicile: PA			
Pa	art I	,							
	1		e the organization's mission or most significant activities: ${ m {TO}}~{ m {ENA}}$			BECOME			
D S C		INDEPEN	DENT, RESPONSIBLE, AND THOUGHTFUL IN	NDIVI	DUALS.				
Governance	2	Check this bo	sets. 25						
ove	3			embers of the governing body (Part VI, line 1a)					
ৰু জ	4		ependent voting members of the governing body (Part VI, line 1b) $\dots$		23				
es	5		of individuals employed in calendar year 2017 (Part V, line 2a)			1556			
iti	6		of volunteers (estimate if necessary)			39			
Activities			d business revenue from Part VIII, column (C), line 12						
	b	Net unrelated	business taxable income from Form 990-T, line 34	<u> </u>					
		O and the diama			Prior Year 10,367,892.	Current Year 8,375,479.			
ne	8		and grants (Part VIII, line 1h)		93,784,501.				
Revenue	9	0	ce revenue (Part VIII, line 2g)		6,605,225.	8,791,407.			
Be	10		come (Part VIII, column (A), lines 3, 4, and 7d) (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		381,108.	922,524.			
	12		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		11,138,726.				
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		46,474,532.	46,736,773.			
	14		o or for members (Part IX, column (A), line 4)		0.	0.			
6	40	Salaries other	compensation employee benefits (Part IX column (A) lines $5.10$ )		33,654,609.	35,117,362.			
ses	16a	Professional fu	undraising fees (Part IX, column (A), line 11e)		265,833.	755,419.			
Expenses	b	Total fundraisi	undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) $\blacktriangleright$ 3, 529, 246						
й	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)		29,225,891.	28,558,235.			
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		09,620,865.	111,167,789.			
	19		expenses. Subtract line 18 from line 12		1,517,861.	-949,814.			
OL				Beg	ginning of Current Year	End of Year			
t Assets or Dd Balances	20	Total assets (F	Part X, line 16)		30,608,315.	332,721,426.			
t As	21		(Part X, line 26)		79,727,350.	81,523,098.			
N <sup>N</sup>	22		fund balances. Subtract line 21 from line 20	2	50,880,965.	251,198,328.			
	art II								
	-		declare that I have examined this return, including accompanying schedules an			y knowledge and belief, it is			
true	corre	ct and complete	Declaration of preparer (other than officer) is based on all information of which	nrenarer	has any knowledge				

		· · ·		
Sign	Signature of officer			Date
Here	DR. S. BROCK BLOMBERG,	PRESIDENT		
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	Check X PTIN
Paid	JULIUS C. GREEN, CPA			self-employed P00350393
Preparer	Firm's name 🕒 BAKER TILLY VIRC			Firm's EIN <b>39-0859910</b>
Use Only	Firm's address 🖌 1650 MARKET STRE	ET, SUITE 4500		
	PHILADELPHIA, PA	19103-7341		Phone no. 215.972.0701
May the I	RS discuss this return with the preparer shown ab	ove? (see instructions)		X Yes No
	1114 For Device whe Device the Act No.	and the second stratements the second		

732001 11-28-17 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2017)

Form	1 990 (2017) URSINUS COLLEGE	23-1177930	Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	THE MISSION OF THE COLLEGE IS TO ENABLE STUDENTS TO BECOM	Ξ	
	INDEPENDENT, RESPONSIBLE, AND THOUGHTFUL INDIVIDUALS THROU	JGH A PROGR	AM
	OF LIBERAL EDUCATION. THAT EDUCATION PREPARES THEM TO LIVI	E CREATIVEL	Y
	AND USEFULLY, AND TO PROVIDE LEADERSHIP FOR THEIR SOCIETY		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	XNo
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	XNo
U	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as me	asured by expenses	
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,		ad
	revenue, if any, for each program service reported.	the total expenses, al	lu
4a		\$ 73,984,	319 \
чa	(Code:) (Expenses \$ 86,198,676. including grants of \$ 46,736,773. ) (Revenue : ACADEMIC INSTRUCTION: URSINUS COLLEGE IS AN INDEPENDENT,		<u>, , , , , , , , , , , , , , , , , , , </u>
	LIBERAL ARTS COLLEGE FOUNDED IN 1869. THE MISSION OF THE (		<u>π</u> Ω
	ENABLE STUDENTS TO BECOME INDEPENDENT, RESPONSIBLE, AND THE		10
	INDIVIDUALS THROUGH A PROGRAM OF LIBERAL EDUCATION. THE CO		TTC
	APPROXIMATELY 1,500 STUDENTS, APPROXIMATELY 93% OF WHOM L		EGE
	RESIDENCE HALLS. AT THE START OF THE 2017-2018 ACADEMIC YI		
	COLLEGE ENROLLED 1,495 FULL-TIME EQUIVALENT DAY STUDENTS I	ROM 31 STA	TES
	AND 20 COUNTRIES.		
	10 022 102	10 144	246
4b	(Code:) (Expenses \$ 10,032,193. including grants of \$ 0. ) (Revenue :		/
	STUDENT SERVICES, INCLUDING HOUSING, ROOM & BOARD, AND ATH		
	COLLEGE OFFERS LIVING ACCOMMODATIONS FOR MOST OF ITS STUD		
	TRADITIONAL RESIDENCE HALLS INTEGRATED INTO THE CAMPUS, OF		TED
		TUDENTS MAY	
	CHOOSE FROM A VARIETY OF MEAL PLANS AND MAY CHOOSE TO TAKI		
	IN THE MAIN DINING HALL, OR IN ZACK'S, THE CAMPUS GRILL AN		R.
	URSINUS OFFERS OPPORTUNITIES TO ACHIEVE ATHLETIC AND PERSO		
	THROUGH INTERCOLLEGIATE ATHLETICS, CLUB SPORTS AND INTRAM		MS.
	OVER 85% OF URSINUS STUDENTS INTEGRATE SOME ASPECT OF THE	ATHLETIC	
	PROGRAM INTO THEIR LIVES AT THE COLLEGE.		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	\$	)
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses ► 96,230,869.		
		Eorm C	90 (2017)

Form	990	(2017)

 Form 990 (2017)
 URSINUS
 COLLEGE

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
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		X
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		X
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	Х	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	Х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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		X
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	Х	
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, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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	Х	
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		X
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	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
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 and XII is optional	12b		X X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	L
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X X
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, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		77	
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	X	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		v	
46	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G. Part III	19		X

Form **990** (2017)

 Form 990 (2017)
 URSINUS
 COLLEGE

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 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	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a	х	
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		x
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	210		
Ŭ	any tax-exempt bonds?	24c		x
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		x
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2.70		
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	ZJa		- 23
D.	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	230		- 23
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes."			
		26		x
27	<i>complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		- 23
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
		27	х	
00	of any of these persons? If "Yes," complete Schedule L, Part III	21	21	
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):	28a		x
a L	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>			X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		x
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Δ	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	00	х	
<b>0</b> 4	contributions? If "Yes," complete Schedule M	30	Δ	
31	Did the organization liquidate, terminate, or dissolve and cease operations?	04		x
20	If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		x
~~	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00		x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	04	х	
05-	Part V, line 1	34	л	x
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of pactice 512(b)(12)2. (IIIV all according to 0. (act to 0. b) (IV to 0.)	054		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	00		x
<b>07</b>	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	00	х	
	Note. All Form 990 filers are required to complete Schedule O	38	<b>4</b> 7	1

Form 990 (2017)

Form	990 (2017) URSINUS COLLEGE 23-1177	<u>930</u>	P	Page 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2132			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	1		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
	(gambling) winnings to prize winners?	1c		
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 2a 1556			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to $e$ -file (see instructions)			
39		3a	X	
	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No," to line 3b, provide an explanation in Schedule O	3b	X	
		30		
44	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4-		x
<b>L</b>	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>4a</u>		
D	If "Yes," enter the name of the foreign country:			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		v
-	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		
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 as charitable contributions?	<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
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. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:	1		
a	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against	1		
12-	amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
		IZd		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10-		
а	Is the organization licensed to issue qualified health plans in more than one state?	<u>13a</u>		
-	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
b				
	organization is licensed to issue qualified health plans	-		
	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		

Form	990	(2017)
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Form	990 (2017) URSINUS COLLEGE 23-117		Р	age 6
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for	a "No" re	espons	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
_	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
		E	Yes	No
<b>1</b> a		5		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	2		
-	<b>5</b> , , , , ,	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			37
	officer, director, trustee, or key employee?	2		X
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?			X X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			X X
6	Did the organization have members or stockholders?	6		
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		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	<b>_</b>		
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		37	
	The governing body?	<u>8a</u>	X	
	, , , , , , , , , , , , , , , , , , , ,	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
800	organization's mailing address? If "Yes." provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		N.	
10-	Did the evention have local charters, househoe as offlicted.	10-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	<u>10a</u>		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104		
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	x	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	10-	X	
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>		X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	. <b>12</b> b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	10-	x	
40	in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13	X	X
14	Did the organization have a written document retention and destruction policy?	14		
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?	45 -	v	
	The organization's CEO, Executive Director, or top management official		X X	
a	Other officers or key employees of the organization	15b		
40-	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	10-		X
	taxable entity during the year?	16a		
D	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	101		
800	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ►PA, AK, CT, MD, MN, MS, NM, NY, O	R 1717	MA	мп
17 10				, 11П
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) for public inspection. Indicate how you made these available. Check all that apply	avallabl	e	
	for public inspection. Indicate how you made these available. Check all that apply.			
40	X Own website Another's website X Upon request Other (explain in Schedule O)	d fire and	ial	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	iu iinanc	idi	
00	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: ►			
	601 EAST MAIN STREET, COLLEGEVILLE, PA 19426			

Page 6

Form 990 (2	URSINUS	COLLEGE	23-1177930	Page 7
Part VII	Compensation of Officers	Directors, Trustees, Key Emple	oyees, Highest Compensated	
	Employees, and Independ	ent Contractors		
	Check if Schedule O contains a res	sponse or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Ke	ey Employees, and Highest Compensat	ed 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	l	11120		C)	nper	15410	(D)	(E)	(F)
Name and Title	Average hours per week	box	not c , unle:	ss per	more rson i	than o is both pr/trus	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) WILBERT D. ABELE VOTING MEMBER	2.00	x						0.	0.	0.
(2) WILLIAM H. BARNABY, MD	2.00							0.	0.	
VOTING MEMBER	2.00	x						0.	0.	0.
(3) PATRICIA K. BOWMAN	2.00									
SECRETARY		х		x				0.	0.	0.
(4) ROBERT L. BRANT, ESQ	2.00									
VOTING MEMBER		х						0.	0.	0.
(5) BRADLEY S. BREWSTER, ESQ.	2.00									
VOTING MEMBER		Х						0.	0.	0.
(6) CARL V. BUCK III, ESQ	2.00									
VOTING MEMBER		Х						0.	0.	0.
(7) SUSAN CALLAHAN	2.00									
VOTING MEMBER		Х						0.	0.	0.
(8) MICHAEL CARTER, MD	2.00									•
VOTING MEMBER		х				<u> </u>		0.	0.	0.
(9) TERRY CONNELL	2.00	.,							0	0
VOTING MEMBER	2 00	Х						0.	0.	0.
(10) FRANCIS CORRELL, ESQ	2.00	v						0.	0.	0
VOTING MEMBER (11) JOHN E. F. CORSON	2.00	X				-		0.	0.	0.
VOTING MEMBER	2.00	x						0.	0.	0.
(12) PATRICIA COSGRAVE	2.00							0.		
VOTING MEMBER	2100	x						0.	0.	0.
(13) CATHERINE GECZIK	2.00									
VOTING MEMBER		х						0.	0.	0.
(14) CAROL HAAS, MD	2.00									
VOTING MEMBER		х						0.	0.	0.
(15) MICHAEL J. LEWIS, MD	2.00									
VOTING MEMBER		Х						0.	0.	0.
(16) GRAHAM MACKENZIE	2.00									
VOTING MEMBER		Х						0.	0.	0.
(17) MICHAEL MARKMAN, ESQ.	2.00									_
VOTING MEMBER		Х						0.	0.	0.

Form 990 (2017) URSINUS C									23-11	779	930	Pa	age <b>8</b>
Part VII Section A. Officers, Directors, Trust	ees, Key Em	oloye	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)			(0	C)			(D)	(E)			(F)	
Name and title	Average	(do		Pos		<b>l</b> than o	ne	Reportable	Reportable		Est	imate	ed
	hours per	box,	, unles	ss per	rson is	s both	an	compensation	compensatior	ו ו	am	ount	of
	week	_	cer an	ia a di	Irecto	r/trust	ee)	from	from related			other	
	(list any	recto						the	organizations			bensa	
	hours for related	or di	ee			ated		organization	(W-2/1099-MIS	C)		om the	
	organizations	ustee	trust		e	npens		(W-2/1099-MISC)			•	anizati I relato	
	below	ual tr	tional		ploye	st con yee	_					nizatio	
	line)	Individual trustee or director	nstitutional trustee	Officer	ƙey employee	Highest compensated employee	Former				orga	mzativ	0113
(18) DONALD E. PARLEE, MD	2.00	_			×	1 0				-+			
, VOTING MEMBER		x						0.		0.			Ο.
(19) MICHAEL PIOTROWICZ	2.00									_			
VOTING MEMBER		x						0.		0.			0.
(20) DAVID ROSVOLD, MD	2.00												
VOTING MEMBER		x						0.		0.			Ο.
(21) AAKASH SHAH, MD	2.00												
VOTING MEMBER		x						0.		0.			0.
(22) ELLEN J. STAUROWSKY	2.00									<u>.</u>			<u> </u>
VOTING MEMBER		x						0.		0.			0.
(23) NINA B. STRYKER, ESQ	2.00												
VICE CHAIR	2.00	x		x				0.		0.			0.
(24) DR. MARGARET WILLIAMS	2.00			- 23						<u>.</u>			<u> </u>
VOTING MEMBER	2.00	x						0.		0.			0.
(25) ROBERT WONDERLING	2.00												
BOARD CHAIR		x		x				0.		0.			0.
(26) DR. S. BROCK BLOMBERG	50.00												
PRESIDENT				x				465,711.		0.	27	7 31	61.
1b Sub-total						<u> </u>		465,711.		0.			61.
c Total from continuation sheets to Part VII								1,898,632.		0.			46.
d Total (add lines 1b and 1c)								2,364,343.		0.			07.
2 Total number of individuals (including but no							) re					- / 0 .	<u></u>
compensation from the organization		000	1000	u un	.010	, , , , , , , , , , , , , , , , , , , ,							42
												Yes	No
3 Did the organization list any <b>former</b> officer,	director, or tru	ustee	e, ke	y en	nplo	vee,	or	highest compensated en	nployee on	ſ			
line 1a? If "Yes," complete Schedule J for su										Ē	3		Х
4 For any individual listed on line 1a, is the su											-		
and related organizations greater than \$150										Ē	4	X	
5 Did any person listed on line 1a receive or a	,		•										
rendered to the organization? If "Yes." com	-									Ē	5		Х
Section B. Independent Contractors		<u>. u n</u>	<i>n</i> oc		707.0	011 .							
1 Complete this table for your five highest cor	npensated ind	lepei	nder	nt co	ontra	actor	s tł	nat received more than \$	100,000 of compe	ensat	ion fro	m	
the organization. Report compensation for t	-												
(A)				U				(B)			(C	)	
Name and business	address							Description of s	ervices	C	omper		n
KINSLEY CONSTRUCTION, INC	•												
P.O. BOX 2886, YORK, PA 1	7405							CONSTRUCTION		7	, 287	7,44	40.
SODEXO INC.													
P.O. BOX 360170, PITTSBUR	GH, PA	15	25	1				FOOD SERVICE		5	,039	),2	99.
ROAD-CON, INC., 902 CAMA	RO RUN	DR	IV	Е,									
WEST CHESTER, PA 19380								CONSTRUCTION			561	.,08	83.
ROYALL & COMPANY													
P.O. BOX 603519, CHARLOTT	E, <u>N</u> C 2	82	60					CONSULTANT			426	5 <u>,</u> 80	09.
ELLENZWEIG ASSOCIATES													

ARCHITECTS

2 Total number of independent contractors (including but not limited to those listed above) who received more than

230 CONGRESS ST., BOSTON, MA 02110

416,841.

Form 990 URSINUS	COLLEGE								23-117	7930
Part VII Section A. Officers, Directors, Tru	ustees, Key En	nplo	yee	s, ai	nd H	ligh	est (	Compensated Employe	es (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(cl	heck	all	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week (list any	ъ				loyee		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	direct				d emp		(W-2/1099-MISC)	(1099-10130)	organization
	related	se or	stee			nsate		(** 2/1000 10100)		and related
	organizations	trust	ial tru		oyee	admo				organizations
	below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	ler			0
	line)	Indi	Insti	Officer	Key	High	Former			
(27) LUCIEN T. WINEGAR III	50.00									
INTERIM PRES/VP ACADEMIC AFFAIRS/FAC	<b>F</b> 0.00			X				397,085.	0.	21,206.
(28) ANNETTE S. PARKER	50.00								0	
VP FOR FINANCE & ADMIN				X				262,451.	0.	25,960.
(29) JILL A. MARSTELLER	50.00				77				0	
SVP FOR ADVANCEMENT (30) EUGENE SPENCER	50.00				Х			268,592.	0.	69,648.
CHIEF INFORMATION OFFICER	50.00				x			100 225	0	21 522
(31) ROBERT CLOTHIER	50.00				^			188,225.	0.	21,532.
VP & GENERAL COUNSEL	50.00					x		198,286.	0.	15,381.
(32) LAURA MOLIKEN	50.00					122		150,200.	0.	15,501.
ATHLETIC DIRECTOR						x		142,297.	0.	36,455.
(33) CHARLES STAINBACK	50.00									,
BERMAN MUSEUM DIRECTOR						x		140,055.	0.	18,041.
(34) DAVID TOBIAS	50.00									
VP AND DEAN OF ENROLLMENT						x		157,099.	0.	30,892.
(35) ANDREA BOHN	50.00									
ASSOCIATE VP FOR FINANCE & ADMIN						Х		144,542.	0.	18,331.
	I	I	1	I		I	I			
Total to Part VII, Section A, line 1c								1,898,632.		257,446.

			Check if Schedule O cont		501100		(A)	(B)	(C)	(D)
							Total revenue	Related or exempt function revenue	Unrelated business revenue	(D) Revenue exclude from tax under sections 512 - 514
s	1	а	Federated campaigns		1a					312 314
nut	•		Membership dues		1b					
0 E			Fundraising events		1c	21,309.				
LA			Related organizations		1d					
nila			Government grants (contributi		1e	1,310,494.				
Sin			All other contributions, gifts, gran							
er		'	similar amounts not included abov		1f	7,043,676.				
ð						1,794,482.				
and Other Similar Amounts		•	Noncash contributions included in lines	1a-1f: \$		1,751,102.	8,375,479.			
a		n	Total. Add lines 1a-1f				0,373,473.			
	-		MITHTON			Business Code 611600	74 049 905	74 049 905		
	2		TUITION			H	74,048,895.	74,048,895.		
qe			ROOM AND BOARD			611600	17,390,113.	17,390,113.		
eni			ATHLETICS			611600	541,353.	541,353.		
e S			STUDENT SERVICES			611600	129,780.	129,780.		
Revenue		•	AUXILIARY ENTERPRISES			611600	18,424.	18,424.		
			All other program service reve							
		g	Total. Add lines 2a-2f				92,128,565.			
	3		Investment income (including							
			other similar amounts)				4,328,539.			4,328,53
	4		Income from investment of tax	k-exempt	bond p	roceeds 🕨 🕨				
	5		Royalties		<u></u>	🕨	11,034.			11,03
				<u> </u>	Real	(ii) Personal				
	6	а	Gross rents		4,787.					
		b	Less: rental expenses		7,104.					
		С	Rental income or (loss)	36	7,683.					
		d	Net rental income or (loss)			►	367,683.		-19,425.	387,10
	7	а	Gross amount from sales of	(i) Sec	urities	(ii) Other				
			assets other than inventory	72,70	0,482.					
		b	Less: cost or other basis							
			and sales expenses		7,614.					
		с	Gain or (loss)	4,46	2,868.					
			Net gain or (loss)				4,462,868.			4,462,86
	8		Gross income from fundraising							
			including \$ 21							
			contributions reported on line	1c). See						
			Part IV, line 18	,	а	21,310.				
		b	Less: direct expenses			40.440				
5			Net income or (loss) from fund				3,167.			3,16
	9		Gross income from gaming ac	•						
	-	-	Part IV, line 19							
		b	Less: direct expenses							
			Net income or (loss) from gam							
	10		Gross sales of inventory, less							
			and allowances		2					
		h	Less: cost of goods sold							
			Net income or (loss) from sale							
┢		0				Business Code				
	44	~	Miscellaneous Revenue CONFERENCES & SUMMER CA			611600	348,575.		83,000.	265,57
ŀ	11	a		111 D		900099			03,000.	81,20
ŀ		b	BOOKSTORE COMMISSIONS OTHER INCOME			H	81,201. 40,760.			40,76
							40 760			40 76
		С				900099	,			· · · ·
			All other revenue			900099	70,104.			70,10

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Part VIII	Statement of Revenue	

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	Check if Schedule O contains a respor	ise or note to any line in (A)	(B)	(C)	(D)
	ot include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		·		·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	46,102,523.	46,102,523.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	634,250.	634,250.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	1,788,330.	202,225.	1,246,468.	339,637
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	26,124,954.	21,322,456.	3,535,834.	1,266,664
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	1,607,656.	1,290,723.	237,238.	79,695
9	Other employee benefits	3,577,739.	2,823,954.	614,376.	139,409
10	Payroll taxes	2,018,683.	1,544,511.	358,082.	116,090
11	Fees for services (non-employees):				
а	Management				
b	Legal	134,121.		134,121.	
С	Accounting	107,972.	12,100.	95,872.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	755,419.			755,419
f	Investment management fees	471,575.		471,575.	
g	Other. (If line 11g amount exceeds 10% of line 25,	0 004 005	0 010 070		01 000
	column (A) amount, list line 11g expenses on Sch 0.)	2,904,905.	2,319,078.	504,451.	81,376
12	Advertising and promotion	76,513.	12,375.	64,138.	200 200
13	Office expenses	3,114,888.	2,064,040.	662,519.	388,329
14	Information technology	1,657,502.	1,412,885.	244,617.	
15	Royalties			04 467	
16	Occupancy	2,735,355.	2,650,888.	84,467.	01 011
17	Travel	1,315,073.	886,580.	347,282.	81,211
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	107 050	118,413.	65 770	12 674
19	Conferences, conventions, and meetings	<u>197,859.</u> 1,441,146.		65,772.	13,674
20	Interest	1,441,140.	1,437,208.	3,938.	
21	Payments to affiliates	4,567,693.	4,101,797.	165 006	
22	Depreciation, depletion, and amortization	4,567,693.	<u>4,101,797</u> . 509,221.	<u>465,896.</u> 385,000.	76,036
23	Insurance	910,431.	JUJ, 441.	565,000.	10,030
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount list line 24e expenses on Schedule (A)				
2	amount, list line 24e expenses on Schedule 0.) FOOD SERVICE	5,341,933.	5,030,472.	162,757.	148,704
a b	LEGAL SETTLEMENT	1,538,226.	7,630.	1,530,596.	
с С	INSTRUCTION	943,209.	894,959.	24,022.	24,228
d	LIBRARY MATERIALS	447,882.	447,882.		
	All other expenses	592,126.	404,699.	168,653.	18,774
25		111,167,789.	96,230,869.	11,407,674.	3,529,246
2 <u>5</u> 26	<b>Joint costs</b> . Complete this line only if the organization	,_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	20,200,000.	,_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5,525,210
-0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Form 990 (2017)

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). Check if Schedule O contains a response or note to any line in this Part IX

		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	218,225.	1	37,273.
	2	Savings and temporary cash investments	7,455,266.	2	2,597,389.
	3	Pledges and grants receivable, net	4,661,625.	3	4,135,397.
		Accounts receivable, net	412,705.	4	652,603.
	5	Loans and other receivables from current and former officers, directors,	1		
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disgualified persons (as defined under			
	-	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use	52,722.	8	66,797.
	9	Prepaid expenses and deferred charges	1,120,357.	9	66,797. 1,237,223.
		Land, buildings, and equipment: cost or other	/ -/		
		basis. Complete Part VI of Schedule D 10a 216, 491, 152.			
	b	Less: accumulated depreciation 10b 80,981,405.	118,061,267.	10c	135,509,747.
	11	Investments - publicly traded securities	143,529,632.	11	145,962,446.
	12	Investments - other securities. See Part IV, line 11	25,035,288.	12	23,964,782.
	13	Investments - program-related. See Part IV, line 11	1,674,151.	13	1,625,339.
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	28,387,077.	15	16,932,430.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	330,608,315.	16	332,721,426.
	17	Accounts payable and accrued expenses	5,989,732.	17	9,606,513.
	18	Grants payable		18	
	19	Deferred revenue	492,217.	19	408,072.
	20	Tax-exempt bond liabilities	62,840,459.	20	61,266,667.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Se	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons.			
iab		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of	10 404 042		10 211 016
	~~	Schedule D	<u>10,404,942</u> . 79,727,350.	25	10,241,846. 81,523,098.
	26	Total liabilities. Add lines 17 through 25         Organizations that follow SFAS 117 (ASC 958), check here ▶ X and	19,121,330.	26	01, 525, 090.
Sec	07	complete lines 27 through 29, and lines 33 and 34.	111,586,440.	27	108,572,737.
lan	27 28	Unrestricted net assets	48,649,321.	28	49,934,858.
Ba	20 29	Permanently restricted net assets	90,645,204.	20	92,690,733.
pur	23	Organizations that do not follow SFAS 117 (ASC 958), check here	50701071011	2.5	52705077000
ц Г		and complete lines 30 through 34.			
ts o	30	Capital stock or trust principal, or current funds		30	
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds		32	
S S	33	Total net assets or fund balances	250,880,965.	33	251,198,328.
	34	Total liabilities and net assets/fund balances	330,608,315.	34	332,721,426.
	_				

Form 990 (2017)

Part X | Balance Sheet Chaoli if Cohodula O line a line the line Doubly ......

Form	1990 (2017) URSINUS COLLEGE	23-	1177930	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	110,21		
2	Total expenses (must equal Part IX, column (A), line 25)	2	111,16	7,7	89.
3	Revenue less expenses. Subtract line 2 from line 1	3	-94	9,8	14.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	250,88	0,9	65.
5	Net unrealized gains (losses) on investments	5	1,34	5,7	02.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-7	8,5	25.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	1			
	column (B))	10	251,19	8,3	28.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<u>2a</u>		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		<u>2b</u>	Х	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			v	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	<u> </u>
•	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
за	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gie Aud		X	
	Act and OMB Circular A-133?		<u>3a</u>	_ A	├──
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ed audi		x	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>	3b	A 000	

Form **990** (2017)

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form	990	or	990-EZ	)
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## **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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2017
Open to Public Inspection

Name of the organiza	tion
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Name of the organization Employer identification							identification number		
			NUS COLLEG						3-1177930
Pa	rt I	Reason for Public C	Charity Status	All organizations must co	omplete th	is part.) Se	ee instructions	S.	
The	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of ch	urches, or associatio	on of churches described	l in <b>sectio</b>	n 170(b)(1	1)(A)(i).		
2	X	A school described in section	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).		
4		A medical research organization	ation operated in co	njunction with a hospital	described	in sectio	on 170(b)(1)(A	)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7		An organization that norma	-					ne general r	oublic described in
		section 170(b)(1)(A)(vi). (C	-		Ũ			0 1	
8		A community trust describe		(1)(A)(vi). (Complete Par	t II.)				
9	$\square$	An agricultural research org				ed in coniu	unction with a	land-grant	college
		or university or a non-land-g				-		-	-
		university:	, , ,	,		, <b>,</b>	,	5	
10		An organization that norma	Ilv receives: (1) more	than 33 1/3% of its sup	port from o	contributio	ns. members	nip fees, an	d aross receipts from
		activities related to its exem							
		income and unrelated busir							-
		See section 509(a)(2). (Cor							
11		An organization organized a		ivelv to test for public sa	fetv. See	section 50	09(a)(4).		
12	$\square$	An organization organized a	•		•			rrv out the	purposes of one or
		more publicly supported or	-	-	-			•	
		lines 12a through 12d that	-						
а		<b>Type I.</b> A supporting orga	• •			-		-	aivina
		the supported organization	-	-	• • • •	-			
		organization. You must c							
b		<b>Type II.</b> A supporting org	-		tion with its	s supporte	ed organizatio	n(s) by hay	ina
		control or management o	-				-		-
		organization(s). You mus			anne peree			90o oo.pr	
с		Type III functionally inte			in connect	tion with	and functional	lv integrate	d with
	L	its supported organization						iy intograte	
d		<b>Type III non-functionally</b>						ted organiz	ration(s)
	L	that is not functionally int						-	
		requirement (see instructi	<b>v</b>	0 1			-		
е		Check this box if the orga	-					II. Type III	
Ũ	L	functionally integrated, or					турс і, турс	n, rype n	
f	Ente	er the number of supported of		hany integrated support	0 0				
		vide the following information	•						
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed ing document?	(v) Amount o	fmonetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
Tota									
		Paperwork Reduction Act N	lotice, see the Instr	uctions for Form 990 o	990-EZ.	732021 10-	06-17 Sche	dule A (For	m 990 or 990-EZ) 2017

### Schedule A (Form 990 or 990-EZ) 2017 URSINUS COLLEGE

23-1177930 <sub>P</sub>	ade	2
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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")								
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3								
	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)								
6	Public support. Subtract line 5 from line 4.								
	tion B. Total Support				L	ł			
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total		
	Amounts from line 4								
	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources								
9	Net income from unrelated business								
-	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)								
11	<b>Total support.</b> Add lines 7 through 10								
12		etc. (see instruction	ons)	•	1	12			
	<b>First five years.</b> If the Form 990 is for		,						
	organization, check this box and <b>stop</b>				,				
Sec	tion C. Computation of Public								
14	Public support percentage for 2017 (li	ne 6, column (f) di	ivided by line 11, c	olumn (f))		14	%		
15	Public support percentage from 2016	Schedule A, Part	II, line 14			15	%		
	33 1/3% support test - 2017. If the c					ore, check this bo	x and		
	stop here. The organization qualifies a	as a publicly supp	orted organization	l					
b	33 1/3% support test - 2016. If the c	organization did no	ot check a box on						
	and stop here. The organization quali	fies as a publicly s	supported organiz	ation					
17a	10% -facts-and-circumstances test								
	and if the organization meets the "fact								
	meets the "facts-and-circumstances"								
b	10% -facts-and-circumstances test								
	more, and if the organization meets th	-							
	organization meets the "facts-and-circ	umstances" test.	The organization of	ualifies as a public	cly supported orgai	nization			
18	Private foundation. If the organizatio						s <b>&gt;</b>		

Schedule A (Form 990 or 990-EZ) 2017

### Schedule A (Form 990 or 990-EZ) 2017 URSINUS COLLEGE

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

23-1177930 Page 3

(Complete only if you checked the box on line 10 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.)

Se	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	<b>(f)</b> Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that							
J	are not an unrelated trade or bus- iness under section 513							
4	Tax revenues levied for the organ-							
-	ization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities							
Ū	furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							
	Amounts included on lines 1, 2, and							
	3 received from disqualified persons							
t	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							
	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)							
	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
	Amounts from line 6	(a) 2013	(b) 2014	(6) 2013	(u) 2010	(e) 2017		
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
k	Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)							
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) org	ganization,	
Se	ction C. Computation of Publi	c Support Per	rcentage					
15	Public support percentage for 2017 (l	ine 8, column (f) di	ivided by line 13, c	olumn (f))		15	%	
	Public support percentage from 2016					16	%	
Se	ction D. Computation of Inves	tment Income	e Percentage					
17	Investment income percentage for 20	<b>)17</b> (line 10c, colur	mn (f) divided by li	ne 13, column (f))		17	%	
18	Investment income percentage from 2	2016 Schedule A,	Part III, line 17			18	%	
19a	<b>33 1/3% support tests - 2017.</b> If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and I	ine 17 is not	
Ł	more than 33 1/3%, check this box ar 33 1/3% support tests - 2016. If the						►	
~	line 18 is not more than 33 1/3%, che							
20	Private foundation. If the organization							
_								

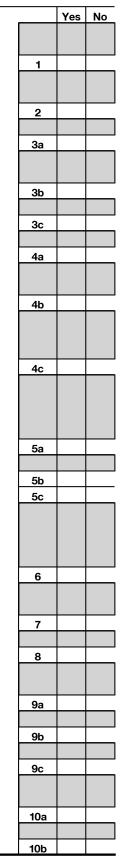
Schedule A (Form 990 or 990-EZ) 2017

### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)



	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insti	uctions)	·	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

	Schedule A (Form 990 or 990-E	Z) 2017	URSINUS	COLLEGE
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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations
 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See ins

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a nen functional	vintograt	ad Type III supporting arg	nization (and

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2017

Pa	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
C	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
<u>a</u>	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
e	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

### Schedule A (Form 990 or 990-EZ) 2017 URSINUS COLLEGE

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part W Castien A lines 1 0 0b 0a 4b 4a 50 0 0b 0a 14 14 14 14 Part W Castien D lines 1 and 0 Dat W Castien O
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,
	line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)
-	

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

# Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Employer identification number

23-1177930

URSINUS	COLLEGE
OVETHOR	CODDEGE

Organization type (check or	ne):
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

### Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

### **General Rule**

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under
sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from
any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h;
or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year exclusively religious is charitable, etc., be such as the total contributions totaling \$5,000 or more during the year exclusively religious, charitable, etc., be such as the total contributions totaling \$5,000 or more during the year exclusively religious, charitable, etc., be such as the total contributions totaling \$5,000 or more during the year exclusively religious, charitable, etc., be such as the total contributions totaling \$5,000 or more during the year exclusively religious, charitable, etc., be such as the total contributions totaling \$5,000 or more during the year exclusively religious, charitable, etc., be such as the total contributions total total

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of or	ganization
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URSINUS COLLEGE

Employer identification number

23-1177930

#### Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 1 X Person Payroll 100,501. Noncash X \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 2 X Person Payroll 88,836. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 X Person Payroll 175,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 41,731. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. X 6 Person Payroll 60,100. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Page 2

Name of or	ganization
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URSINUS COLLEGE

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$10,100.	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$40,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions           \$40,160.	Type of contribution         Person       X         Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>    11    </u>		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Turno of contribution
<u>No.</u>	Name, address, and ∠iP' + 4	\$8,072.	Type of contribution         Person       X         Payroll

### Name of organization

#### URSINUS COLLEGE \_

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ <u>25,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14_		\$ <u>275,000.</u>	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>   15</u>		\$10,525.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$ <u>5,570.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>153,596.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Page **2** 

organization

URSINUS COLLEGE

Employer identification number

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>   19</u>		\$ <u>5,009.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution         Person       X         Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>7,119.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

URSINUS COLLEGE

Page Employer identification number

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		- \$\$7,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		- _ \$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- _ \$5,000. -	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28_		- _ \$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		- _ \$18,500. -	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		- \$\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

### Name of organization

ray

Employer identification number

### URSINUS COLLEGE

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$16,666.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$5,087.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$7,600.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34_		\$ <u>87,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		\$49,745.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36		\$52,150.	Person Payroll Noncash X (Complete Part II for noncash contributions.)

### Name of organization

URSINUS COLLEGE

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37_		\$ <u>200,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>38</u>		\$ <u>123,701.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>39</u>		\$27,100.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>40</u>		\$ <u>5,050.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

### Name of organization

Page **2** 

### URSINUS COLLEGE

Employer identification number

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>43</u>		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44		\$5,000 <b>.</b>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>45</u>		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46	Name, address, and ZIP + 4	\$6,124.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47		\$ <u>690,000.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

### Name of organization

Employer identification number

### URSINUS COLLEGE

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>49</u>		\$16,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$5,200.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
51		\$20,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
52		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
53		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
54		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

### Name of organization

Page

Employer identification number

### URSINUS COLLEGE

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		\$ <u>11,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
56		\$10,000.	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
57_		\$30,150.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
58_		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>    59</u>		\$13,100.	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
60_		\$19,084.	Person Payroll Noncash X (Complete Part II for noncash contributions.)

Name of organization

URSINUS COLLEGE

Employer identification number

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
61_		\$17,400.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
62		\$25,275.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>63</u>		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
64		\$ <u>50,730.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>65</u>		\$70,073.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> </u>	Ναιπε, αυαιεςς, απα ΖΙΡ + 4	\$8,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Page **2** 

### URSINUS COLLEGE

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67_		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>68</u>		\$29,826.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>69</u>		\$74,772.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
70_		\$ <u>25,387.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
72		\$10,800.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Page **2** 

URSINUS COLLEGE

Employer identification number

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>73</u>		\$ <u>12,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
74		\$12,590 <b>.</b>	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
75		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4	\$5,942.	Type of contribution         Person       X         Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$9,833.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
78		\$5,000 <b>.</b>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

### Name of organization

Fay

Employer identification number

### URSINUS COLLEGE

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>79</u>		\$24,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
80		\$8,000.	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
81_		- \$ <u>24,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
82		- \$\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
83		- \$\$10,800.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
84_		- \$\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

URSINUS COLLEGE

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85		\$5,030.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
86		\$ <u>12,605.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
87		\$ <u>12,550.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
88		\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
89		\$ <u>15,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
90		\$11,869.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

URSINUS COLLEGE

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Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a)	(b)	(c) (d)	
<u>No.</u>	Name, address, and ZIP + 4	Total contributions     Type of contribution      \$    5,000.     Person X      \$    5,000.     Noncash      (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	
92		\$     37,897.     Person     X       Payroll     Noncash     Image: Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	
93		\$     25,000.       \$     25,000.       (Complete Part II for noncash contributions.)	
(a)	(b)	(c) (d)	
<u>94</u>	Name, address, and ZIP + 4	Total contributions     Type of contribution      \$     10,000.     Person X      \$     10,000.     Noncash        (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	
95		S     5,200.       (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	
96		_ \$\$ Person X Payroll \$\$ 10,600. (Complete Part II for noncash contributions.)	

Name of organization

URSINUS COLLEGE

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# Employer identification number

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97		\$ <u>5,100.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
98		\$ <u> </u>	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
99		\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
100		\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
101		\$ <u>17,873.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
102		\$5,566 <b>.</b>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization

URSINUS COLLEGE

Page **2** Employer identification number

23-1177930

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103		\$113,140.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
104		\$8,095.	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
105		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
106		\$6,226.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
107		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
108		\$20,500.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization

URSINUS COLLEGE

Employer identification number

23-1177930

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
109		\$10,032.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
110		\$201,314.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$16,817.	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
112		\$16,867.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>113</u>		\$10,503.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
114		\$43,902.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

### Employer ide

Name of organization

URSINUS COLLEGE

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#### Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 115 X Person Payroll 186,485. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 116 Χ Person Payroll 33,001. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 117 X Person Payroll 6,980. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 118 Person X Payroll 9,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 119 X Person Payroll X 6,212. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 120 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

# Name of organization

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URSINUS COLLEGE

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_121		\$ <u>15,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
122		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
123		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
124		\$ <u>11,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
125		\$5,025.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
126		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

URSINUS COLLEGE

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Employer identification number

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if addition	nal space is needed.
(a)	(b)	(c) (d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions     Type of contribution      \$
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
128		_ \$ <u>8,738.</u> Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
129		_ \$\$ Person X Payroll _ \$\$ 0,000. (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions     Type of contribution      \$12,000.     Person X Payroll D Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions     Type of contribution      \$     100,000.     Person X Payroll D Noncash D (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
132		\$10,000. Person X Payroll (Complete Part II for noncash contributions.)

# Name of organization

Employer identification number

URSINUS COLLEGE

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_133		\$ <u>350,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
134		\$5,188.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
135		\$7,750.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions         \$33,657.	Type of contribution         Person       X         Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>137</u>		\$719,914.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
138		\$ <u>100,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

# Name of organization

URSINUS COLLEGE

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>139</u>		\$ <u>158,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_140		\$ <u>7,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>141</u>		\$ <u>265,484.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
142		\$ <u>5,650.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
143		\$ <u>10,200.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_144		\$ <u>50,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

URSINUS COLLEGE

Page 2 Employer identification number

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
145		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
146		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>147</u>		\$6,500.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
148		\$ <u>105,071.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
149		\$6,000.	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
150		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

URSINUS COLLEGE

Employer identification number

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additionation	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
151		\$5,097.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
152		\$8,236.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
153		\$ <u>78,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>154</u>	Name, address, and ZIP + 4	\$6,391.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
155		\$105,380.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
156		\$100,226.	Person Payroll Noncash X (Complete Part II for noncash contributions.)

Name of organization

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Employer identification number

URSINUS COLLEGE

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional space is needed.		
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>157</u>		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
158		\$12,624.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
159		\$ <u>75,000.</u>	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
160		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions           \$5,000.	Type of contribution         Person       X         Payroll
(a) No	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions           \$         10,000.	Type of contribution         Person       X         Payroll

	B (Form 990, 990-EZ, or 990-PF) (2017)			Page <b>3</b>
Name of or	ganization		Employ	er identification number
URSIN	US COLLEGE		23	-1177930
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is need	led.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estima (See instructio	-	(d) Date received
1	FIVE WORKS OF ART	\$	1.	_05/14/18_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estima (See instructio		(d) Date received
<u>   10</u>	500 SHARES EXXON MOBIL (XOM)	\$40,	110.	_04/26/18_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estima (See instructio	-	(d) Date received
14_	HENRY MOORE LITHOGRAPH	\$25,	000.	_06/30/18_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estima (See instructio		(d) Date received
35	249 SHARES HOME DEPOT (HD)	\$49,	745.	06/21/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estima (See instructio		(d) Date received
36	1,250 SHARES MIDDLESEX WATER COMPANY	\$52,	<u>150.</u>	_12/18/17_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estima (See instructio		(d) Date received
38	853 SHS MNNAX,391 SHS SLMCX,328 SHS MSEGX,307 SHS WWWFX,1,232 SHS TGPIX,399 SHS TEQAX, 302 SHS EUBGX	\$123,	<u>701.</u>	_05/14/18_

	B (Form 990, 990-EZ, or 990-PF) (2017)				Page <b>3</b>
Name of or	ganization		E	mploye	r identification number
URSIN	US COLLEGE			23-	-1177930
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	addition	al space is needed.		
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)		(d) Date received
46	FOOD FOR EVENT		6.2	4	05/21/19
(a)		\$_	624	<u>4 •</u>	05/31/18
No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)		(d) Date received
47	DAVID LEVINTHAL ARTWORKS				
		\$_	690,000	0.	07/18/17
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)		(d) Date received
57	161 SHARES BERKSHIRE HATHAWAY (BRKB)				
_		\$_	29,720	0.	06/28/18
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)		(d) Date received
60	50 SHARES OF SHERWIN WILLIAMS (SHW)				
		\$_	19,084	<u>4 .</u>	10/11/17
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)		(d) Date received
64	603 SHARES EXXON MOBIL CORPORATION				
		\$_	50,730	0.	12/26/17
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)		(d) Date received
70	105 SHARES ABBVIE INC. (ABBV), 125 SHARES DEERE & CO. (DE)				
		\$_	25,387	7.	10/03/17

	B (Form 990, 990-EZ, or 990-PF) (2017)			Page 3
Name of or	ganization		Employ	er identification number
URSIN	US COLLEGE		23	-1177930
Part II	Noncash Property (see instructions). Use duplicate copies of Part II i	f additional space is need	ed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estima (See instruction		(d) Date received
	151 SHARES MICROSOFT (MSFT)	 \$12,!	540.	12/22/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estima (See instruction	ite)	(d) Date received
	50 SHARES OF BECTON DICKINSON & CO. (BDX)	\$9,8	833.	09/15/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estima (See instruction		(d) Date received
85	CRANE & MANPOWER TO ERECT STANDS AT BASEBALL FIELD	\$5,	030.	_12/13/17_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estima (See instruction		(d) Date received
103	1,000 SHARES OF MORGAN STANLEY (MSCI)	\$113,;	140.	09/07/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estima (See instruction		(d) Date received
108	WALTER EMERSON BAUM PAINTING	\$17,	500.	05/07/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estima (See instruction		(d) Date received
109	232 SHARES CISCO (CSCO)	\$10,	<u>032.</u>	_06/29/18_

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Name of organization

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URSINUS COLLEGE

Employer identification number

23-1177930

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if ac	ditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
110	941 SHS JKHY, 356 SHS MFST, 63 SHS MCD, 242 AAPL, 54 SHS		
		\$201,314.	05/30/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
.13	182 SHARES ALTRIA GROUP (MO)		
		\$10,203.	05/30/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
19	FOOD FOR EVENT		
<u> </u>		\$1,212.	06/11/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
L30	237 SHARES SEI TAX MANAGED (TMLCX)		
150		\$6,048.	06/25/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
L34	130 SHARES OF BP PLC ADS (BP)		
<u> </u>		\$5,188.	12/11/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
152	28 SHARES OF UPS		
		\$ 3,111.	06/20/18
			000 000-E7 or 000-DE) (2)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Schedule B	(Form 990, 990-EZ, or 990-PF) (2017)	

Name of organization

23-1177930

# URSINUS COLLEGE

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>155</u>	1000 SHARES HERSHEY COMPANY (HSY)	\$105,380.	08/01/17
		•	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
156	3,405 SHARES MID PENN BANKCORP,INC. (MPB)		
		\$100,226.	10/05/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
15 <u>9</u>	224 SHS CONSOLIDATED EDISON CO, 141 SHS JP MORGAN, 472 SHS AMERICAN ELECTRIC POWER CO.		
		\$66,719.	08/29/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
		. •	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No.	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
from Part I	Description of noncesh property given	(See instructions.)	
from			

Name of orga	nization		Employer identification number
JRSINU	S COLLEGE		23-1177930
Part III	Exclusively religious, charitable, etc., contributor. Complete completing Part III, enter the total of exclusively religious Use duplicate copies of Part III if additionations	columns <b>(a)</b> through <b>(e) and</b> the foll , charitable, etc., contributions of \$1,000 c	ed in section 501(c)(7), (8), or (10) that total more than \$1,000 fo
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of g	gift
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of g	gift Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of g	 gift
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
.		(e) Transfer of g	gift
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
.			

SCHEDULE I	D
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Department of the Treasury Internal Revenue Service

(Form	990)
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Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.



Nam	e of the organization URSINUS COLLEGE			Employer identification number 23-1177930
Pa		d Funds or Other Similar F	unds or Ac	
	organization answered "Yes" on Form 990, Part IV, line			
		(a) Donor advised funds	(	b) Funds and other accounts
1	Total number at end of year	(-,		
2	Aggregate value of contributions to (during year)			
2	Aggregate value of contributions to (during year)			
4	Aggregate value of grants non (during year)			
5	Did the organization inform all donors and donor advisors in w	writing that the assets held in dono	r advised fund	le
J	are the organization's property, subject to the organization's e	-		
6	Did the organization inform all grantees, donors, and donor ac			
Ŭ	for charitable purposes and not for the benefit of the donor or			
			•	·
Pa	rt II Conservation Easements. Complete if the org			
1	Purpose(s) of conservation easements held by the organization			
•	X Preservation of land for public use (e.g., recreation or ed		of a historically	important land area
	Protection of natural habitat		-	storic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the	e form of a cor	nservation easement on the last
	day of the tax year.			Held at the End of the Tax Ye
а				2a 1
b				2b 11.00
с	Number of conservation easements on a certified historic stru	icture included in (a)		2c
d	Number of conservation easements included in (c) acquired a			
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele			zation during the tax
	year 🕨			
4	Number of states where property subject to conservation eas	ement is located 🕨	1	
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handl	ing of	
	violations, and enforcement of the conservation easements it	holds?		Yes 🛛 🗶 N
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcir	ng conservation	n easements during the year
	▶			
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing co	nservation eas	sements during the year
	►\$			
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section	on 170(h)(4)(B)(	i)
	and section 170(h)(4)(B)(ii)?			Yes
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and ex	pense stateme	ent, and balance sheet, and
	include, if applicable, the text of the footnote to the organizati	ion's financial statements that des	cribes the orga	anization's accounting for
De	conservation easements.			
Pa	rt III Organizations Maintaining Collections of		or Other Si	imilar Assets.
	Complete if the organization answered "Yes" on Form			
<b>1</b> a	If the organization elected, as permitted under SFAS 116 (AS			
	historical treasures, or other similar assets held for public exh		urtherance of p	public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ			
b	If the organization elected, as permitted under SFAS 116 (AS			
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance	e of public serv	vice, provide the following amount
	relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			▶ \$ 732,503 \$ 8,818,901
~				
2	If the organization received or held works of art, historical treated and a second sec			provide
_	the following amounts required to be reported under SFAS 11	6 (ASC 958) relating to these item	IS:	
а	Revenue included on Form 990, Part VIII, line 1			▶ \$

Assets included in Form 990, Part X b

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

Schedule D (Form 990) 2017

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Sche		COLLEGE					23-1	<u>.17793</u>	30 <sub>г</sub>	' <sub>age</sub> 2
Pa	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, o	r Othe	r Simila	ar Asse	ets <sub>(con</sub>	tinued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that	t are a sig	gnificant	use of its	s collectio	n item	5
	(check all that apply):									
а	a X Public exhibition d X Loan or exchange programs									
b	b X Scholarly research e Other									
с	77									
4	Provide a description of the organization's co	llections and explain	how they further th	ne organizatio	on's exer	npt purpo	ose in Pa	art XIII.		
5	During the year, did the organization solicit or									
	to be sold to raise funds rather than to be ma		•					Yes	X	No
Pa	t IV Escrow and Custodial Arrang						0, Part I	V, line 9, d		
	reported an amount on Form 990, Par		0					, ,		
1a	Is the organization an agent, trustee, custodia	an or other intermedia	arv for contribution	s or other as	sets not i	included				
	on Form 990, Part X?						]	Yes		No
b	If "Yes," explain the arrangement in Part XIII a									
-			g					Amou	nt	
c	Beginning balance					1c		,		
	Additions during the year									
	Distributions during the year									
f	Ending balance									
	Did the organization include an amount on Fo						· [	Yes		No
	If "Yes," explain the arrangement in Part XIII.									٦
	t V Endowment Funds. Complete it					10.				
		(a) Current year	(b) Prior year	(c) Two yea		(d) Three	vears ba	ck <b>(e)</b> Fo	ur years	back
1a	Beginning of year balance	136,771,157.	126,640,135.				317,11 <sup>,</sup>		2,472	
b	Contributions	1,874,069.	985,740.		4,761.		237,52		2,060	
	Net investment earnings, gains, and losses	8,708,865.	15,449,623.		4,014.		605,23		0,726	
	Grants or scholarships	3,084,734.	2,194,892.		3,548.		2,134,001.		2,120	
	Other expenditures for facilities			,	,	,	,			
-	and programs	5,016,652.	3,622,210.	4,17	3,910.	2.	883,06	2.	3,409	,290.
f	Administrative expenses	471,575.	487,239.	-	, 3,807.		, 461,46			, 420.
g	End of year balance	138,781,130.	136,771,157.				, 681,34		9,317	
2	Provide the estimated percentage of the curr				,	,	,	-	,	
	Board designated or quasi-endowment	11.68	%							
	Permanent endowment  64.95	%	_/0							
		3.37 %								
U	The percentages on lines 2a, 2b, and 2c should be the percentages on lines $2a$ , $2b$ , and $2c$ should be the percentages on lines $2a$ , $2b$ , and $2c$ should be the percentages on lines $2a$ , $2b$ , and $2c$ should be the percentages on lines $2a$ , $2b$ , and $2c$ should be the percentages on lines $2a$ , $2b$ , and $2c$ should be the percentages on lines $2a$ , $2b$ , and $2c$ should be the percentages on lines $2a$ , $2b$ , and $2c$ should be the percentages on lines $2a$ , $2b$ , and $2c$ should be the percentage of the percentages on lines $2a$ , $2b$ , and $2c$ should be the percentage of the percentage									
30	Are there endowment funds not in the posses		ion that are held ar	nd administer	red for th	e organi <del>.</del>	ration			
0u	by:	ssion of the organizat				ic organiz	ation		Yes	No
	-							3a(i		
	<ul><li>(i) unrelated organizations</li><li>(ii) related organizations</li></ul>									x
h	If "Yes" on line 3a(ii), are the related organizations	tions listed as require	d on Schedule R2					<u>3b</u>		<u> </u>
4	Describe in Part XIII the intended uses of the									L
Pa	t VI Land, Buildings, and Equipm		ment lunus.							
	Complete if the organization answered		Part IV, line 11a, S	ee Form 990	Part X.	line 10.				
	Description of property	(a) Cost or ot		or other		ccumulat	ted	(d) Bo	ok valu	Ie.
		basis (investm	• • •	(other)	• • •	preciation		(4) 20	on vare	
1a	Land		79	2,618.		•		79	92,6	18.
	Buildings			4,129.	59,0	625,9	63.	93,14		
	Leasehold improvements			3,232.		908,7		10,53		
	Equipment			8,625.		446,6		2,76	51.9	79.
	Other			2,548.	,	- , •		28,27		
	. Add lines 1a through 1e. (Column (d) must ea						▶ 1	35,50		
								ule D (For		

Schedule D (Form 990) 2017 URSINUS COLLEGE

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

Complete in the organization answered Tes	on 1 on 1 330, 1 art 1v, in e	TD. See Form 550, Fart A, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) ALTERNATIVE INVESTMENTS	11,242,934.	END-OF-YEAR MARKET VALUE
(B) HELD BY OTHERS - CLAMER	9,928,910.	END-OF-YEAR MARKET VALUE
(C) GOLDMAN SACH DIST FUND LP	454,047.	END-OF-YEAR MARKET VALUE
(D) KOCH TRUST - HARVARD MGMT	1,015,426.	END-OF-YEAR MARKET VALUE
(E) OAKTREE CAPITAL MGT DISTR		
(F) FUND	149,350.	END-OF-YEAR MARKET VALUE
(G) HELD BY OTHERS -		
(H) PATTERSON	545,152.	END-OF-YEAR MARKET VALUE
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	23,964,782.	
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Col (b) must equal Form 990 Part X col (B) line 13 )		

### Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) CASH SURRENDER VALUE OF LIFE INSURANCE	891,171.
(2) DEPOSITS HELD BY TRUSTEE	7,222,358.
(3) COLLECTIONS	8,818,901.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)	16,932,430.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ANNUITY REQUIREMENTS	5,485,632.
(3) ASSET RETIREMENT OBLIGATION	1,903,066.
(4) U.S. GOVERNMENT GRANTS REFUNDABLE	1,522,886.
(5) RETIREMENT OBLIGATIONS	573,330.
(6) REFUNDABLE DEPOSITS	756,932.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.)	▶ 10,241,846.

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the
organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2017

Sche	dule D (Form 990) 2017 URSINUS COLLEGE			23-	1177930 P	age <b>4</b>
Pa	rt XI Reconciliation of Revenue per Audited Financial Statemen	ts Wit	th Revenue per Re	eturn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	65,934,8	52.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	1,345,702.			
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d	-46,128,593.			
е	Add lines 2a through 2d			2e	-44,782,8	<u>91.</u>
3	Subtract line 2e from line 1			3	110,717,7	<u>43.</u>
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				
b	Other (Describe in Part XIII.)	4b	-499,768.			
С	Add lines 4a and 4b			4c	-499,7	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)			5	110,217,9	75.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	nts W	ith Expenses per	Retur	'n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	65,617,4	89.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		1			
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
С	Other losses	2c				
d			100 760			
	Other (Describe in Part XIII.)	2d	499,768.			
е				2e	499,7	
е 3					499,7 65,117,7	
-	Add lines 2a through 2d			2e		
3	Add lines 2a through 2d Subtract line 2e from line 1	4a		2e 3		
3 4	Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:	4a		2e 3	65,117,7	21.
3 4	Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines <b>4a</b> and <b>4b</b>	4a 4b	46,050,068.	2e 3	65,117,7 46,050,0	<u>21.</u> 68.
3 4 a b c 5	Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4a 4b	46,050,068.	2e 3	65,117,7	<u>21.</u> 68.

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

# PART II, LINE 9:

THE	COLLEGE	DOES	NOT	REPORT	THE	CONSERVATION	EASEMENT	ON	ITS	REVENUE	AND
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EXPENSE STATEMENT OR BALANCE SHEET.

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.

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.

NOTE: AS OF JULY 1, 2016, THE COLLEGE ADJUSTED ITS NET ASSETS TO CORRECT THE RECORDING OF THE ACCUMULATED RESTRICTED ENDOWMENT INVESTMENT GAINS AND LOSSES EARNED DURING PRIOR YEARS. THOSE ACCUMULATED RESTRICTED ENDOWMENT INVESTMENT GAINS OF \$13,039,828 WERE INCORRECTLY RECORDED TO UNRESTRICTED NET ASSETS AND IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES SHOULD BE RECORDED TO TEMPORARILY RESTRICTED NET ASSETS AND THEN RELEASED TO UNRESTRICTED IN ACCORDANCE WITH THE COLLEGE'S SPENDING POLICY. IN ADDITION, A GIFT OF \$8,096 WAS INCORRECTLY RECORDED AS AN ENDOWMENT GIFT AND WAS ADJUSTED TO TEMPORARILY RESTRICTED. THE EFFECT OF THIS CHANGE HAS BEEN REFLECTED IN THE BEGINNING OF YEAR BALANCE FOR THE CURRENT YEAR.

PART X, LINE 2:

THE COLLEGE RECOGNIZES OR DERECOGNIZES A TAX POSITION BASED ON A "MORE LIKELY THAN NOT" THRESHOLD. THIS APPLIES TO POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE COLLEGE DOES NOT BELIEVE ITS FINANCIAL STATEMENTS INCLUDE ANY MATERIAL UNCERTAIN TAX POSITIONS.

PART XI, LINE 2D - OTHER ADJUSTMENTS: ACTUARIAL LOSS ON ANNUITY LIABILITY -126,372. SCHOLARSHIPS -45,578,493. INVESTMENT FEES -471,575. CHANGE IN VALUE OF LIFE INSURANCE ANNUITIES 10,717. CHANGE IN CASH SURRENDER VALUE 37,130. Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 URSINUS COLLEGE	23-1177930 Page 5
Part XIII Supplemental Information (continued)	
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-46,128,593.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
FUNDRAISING EXPENSES	-171,909.
RENTAL EXPENSES	-327,859.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-499,768.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EXPENSES	171,909.
RENTAL EXPENSES	327,859.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	499,768.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
SCHOLARSHIPS	45,578,493.
INVESTMENT FEES	471,575.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	46,050,068.

URSINUS COLLEGE Part XIII | Supplemental Information (continued)

Part VII Investments - Other Securities. See Form 990, Part X, Ii (a) Description of security or category		(c) Method of valuation:
(including name of security)	(b) Book value	Cost or end-of-year market value
INCOLN ANNUITY - DAVIS #2	628,963.	FMV
	020,9031	1110

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

# Schools

OMB No. 1545-0047

**Open to Public** 

Department of the Treasury
Internal Revenue Service

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

Go to www.irs.gov/Form990 for the latest information.

Inspection Employer identification number

20

Name of the organization

URSINUS COLLEGE

23-1177930

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Part I

			VEC	NO
_			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		77	
~	other governing instrument, or in a resolution of its governing body?	1	Х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,		Х	
~	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	~	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the			
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes			
	the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.		v	
	If you need more space, use Part II THE COLLEGE'S NON-DISCRIMINATORY POLICY IS INCLUDED IN ALL	3	Х	
	PRINTED AND BROADCAST ADVERTISING, AS WELL AS IN THE COLLEGE			
	CATALOG. IT IS ALSO POSTED IN VARIOUS LOCATIONS ON CAMPUS.			
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Х	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Х	
с	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	4c	Х	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Х	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
5	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	5a		X
	Admissions policies?	5b		X
с	Employment of faculty or administrative staff?	5c		X
	Scholarships or other financial assistance?	5d		X
	Educational policies?	5e		X
	Use of facilities?	5f		X
g	Athletic programs?	5g		X
	Other extracurricular activities?	5h		X
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
	Does the organization receive any financial aid or assistance from a governmental agency?	6a	X	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		X
	If you answered "Yes" on 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	7	Х	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ.

Schedule E (Form 990 or 990-EZ) 2017

**Part II** Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information.

# LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:

URSINUS COLLEGE RECEIVES FINANCIAL AID/ASSISTANCE FROM VARIOUS FEDERAL

(U.S. DEPARTMENT OF EDUCATION) AND STATE (COMMONWEALTH OF PENNSYLVANIA)

GOVERNMENTAL AGENCIES INCLUDING: PERKINS STUDENT LOAN PROGRAM; COLLEGE

WORK STUDY PROGRAMS; AND THE PELL GRANT PROGRAM.

BANGLADESH, BHUTAN,				
INDIA, MALDIVES,	0	0	PROGRAM SERVICES	STUDY AB
SUB-SAHARAN AFRICA -				
ANGOLA, BENIN,				
BOTSWANA, BURKINA				
FASO,	0	0	PROGRAM SERVICES	STUDY AB
3 a Sub-total	0	0		
<b>b</b> Total from continuation				
sheets to Part I	0	0		
c Totals (add lines 3a and 3b)	0	0		

Statement of Activities Outside the United States

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

URSINUS COLLEGE 23-1177930 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, XNo the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. (a) Region (b) Number of (c) Number of (d) Activities conducted in the region (e) If activity listed in (d) (f) Total employees, agents, and independent expenditures offices (by type) (such as, fundraising, prois a program service, for and gram services, investments, grants to describe specific type in the region investments contractors recipients located in the region) of service(s) in the region in the region in the region CENTRAL AMERICA AND THE CARIBBEAN -ANTIGUA & BARBUDA, ARUBA, BAHAMAS 0 0 PROGRAM SERVICES INVESTMENTS 11,242,934. EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM 0 0 PROGRAM SERVICES STUDY ABROAD 541,279. CENTRAL AMERICA AND THE CARIBBEAN -ANTIGUA & BARBUDA

2

3	Activities per Region.	(The following Part I, line 3 table can be duplicated if additional space is needed.)	

ANTIGUA & BARBUDA,					
ARUBA, BAHAMAS,	0	0	PROGRAM SERVICES	STUDY ABROAD	45,805.
EAST ASIA AND THE					
PACIFIC - AUSTRALIA,					
BRUNEI, BURMA,					
CAMBODIA,	0	0	PROGRAM SERVICES	STUDY ABROAD	53,023.
SOUTH AMERICA -					
ARGENTINA, BOLIVIA,					
BRAZIL, CHILE,					
COLUMBIA, ECUADOR,	0	0	PROGRAM SERVICES	STUDY ABROAD	44,725.
SOUTH ASIA -					
AFGHANISTAN,					
BANGLADESH, BHUTAN,					
INDIA, MALDIVES,	0	0	PROGRAM SERVICES	STUDY ABROAD	24,762.
SUB-SAHARAN AFRICA -					
ANGOLA, BENIN,					
BOTSWANA, BURKINA					
FASO,	0	0	PROGRAM SERVICES	STUDY ABROAD	14,550.
<b>3 a</b> Sub-total	0	0			11,967,078.
<b>b</b> Total from continuation					
sheets to Part I	0	0			0.
c Totals (add lines 3a					
and 3b)	0	0			11,967,078.
LHA For Paperwork Reduct	on Act Notice,	see the Instruc	tions for Form 990.	Sche	dule F (Form 990) 2017

Department of the Treasury Internal Revenue Service

Name of the organization

# SCHEDULE F (Form 990)

732071 10-06-17

Employer identification number



Page 2		T) NV,					017
Ра		(i) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2017
	Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any seded.	(h) Description of noncash assistance					Sched
77930	l "Yes" on Form 9	<b>(g)</b> Amount of noncash assistance					
23-1177930	janization answered	<b>(f)</b> Manner of cash disbursement					scognized as tax-exe
	omplete if the org ded.	(e) Amount of cash grant					oreign country, re
	<b>the United States.</b> additional space is ne	<b>(d)</b> Purpose of grant					Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities
S COLLEGE	Grants and Other Assistance to Organizations or Entities Outside recipient who received more than \$5,000. Part II can be duplicated if	(c) Region					Enter total number of recipient organizations listed above that are recognized by the IRS, or for which the grantee or counsel has provided a section 501 Enter total number of other organizations or entities
URSINUS	<b>r Assistance to Orga</b> eived more than \$5,00	(b) IRS code section and EIN (if applicable)					ecipient organizations h the grantee or couns other organizations or
Schedule F (Form 990) 2017	Part II Grants and Othe recipient who rec	1 (a) Name of organization					<ul> <li>2 Enter total number of recipient organizations listed a by the IRS, or for which the grantee or counsel has</li> <li>3 Enter total number of other organizations or entities</li> </ul>

732072 10-06-17

Schedule F (Form 990) 2017	URSINUS COLLEGE	田口		23	23-1177930		Page 3
Part III         Grants and Other Assistance to Individuals Outside the United States.           Part III         can be duplicated if additional space is needed.	ce to Individuals Outside additional space is needed	the United Stat		Complete if the organization answered "Yes" on Form 990, Part IV, line 16.	n Form 990, Part	IV, line 16.	
(a) Type of grant or assistance	(b) Region	<b>(c)</b> Number of recipients	<b>(d)</b> Amount of cash grant	<b>(e)</b> Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
	CENTRAL AMERICA AND THE CARIBBEAN						
				REDUCTION TO TUITION			
FINANCIAL AID	BARBUDA, ARUBA,	v	48,950.	ACCOUNT	• 0	FINANCIAL AID	COST
	EAST ASIA AND THE PACIFIC -						
	AUSTRALIA,			REDUCTION TO TUITION			
FINANCIAL AID	BRUNEI, BURMA,	£	43,600.	ACCOUNT	0.	FINANCIAL AID	COST
	EUROPE (INCLUDING						
	ICELAND &						
	GREENLAND) –			REDUCTION TO TUITION			
FINANCIAL AID	ALBANIA, ANDORRA,	32	469,522.	ACCOUNT	.0	FINANCIAL AID	COST
	SOUTH AMERICA -						
	ARGENTINA,						
	BOLIVIA, BRAZIL,			REDUCTION TO TUITION			
FINANCIAL AID	CHILE, COLUMBIA,	3	46,800.	ACCOUNT	0.	FINANCIAL AID	COST
	SOUTH ASIA -						
	AFGHANISTAN,						
	BANGLADESH ,			REDUCTION TO TUITION			
FINANCIAL AID	BHUTAN, INDIA,	Ч	25,378.	ACCOUNT	0.	FINANCIAL AID	COST
						Sched	Schedule F (Form 990) 2017

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, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)</i>	X Yes	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	X Yes	No
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)	X Yes	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2017

Schedule F (Form 990) 2017 URSINUS COLLEGE
Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

SCHEDULE F, PART VI, LINES 1, 3, 5:

THE ORGANIZATION HAD TRANSFERS TO FOREIGN CORPORATIONS IN THE CURRENT

FISCAL YEAR WHICH MET THE THRESHOLDS FOR FILING FORMS 926. FORMS 926

ARE ATTACHED TO THIS RETURN AS REQUIRED.

THE ORGANIZATION HAD INVESTMENTS IN FOREIGN CORPORATIONS BUT DID NOT

MEET THE THRESHOLD FOR FILING FORM 5471. SOME OF THESE FOREIGN

CORPORATIONS MAY BE PASSIVE FOREIGN INVESTMENT CORPORATIONS. THE

ORGANIZATION IS NOT REQUIRED TO FILE FORMS 8621 AS THE DISTRIBUTIONS

WERE NOT CATEGORIZED AS UNRELATED BUSINESS INCOME.

THE ORGANIZATION HAD INVESTMENTS IN FOREIGN PARTNERSHIPS BUT DID NOT

MEET THRESHOLDS FOR FILING FORMS 8865.

SCHEDULE G	Supplama	ntal Information Desarding	Euro	Iroioi	ng or Coming A	otivi		OMB No. 1545-0047	
(Form 990 or 990-EZ)	rm 990 or 990-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.						2017		
Department of the Treasury Internal Revenue Service		<ul> <li>Attach to Form 990</li> <li>Go to www.irs.gov/Form990</li> </ul>	or Fo	rm 99	0-EZ.			Open to Public Inspection	
Name of the organization	n	-						lentification number	
		COLLEGE					23-117		
Part I Fundrais required to	complete this par	Complete if the organization answe t.	red "Y	es" or	n Form 990, Part IV, I	ine 17	7. Form 990-E	Z filers are not	
<ul> <li>a X Mail solicitat</li> <li>b X Internet and</li> <li>c X Phone solici</li> <li>d X In-person so</li> <li>2 a Did the organization</li> <li>key employees list</li> </ul>	tions email solicitations tations licitations on have a written o red in Form 990, P ) highest paid indiv	f X Solicitat g X Special or oral agreement with any individual art VII) or entity in connection with pr viduals or entities (fundraisers) pursua	tion of tion of fundra (incluc	non-g gover aising o ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		X Ye		
<b>(i)</b> Name and addres or entity (func		(ii) Activity	(iii) fundr have c or con contribu	ustody itrol of	(iv) Gross receipts from activity	tò (c	Amount paid or retained by fundraiser ted in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization	
PENTERA, INC 865	50 COMMERCE		Yes	No					
PARK PLACE, SUITE O	G,	SOLICITATION		x	٥.		29,852	. 0.	
CREATIVE COMMUNICAT									
ASSOCIATES, LLC - 2	2 THIRD	CONSULTING		x	٥.		169,612	. 0.	
GRENZEBACH GLIER &									
ASSOCIATES, INC	PO BOX	CONSULTING	<u> </u>	x	٥.		44,972	. 0.	
Total	<u></u>		<u></u> .				244,436		
3 List all states in whi or licensing.	ich the organizatic	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is e	exempt from I	registration	

PA, AK, CT, MD, MN, MS, NM, NY, OR, WA, MA, NH

# Schedule G (Form 990 or 990-EZ) 2017 URSINUS COLLEGE

23-1177930 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990, FZ, lines 1 and 6b, List events with gross receipts greater than \$5,000

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
			GOLF OUTING - MEN'S BBAL		NONE	(add col. (a) through col. (c))	
a			(event type)	(event type)	(total number)	COI. (C))	
Revenue	1	Gross receipts	37,644.			37,644.	
	2	Less: Contributions	21,309.			21,309.	
	3	Gross income (line 1 minus line 2)	16,335.			16,335.	
	4	Cash prizes					
ő	5	Noncash prizes					
xpense	6 Rent/facility costs		12,735.			12,735.	
Direct Expenses	7	Food and beverages					
	8	Entertainment					
						5 15/	
	9	Other direct expenses	5,154.			5,154 17,889	
	9 10 11	Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li	5 , 154 . 9 in column (d) ne 3, column (d)			17,889	
	9 10	Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li Gaming. Complete if the organization a	5 , 154 . 9 in column (d) ne 3, column (d)			17,889	
Pai	9 10 11	Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li	5 , 154 . 9 in column (d) ne 3, column (d)			17,889 -1,554	
Pai	9 10 11	Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li Gaming. Complete if the organization a	5 , 154 . 9 in column (d) ne 3, column (d) answered "Yes" on Form	990, Part IV, line 19, or (b) Pull tabs/instant	reported more than	17,889 -1,554	
Pai	9 10 11	Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li Gaming. Complete if the organization a	5 , 154 . 9 in column (d) ne 3, column (d) answered "Yes" on Form	990, Part IV, line 19, or (b) Pull tabs/instant	reported more than	5,154, 17,889, -1,554, (d) Total gaming (add col. (a) through col. (c)	
Pal	9 10 <u>11</u> <b>t I</b>	Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	5 , 154 . 9 in column (d) ne 3, column (d) answered "Yes" on Form	990, Part IV, line 19, or (b) Pull tabs/instant	reported more than	17,889 -1,554	
Pal	9 10 <u>11</u> 1 1 2	Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	5 , 154 . 9 in column (d) ne 3, column (d) answered "Yes" on Form	990, Part IV, line 19, or (b) Pull tabs/instant	reported more than	17,889 -1,554	
	9 10 <u>11</u> <u>1</u> 2 3	Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes	5 , 154 . 9 in column (d) ne 3, column (d) answered "Yes" on Form	990, Part IV, line 19, or (b) Pull tabs/instant	reported more than	17,889 -1,554	
Pal	9 10 <u>11</u> <u>1</u> 2 3	Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes	5 , 154 . 9 in column (d) ne 3, column (d) answered "Yes" on Form	990, Part IV, line 19, or (b) Pull tabs/instant	reported more than	17,889 -1,554	
Pal	9 10 11 1 1 2 3 4 5	Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs	5 , 154 . 9 in column (d) ne 3, column (d) answered "Yes" on Form	990, Part IV, line 19, or (b) Pull tabs/instant	reported more than	17,889 -1,554 (d) Total gaming (add col. (a) through col. (c	
Pal	9 10 <u>11</u> 1 2 3 4 5 6	Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	5,154.	990, Part IV, line 19, or (b) Pull tabs/instant bingo/progressive bingo	reported more than (c) Other gaming	17,889 -1,554 (d) Total gaming (add col. (a) through col. (c	

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? \_\_\_\_\_\_ Yes \_\_\_\_\_ b If "No," explain: \_\_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

 **b** If "Yes," explain:

Yes

No

No

Sch	edule G (Form 990 or 990-EZ) 2017 URSINUS COLLEGE 23-3	11779	30 Page 3
11	Does the organization conduct gaming activities with nonmembers?	<b>Y</b>	es 🗌 No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	<b>Y</b>	es 🔄 No
	Indicate the percentage of gaming activity conducted in:	т т	
	The organization's facility	13a	%
	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🗌 Y	es 🗌 No
k	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party $\blacktriangleright$ \$		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation 🕨 \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	. 🗌 Y	es 🗌 No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
_	organization's own exempt activities during the tax year 🕨 💲		
Pa	<b>Supplemental Information.</b> Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, li 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	nes 9, 9b	, 10b, 15b,
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS	5:	
(I	) NAME OF FUNDRAISER: PENTERA, INC.		
(I			
<u>\                                    </u>			
86	50 COMMERCE PARK PLACE, SUITE G, INDIANAPOLIS, IN 46268		
<u>(I</u>	) NAME OF FUNDRAISER: CREATIVE COMMUNICATION ASSOCIATES, LLC		
<u>(I</u>	) ADDRESS OF FUNDRAISER: 2 THIRD STREET, SUITE 250, TROY, NY	L2180	

Schedule G (Form	990 or 990-EZ)	URSINUS	COLLEGE

Part	IV Supple	mental Informatio	<b>n</b> (continued)		
<u>(I)</u>	NAME OF	FUNDRAISER:	GRENZEBACH	GLIER & ASSOCIATES	, INC.
<u>(I)</u>	ADDRESS	OF FUNDRAIS	ER: PO BOX	775324, CHICAGO, IL	60677

SCHEDULE I (Form 990)		Comple Comple	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States <sup>Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.</sup>	er Assistan d Individual answered "Yes"	d Other Assistance to Organizations, ts, and Individuals in the United States mization answered "Yes" on Form 990, Part IV, line 21 or 2	izations, ed States t IV, line 21 or 22.		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service			Go to www.irs	Attach to Form 990. s.gov/Form990 for the la	Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.	ation.		Open to Public Inspection
Name of the organization	URSINUS	COLLEGE						Employer identification number 23-1177930
Part I General Ir		d Assistance						
1 Does the organiz	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	substantiate the	amount of the grants o	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selection	
criteria used to ¿	criteria used to award the grants or assistance?	ance?						X Yes No
2 Describe in Part	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	edures for monite	oring the use of grant f	unds in the United	l States.			
Part II Grants an	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	omestic Organiz	ations and Domestic	Governments.	complete if the orga	Inization answered "Y	es" on Form 990, Part I	V, line 21, for any
recipient t 1 (a) Name and a or go	I (a) Name and address of organization     (b) EIN     (c) IRC section     (d) Amount of cash grant       or government     (if applicable)     cash grant	,000. Part II can (b) EIN	oe ouplicated if addition (c) IRC section (if applicable)	onal space is need (d) Amount of cash grant	ea. (e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of noncash assistance	(h) Purpose of grant or assistance
						(and		
2 Enter total numb	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	d government org	anizations listed in the	line 1 table				
	Enter total number of other organizations listed in the line 1 table	listed in the line 1						
LHA For Paperwork	For Paperwork Reduction Act Notice, see the Instructions for Form	see the Instruction	ons for Form 990.					Schedule I (Form 990) (2017)

732101 11-01-17

Schedule I (Form 990) (2017) URSINUS COLLEGE					23-1177930 Page <u>2</u>
Part III         Grants and Other Assistance to Domestic Individuals.           Part III         can be duplicated if additional space is needed.	Complete	organization answe	if the organization answered "Yes" on Form 990, Part IV, line 22	90, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
	C U T	0 V C C C C	c		
			•	шосо	REDUCTION TO STUDENT ACCOUNTS
STIPENDS	0 0 0 0 0 1	213,750.			
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information	uired in Part I, line	e 2; Part III, column	(b); and any other ad	ditional information.	
PART I, LINE 2:					
URSINUS COLLEGE PROVIDED GRANTS TO	TOTALING \$1	\$119,268 TO	150 URSINUS	10	
COLLEGE STUDENTS IN GOOD ACADEMIC 5	STANDING	FOR CAMPUS	HOUSING,		
PRIMARILY FOR SUMMER RESEARCH. THE	GRANTS	ARE APPLIED	DIRECTLY	TO THE	
STUDENTS' ACCOUNTS AT URSINUS COLLEGE.	EGE.				
URSINUS COLLEGE PROVIDED GRANTS TOT	TOTALING \$45	,750,691	TO 1,584 UI	URSINUS	
COLLEGE STUDENTS IN GOOD ACADEMIC S	STANDING	FOR TUITION,	FEES,	AND ROOM	
AND BOARD FOR THE ACADEMIC YEAR 2017.	17-18. THE	GRANTS	ARE APPLIED		
732102 11-01-17					Schedule I (Form 990) (2017)

Part IV Supplemental Information

DIRECTLY TO THE STUDENTS' ACCOUNTS AT URSINUS COLLEGE.

URSINUS COLLEGE PROVIDED GRANTS TOTALING \$213,750 TO 86 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.

sc	HEDULE J	Compensation In	formation	L	OMB No.	1545-00	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, K			20	17	/
		Compensated Empl Complete if the organization answered "Yes			20		
Depa	tment of the Treasury	Attach to Form 99			Open to		
Intern	al Revenue Service	Go to www.irs.gov/Form990 for instruction	ns and the latest information.		•	ection	
Nan	e of the organizatio			Employer ide			mber
Da	rt I Question	URSINUS COLLEGE s Regarding Compensation		23-11	1193	0	
Fa	duestion	Regarding compensation					T
4-			to ou fou o nouson listed on Fours	000		Yes	No
1a		ate box(es) if the organization provided any of the following	•	990,			
	First-class or c	line 1a. Complete Part III to provide any relevant information					
	Travel for com		allowance or residence for perso s for business use of personal re-				
			r social club dues or initiation fee				
	_		services (such as, maid, chauffe				
			services (such as, maid, chaune	ur, criei)			
h	If any of the boyos	on line 1a are checked, did the organization follow a written	policy regarding payment or				
D	•	rovision of all of the expenses described above? If "No," co			1b		X
2		require substantiation prior to reimbursing or allowing exp					
2	•	s, including the CEO/Executive Director, regarding the item	•		2	Х	
	trustees, and onlee						
3	Indicate which if a	y, of the following the filing organization used to establish t	he compensation of the organiza	tion's			
		ctor. Check all that apply. Do not check any boxes for meth					
		tion of the CEO/Executive Director, but explain in Part III.					
	X Compensation		employment contract				
			sation survey or study				
	X Form 990 of o	· ·	by the board or compensation c	ommittee			
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a,	with respect to the filing				
	organization or a re						
а	Receive a severand	e payment or change-of-control payment?			4a		X
b	Participate in, or re	eive payment from, a supplemental nonqualified retirement					X
с		eive payment from, an equity-based compensation arrange					X
	If "Yes" to any of lin	es 4a-c, list the persons and provide the applicable amount	s for each item in Part III.				
	Only section 501(	)(3), 501(c)(4), and 501(c)(29) organizations must comple	te lines 5-9.				
5	For persons listed	n Form 990, Part VII, Section A, line 1a, did the organizatio	n pay or accrue any compensatio	n			
	contingent on the r						
а	The organization?				5a		X
	Any related organiz	ation?			5b		X
		r 5b, describe in Part III.					
6		n Form 990, Part VII, Section A, line 1a, did the organizatio	n pay or accrue any compensatio	n			
	contingent on the r						<b></b>
					6a		X
b		ation?			6b		X
_		r 6b, describe in Part III.					
7		n Form 990, Part VII, Section A, line 1a, did the organizatio			_		v
		es 5 and 6? If "Yes," describe in Part III			7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to					v
~		otion described in Regulations section 53.4958-4(a)(3)? If "	,		. 8		X
9		d the organization also follow the rebuttable presumption p	rocedure described in				
	Regulations section	53.4958-6(c)?		Sabadul	9		

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

Schedule J (Form 990) 2017

For each individual whose compensation must be reported on 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 aren't listed on Form 990, Part VII. Section A, line 1a, applicable column (D) and (E) amounts for that individual.	be rep orm 9 orm 9	oorted on Schedule . 90, Part VII. lividual must equal tl	J, report compensati he total amount of Fc	on from the organize orm 990, Part VII, Se	ort compensation from the organization on row (i) and from related organizations, described in the instruction or compensation from the organization on row (i) and from related organizations, described in the instruction all amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual	related organizations able column (D) and (E)	, described in the instr amounts for that indiv	uctions, on row (ii). vidual.
		(B) Breakdown of W-2	W-2 and/or 1099-MISC	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Deficility	(n)-(i)(a)	in column (b) reported as deferred on prior Form 990
(1) DR. S. BROCK BLOMBERG	(j)	413,209.	•0	52,502.	18,900.	8,461.	493,072.	•0
FRESIDENT (2) LUCTEN T WINEGAR III	1	0. 151 196		245 889	0. 6 474	14 732	418 291	
ERIM PRES/VP ACADEMI		~	0.	00'0'	H L	- - -	-	•••
(3) ANNETTE S. PARKER	Ξ	262,451.	.0	• 0	17,674.	8,286.	288,411.	•0
FOR FINANC	(ii)	Ľ	0.	•	0	,		•
	Ξ	268,592.	.00		18,027.	51,621.	338,240.	
(5) EUGENE SPENCER	<u>)</u> (	188,225.	• 0	0	13,234.	8,298.	209,757.	.00
CHIEF INFORMATION OFFICER			• 0	• 0		-	-	•0
(6) ROBERT CLOTHIER	(i)	198,286.	.0	.0	13,786.	1,595.	213,667.	.0
VP & GENERAL COUNSEL	(ii)	0.	• 0	• 0	• 0	• 0		•0
(7) LAURA MOLIKEN	(i)	142,297.	•0	• 0	9,907.	26,548.	178,752.	•0
ATHLETIC DIRECTOR	(ii)	0.	0.	0.		.0		.0
(8) CHARLES STAINBACK	Ξ	140,055.	0.	0.	9,753.	8,288.	158,096.	0.
BERMAN MUSEUM DIRECTOR	(ii)		0.	0.				.0
(9) DAVID TOBIAS	(i)	157,099.	0.	• 0	11,665.	19,227.	187,991.	•0
VP AND DEAN OF ENROLLMENT	(ii)		0.	•0				•0
(10) ANDREA BOHN	Ξ	144,542.	0.	0.	10,251.	8,080.	162,873.	0.
ASSOCIATE VP FOR FINANCE & ADMIN	(ii)	0.	.0	• 0	•0	.0	.0	•0
	Ξ							
	(ii)							
	Ξ							
	(ii)							
	Ξ							
	(ii)							
	Ξ							
	(ii)							
	Ξ							
	(ii)							
	Ξ							
	(ii)							
							Schedu	Schedule J (Form 990) 2017

Page 2

23-1177930

 Schedule J (Form 990) 2017
 URSINUS
 COLLEGE
 23-1177930

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

732112 10-17-17

Schedule J (Form 990) 2017 URSINUS COLLEGE	23-1177930 Page 3	8
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	s part for any additional information.	1
PART I, LINE 1A:		
HOUSING AND CLEANING SERVICES WERE PROVIDED TO THE COLLEGE PRESIDENT AS A		I
CUSTOMARY BENEFIT PROVIDED BY INSTITUTIONS OF HIGHER LEARNING. NO PART OF		I
THE HOUSING WAS TREATED AS TAXABLE COMPENSATION. CLEANING SERVICES FOR THE		I
PRESIDENT'S PERSONAL QUARTERS WERE TREATED AS TAXABLE COMPENSATION.		
		I
THE COLLEGE PROVIDES PAYMENT OF THE SOCIAL CLUB DUES FOR THE PRESIDENT AND		
VP OF ADVANCEMENT. PERSONAL USE IS ADDED TO FORM W-2 WAGES.		
PERSONAL SERVICES CONSISTED OF CLEANING SERVICES FOR THE PRESIDENT'S HOUSE		
AS MENTIONED ABOVE AND ATTORNEY FEES FOR PRESIDENT'S COMPENSATION CONTRACT		1
REVIEW.		I
	Schedule J (Form 990) 2017	11

SCHEDULE K (Form 990) Department of the Treasury Internal Revenue Service P Attach to Form 990.	th	Supplemental Information on Tax-Exempt Bonds e organization answered "Yes" on Form 990, Part IV, line 24a. Provide des explanations, and any additional information in Part VI. Go to www.irs.gov/Form990 for instructions and the latest information.	ental Information on Tax-Exempt Bonds a answered "Yes" on Form 990, Part IV, line 24a. Pr tions, and any additional information in Part VI. .irs.gov/Form990 for instructions and the latest in	Tax-Exemp 990, Part IV, iformation in ictions and th	ot Bonds line 24a. Prc Part VI. ne latest info	ovide descript ormation.	tions,		Omer Oper Inspe	OMB No. 1545-0047 2017 Open to Public Inspection	2
Name of the organization URSINUS COL	COLLEGE							Employ 23-	yer identificatio - 1 1 7 7 9 3 0	Employer identification number 23-1177930	er
Part I Bond Issues	-	-		-	-			-	-	-	
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	l (e) Issue price	e price	(f) Descriptic	(f) Description of purpose	(g) Defeas	(g) Defeased (h) On behalf of issuer	ehalf (i) Pooled er financing	oled sing
								Yes N	No Yes I	Yes	No No
A PHEFA	23-2243852	70917R6A8	05/21/12	1989	AD 6653.0F	ADVANCE I OF BONDS	REFINANCE		X		X
B PHEFA	23-22438527091	70917SEL3	05/01/13	7	CUF 3610477.0F	JRRENT I	CURRENT REFINANCE OF BONDS		×	X	X
C PHEFA	23-22438527091		04/15/15	н 	•	ADVANCE I OF BONDS	REFINANCE				×
D MCHEHA	2328939		/1	2	518.	CONSTRUCTION FACILITIES	rion of Es	ζ			X
Part II Proceeds											
			A 4_210	0.000.0	2.23	B 230_000_	c 760	000		D	
											Ĩ
			19,89	9,499.	13,61	610,581.	12,107,	,677.	24,	410,58	1.
			,   _	9,05		-	-			00	4.
										8	. 7
6 Proceeds in refunding escrows											
			35	356,268.	25	257,600.	231	,823.		242,97	975.
									5	170 715	4
<ol> <li>Capital expenditures from proceeds</li> <li>Other shant proceeds</li> </ol>			19 540	10.385.	13.35	352.877.	11.875	854.	-	N	•
			-		5	<u> </u>	2	2	6,		34.
			2	2012		2013	2015	15		2019	
			Yes	No	Yes	No	Yes	No	Yes	No	
<b>14</b> Were the bonds issued as part of a current refunding issue?	unding issue?			Х	X			X		X	М
15 Were the bonds issued as part of an advance refunding issue?	refunding issue?		X			X	X			X	М
<b>16</b> Has the final allocation of proceeds been made?	e?		X		X		X		X		ĺ
17 Does the organization maintain adequate books and records to support the final allocation of procee	o support the final allocation	of proceeds?	X		×		×			×	
Part III Private Business Use											
$\bullet$ . Was the association a natrox in a natroachin or a mombor of an $110$	or a mombor of an				ц Хос Х	B No	دي. دي	Ň	202		
	b, vi a member vi an t bonds?	CF C,	5	X	50	×	8	×	6	X	
2 Are there any lease arrangements that may result in private business use o hond-financed property?	sult in private busines	ss use of		×		×		×		×	
732121 10-18-17 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ct Notice, see the In	structions for Form	1 990.	:		:	-		hedule K (I	Schedule K (Form 990) 2017	2017

121 10-18-17 LHA For Paperwork Reduction Act Notice, see the Instructions for Fo

hedule K (Form 990) 2

Schedule K (Form 990) 2017 URSINUS COLLEGE			23-	1177930				Page 2
Part III Private Business Use (Continued)								
		٩		8		U-		
3a Are there any management or service contracts that may result in private business use of bond-financed property?	Yes X	No	Yes	No	Yes	٥	Yes X	No
<ul> <li>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?</li> </ul>	×		×		×		×	
<ul> <li>C Are there any research agreements that may result in private business use of bond-financed property?</li> </ul>	1	Х	1	X		X	1	X
4 Enter the percentage of financed property used in a private business use by						_		
entities other than a section 501(c)(3) organization or a state or local government		•00 %		• 00 %		•00	•	% 00
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		0 U 0 %		00 %		, 00 v		» 00
6 Total of lines 4 and 5								
		X		×		X		X
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a non-								
governmental person other than a 501(c)(3) organization since the bonds were issued?		Х		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified								
bonds of the issue are remediated in accordance with the requirements under	;		ł		1		;	
ы	×		×		×		×	
Part IV Arbitrage								
	<b>V</b> -		:	-B	:	: 	ם_ ;	
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	°N :	Yes	٩	Yes	N0 
Penalty in Lieu of Arbitrage Rebate?		×		×		×		×
2 If "No" to line 1, did the following apply?						-		
a Rebate not due yet?		X	×		×	1	X	
b Exception to rebate?		х	X			×		X
c No rebate due?	X			X		X		X
If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
		÷		\$		\$		Þ
3 Is the bond issue a variable rate issue?		X		×		×		X
4a Has the organization or the governmental issuer entered into a qualified		1		1		:		!
hedge with respect to the bond issue?		X		×		×		X
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
732122 10-18-17						Sch	Schedule K (Form 990) 2017	m 990) 2017

Schedule K (Form 990) 2017 URSINUS COLLEGE			23-	23-1177930				Page 3
Part IV Arbitrage (Continued)			-		-			
		A		B		U.		0
	Yes	٩	Yes	٩	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		×		X		X
b Name of provider								
c Term of GIC								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		Х		x		x		Х
7 Has the organization established written procedures to monitor the requirements of								
	X		X		X		X	
Dent V Durandering Taulantering Antion								
		A		8		0		
	Yes	°N	Yes	٩	Yes	°N N	Yes	No
Has the organization established written procedures to ensure that violations of								
in the second								
- המפומו נמי ומלחו מוומונים מה נווומלו וממוווויומל מווח כמו מרומי מווח למו וווידי אינוווימן								
closing agreement program if self-remediation isn't available under applicable								
regulations?	X		X		X		X	
Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions	on Schedule	e K. See instr	uctions					
								ĺ
							!	
732123 10-18-17						Sci	Schedule K (Form 990) 2017	m 990) 2017

Department of the Treasury	the organization 28b, or 28 ▶ A	answered "Yes c, or Form 990 Attach to Form	" on Form 990, Part -EZ, Part V, line 38a 990 or Form 990-EZ nstructions and the	IV, line 25a, 25b, 2 or 40b.	6, 27, 28a,	0	AB No. 154 <b>20</b> pen To spectio	17 Public	
Name of the organization					Employe	er ident	ficatior	n numb	ber
C C	S COLLEGE				23-13				
Part I Excess Benefit Trans		n 501(c)(3), sect	ion 501(c)(4), and 501	1(c)(29) organization					
Complete if the organization	-				•	0h			
1	(b) Relationship b			, 0110111330-22,12	art v, iirie 4	00.	(d) (	orrecte	42
(a) Name of disqualified person	• • •	d organization	(c	) Description of tran	saction		Yes		
	· ·	U U							<u> </u>
								-	
2 Enter the amount of tax incurred by	the organization m	anagers or dis	nualified persons duri	ng the year under					
	6	0		0 ,		2			
<b>3</b> Enter the amount of tax, if any, on li			aanization			€			
			gamzation			P			
Part II   Loans to and/or From	Interested P	ersons.							
Complete if the organization	answered "Ves" (	on Form 990-E7	′ Part V, line 38a or F	orm 990 Part IV lin	e 26: or if t	he oraș	nization		
reported an amount on Forn			., 1 art v, inte oba of 1	onn 550, r art rv, mr	c 20, 01 ii t	ne orga	Ization		
(a) Name of (b) Relation		14.0	(e) Original	(f) Balance due	(g) In	<b>(h)</b> Ap		(i) Writte	en
interested person with organi		from the organization?	principal amount	(I) Balance due	default?	by bo	aluoi	greemer	nt?
		To From			Yes No		11100 :	-	No
						103			10
Total	Benefiting Int	erested Per	► \$ ;sons.						
Part III Grants or Assistance	_		rsons.						
Part III Grants or Assistance Complete if the organization	answered "Yes" o	on Form 990, Pa	<b>sons.</b> art IV, line 27.						
Part III Grants or Assistance	answered "Yes" of <b>(b)</b> Relationsh	on Form 990, Pa hip between	rsons.	(d) Type assistan		•	) Purpos		
Part III Grants or Assistance Complete if the organization	answered "Yes" o	on Form 990, Pa hip between person and	<b>sons.</b> art IV, line 27. (c) Amount of			•	) Purpos assistan		
Part III Grants or Assistance Complete if the organization (a) Name of interested person	answered "Yes" of (b) Relationsh interested p the organ	on Form 990, Pa hip between berson and nization	rsons. art IV, line 27. (c) Amount of assistance	assistan	ce		assistan	се	
Part III Grants or Assistance Complete if the organization (a) Name of interested person PER IRS INSTRUCTIONS,	(b) Relationsh interested p the organ	on Form 990, Pa hip between berson and nization INSTRUCT	sons. art IV, line 27. (c) Amount of assistance 19, 250	assistan	ce SCHO	TUIT	assistan ION	ce & FE	
Part III Grants or Assistance Complete if the organization (a) Name of interested person PER IRS INSTRUCTIONS, PER IRS INSTRUCTIONS,	answered "Yes" of (b) Relationsh interested p the organ PER IRS PER IRS	on Form 990, Pa hip between person and nization INSTRUCT INSTRUCT	sons. art IV, line 27. (c) Amount of assistance 19,250 49,760	assistan 0.GRANTS & 0.GRANTS &	ce SCHO SCHO	<u>ruir</u> ruir	issistan ION ION	ce <u>&amp; FE</u> & FE	ΞE
Part III Grants or Assistance Complete if the organization (a) Name of interested person PER IRS INSTRUCTIONS,	answered "Yes" of (b) Relationsh interested p the organ PER IRS PER IRS	on Form 990, Pa hip between berson and nization INSTRUCT	sons. art IV, line 27. (c) Amount of assistance 19,250 49,760	assistan 0.GRANTS & 0.GRANTS &	ce SCHO	<u>ruir</u> ruir	issistan ION ION	ce <u>&amp; FE</u> & FE	ΞE
Part III Grants or Assistance Complete if the organization (a) Name of interested person PER IRS INSTRUCTIONS, PER IRS INSTRUCTIONS,	answered "Yes" of (b) Relationsh interested p the organ PER IRS PER IRS	on Form 990, Pa hip between person and nization INSTRUCT INSTRUCT	sons. art IV, line 27. (c) Amount of assistance 19,250 49,760	assistan 0.GRANTS & 0.GRANTS &	ce SCHO SCHO	<u>ruir</u> ruir	issistan ION ION	ce <u>&amp; FE</u> & FE	ΞE
Part III Grants or Assistance Complete if the organization (a) Name of interested person PER IRS INSTRUCTIONS, PER IRS INSTRUCTIONS,	answered "Yes" of (b) Relationsh interested p the organ PER IRS PER IRS	on Form 990, Pa hip between person and nization INSTRUCT INSTRUCT	sons. art IV, line 27. (c) Amount of assistance 19,250 49,760	assistan 0.GRANTS & 0.GRANTS &	ce SCHO SCHO	<u>ruir</u> ruir	issistan ION ION	ce <u>&amp; FE</u> & FE	ΞE
Part III Grants or Assistance Complete if the organization (a) Name of interested person PER IRS INSTRUCTIONS, PER IRS INSTRUCTIONS,	answered "Yes" of (b) Relationsh interested p the organ PER IRS PER IRS	on Form 990, Pa hip between person and nization INSTRUCT INSTRUCT	sons. art IV, line 27. (c) Amount of assistance 19,250 49,760	assistan 0.GRANTS & 0.GRANTS &	ce SCHO SCHO	<u>ruir</u> ruir	issistan ION ION	ce <u>&amp; FE</u> & FE	ΞE
Part III Grants or Assistance Complete if the organization (a) Name of interested person PER IRS INSTRUCTIONS, PER IRS INSTRUCTIONS,	answered "Yes" of (b) Relationsh interested p the organ PER IRS PER IRS	on Form 990, Pa hip between person and nization INSTRUCT INSTRUCT	sons. art IV, line 27. (c) Amount of assistance 19,250 49,760	assistan 0.GRANTS & 0.GRANTS &	ce SCHO SCHO	<u>ruir</u> ruir	issistan ION ION	ce <u>&amp; FE</u> & FE	ΞE
Part III Grants or Assistance Complete if the organization (a) Name of interested person PER IRS INSTRUCTIONS, PER IRS INSTRUCTIONS,	answered "Yes" of (b) Relationsh interested p the organ PER IRS PER IRS	on Form 990, Pa hip between person and nization INSTRUCT INSTRUCT	sons. art IV, line 27. (c) Amount of assistance 19,250 49,760	assistan 0.GRANTS & 0.GRANTS &	ce SCHO SCHO	<u>ruir</u> ruir	issistan ION ION	ce <u>&amp; FE</u> & FE	ΞE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2017

Schedule L (Form 990 or 990-EZ) 2017 URSINU	S COLLEGE		23-1177	930	Page 2
Part IV Business Transactions Involv	ing Interested Persons.				
Complete if the organization answered (a) Name of interested person	"Yes" on Form 990, Part IV, line 28a, 2 (b) Relationship between interested person and the organization	<u>Bb, or 28c.</u> (c) Amount of transaction	(d) Description of transaction	òrģaniz	aring of zation's nues?
				Yes	No
Part V Supplemental Information					
Provide additional information for respo	onses to questions on Schedule L (see i	nstructions).			
SCH L, PART III, GRANTS OR	ASSISTANCE BENEFITT	ING INTERES	STED PERSONS	:	
				-	
(A) NAME OF PERSON: PER IR	S INSTRUCTIONS, NAME	S ARE NOT N	ADE PUBLIC		
(B) RELATIONSHIP BETWEEN I	NTERESTED PERSON AND	ORGANIZATI	ION:		
PER IRS INSTRUCTIONS, INTE	RESTED PERSONS ARE N	OT INDIVIDU	JALLY NAMED.		
(C) AMOUNT OF GRANT \$ 19,	250.				
(C) AMOUNI OF GRANI \$ 19;	230.				
(D) TYPE OF ASSISTANCE: GR.	ANTS & SCHOLARSHIPS				
(E) PURPOSE OF ASSISTANCE:	TUITION & FEES				
(A) NAME OF PERSON: PER IR	S INSTRUCTIONS NAME	S ARE NOT N	ADE PUBLIC		
(B) RELATIONSHIP BETWEEN I					
PER IRS INSTRUCTIONS, INTE	RESTED PERSONS ARE N	OT INDIVIDU	JALLY NAMED.		
(C) AMOUNT OF GRANT \$ 49,	760.				
(D) TYPE OF ASSISTANCE: GR.	ANTS & SCHOLARSHIPS				
(E) PURPOSE OF ASSISTANCE:	TUITION & FEES				
(					
(A) NAME OF PERSON: PER IR	S INSTRUCTIONS NAME	S ARE NOT N	ADE PUBLTC		
(B) RELATIONSHIP BETWEEN I					
PER IRS INSTRUCTIONS, INTE	RESTED PERSONS ARE N	OT INDIVIDU	JALLY NAMED.		
(C) AMOUNT OF GRANT \$ 39,	250.				
(D) TYPE OF ASSISTANCE: GR.	ANTS & SCHOLARSHIPS				
		S	chedule L (Form 990	or 990-E	<b>Z) 2017</b>

# Part V Supplemental Information

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

# (E) PURPOSE OF ASSISTANCE: TUITION & FEES

# SCHEDULE L, PART III

# GRANTS FOR TUITION AND FEES ARE PROVIDED ON THE SAME CRITERIA FOR ALL

# STUDENTS BASED ON ACADEMIC ACHIEVEMENT AND FINANCIAL NEED.

# SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

ſ

Employer identification number

23-1177930

Department of the Treasury Internal Revenue Service

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

Go to www.irs.gov/Form990 for the latest information.

**ZU** 7 **Open To Public** Inspection

Name of the organization

# URSINUS COLLEGE

Par	rt I   Types of Property								
		(a)	(b)	(c)			(d)		
		Check if	Number of contributions or	Noncash contrib amounts reporte			of determin	•	-
		applicable		Form 990, Part VIII		noncash cor	itribution ar	nount	5
1	Art - Works of art	X	39	732,	503.	APPRAISAI	S		
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications	X				COMPARABI	LE SAL	ES	
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	X	47	1,052,	030.	NYSE			
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ► (CRANE & MANPO)	X	1			PURCHASE			
26	Other ► ( FOOD FOR EVEN )	X	4			PURCHASE			
27	Other  ( SCIENTIFIC EQ )	X	1	2,	127.	PURCHASE	PRICE		
28	Other 🕨 ( )								
29	Number of Forms 8283 received by the organi	zation during	g the tax year for c	ontributions					
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowledg	jement	29			26	
								Yes	No
30a	During the year, did the organization receive b	y contributio	n any property rep	orted in Part I, lines	1 throug	h 28, that it			
	must hold for at least three years from the date	e of the initia	l contribution, and	which isn't required	l to be us	sed for			
	exempt purposes for the entire holding period	?					<b>30a</b>		X
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance	policy that re	equires the review of	of any nonstandard	contribut	ions?	31	Х	
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell r	ioncash				
	contributions?						32a		X
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	for which column (a	a) is chec	cked,			

LHA

describe in Part II.

Sched	ule M (Form 99	90) 20 <sup>-</sup>	17 URSI	NUS	CO	LLEGE	2						23-11	L77930	Page <b>2</b>
Part	II Suppl	eme						on rea	uired b	/ Part L lin	es 30h	o, 32b, and 33,			
	is repor	ting in	i Part I, colum	n (b), 1	the nur	nber of c	ontributi	ons, th	e numb	er of items	receiv	ved, or a combi	nation of b	oth. Also com	olete
	this par	t for a	ny additional i	nform	ation.										
SCH	EDULE M	, P <i>i</i>	ART I, (	COL	UMN	(B):									
			•												
THE	NUMBER	IN	COLUMN	в	FOR	LINE	1 I;	S TH	IE N	JMBER	OF	OBJECTS	CONTE	RIBUTED.	
THE	NUMBER	IN	COLUMN	в	FOR	THE	REST	OF	THE	LINES	S RE	PRESENT	S THE	NUMBER	
OF (	CONTRIBU	JTOI	RS.												

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

URSINUS COLLEGE

Employer identification number 23-1177930

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

INTERDEPENDENT WORLD.

FORM 990, PART VI, SECTION B, LINE 11B:

THE COMPLETED FORM 990 IS DISTRIBUTED AND REVIEWED PRIOR TO FILING AT A

SPECIALLY-CONVENED MEETING OF THE AUDIT COMMITTEE OF THE BOARD OF

DIRECTORS. THE COMPLETED FORM 990 WAS MADE AVAILABLE TO THE FULL BOARD IN

ELECTRONIC FORMAT PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

TRUSTEES, OFFICERS, AND KEY EMPLOYEES COMPLETE A DISCLOSURE OF CONFLICT STATEMENT ANNUALLY. THE STATEMENT EXPRESSLY MENTIONS FAMILY AND BUSINESS RELATIONSHIPS AS BEING SOURCES OF POTENTIAL CONFLICTS. CHIEF COUNSEL FOR THE COLLEGE MONITORS THE POLICY AND STATEMENTS MADE BY TRUSTEES, OFFICERS, AND KEY EMPLOYEES. THOSE WHO HAVE A CONFLICT OF INTEREST ARE ASKED TO REFRAIN FROM PARTICIPATING IN CONSIDERATION OF PROPOSED TRANSACTIONS, UNLESS FOR SPECIAL REASONS THE BOARD OR ADMINISTRATION REQUESTS INFORMATION OR INTERPRETATION. PERSONS WITH CONFLICTS SHALL NOT VOTE, PARTICIPATE IN DISCUSSION, OR BE PRESENT AT THE TIME OF VOTE.

FORM 990, PART VI, SECTION B, LINE 15:

 THE ASSOCIATE VICE PRESIDENT FOR FINANCE AND ADMINISTRATION 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

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

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Schedule O (Form 990 or 990-EZ) (2017)	Page <b>2</b>
Name of the organization URSINUS COLLEGE	Employer identification number 23-1177930
	·
IN THE OTHER CENTENNIAL CONFERENCE COLLEGES: BRYN MAWR, DI	CKINSON, FRANKLIN
& MARSHALL, GETTYSBURG, HAVERFORD, MCDANIEL, MUHLENBERG, S	WARTHMORE AND
WASHINGTON. THE STUDY PRESENTS THE DATA AS BOTH TABLES AND	GRAPHS. THE
EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES DETERMINES TH	E COMPENSATION OF
THE PRESIDENT OF THE COLLEGE AND REVIEWS AND APPROVES THE	COMPENSATION
RECOMMENDATIONS OF THE PRESIDENT FOR THE OTHER OFFICERS. T	HE STUDY PREPARED
BY THE ASSOCIATE VICE PRESIDENT FOR FINANCE AND ADMINISTRA	TION IS PROVIDED
TO THE CHAIR OF THE BOARD AS SUPPORTING DOCUMENTATION FOR	THE DISCUSSION OF
COMPENSATION IN THE EXECUTIVE COMMITTEE MEETING. THE RESUL	TS OF THE
DELIBERATION PROCESS WERE DOCUMENTED IN EMPLOYMENT LETTERS	SENT TO
EMPLOYEES.	

FORM 990, PART VI, SECTION C, LINE 19:

URSINUS MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY,

FINANCIAL STATEMENTS, AND FORMS 990 AND 990-T AVAILABLE TO THE PUBLIC UPON

REQUEST. FINANCIAL STATEMENTS AND FORMS 990 AND 990-T ARE ALSO AVAILABLE ON THE COLLEGE'S WEBSITE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

ACTUARIAL LOSS ON ANNUITY LIABILITY	-126,372.
CHANGE IN VALUE OF LIFE INSURANCE ANNUITIES	10,717.
CHANGE IN CASH SURRENDER VALUE	37,130.
TOTAL TO FORM 990, PART XI, LINE 9	-78,525.

SCHEDULE R (Form 990)	Comple	Related Organizations and Unrelated Partnerships         ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.	tions and Unrelated Par vered "Yes" on Form 990, Part IV, Ii	<b>tnerships</b> ne 33, 34, 35b, 36	or 37.	0	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		Autom to roun 990. Autom to roun 990. Autom 900 for instructions and the latest information.	or to Form 990. or instructions and the lates	information.		0	Open to Public Inspection
Name of the organization	ion URSINUS COLLEGE	Ш				Employer identification number 23-1177930	cation number 9 3 0
Part I Identification	Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.	e if the organization answered "Yes"	on Form 990, Part IV, line 33				
Name, addr	<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	le End-of-year assets		(f) Direct controlling entity
Part II Identification organization	Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.	ions. Complete if the organization a	tnswered "Yes" on Form 990,	Part IV, line 34, be	cause it had one or	more related tax-exe	mpt
Nam of n	(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 512(b)(13) controlled entity? Yes No
For Paperwork Reduc	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	s for Form 990.				Schedule R	Schedule R (Form 990) 2017

732161 09-11-17 LHA

A (Form 990) 2017 URSINUS COLLEGE Identification of Related Organizations Taxable as a Partnership. organizations treated as a partnership during the tax year.
(c) Legal domicile (state or foreign country)
Identification of Related Organizations Taxable as a Corporation organizations treated as a corporation or trust during the tax year.
<b>(b)</b> Primary activity
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Schedule R (Form 990) URSINUS COLLEGE

23 - 1177930

# Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a)	(q)	(c)	(d)	(e)	( <b>J</b> )	(6)	(4)	(i)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	Section 512(b)(13) controlled entity?
		country)		(			<b>≻</b>	Yes No
TG & NBD UNITRUST #1 - 04-6609384								
P.O. BOX 1000			URSINUS					
COLLEGEVILLE, PA 19426-1000	NIMCRUT	ΡA	COLLEGE	TRUST		536,493.	100%	X
B & K H CRUT - 23-7985311								
P.O. BOX 1000			URSINUS					
COLLEGEVILLE, PA 19426-1000	CRUT	ΡA	COLLEGE	TRUST		96,235.	100%	X
TG & NBD UNITRUST #2 - 35-1877131								
P.O. BOX 1000			URSINUS					
COLLEGEVILLE, PA 19426-1000	CRUT	ΡA	COLLEGE	TRUST		628,963.	100%	X
JRH III CRUT - 20-6592857								
P.O. BOX 1000			URSINUS					
COLLEGEVILLE, PA 19426-1000	CRUT	ΡA	COLLEGE	TRUST		201,371.	100%	X
DEP IRREVOCABLE TRUST - 35-1843690								
P.O. BOX 1000			URSINUS					
COLLEGEVILLE, PA 19426-1000	NIMCRUT	ΡA	COLLEGE	TRUST		352,246.	100%	×
DE & J P CRAT 2003 - 20-6150264								
P.O. BOX 1000			URSINUS					
COLLEGEVILLE, PA 19426-1000	CRAT	PA	COLLEGE	TRUST		8,600.	100%	Х
DE & J P CRAT 2004 - 20-2431466								
P.O. BOX 1000			URSINUS					
COLLEGEVILLE, PA 19426-1000	CRAT	ΡA	COLLEGE	TRUST		8,758.	100%	X
DE & J P CRAT 2005 - 20-3933584								
P.O. BOX 1000			URSINUS					
COLLEGEVILLE, PA 19426-1000	CRAT	ΡA	COLLEGE	TRUST		9,026.	100%	X
D & J P CRAT 2006 - 20-5953832								
P.O. BOX 1000			URSINUS					
COLLEGEVILLE, PA 19426-1000	CRAT	PA	COLLEGE	TRUST		7,641.	100%	×
D & J P CRAT 2007 - 26-6092894								
P.O. BOX 1000			URSINUS					
COLLEGEVILLE, PA 19426-1000	CRAT	ΡA	COLLEGE	TRUST		8,585.	100%	X
D & J P CRAT 2008 - 26-6419431								
P.O. BOX 1000			URSINUS					
COLLEGEVILLE, PA 19426-1000	CRAT	ΡA	COLLEGE	TRUST		.909.	100%	X
D & J P CRAT 2009 - 27-6425823								
P.O. BOX 1000			URSINUS					
COLLEGEVILLE, PA 19426-1000	CRAT	ΡA	COLLEGE	TRUST		10,792.	100%	X

Schedule R (Form 990) URSINUS COLLEGE

23 - 1177930

# Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

$ \begin{array}{c c c c c c c c c c c c c c c c c c c $	(a)	(q)	(c)	(p)	(e)	(t)	(6)	(µ)	(i)
J F CMAT 2010         C 644165         control         control <thc>          control&lt;</thc>	Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign		Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets		Section 512(b)(13) controlled entity?
$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$			country)		(				
$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$	& J P CRAT 2010 -								
$ \begin{array}{c c c c c c c c c c c c c c c c c c c $				URSINUS					
$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$	PA	CRAT			TRUST			100%	×
$\begin{array}{ c c c c c c c c c c c c c c c c c c c$	& S R CRUT -								
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Rest intervolute fraiter         High frage	ΡA	CRUT			TRUST			100%	×
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$\begin{array}{ c c c c c c c c c c c c c c c c c c c$	BOX	ſ		URSINUS					
$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$	ΡA	CRUT	PA	COLLEGE	TRUST			100%	×
$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$	1								
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$\begin{array}{c c c c c c c c c c c c c c c c c c c $	ΡA	NICRUT	PA		TRUST			100%	X
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$\begin{array}{c c c c c c c c c c c c c c c c c c c $	, PA	CRUT	ΡA	COLLEGE	TRUST			100%	X
$\begin{array}{c c c c c c c c c c c c c c c c c c c $	1								
N 19426-1000       RUT       PA       CULRGE       RUST       1,134,318.       1004         POOLED INCOME FUND -       E       E       1,134,318.       1004       1004         POLED INCOME FUND -       E       E       1,134,318.       1004       1004         POLED INCOME FUND -       E       E       1,134,318.       1004       1004         POLED INCOME FUND -       E       E       1004       1004       1004       1004         POLED INCOME FUND -       E       E       E       1004 </td <td>P.O. BOX 1000</td> <td>Γ</td> <td></td> <td>URSINUS</td> <td></td> <td></td> <td></td> <td></td> <td></td>	P.O. BOX 1000	Γ		URSINUS					
POLED INCOME FUND - BIF         MEXINUS         MEXINUS         MEXINUS         MEXINUS           POLID COLLEGENTILE, PA         PI         MEXINUS         MEXINUS         MEXINUS           POLID COLLEGENTILE, PA         PI         MEXINUS         MEXINUS         MEXINUS           Image: PUN - PL         PI         PI         MEXINUS         MEXINUS         MEXINUS           Image: PUN - PL         PI         PI         PI         PI         PI         PI           Image: PUN - PL         PI         PI<	ΡA	CRUT		COLLEGE	TRUST		,134,	100%	X
P.O. DOX 1000, COLINGENTILE, FA       RESTURDS         PIF       PA         BIF       031,680.         0108       RULEND         0109       010         0101       0100         0101       0100         0101       0100         010	POOLED INCOME								
DIA       DIA       DIA       DIA         Image: Diagram in the state of the	P.O. BOX 1000, COLLEGEVILLE,	I		URSINUS					
		PIF			TRUST			100%	×
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		T							
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Schedule R (Form 990) 2017 URSINUS COLLEGE			23-1177930		Page 3
:h Related Organizations. Complete if the organiz	wered "Yes" on Form	cation answered "Yes" on Form 990, Part IV, line 34, 35b, or 36	, or 36.		
<ul> <li>Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.</li> <li>1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?</li> <li>a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity</li> <li>b Gift, grant, or capital contribution to related organization(s)</li> </ul>	s with one or more re	ated organizations listed	in Parts II-IV?	Yes 1a 1b	N X X
<ul> <li>Gift, grant, or capital contribution from related organization(s)</li> <li>Loans or loan guarantees to or for related organization(s)</li> <li>Loans or loan guarantees by related organization(s)</li> </ul>				10 19 19	×××
<ul> <li>f Dividends from related organization(s)</li> <li>g Sale of assets to related organization(s)</li> <li>h Purchase of assets from related organization(s)</li> <li>i Exchange of assets with related organization(s)</li> <li>j Lease of facilities, equipment, or other assets to related organization(s)</li> </ul>				+ 5 + ÷ ÷	XXXXX
<ul> <li>k Lease of facilities, equipment, or other assets from related organization(s)</li> <li>l Performance of services or membership or fundraising solicitations for related organization(s)</li> <li>m Performance of services or membership or fundraising solicitations by related organization(s)</li> <li>m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)</li> <li>o Sharing of paid employees with related organization(s)</li> </ul>	nization(s) nization(s) on(s)			<u> </u>	XXXXX
<ul> <li>P Reimbursement paid to related organization(s) for expenses</li> <li>G Reimbursement paid by related organization(s) for expenses</li> </ul>				<del>6</del> 5 4	×××
<ul> <li>Other transfer of cash or property from related organization(s)</li> <li>Other transfer of cash or property from related organization(s)</li> <li>If the answer to any of the shows is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds</li> </ul>	ho must complete th	s line including covered r	elationshins and transaction thrasholds	= <del>\$</del>	××
	(b) Transaction type (a-s)	a me, including covered i (c) Amount involved	Method of determining amount involved	nvolved	
(1) (2)					
(3)					
(5)					

Schedule R (Form 990) 2017

**(6)** 732163 09-11-17

Page 4		(ənu	(k) Percentage ownership				Schedule R (Form 990) 2017
930		s rever	(j) General or P managing partner? Yes No				Form
		r gros	Gen Bar 1 Par <b>Yes</b>				lie R (
23-117		total assets o	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)				Schedu
		asured by	(h) Dispropor- tionate allocations?				
	37.	of its activities (mea	<b>(g)</b> Share of end-of-year assets				
	990, Part IV, line (	than five percent	(f) Share of total income				
	on Form	ted more	Are all Are all 501(c)(3) orgs.?				
	e organization answered "Yes" on Form 990, Part IV, line 37	which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) tain investment partnerships.	(d) Predominant income p (related, unrelated, excluded from tax under sections 512-514)				
		iip through which th sion for certain inve	(c) Legal domicile (state or foreign country)				
IS COLLEGE	<b>le as a Partnership.</b> Co	ntity taxed as a partnersh ructions regarding exclu	<b>(b)</b> Primary activity				
Schedule R (Form 990) 2017 URSINUS	Part VI Unrelated Organizations Taxable as a Partnership. Complete if th	Provide the following information for each entity taxed as a partnership through which the organization cond that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	<b>(a)</b> Name, address, and EIN of entity				

# Page 4 23-1177930

Form <b>926</b>
(Rev. December 2017)
Department of the Treasury Internal Revenue Service

# Return by a U.S. Transferor of Property to a Foreign Corporation Go to www.irs.gov/Form926 for instructions and the latest information.

OMB No. 1545-0026

Attach to your income tax return for the year of the transfer or distribution.

Attachment Sequence No. **128** 

Part I U.S. Transferor Information (see instructions)	
Name of transferor	Identifying number (see instructions
URSINUS COLLEGE	00 1155000
	23-1177930
1 If the transferor was a corporation, complete questions 1a through 1d.	
a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 of four provide the section 368(c) and the section 368(c) by 5 of the section 368(c) and the	
fewer domestic corporations?	
<b>b</b> Did the transferor remain in existence after the transfer?	
If not, list the controlling shareholder(s) and their identifying number(s).	
Controlling shareholder	Identifying number
c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporati If not, list the name and employer identification number (EIN) of the parent corporation.	ion? Yes X No
Name of parent corporation	EIN of parent corporation
d Have basis adjustments under section 367(a)(5) been made?	Yes X No
2 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such und questions 2a through 2d.	der section 367), complete
a List the name and EIN of the transferor's partnership.	
Name of partnership	EIN of partnership
HIRTLE CALLAGHAN TOTAL RETURN OFFSHORE FUND II LTD.	
<b>b</b> Did the partner pick up its pro rata share of gain on the transfer of partnership assets?	Yes X No
c Is the partner disposing of its entire interest in the partnership?	Yes X No
d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established	
securities market?	Yes X No
Part II Transferee Foreign Corporation Information (see instructions)	
3 Name of transferee (foreign corporation)	4a Identifying number, if any
MOORE MACRO MANAGERS FUND, LTD	
5 Address (including country)	4b Reference ID number
251 AVENUE OF THE AMERICAS, 53RD FLOOR	
NEW YORK, NY 10020 CAYMAN ISLANDS	HCTR 001
6 Country code of country of incorporation or organization CJ	
7 Foreign law characterization (see instructions) CORPORATION	
8 Is the transferee foreign corporation a controlled foreign corporation?	Yes X No
HA For Paperwork Reduction Act Notice, see separate instructions.	Form <b>926</b> (Rev. 12-2017
4531 12-28-17	

Part III Information Regarding Transfer of Property (see instructions)

# Section A - Cash, Stock, and Securities

Yes

🗌 No

Type of property	<b>(a)</b> Date of transfer	<b>(b)</b> Description of property	<b>(c)</b> Fair market value on date of transfer	<b>(d)</b> Cost or other basis	<b>(e)</b> Gain recognized on transfer
Cash	08/01/2017		149,735.		
Stock and securities (other than those that qualify as eligible property under Regs. sec. 1.367(a)-2(b)(3))					
9 Was cash the only pr	operty transferred?			Г	X Yes No

If "Yes," skip the remainder of Part III and go to Part IV.

10 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed?

# Section B - Property qualifying for Active Trade or Business exception under Regs. sec. 1.367(a)-2(a)(2)(i) and (ii)

				<u> </u>	
Type of property	<b>(a)</b> Date of transfer	<b>(b)</b> Description of property	<b>(c)</b> Fair market value on date of transfer	<b>(d)</b> Cost or other basis	<b>(e)</b> Gain recognized on transfer*
Tangible property					
(not listed under					
another category)					
Working interest in					
oil and gas property					
(as described in					
Regs. sec.					
1.367(a)-2(b)(2)					
and (f))					
Financial asset (as					
described in Regs.					
sec. 1.367(a)-					
2(b)(3))					
Certain tangible					
property to be					
leased (see Regs.					
sec. 1.367(a)-2(e))					
Totals					
* If property listed in this se	ction is subject to der	preciation recapture or branch	loss recapture, see instr	uctions.	

Form 926 (Rev. 12-2017)

# Form 926 (Rev. 12-2017) URSINUS COLLEGE

23-1177930 Page 3

# Section C - Property not qualifying for Active Trade or Business exception (other than intangible property subject to section 367(d))

Type of property	<b>(a)</b> Date of transfer	<b>(b)</b> Description of property		<b>(c)</b> arket value on e of transfer	<b>(d)</b> Cost or other basis		(e) cognized on ansfer*
Inventory							
Installment							
obligations, etc. (as							
described in Regs.							
sec. 1.367(a)-							
2(c)(2))							
Nonfunctional							
currency, etc. (as							
described in Regs.							
sec. 1.367(a)-							
<u>2(c)(3))</u>							
Certain leased							
tangible property							
(as described in							
Regs. sec.							
1.367(a)-2(c)(4))							
Certain property	-						
to be retransferred	-						
(see Regs. sec.	-						
1.367(a)-2(g))							
Property described							
in Regs. sec.							
1.6038B-1(c)(4)(iv)							
Property described							
in Regs. sec.							
1.6038B-1(c)(4)(vii)							
Totals							
	tion is subject to de	preciation recapture or branch	loss reca	apture, see instru	ictions.	•	
		ify for the trade or business ex			-	Yes	No
12 Indicate whether the t	ransferor was require	ed to recognize income under f	inal and	Temporary Regu			
sections 1.367(a)-2 thr					EE STATEMENT	5	
a Transfer of property su		(a)(1) gain recognition			[	Yes	No No
<b>b</b> Depreciation recapture					[	Yes	No No
c Branch loss recapture					[	Yes	No No
d If the answer to 12c is	"Yes," enter the am	ount of foreign branch loss rec	apture	▶ \$			
If the answer to line 12	2a, 12b, 12c, or 12e i	ntained in the above-reference is "Yes," see instructions for in	formatio		cluded in	Yes	No No
		i <u>red To Be Reported</u> section b r <b>Regs. sec. 1.367(a)-1(</b>					
Type of	(a)	(b)	(c)	(d)	(e)		(f)
property	Date of transfer	Description of property	Useful life		ce Cost or other		e inclusion for of transfer
Property described							
in sec. 936(h)(3)(B)							
Property subject							
to sec. 367(d)							
pursuant to Regs.							
sec. 1.367(a)-1(b)(5)							
Totals							

# Form 926 (Rev. 12-2017)

13 a	Did the transferor transfer property described in section 936(h)(3)(B) (not including section 1221(a)(3)		
	property or a working interest in oil and gas property)?	Yes	No No
b	If the answer to line 13a is "Yes," enter the total amount included in income under section 367(d),		
	if any, for the transfer of all such property on the income tax return for the year of the		
	transfer > \$		
14 a	Did the transferor apply section 367(d) to a transfer of any property pursuant to Regulations section		
	1.367(a)-1(b)(5)?	Yes	No
b	If the answer to line 14a is "Yes," enter the total amount included in income under section 367(d),		
	if any, for the transfer of all such property on the income tax return for the year of the		
	transfer > \$		
с	If the answer to line 14a is "No," did the transferor transfer any property for which it could have applied		
	section 367(d) pursuant to Regulations section 1.367(a)-1(b)(5) but did not?	Yes	No No
d	If the answer to line 14c is "Yes," enter the total amount of gain recognized, if any, under		
	section 367(a)(1) on the transfer of all such property on the income tax return for the year of the		
	transfer <b>&gt;</b> \$		
15 a	Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life		
	reasonably anticipated to exceed twenty years?	Yes	No No
b	At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?	Yes	No No
с	Did the transferor choose to apply the 20-year inclusion period provided under Regulations section		
	1.367(d)-1(c)(3)(ii) for any intangible property?	Yes	No No
d	If the answer to line 15c is "Yes," enter the total estimated anticipated income or cost		
	reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond		
	the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ▶ \$		
16	Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any		
	time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?	Yes	No No
_			
	plemental Part III Information Required To Be Reported (see instructions)		
S	EE STATEMENT 4		

# Part IV Additional Information Regarding Transfer of Property (see instructions)

17	Enter the transferor's interest in the foreign transferee corporation before and after the transfer.		
	(a) Before % (b) After %		
18	Type of nonrecognition transaction (see instructions)  TRC SECTION 351		
19	Indicate whether any transfer reported in Part III is subject to any of the following.		
а	Gain recognition under section 904(f)(3)	Yes	X No
b	Gain recognition under section 904(f)(5)(F)	Yes	X No
с	Recapture under section 1503(d)	Yes	X No
d	Exchange gain under section 987	Yes	X No
20	Did this transfer result from a change in entity classification?	Yes	X No
21 a	Did a domestic corporation make a distribution of property covered by section 367(e)(2) (see instructions)?	Yes	X No
	If "Yes," complete lines 21b and 21c.		
b	Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)	\$	
с	Did the domestic corporation not recognize gain or loss on the distribution of property because the		
	property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?	Yes	No

Form 926 (Rev. 12-2017)

### FORM 926

STATEMENT 4

STATEMENT PURSUANT TO 1.351-3(A) BY URSINUS COLLEGE A SIGNIFICANT TRANSFEROR

NAME AND EMPLOYER IDENTIFICATION NUMBER OF TRANSFEREE CORPORATION: NAME: MOORE MACRO MANAGERS FUND, LTD REFERENCE ID NUMBER: HCTR 001

DATE(S) OF TRANSFER(S) OF ASSETS:

AUGUST 1, 2017

AGGREGATE FAIR MARKET VALUE AND BASIS OF PROPERTY TRANSFERRED: FAIR MARKET VALUE: \$149,735 (CASH) BASIS: \$149,735

DATE AND CONTROL NUMBER OF PRIVATE LETTER RULING(S) ISSUED BY THE IRS IN CONNECTION WITH THE EXCHANGE:

N/A

FORM 926 ADDITIONAL INFORMATION REQUIRED BY TEMPORARY STATEMENT 5 REGULATION SECTIONS 1.6038B-1T(C)(4)(III) 1.6038B-1T(C)(5)(I), (II), (III), (IV), AND (VII)

STATEMENT ATTACHED TO AND MADE PART OF FORM 990 U.S. INCOME INFORMATION RETURN FOR A CORPORATION FOR TAXABLE YEAR-ENDED JUNE 30, 2018

STATEMENT FILED PURSUANT TO TREAS. REG. SECTION 1.6038B-1(C) AND TEMP. REG. SECTION 1.6038B-1T(C)

1) TRANSFEROR: URSINUS COLLEGE, 601 EAST MAIN STREET, COLLEGEVILLE, PA EIN: 23-1177930

HIRTLE CALLAGHAN TOTAL RETURN OFFSHORE FUND II LTD., EIN: N/A

2) TRANSFEREE: MOORE MACRO MANAGERS FUND, LTD, 1251 AVENUE OF THE AMERICAS, 53RD FLOOR, NEW YORK, NY 10020, COUNTRY OF INCORPORATION: CAYMAN ISLANDS REFERENCE ID NUMBER: HCTR 001

ON AUGUST 1, 2017, HIRTLE CALLAGHAN TOTAL RETURN OFFSHORE FUND II LTD. CONTRIBUTED CASH IN THE AMOUNT OF \$149,735 (HAVING A FAIR MARKET VALUE AND BASIS OF \$149,735) TO THE CAPITAL OF MOORE MACRO MANAGERS FUND, LTD IN AN IRC 351 EXCHANGE.

3) HIRTLE CALLAGHAN TOTAL RETURN OFFSHORE FUND II LTD. RECEIVED A DEEMED ISSUANCE OF COMMON SHARES OF MOORE MACRO MANAGERS FUND, LTD IN THE EXCHANGE.

4) PROPERTY TRANSFERRED:

CASH (AUGUST 1, 2017) FAIR MARKET VALUE: \$149,735 BASIS: \$149,735

**PROPERTY TRANSFERRED:** 

4(I)ACTIVE BUSINESS PROPERTY - N/A 4(II)STOCK OR SECURITIES TRANSFERRED - N/A 4(III)DEPRECIATED PROPERTY - N/A 4(IV)PROPERTY TO BE LEASED - N/A 4(V)PROPERTY TO BE SOLD - N/A 4(VI)TRANSFERS TO A FSC - N/A 4(VII)TAINTED PROPERTY - N/A 4(VII)FOREIGN LOSS BRANCH -N/A 4(IX)OTHER INTANGIBLES - N/A

5) TRANSFER OF FOREIGN LOSS BRANCH PROPERTY - N/A 5(I)BRANCH OPERATION - N/A 5(II)BRANCH PROPERTY - N/A 5(III)PREVIOUSLY DEDUCTED LOSSES - N/A 5(IV)CHARACTER OF GAIN - N/A

6)ASSETS TRANSFERRED IN AN EXCHANGE DESCRIBED IN CODE SEC. 361(A) OR 361(B) – N/A  $\,$ 

Form <b>926</b>
(Rev. December 2017)
Department of the Treasury Internal Revenue Service

# Return by a U.S. Transferor of Property to a Foreign Corporation Go to www.irs.gov/Form926 for instructions and the latest information.

OMB No. 1545-0026

Attach to your income tax return for the year of the transfer or distribution.

Attachment Sequence No. **128** 

Part I U.S. Transferor Information (see instructions)	
Name of transferor	Identifying number (see instructions)
URSINUS COLLEGE	
	23-1177930
1 If the transferor was a corporation, complete questions 1a through 1d.	
a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c))	
fewer domestic corporations?	Yes X No
<b>b</b> Did the transferor remain in existence after the transfer?	
If not, list the controlling shareholder(s) and their identifying number(s).	
Controlling shareholder	Identifying number
c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent co	rporation? Yes X No
If not, list the name and employer identification number (EIN) of the parent corporation.	
Name of parent corporation	EIN of parent corporation
d Have basis adjustments under section 367(a)(5) been made?	Yes X No
2 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such	ch under section 367), complete
questions 2a through 2d.	
a List the name and EIN of the transferor's partnership.	
Name of partnership	EIN of partnership
HIRTLE CALLAGHAN TOTAL RETURN OFFSHORE FUND II	
LTD.	
<b>b</b> Did the partner pick up its pro rata share of gain on the transfer of partnership assets?	Yes X No
c Is the partner disposing of its entire interest in the partnership?	
d is the partner disposing of an interest in a limited partnership that is regularly traded on an established	
securities market?	Yes X No
Part II Transferee Foreign Corporation Information (see instructions)	
3 Name of transferee (foreign corporation)	4a Identifying number, if any
AQR ABSOLUTE RETURN OFFSHORE FUND LTD	98-0340176
5 Address (including country)	4b Reference ID number
190 ELGIN AVENUE	
CAMANDA BAY, CAYMAN ISLANDS KY1-9007 CAYMAN ISLANDS	HCTR 002
6 Country code of country of incorporation or organization	
СЈ	
7 Foreign law characterization (see instructions)	
CORPORATION	
8 Is the transferee foreign corporation a controlled foreign corporation?	Yes X No
LHA For Paperwork Reduction Act Notice, see separate instructions.	Form <b>926</b> (Rev. 12-2017)

Part III Information Regarding Transfer of Property (see instructions)

# Section A - Cash. Stock. and Securities

Regs. sec. 1.367(a)-2(b)(3))

ection A - Cash, Stock, and Securities								
<b>(a)</b> Date of transfer	<b>(b)</b> Description of property	<b>(c)</b> Fair market value on date of transfer	<b>(d)</b> Cost or other basis	<b>(e)</b> Gain recognized on transfer				
08/01/2017		133,310.						
	(a) Date of transfer	(a) (b) Date of Description of	(a) (b) (c) Date of Description of transfer property date of transfer	(a)(b)(c)(d)Date of transferDescription of propertyFair market value on date of transferCost or other basis				

9	Was cash the only property transferred?		X Yes	🗌 No
	If "Yes," skip the remainder of Part III and	go to Part IV.		

Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain 10 recognition agreement was filed?

# Section B - Property qualifying for Active Trade or Business exception under Regs. sec. 1.367(a)-2(a)(2)(i) and (ii)

				<u> </u>	$\Lambda \Lambda \Lambda I$
Type of property	<b>(a)</b> Date of transfer	<b>(b)</b> Description of property	<b>(c)</b> Fair market value on date of transfer	<b>(d)</b> Cost or other basis	<b>(e)</b> Gain recognized on transfer*
Tangible property					
(not listed under					
another category)					
Working interest in					
oil and gas property					
as described in					
Regs. sec.					
1.367(a)-2(b)(2)					
and (f))					
Financial asset (as					
described in Regs.					
sec. 1.367(a)-					
2(b)(3))					
Certain tangible					
property to be					
eased (see Regs.					
sec. 1.367(a)-2(e))					
Totals					
* If property listed in this sec	tion is subject to dep	preciation recapture or branch	loss recapture, see instr	uctions.	

Form 926 (Rev. 12-2017)

Yes

🗌 No

# Form 926 (Rev. 12-2017) URSINUS COLLEGE

23-1177930 Page 3

# Section C - Property not qualifying for Active Trade or Business exception (other than intangible property subject to section 367(d))

Type of property	<b>(a)</b> Date of transfer	<b>(b)</b> Description of property		<b>(c)</b> arket value on e of transfer	<b>(d)</b> Cost or other basis		(e) cognized on insfer*
Inventory							
Installment							
obligations, etc. (as							
described in Regs.							
sec. 1.367(a)-							
2(c)(2))							
Nonfunctional							
currency, etc. (as							
described in Regs.							
sec. 1.367(a)-							
<u>2(c)(3))</u>							
Certain leased							
tangible property							
(as described in							
Regs. sec.							
1.367(a)-2(c)(4))							
Certain property							
to be retransferred							
(see Regs. sec.							
1.367(a)-2(g))							
Property described							
in Regs. sec.							
1.6038B-1(c)(4)(iv)							
Property described							
in Regs. sec.							
1.6038B-1(c)(4)(vii)							
Totals							
	tion is subject to de	preciation recapture or branch	loss reca	apture, see instru	ictions.	•	
		ify for the trade or business ex			r	Yes	No
12 Indicate whether the t	ransferor was require	ed to recognize income under f	inal and	Temporary Regu			
sections 1.367(a)-2 thr					EE STATEMENT	· 7	
a Transfer of property su		(a)(1) gain recognition			[	Yes	No No
<b>b</b> Depreciation recapture					[	Yes	🗌 No
c Branch loss recapture					[	Yes	🗌 No
d If the answer to 12c is	"Yes," enter the am	ount of foreign branch loss rec	apture	▶ \$			
If the answer to line 12	2a, 12b, 12c, or 12e i	ntained in the above-reference is "Yes," see instructions for in	formatio		cluded in	Yes	No No
		i <u>red To Be Reported</u> section b r <b>Regs. sec. 1.367(a)-1(</b>					
Type of				(പ)	(a)		(5)
property	<b>(a)</b> Date of transfer	<b>(b)</b> Description of property	<b>(c)</b> Useful life	<b>(d)</b> Arm's length pri on date of trans			(f) inclusion for of transfer
Property described							
in sec. 936(h)(3)(B)							
Property subject							
to sec. 367(d)							
pursuant to Regs.							
sec. 1.367(a)-1(b)(5)							
Totals							

# Form 926 (Rev. 12-2017)

13 a	Did the transferor transfer property described in section 936(h)(3)(B) (not including section 1221(a)(3)		
	property or a working interest in oil and gas property)?	Yes	No No
b	If the answer to line 13a is "Yes," enter the total amount included in income under section 367(d),		
	if any, for the transfer of all such property on the income tax return for the year of the		
	transfer > \$		
14 a	Did the transferor apply section 367(d) to a transfer of any property pursuant to Regulations section		
	1.367(a)·1(b)(5)?	Yes	No No
b	If the answer to line 14a is "Yes," enter the total amount included in income under section 367(d),		
	if any, for the transfer of all such property on the income tax return for the year of the		
	transfer 🕨 \$		
с	If the answer to line 14a is "No," did the transferor transfer any property for which it could have applied		
	section 367(d) pursuant to Regulations section 1.367(a)-1(b)(5) but did not?	Yes	No No
d	If the answer to line 14c is "Yes," enter the total amount of gain recognized, if any, under		
	section 367(a)(1) on the transfer of all such property on the income tax return for the year of the		
	transfer		
15 a	Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life		
	reasonably anticipated to exceed twenty years?	Yes	No No
b	At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?	Yes	No No
с	Did the transferor choose to apply the 20-year inclusion period provided under Regulations section		
	1.367(d)-1(c)(3)(ii) for any intangible property?	Yes	No
d	If the answer to line 15c is "Yes," enter the total estimated anticipated income or cost		
	reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond		
	the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) <b>*</b>		
16	Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any		
	time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?	Yes	No
	, T		
Sup	plemental Part III Information Required To Be Reported (see instructions)		
	EE STATEMENT 6		

# Part IV Additional Information Regarding Transfer of Property (see instructions)

17	Enter the transferor's interest in the foreign transferee corporation before and after the transfer.		
	(a) Before % (b) After %		
18	Type of nonrecognition transaction (see instructions)  TRC SECTION 351		
19	Indicate whether any transfer reported in Part III is subject to any of the following.		
а	Gain recognition under section 904(f)(3)	Yes	X No
b	Gain recognition under section 904(f)(5)(F)	Yes	X No
с	Recapture under section 1503(d)	Yes	X No
d	Exchange gain under section 987	Yes	X No
20	Did this transfer result from a change in entity classification?	Yes	X No
21 a	Did a domestic corporation make a distribution of property covered by section 367(e)(2) (see instructions)?	Yes	X No
	If "Yes," complete lines 21b and 21c.		
b	Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)	\$	
с	Did the domestic corporation not recognize gain or loss on the distribution of property because the		
	property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?	Yes	No

Form 926 (Rev. 12-2017)

### FORM 926

STATEMENT 6

STATEMENT PURSUANT TO 1.351-3(A) BY URSINUS COLLEGE A SIGNIFICANT TRANSFEROR

NAME AND EMPLOYER IDENTIFICATION NUMBER OF TRANSFEREE CORPORATION: NAME: AQR ABSOLUTE RETURN OFFSHORE FUND LTD REFERENCE ID NUMBER: HCTR 002

DATE(S) OF TRANSFER(S) OF ASSETS:

AUGUST 1, 2017

AGGREGATE FAIR MARKET VALUE AND BASIS OF PROPERTY TRANSFERRED: FAIR MARKET VALUE: \$133,310 (CASH) BASIS: \$133,310

DATE AND CONTROL NUMBER OF PRIVATE LETTER RULING(S) ISSUED BY THE IRS IN CONNECTION WITH THE EXCHANGE:

N/A

FORM 926 ADDITIONAL INFORMATION REQUIRED BY TEMPORARY STATEMENT 7 REGULATION SECTIONS 1.6038B-1T(C)(4)(III) 1.6038B-1T(C)(5)(I), (II), (III), (IV), AND (VII)

STATEMENT ATTACHED TO AND MADE PART OF FORM 990 U.S. INCOME INFORMATION RETURN FOR A CORPORATION FOR TAXABLE YEAR-ENDED JUNE 30, 2018

STATEMENT FILED PURSUANT TO TREAS. REG. SECTION 1.6038B-1(C) AND TEMP. REG. SECTION 1.6038B-1T(C)

1) TRANSFEROR: URSINUS COLLEGE, 601 EAST MAIN STREET, COLLEGEVILLE, PA EIN: 23-1177930

HIRTLE CALLAGHAN TOTAL RETURN OFFSHORE FUND II LTD., EIN: N/A

2) TRANSFEREE: AQR ABSOLUTE RETURN OFFSHORE FUND LTD, 190 ELGIN AVENUE, CAMANA BAY, CAYMAN ISLANDS KY1-9007, COUNTRY OF INCORPORATION: CAYMAN ISLANDS REFERENCE ID NUMBER: HCTR 002

ON AUGUST 1, 2017, HIRTLE CALLAGHAN TOTAL RETURN OFFSHORE FUND II LTD. CONTRIBUTED CASH IN THE AMOUNT OF \$133,310 (HAVING A FAIR MARKET VALUE AND BASIS OF \$133,310) TO THE CAPITAL OF AQR ABSOLUTE RETURN OFFSHORE FUND LTD IN AN IRC 351 EXCHANGE.

3) HIRTLE CALLAGHAN TOTAL RETURN OFFSHORE FUND II LTD. RECEIVED A DEEMED ISSUANCE OF COMMON SHARES OF AQR ABSOLUTE RETURN OFFSHORE FUND LTD IN THE EXCHANGE.

4) PROPERTY TRANSFERRED:

CASH (AUGUST 1, 2017) FAIR MARKET VALUE: \$133,310 BASIS: \$133,310

**PROPERTY TRANSFERRED:** 

4(I)ACTIVE BUSINESS PROPERTY - N/A 4(II)STOCK OR SECURITIES TRANSFERRED - N/A 4(III)DEPRECIATED PROPERTY - N/A 4(IV)PROPERTY TO BE LEASED - N/A 4(V)PROPERTY TO BE SOLD - N/A 4(VI)TRANSFERS TO A FSC - N/A 4(VII)TAINTED PROPERTY - N/A 4(VII)FOREIGN LOSS BRANCH -N/A 4(IX)OTHER INTANGIBLES - N/A

5) TRANSFER OF FOREIGN LOSS BRANCH PROPERTY - N/A 5(I)BRANCH OPERATION - N/A 5(II)BRANCH PROPERTY - N/A 5(III)PREVIOUSLY DEDUCTED LOSSES - N/A 5(IV)CHARACTER OF GAIN - N/A

6)ASSETS TRANSFERRED IN AN EXCHANGE DESCRIBED IN CODE SEC. 361(A) OR 361(B) – N/A  $\,$ 

Form <b>926</b>				
(Rev. December 2017)				
Department of the Treasury Internal Revenue Service				

# Return by a U.S. Transferor of Property to a Foreign Corporation Go to www.irs.gov/Form926 for instructions and the latest information.

OMB No. 1545-0026

Attach to your income tax return for the year of the transfer or distribution.

Attachment Sequence No. **128** 

Part I         U.S. Transferor Information (see instructions)		
Name of transferor URSINUS COLLEGE	Identifying number (see instructions)	
	23-1177930	
<ul> <li>If the transferor was a corporation, complete questions 1a through 1d.</li> <li>a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by fewer domestic corporations?</li> <li>b Did the transferor remain in existence after the transfer?</li> </ul>	Yes XNo	
If not, list the controlling shareholder(s) and their identifying number(s).		
Controlling shareholder	Identifying number	
<ul> <li>c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corpording filing in the parent corporation.</li> </ul>	ration? Yes X No	
Name of parent corporation	EIN of parent corporation	
d Have basis adjustments under section 367(a)(5) been made?	Yes X No	
<ul> <li>2 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such u questions 2a through 2d.</li> <li>a List the name and EIN of the transferor's partnership.</li> </ul>	under section 367), complete	
Name of partnership	EIN of partnership	
HIRTLE CALLAGHAN TOTAL RETURN OFFSHORE FUND II		
<ul> <li>b Did the partner pick up its pro rata share of gain on the transfer of partnership assets?</li> <li>c Is the partner disposing of its entire interest in the partnership?</li> </ul>		
<b>d</b> Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market?	Yes X No	
Part II Transferee Foreign Corporation Information (see instructions)		
3 Name of transferee (foreign corporation)	4a Identifying number, if any	
MAVERICK FUND, LTD	98-0539595	
5 Address (including country) P.O. BOX 309, UGLAND HOUSE, SOUTH CHURCH STREET GRAND CAYMAN, CAYMAN ISLANDS KY1-1104 CAYMAN ISLANDS	4b Reference ID number HCTR 003	
6 Country code of country of incorporation or organization CJ		
7 Foreign law characterization (see instructions) CORPORATION		
8 Is the transferee foreign corporation a controlled foreign corporation?	Yes X No	
LHA For Paperwork Reduction Act Notice, see separate instructions.	Form <b>926</b> (Rev. 12-2017	

Part III Information Regarding Transfer of Property (see instructions)

### Section A - Cash, Stock, and Securities

Type of property	<b>(a)</b> Date of transfer	<b>(b)</b> Description of property	<b>(c)</b> Fair market value on date of transfer	<b>(d)</b> Cost or other basis	<b>(e)</b> Gain recognized on transfer
Cash	04/01/2017		222,183.		
Stock and securities (other than those that qualify as eligible property under Regs. sec. 1.367(a)-2(b)(3))					

9	Was cash the only property transferred?	X Yes	No No
	If "Yes," skip the remainder of Part III and go to Part IV.		

10 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed?

# Section B - Property qualifying for Active Trade or Business exception under Regs. sec. 1.367(a)-2(a)(2)(i) and (ii)

				<u> </u>	$\Lambda \Lambda \Lambda I$
Type of property	<b>(a)</b> Date of transfer	<b>(b)</b> Description of property	<b>(c)</b> Fair market value on date of transfer	<b>(d)</b> Cost or other basis	<b>(e)</b> Gain recognized on transfer*
Tangible property					
(not listed under					
another category)					
Working interest in					
oil and gas property					
as described in					
Regs. sec.					
1.367(a)-2(b)(2)					
and (f))					
Financial asset (as					
described in Regs.					
sec. 1.367(a)-					
2(b)(3))					
Certain tangible					
property to be					
eased (see Regs.					
sec. 1.367(a)-2(e))					
Totals					
* If property listed in this sec	tion is subject to dep	preciation recapture or branch	loss recapture, see instr	uctions.	

Form 926 (Rev. 12-2017)

Yes

No

# Form 926 (Rev. 12-2017) URSINUS COLLEGE

23-1177930 Page 3

# Section C - Property not qualifying for Active Trade or Business exception (other than intangible property subject to section 367(d))

Type of property	<b>(a)</b> Date of transfer	<b>(b)</b> Description of property		<b>(c)</b> arket value on e of transfer	<b>(d)</b> Cost or other basis		(e) cognized on ansfer*
Inventory							
Installment							
obligations, etc. (as							
described in Regs.							
sec. 1.367(a)-							
2(c)(2))							
Nonfunctional							
currency, etc. (as							
described in Regs.							
sec. 1.367(a)-							
2(c)(3))							
Certain leased							
tangible property							
(as described in							
Regs. sec.							
1.367(a)-2(c)(4))							
Certain property							
to be retransferred							
(see Regs. sec.							
1.367(a)-2(g))							
Property described							
in Regs. sec.							
1.6038B-1(c)(4)(iv)							
Property described							
in Regs. sec.							
1.6038B-1(c)(4)(vii)							
Totals							
* If property listed in this sec	tion is subject to de	preciation recapture or branch	loss rec	apture, see instru	uctions.		
11 Did the transferor tran	sfer assets that qual	ify for the trade or business ex	ception	under section 36	7(a)(3)? [	Yes	No No
12 Indicate whether the t	ransferor was require	ed to recognize income under f	inal and	Temporary Regu	llations		
sections 1.367(a)-2 thr	ough 1.367(a)-7 for a	any of the following.		5	SEE STATEMENT	r 9	
a Transfer of property su	ubject to section 367	(a)(1) gain recognition			[	Yes	No No
<b>b</b> Depreciation recapture	э				[	Yes	🗌 No
c Branch loss recapture					[	Yes	No No
d If the answer to 12c is	"Yes," enter the am	ount of foreign branch loss rec	apture	▶ \$			
If the answer to line 12	2a, 12b, 12c, or 12e	ntained in the above-reference is "Yes," see instructions for in	formatio		ncluded in	Yes	No
		<i>ired To Be Reported</i> section b r Regs. sec. 1.367(a)-1(					
Type of	(a)	(b)	(c)	(d)	(e)		(f)
property	Date of transfer	Description of property	Useful life		ice Cost or other		e inclusion for of transfer
Property described							
in sec. 936(h)(3)(B)							
Property subject							
to sec. 367(d)							
pursuant to Regs.						_	
sec. 1.367(a)-1(b)(5)							
Totals					1		

### Form 926 (Rev. 12-2017)

13 a	Did the transferor transfer property described in section 936(h)(3)(B) (not including section 1221(a)(3)		
	property or a working interest in oil and gas property)?	Yes	No No
b	If the answer to line 13a is "Yes," enter the total amount included in income under section 367(d),		
	if any, for the transfer of all such property on the income tax return for the year of the		
	transfer > \$		
14 a	Did the transferor apply section 367(d) to a transfer of any property pursuant to Regulations section		
	1.367(a)-1(b)(5)?	Yes	No No
b	If the answer to line 14a is "Yes," enter the total amount included in income under section 367(d),		
	if any, for the transfer of all such property on the income tax return for the year of the		
	transfer 🕨 \$		
с	If the answer to line 14a is "No," did the transferor transfer any property for which it could have applied		
	section 367(d) pursuant to Regulations section 1.367(a)-1(b)(5) but did not?	Yes	No No
d	If the answer to line 14c is "Yes," enter the total amount of gain recognized, if any, under		
	section 367(a)(1) on the transfer of all such property on the income tax return for the year of the		
	transfer > \$		
15 a	Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life		
	reasonably anticipated to exceed twenty years?	Yes	No No
b	At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?	Yes	No No
с	Did the transferor choose to apply the 20-year inclusion period provided under Regulations section		
	1.367(d)·1(c)(3)(ii) for any intangible property?	Yes	No
d	If the answer to line 15c is "Yes," enter the total estimated anticipated income or cost		
	reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond		
	the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) <b>\$</b>		
16	Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any		
	time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?	Yes	No
Sup	plemental Part III Information Required To Be Reported (see instructions)		
	EE STATEMENT 8		

# Part IV Additional Information Regarding Transfer of Property (see instructions)

17	Enter the transferor's interest in the foreign transferee corporation before and after the transfer.		
	(a) Before999 % (b) After999 %		
18	Type of nonrecognition transaction (see instructions)  TRC SECTION 351		
19	Indicate whether any transfer reported in Part III is subject to any of the following.		
а	Gain recognition under section 904(f)(3)	Yes	X No
b	Gain recognition under section 904(f)(5)(F)	Yes	X No
с	Recapture under section 1503(d)	Yes	X No
d	Exchange gain under section 987	Yes	X No
20	Did this transfer result from a change in entity classification?	Yes	X No
21 a	Did a domestic corporation make a distribution of property covered by section 367(e)(2) (see instructions)?	Yes	X No
	If "Yes," complete lines 21b and 21c.		
b	Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)	\$	
с	Did the domestic corporation not recognize gain or loss on the distribution of property because the		
	property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?	Yes	No

#### FORM 926

STATEMENT 8

STATEMENT PURSUANT TO 1.351-3(A) BY URSINUS COLLEGE A SIGNIFICANT TRANSFEROR

NAME AND EMPLOYER IDENTIFICATION NUMBER OF TRANSFEREE CORPORATION: NAME: MAVERICK FUND, LTD REFERENCE ID NUMBER: HCTR 003

DATE(S) OF TRANSFER(S) OF ASSETS:

APRIL 1, 2017

AGGREGATE FAIR MARKET VALUE AND BASIS OF PROPERTY TRANSFERRED: FAIR MARKET VALUE: \$222,183(CASH) BASIS: \$222,183

DATE AND CONTROL NUMBER OF PRIVATE LETTER RULING(S) ISSUED BY THE IRS IN CONNECTION WITH THE EXCHANGE:

N/A

FORM 926 ADDITIONAL INFORMATION REQUIRED BY TEMPORARY STATEMENT 9 REGULATION SECTIONS 1.6038B-1T(C)(4)(III) 1.6038B-1T(C)(5)(I), (II), (III), (IV), AND (VII)

STATEMENT ATTACHED TO AND MADE PART OF FORM 990 U.S. INCOME INFORMATION RETURN FOR A CORPORATION FOR TAXABLE YEAR-ENDED JUNE 30, 2018

STATEMENT FILED PURSUANT TO TREAS. REG. SECTION 1.6038B-1(C) AND TEMP. REG. SECTION 1.6038B-1T(C)

1) TRANSFEROR: URSINUS COLLEGE, 601 EAST MAIN STREET, COLLEGEVILLE, PA EIN: 23-1177930

HIRTLE CALLAGHAN TOTAL RETURN OFFSHORE FUND II LTD., EIN: N/A

2) TRANSFEREE: MAVERICK FUND, LTD, P.O. BOX 309, UGLAND HOUSE, SOUTH CHURCH STREET, GRAND CAYMAN, KY1-1004, CAYMAN ISLANDS, COUNTRY OF INCORPORATION: CAYMAN ISLANDS REFERENCE ID NUMBER: HCTR 003

ON APRIL 1, 2017, HIRTLE CALLAGHAN TOTAL RETURN OFFSHORE FUND II LTD. CONTRIBUTED CASH IN THE AMOUNT OF \$222,183 (HAVING A FAIR MARKET VALUE AND BASIS OF \$222,183) TO THE CAPITAL OF MAVERICK FUND, LTD IN AN IRC 351 EXCHANGE.

3) HIRTLE CALLAGHAN TOTAL RETURN OFFSHORE FUND II LTD. RECEIVED A DEEMED ISSUANCE OF COMMON SHARES OF MAVERICK FUND, LTD IN THE EXCHANGE.

4) PROPERTY TRANSFERRED:

CASH (APRIL 1, 2017) FAIR MARKET VALUE: \$222,183 BASIS: \$222,183

**PROPERTY TRANSFERRED:** 

4(I)ACTIVE BUSINESS PROPERTY - N/A 4(II)STOCK OR SECURITIES TRANSFERRED - N/A 4(III)DEPRECIATED PROPERTY - N/A 4(IV)PROPERTY TO BE LEASED - N/A 4(V)PROPERTY TO BE SOLD - N/A 4(VI)TRANSFERS TO A FSC - N/A 4(VII)TAINTED PROPERTY - N/A 4(VII)FOREIGN LOSS BRANCH -N/A 4(IX)OTHER INTANGIBLES - N/A

5) TRANSFER OF FOREIGN LOSS BRANCH PROPERTY - N/A 5(I)BRANCH OPERATION - N/A 5(II)BRANCH PROPERTY - N/A 5(III)PREVIOUSLY DEDUCTED LOSSES - N/A 5(IV)CHARACTER OF GAIN - N/A

6)ASSETS TRANSFERRED IN AN EXCHANGE DESCRIBED IN CODE SEC. 361(A) OR 361(B) – N/A  $\,$ 

Form <b>926</b>
(Rev. December 2017)
Department of the Treasury Internal Revenue Service

# Return by a U.S. Transferor of Property to a Foreign Corporation Go to www.irs.gov/Form926 for instructions and the latest information.

OMB No. 1545-0026

Attachment Sequence No. **128** 

Internal	Revenue Service Attach to your income tax return for the year of the transfer or distribution.		Sequence	e No. 12	8
Par	t I U.S. Transferor Information (see instructions)				
	of transferor	Ider	ntifying numb	<b>er</b> (see inst	ructions)
UR	SINUS COLLEGE				
		2	<u>3-11779</u>	930	
1	If the transferor was a corporation, complete questions 1a through 1d.				
а	If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or				
	fewer domestic corporations?		Yes	X	No
	Did the transferor remain in existence after the transfer?		X Yes		No
	If not, list the controlling shareholder(s) and their identifying number(s).				
	Controlling shareholder	dentifyi	ing number		
_					
C	If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation?		Yes	X	No
-	If not, list the name and employer identification number (EIN) of the parent corporation.				
	Name of parent corporation EIN	of pare	ent corporati	ion	
d	Have basis adjustments under section 367(a)(5) been made?		Yes	X	No
2	If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under sec	otion 26	7) complete	_	
2		,11011 30	7), complete	5	
	questions 2a through 2d.				
a	List the name and EIN of the transferor's partnership.				
	Name of partnership	EIN of p	partnership		
EL	LIOTT INTERNATIONAL LTD.				
b	Did the partner pick up its pro rata share of gain on the transfer of partnership assets?		Yes	X	No
с	Is the partner disposing of its entire interest in the partnership?		Yes	X	No
	Is the partner disposing of an interest in a limited partnership that is regularly traded on an established				
	securities market?		Yes	X	No
Par	t II Transferee Foreign Corporation Information (see instructions)				
3	Name of transferee (foreign corporation)     4a	a Ident	ifying numb	<b>er</b> , if ar	ıy
$\mathbf{EL}$	LIOTT INTERNATIONAL LTD.				
5	Address (including country) 44	<b>b</b> Refer	ence ID num	ıber	
	FL, 27 HOSPITAL ROAD, BOX 940 GT		004		
-	RGETOWN, CAYMAN ISLANDS KY1-1102 CAYMAN ISLANDS   F Country code of country of incorporation or organization	IC I'K	004		
CJ					
	Foreign law characterization (see instructions) RPORATION				
8	Is the transferee foreign corporation a controlled foreign corporation?		Yes	X	No
LHA	For Paperwork Reduction Act Notice, see separate instructions.		Form <b>926</b> (	Rev. 12	-2017

Part III Information Regarding Transfer of Property (see instructions)

## Section A - Cash, Stock, and Securities

	23-1177930	Page <b>2</b>
ctions)		

Type of property	<b>(a)</b> Date of transfer	<b>(b)</b> Description of property	<b>(c)</b> Fair market value on date of transfer	<b>(d)</b> Cost or other basis	<b>(e)</b> Gain recognized on transfer	
Cash	12/31/2017		209,333.			
Stock and securities (other than those that qualify as eligible property under Regs. sec. 1.367(a)-2(b)(3))						
9 Was cash the only property transferred?						

If "Yes," skip the remainder of Part III and go to Part IV.

10 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed?

# Section B - Property qualifying for Active Trade or Business exception under Regs. sec. 1.367(a)-2(a)(2)(i) and (ii)

			•		
Type of property	<b>(a)</b> Date of transfer	<b>(b)</b> Description of property	<b>(c)</b> Fair market value on date of transfer	<b>(d)</b> Cost or other basis	<b>(e)</b> Gain recognized on transfer*
Tangible property					
(not listed under					
another category)					
Working interest in					
oil and gas property					
(as described in					
Regs. sec.					
1.367(a)-2(b)(2)					
and (f))					
Financial asset (as					
described in Regs.					
sec. 1.367(a)-					
2(b)(3))					
Certain tangible					
property to be					
leased (see Regs.					
sec. 1.367(a)-2(e))					
Totals					
* If property listed in this se	ection is subject to dep	preciation recapture or branch	loss recapture, see instr	uctions.	

Form 926 (Rev. 12-2017)

Yes

No

# Form 926 (Rev. 12-2017) URSINUS COLLEGE

23-1177930 Page 3

# Section C - Property not qualifying for Active Trade or Business exception (other than intangible property subject to section 367(d))

Type of property	<b>(a)</b> Date of transfer	<b>(b)</b> Description of property		<b>(c)</b> arket value on e of transfer	<b>(d)</b> Cost or other basis		(e) cognized on insfer*
Inventory							
Installment							
obligations, etc. (as							
described in Regs.							
sec. 1.367(a)-							
2(c)(2))							
Nonfunctional							
currency, etc. (as							
described in Regs.							
sec. 1.367(a)-							
<u>2(c)(3))</u>							
Certain leased							
tangible property							
(as described in							
Regs. sec.							
1.367(a)-2(c)(4))							
Certain property							
to be retransferred							
(see Regs. sec.							
1.367(a)-2(g))							
Property described							
in Regs. sec.							
1.6038B-1(c)(4)(iv)							
Property described							
in Regs. sec.							
1.6038B-1(c)(4)(vii)							
Totals							
* If property listed in this sec	tion is subject to dep	preciation recapture or branch	loss reca	apture, see instru	ictions.		
11 Did the transferor trans	sfer assets that quali	ify for the trade or business ex	ception (	under section 36	7(a)(3)? [	Yes	🗌 No
12 Indicate whether the te	ransferor was require	ed to recognize income under f	inal and	Temporary Regu	lations		
sections 1.367(a)-2 thr	ough 1.367(a)-7 for a	any of the following.		S	EE STATEMENT	11 י	
a Transfer of property su	ubject to section 367	(a)(1) gain recognition			[	Yes	No No
<b>b</b> Depreciation recapture	e				[	Yes	No No
c Branch loss recapture					[	Yes	No No
d If the answer to 12c is	"Yes," enter the am	ount of foreign branch loss rec	apture	▶ \$			
If the answer to line 12	2a, 12b, 12c, or 12e i	ntained in the above-reference is "Yes," see instructions for in ired To Be Reported section b	formatio		cluded in	Yes	No
		r Regs. sec. 1.367(a)-1(					
Type of	(a)	(b)	(c)	(d)	(e)		(f)
property	Date of transfer	Description of property	Useful life		ce Cost or other		inclusion for of transfer
						_	
Property described							
in sec. 936(h)(3)(B)							
Property subject							
to sec. 367(d)							
pursuant to Regs.							
sec. 1.367(a)-1(b)(5)						_	
Totals							

### Form 926 (Rev. 12-2017)

13 a	Did the transferor transfer property described in section 936(h)(3)(B) (not including section 1221(a)(3)		
	property or a working interest in oil and gas property)?	Yes	No
b	If the answer to line 13a is "Yes," enter the total amount included in income under section 367(d),		
	if any, for the transfer of all such property on the income tax return for the year of the		
	transfer 🕨 \$		
14 a	Did the transferor apply section 367(d) to a transfer of any property pursuant to Regulations section		
	1.367(a)-1(b)(5)?	Yes	No No
b	If the answer to line 14a is "Yes," enter the total amount included in income under section 367(d),		
	if any, for the transfer of all such property on the income tax return for the year of the		
	transfer <b>&gt;</b> \$		
с	If the answer to line 14a is "No," did the transferor transfer any property for which it could have applied		
	section 367(d) pursuant to Regulations section 1.367(a)-1(b)(5) but did not?	Yes	No No
d	If the answer to line 14c is "Yes," enter the total amount of gain recognized, if any, under		
	section 367(a)(1) on the transfer of all such property on the income tax return for the year of the		
	transfer 🕨 \$		
15 a	Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life		
	reasonably anticipated to exceed twenty years?	Yes	No No
b	At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?	Yes	No No
с	Did the transferor choose to apply the 20-year inclusion period provided under Regulations section		
	1.367(d)-1(c)(3)(ii) for any intangible property?	Yes	No No
d	If the answer to line 15c is "Yes," enter the total estimated anticipated income or cost		
	reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond		
	the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ▶ \$		
16	Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any		
	time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?	Yes	No No
Sup	plemental Part III Information Required To Be Reported (see instructions)		
S	EE STATEMENT 10		

# Part IV Additional Information Regarding Transfer of Property (see instructions)

17	Enter the transferor's interest in the foreign transferee corporation before and after the transfer.		
	(a) Before999 % (b) After999 %		
18	Type of nonrecognition transaction (see instructions) IRC SECTION 351		
19	Indicate whether any transfer reported in Part III is subject to any of the following.		
а	Gain recognition under section 904(f)(3)	Yes	X No
b	Gain recognition under section 904(f)(5)(F)	Yes	X No
с	Recapture under section 1503(d)	Yes	X No
d	Exchange gain under section 987	Yes	X No
20	Did this transfer result from a change in entity classification?	Yes	X No
21 a	Did a domestic corporation make a distribution of property covered by section 367(e)(2) (see instructions)?	Yes	X No
	If "Yes," complete lines 21b and 21c.		
b	Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)	\$	
с	Did the domestic corporation not recognize gain or loss on the distribution of property because the		
	property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?	Yes	No

#### FORM 926

STATEMENT 10

STATEMENT PURSUANT TO 1.351-3(A) BY URSINUS COLLEGE A SIGNIFICANT TRANSFEROR

NAME AND EMPLOYER IDENTIFICATION NUMBER OF TRANSFEREE CORPORATION: NAME: ELLIOTT INTERNATIONAL LTD. REFERENCE ID NUMBER: HCTR 004

DATE(S) OF TRANSFER(S) OF ASSETS:

DECEMBER 31, 2017

AGGREGATE FAIR MARKET VALUE AND BASIS OF PROPERTY TRANSFERRED: FAIR MARKET VALUE: \$209,333(CASH) BASIS: \$209,333

DATE AND CONTROL NUMBER OF PRIVATE LETTER RULING(S) ISSUED BY THE IRS IN CONNECTION WITH THE EXCHANGE:

N/A

FORM 926 ADDITIONAL INFORMATION REQUIRED BY TEMPORARY STATEMENT 11 REGULATION SECTIONS 1.6038B-1T(C)(4)(III) 1.6038B-1T(C)(5)(I), (II), (III), (IV), AND (VII)

STATEMENT ATTACHED TO AND MADE PART OF FORM 990 U.S. INCOME INFORMATION RETURN FOR A CORPORATION FOR TAXABLE YEAR-ENDED JUNE 30, 2018

STATEMENT FILED PURSUANT TO TREAS. REG. SECTION 1.6038B-1(C) AND TEMP. REG. SECTION 1.6038B-1T(C)

1) TRANSFEROR: URSINUS COLLEGE, 601 EAST MAIN STREET, COLLEGEVILLE, PA EIN: 23-1177930

HIRTLE CALLAGHAN TOTAL RETURN OFFSHORE FUND II LTD., EIN: N/A

2) TRANSFEREE: ELLIOTT INTERNATIONAL LTD, 4TH FL, 27 HOSPITAL ROAD, BOX 940GT, GEORGETOWN, KY1-1102 CAYMAN ISLANDS, COUNTRY OF INCORPORATION: CAYMAN ISLANDS REFERENCE ID NUMBER: HCTR 004

ON VARIOUS DATES, HIRTLE CALLAGHAN TOTAL RETURN OFFSHORE FUND II LTD. CONTRIBUTED CASH IN THE AMOUNT OF \$209,333 (HAVING A FAIR MARKET VALUE AND BASIS OF \$209,333) TO THE CAPITAL OF ELLIOTT INTERNATIONAL LTD. IN AN IRC 351 EXCHANGE.

3) HIRTLE CALLAGHAN TOTAL RETURN OFFSHORE FUND II LTD. RECEIVED A DEEMED ISSUANCE OF COMMON SHARES OF ELLIOTT INTERNATIONAL LTD. IN THE EXCHANGE.

4) PROPERTY TRANSFERRED:

CASH (VARIOUS DATES) FAIR MARKET VALUE: \$209,333 BASIS: \$209,333

**PROPERTY TRANSFERRED:** 

4(I)ACTIVE BUSINESS PROPERTY - N/A 4(II)STOCK OR SECURITIES TRANSFERRED - N/A 4(III)DEPRECIATED PROPERTY - N/A 4(IV)PROPERTY TO BE LEASED - N/A 4(V)PROPERTY TO BE SOLD - N/A 4(VI)TRANSFERS TO A FSC - N/A 4(VII)TAINTED PROPERTY - N/A 4(VII)FOREIGN LOSS BRANCH -N/A 4(IX)OTHER INTANGIBLES - N/A

5) TRANSFER OF FOREIGN LOSS BRANCH PROPERTY - N/A 5(I)BRANCH OPERATION - N/A 5(II)BRANCH PROPERTY - N/A 5(III)PREVIOUSLY DEDUCTED LOSSES - N/A 5(IV)CHARACTER OF GAIN - N/A

6)ASSETS TRANSFERRED IN AN EXCHANGE DESCRIBED IN CODE SEC. 361(A) OR 361(B) – N/A  $\,$ 

Form <b>926</b>
(Rev. December 2017)
Department of the Treasury Internal Revenue Service

# Return by a U.S. Transferor of Property to a Foreign Corporation Go to www.irs.gov/Form926 for instructions and the latest information.

OMB No. 1545-0026

Attach to your income tax return for the year of the transfer or distribution.

Attachment Sequence No. **128** 

Part I U.S. Transferor Information (see instructions)	
Name of transferor	Identifying number (see instructions)
URSINUS COLLEGE	
	23-1177930
1 If the transferor was a corporation, complete questions 1a through 1d.	
a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5	
fewer domestic corporations?	
<b>b</b> Did the transferor remain in existence after the transfer?	X Yes No
If not, list the controlling shareholder(s) and their identifying number(s).	
Controlling shareholder	Identifying number
<ul> <li>c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporal If not, list the name and employer identification number (EIN) of the parent corporation.</li> </ul>	ition? Yes X No
Name of parent corporation	EIN of parent corporation
d Have basis adjustments under section 367(a)(5) been made?	Yes X No
<ul> <li>2 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such ur questions 2a through 2d.</li> <li>a List the name and EIN of the transferor's partnership.</li> </ul>	nder section 367), complete
Name of partnership	EIN of partnership
LTD.	
	Yes X No
<ul> <li>b Did the partner pick up its pro rata share of gain on the transfer of partnership assets?</li> <li>c Is the partner disposing of its entire interest in the partnership?</li> </ul>	
d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established	
	Yes X No
securities market? Part II Transferee Foreign Corporation Information (see instructions)	Yes X No
3 Name of transferee (foreign corporation)	4a Identifying number, if any
MOON CAPITAL GLOBAL EQUITY OFFSHORE FUND, LTD	
5 Address (including country)	4b Reference ID number
PO BOX 2681, BOUNDRY HALL, HUTCHINS DRIVE	
GRAND CAYMAN, CAYMAN ISLANDS KY1-1111 CAYMAN ISLANDS	HCTR 005
6 Country code of country of incorporation or organization CJ	
7 Foreign law characterization (see instructions)	
CORPORATION	
8 Is the transferee foreign corporation a controlled foreign corporation?	Yes X No
LHA For Paperwork Reduction Act Notice, see separate instructions.	Form <b>926</b> (Rev. 12-2017
724531 12-28-17	

Part III Information Regarding Transfer of Property (see instructions)

### Section A - Cash, Stock, and Securities

Yes

🗌 No

Type of property	<b>(a)</b> Date of transfer	<b>(b)</b> Description of property	<b>(c)</b> Fair market value on date of transfer	<b>(d)</b> Cost or other basis	<b>(e)</b> Gain recognized on transfer
Cash	12/01/2017		123,047.		
Stock and securities (other than those that qualify as eligible property under Regs. sec. 1.367(a)-2(b)(3))					
9 Was cash the only pro	operty transferred?			[	X Yes No

9 Was cash the only property transferred? If "Yes," skip the remainder of Part III and go to Part IV.

10 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed?

# Section B - Property qualifying for Active Trade or Business exception under Regs. sec. 1.367(a)-2(a)(2)(i) and (ii)

	<u> </u>				
Type of property	<b>(a)</b> Date of transfer	<b>(b)</b> Description of property	<b>(c)</b> Fair market value on date of transfer	<b>(d)</b> Cost or other basis	<b>(e)</b> Gain recognized on transfer*
Tangible property					
(not listed under					
another category)					
Working interest in					
oil and gas property					
(as described in					
Regs. sec.					
1.367(a)-2(b)(2)					
and (f))					
Financial asset (as					
described in Regs.					
sec. 1.367(a)-					
2(b)(3))					
Certain tangible					
property to be					
leased (see Regs.					
sec. 1.367(a)-2(e))					
Totals					
* If property listed in this sec	tion is subject to dep	reciation recapture or branch	loss recapture, see instr	uctions.	

# Form 926 (Rev. 12-2017) URSINUS COLLEGE

23-1177930 Page 3

# Section C - Property not qualifying for Active Trade or Business exception (other than intangible property subject to section 367(d))

Type of property	<b>(a)</b> Date of transfer	<b>(b)</b> Description of property		<b>(c)</b> arket value on e of transfer	<b>(d)</b> Cost or other basis		(e) cognized on ansfer*
Inventory							
Installment							
obligations, etc. (as							
described in Regs.							
sec. 1.367(a)-							
2(c)(2))							
Nonfunctional							
currency, etc. (as							
described in Regs.							
sec. 1.367(a)-							
2(c)(3))							
Certain leased							
tangible property							
(as described in							
Regs. sec.							
1.367(a)-2(c)(4))							
Certain property							
to be retransferred							
(see Regs. sec.							
1.367(a)-2(g))							
Property described							
in Regs. sec.							
1.6038B-1(c)(4)(iv)							
Property described							
in Regs. sec.							
1.6038B-1(c)(4)(vii)							
Totals							
	tion is subject to de	preciation recapture or branch	loss rec	apture, see instru	uctions.	•	
		ify for the trade or business ex			r	Yes	No
12 Indicate whether the t	ransferor was require	ed to recognize income under f	inal and	Temporary Regu			
sections 1.367(a)-2 thr					SEE STATEMENT	r 13	
a Transfer of property su		(a)(1) gain recognition			[	Yes	No No
<b>b</b> Depreciation recapture	-				[	Yes	No No
c Branch loss recapture					[	Yes	No No
d If the answer to 12c is	"Yes," enter the am	ount of foreign branch loss rec	apture	▶ \$			
If the answer to line 12	2a, 12b, 12c, or 12e i	ntained in the above-reference is "Yes," see instructions for in	formatio		ncluded in	Yes	No
		<i>ired To Be Reported</i> section b r <b>Regs. sec. 1.367(a)-1(</b>					
Type of	(a)	(b)	(c)	(d)	(e)		(f)
property	Date of transfer	Description of property	Useful life		ice Cost or other		e inclusion for of transfer
Property described							
in sec. 936(h)(3)(B)							
Property subject							
to sec. 367(d)							
pursuant to Regs.							
sec. 1.367(a)-1(b)(5)							
Totals							

### Form 926 (Rev. 12-2017)

13 a	Did the transferor transfer property described in section 936(h)(3)(B) (not including section 1221(a)(3)		
	property or a working interest in oil and gas property)?	Yes	No
b	If the answer to line 13a is "Yes," enter the total amount included in income under section 367(d),		
	if any, for the transfer of all such property on the income tax return for the year of the		
	transfer <b>&gt;</b> \$		
14 a	Did the transferor apply section 367(d) to a transfer of any property pursuant to Regulations section		
	1.367(a)-1(b)(5)?	Yes	No
b	If the answer to line 14a is "Yes," enter the total amount included in income under section 367(d),		
	if any, for the transfer of all such property on the income tax return for the year of the		
	transfer 🕨 \$		
с	If the answer to line 14a is "No," did the transferor transfer any property for which it could have applied		
	section 367(d) pursuant to Regulations section 1.367(a)-1(b)(5) but did not?	Yes	No No
d	If the answer to line 14c is "Yes," enter the total amount of gain recognized, if any, under		
	section 367(a)(1) on the transfer of all such property on the income tax return for the year of the		
	transfer 🕨 \$		
15 a	Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life		
	reasonably anticipated to exceed twenty years?	Yes	No
b	At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?	Yes	No
с	Did the transferor choose to apply the 20-year inclusion period provided under Regulations section		
	1.367(d)·1(c)(3)(ii) for any intangible property?	Yes	No
d	If the answer to line 15c is "Yes," enter the total estimated anticipated income or cost		
	reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond		
	the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) 🕨 💺		
16	Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any		
	time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?	Yes	No
	plemental Part III Information Required To Be Reported (see instructions)		
S	EE STATEMENT 12		

# Part IV Additional Information Regarding Transfer of Property (see instructions)

17	Enter the transferor's interest in the foreign transferee corporation before and after the transfer.		
	(a) Before % (b) After %		
18	Type of nonrecognition transaction (see instructions)  IRC SECTION 351		
19	Indicate whether any transfer reported in Part III is subject to any of the following.		
а	Gain recognition under section 904(f)(3)	Yes	X No
b	Gain recognition under section 904(f)(5)(F)	Yes	X No
с	Recapture under section 1503(d)	Yes	X No
d	Exchange gain under section 987	Yes	X No
20	Did this transfer result from a change in entity classification?	Yes	X No
21 a	Did a domestic corporation make a distribution of property covered by section 367(e)(2) (see instructions)?	Yes	X No
	If "Yes," complete lines 21b and 21c.		
b	Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)	\$	
с	Did the domestic corporation not recognize gain or loss on the distribution of property because the		
	property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?	Yes	No No

### FORM 926

STATEMENT 12

STATEMENT PURSUANT TO 1.351-3(A) BY URSINUS COLLEGE A SIGNIFICANT TRANSFEROR

NAME AND EMPLOYER IDENTIFICATION NUMBER OF TRANSFEREE CORPORATION: NAME: MOON CAPITAL GLOBAL EQUITY OFFSHORE FUND, LTD REFERENCE ID NUMBER: HCTR 005

DATE(S) OF TRANSFER(S) OF ASSETS:

DECEMBER 1, 2017

AGGREGATE FAIR MARKET VALUE AND BASIS OF PROPERTY TRANSFERRED: FAIR MARKET VALUE: \$123,047(CASH) BASIS: \$123,047

DATE AND CONTROL NUMBER OF PRIVATE LETTER RULING(S) ISSUED BY THE IRS IN CONNECTION WITH THE EXCHANGE:

N/A

FORM 926 ADDITIONAL INFORMATION REQUIRED BY TEMPORARY STATEMENT 13 REGULATION SECTIONS 1.6038B-1T(C)(4)(III) 1.6038B-1T(C)(5)(I), (II), (III), (IV), AND (VII)

STATEMENT ATTACHED TO AND MADE PART OF FORM 990 U.S. INCOME INFORMATION RETURN FOR A CORPORATION FOR TAXABLE YEAR-ENDED JUNE 30, 2018

STATEMENT FILED PURSUANT TO TREAS. REG. SECTION 1.6038B-1(C) AND TEMP. REG. SECTION 1.6038B-1T(C)

1) TRANSFEROR: URSINUS COLLEGE, 601 EAST MAIN STREET, COLLEGEVILLE, PA EIN: 23-1177930

HIRTLE CALLAGHAN TOTAL RETURN OFFSHORE FUND II LTD., EIN: N/A

2) TRANSFEREE: MOON CAPITAL GLOBAL EQUITY OFFSHORE FUND, LTD, PO BOX 2681, BOUNDRY HALL, HUTCHINS DRIVE, GEORGETOWN KY1-1111, CAYMAN ISLANDS, COUNTRY OF INCORPORATION: CAYMAN ISLANDS REFERENCE ID NUMBER: HCTR 005

ON DECEMBER 1, 2017, HIRTLE CALLAGHAN TOTAL RETURN OFFSHORE FUND II LTD. CONTRIBUTED CASH IN THE AMOUNT OF \$123,047 (HAVING A FAIR MARKET VALUE AND BASIS OF \$123,047) TO THE CAPITAL OF MOON CAPITAL GLOBAL EQUITY OFFSHORE FUND, LTD IN AN IRC 351 EXCHANGE.

3) HIRTLE CALLAGHAN TOTAL RETURN OFFSHORE FUND II LTD. RECEIVED A DEEMED ISSUANCE OF COMMON SHARES OF MOON CAPITAL GLOBAL EQUITY OFFSHORE FUND, LTD IN THE EXCHANGE.

4) PROPERTY TRANSFERRED:

CASH (DECEMBER 1, 2017) FAIR MARKET VALUE: \$123,047 BASIS: \$123,047

**PROPERTY TRANSFERRED:** 

4(I)ACTIVE BUSINESS PROPERTY - N/A 4(II)STOCK OR SECURITIES TRANSFERRED - N/A 4(III)DEPRECIATED PROPERTY - N/A 4(IV)PROPERTY TO BE LEASED - N/A 4(V)PROPERTY TO BE SOLD - N/A 4(VI)TRANSFERS TO A FSC - N/A 4(VII)TAINTED PROPERTY - N/A 4(VII)FOREIGN LOSS BRANCH -N/A 4(IX)OTHER INTANGIBLES - N/A

5) TRANSFER OF FOREIGN LOSS BRANCH PROPERTY - N/A 5(I)BRANCH OPERATION - N/A 5(II)BRANCH PROPERTY - N/A 5(III)PREVIOUSLY DEDUCTED LOSSES - N/A 5(IV)CHARACTER OF GAIN - N/A

6)ASSETS TRANSFERRED IN AN EXCHANGE DESCRIBED IN CODE SEC. 361(A) OR 361(B) - N/A

Form <b>926</b>
(Rev. December 2017)
Department of the Treasury Internal Revenue Service

# Return by a U.S. Transferor of Property to a Foreign Corporation Go to www.irs.gov/Form926 for instructions and the latest information.

OMB No. 1545-0026

Attach to your income tax return for the year of the transfer or distribution.

Attachment Sequence No. **128** 

Part I U.S. Transferor Information (see instructions)	
Name of transferor	Identifying number (see instructions)
URSINUS COLLEGE	
	23-1177930
1 If the transferor was a corporation, complete questions 1a through 1d.	
a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or	
fewer domestic corporations?	
<b>b</b> Did the transferor remain in existence after the transfer?	X Yes No
If not, list the controlling shareholder(s) and their identifying number(s).	
Controlling shareholder	Identifying number
	<b>• • • •</b>
<b>c</b> If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation If not, list the name and employer identification number (EIN) of the parent corporation.	n? Yes X No
Name of parent corporation	EIN of parent corporation
d Have basis adjustments under section 367(a)(5) been made?	Yes X No
2 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under	r section 367), complete
questions 2a through 2d. <b>a</b> List the name and EIN of the transferor's partnership.	
Name of partnership	EIN of partnership
HIRTLE CALLAGHAN TOTAL RETURN OFFSHORE FUND II LTD.	
<b>b</b> Did the partner pick up its pro rata share of gain on the transfer of partnership assets?	Yes X No
c Is the partner disposing of its <b>entire</b> interest in the partnership?	
<b>d</b> Is the partner disposing of an interest in a limited partnership that is regularly traded on an established	
securities market?	Yes X No
Part II Transferee Foreign Corporation Information (see instructions)	
3 Name of transferee (foreign corporation)	4a Identifying number, if any
PIMCO MULTI ASSET ALTERNATIVE RISK PREMIA STRATEGY OFFS	98-1343733
5 Address (including country)	4b Reference ID number
650 NEWPORT CENTER DRIVE	
NEWPORT BEACH, CA 92600 CAYMAN ISLANDS	HCTR 006
6 Country code of country of incorporation or organization CJ	
7 Foreign law characterization (see instructions)	
CORPORATION	
8 Is the transferee foreign corporation a controlled foreign corporation?	Yes X No
LHA For Paperwork Reduction Act Notice, see separate instructions.	Form <b>926</b> (Rev. 12-2017)
724531 12-28-17	

Part III Information Regarding Transfer of Pro

### Section A - Cash, Stock, and Securities

	23-1177930	Page 2
<b>pperty</b> (see instructions)		

23-1177930

Yes

No

Type of property	<b>(a)</b> Date of transfer	<b>(b)</b> Description of property	<b>(c)</b> Fair market value on date of transfer	<b>(d)</b> Cost or other basis	<b>(e)</b> Gain recognized on transfer
Cash	11/01/2017		485,712.		
Stock and securities (other than those that qualify as eligible property under Regs. sec. 1.367(a)-2(b)(3))					
9 Was cash the only pro	operty transferred?				X Yes No

If "Yes," skip the remainder of Part III and go to Part IV.

Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain 10 recognition agreement was filed?

# Section B - Property qualifying for Active Trade or Business exception under Regs. sec. 1.367(a)-2(a)(2)(i) and (ii)

	1 7 5			<u> </u>	
Type of property	<b>(a)</b> Date of transfer	<b>(b)</b> Description of property	<b>(c)</b> Fair market value on date of transfer	<b>(d)</b> Cost or other basis	<b>(e)</b> Gain recognized on transfer*
Tangible property					
(not listed under					
another category)					
Working interest in					
oil and gas property					
(as described in					
Regs. sec.					
1.367(a)-2(b)(2)					
and (f))					
Financial asset (as					
described in Regs.					
sec. 1.367(a)-					
2(b)(3))					
Certain tangible					
property to be					
leased (see Regs.					
sec. 1.367(a)-2(e))					
Totals					
* If property listed in this see	ction is subject to der	preciation recapture or branch	loss recapture, see instr	uctions.	

# Form 926 (Rev. 12-2017) URSINUS COLLEGE

23-1177930 Page 3

# Section C - Property not qualifying for Active Trade or Business exception (other than intangible property subject to section 367(d))

Type of property	<b>(a)</b> Date of transfer	<b>(b)</b> Description of property		<b>(c)</b> arket value on e of transfer	<b>(d)</b> Cost or other basis		(e) cognized on ansfer*
Inventory							
Installment							
obligations, etc. (as							
described in Regs.							
sec. 1.367(a)-							
<u>2(c)(2))</u>							
Nonfunctional							
currency, etc. (as							
described in Regs.							
sec. 1.367(a)-							
<u>2(c)(3))</u>							
Certain leased							
tangible property							
(as described in							
Regs. sec.							
1.367(a)-2(c)(4))							
Certain property							
to be retransferred							
(see Regs. sec.							
1.367(a)-2(g))							
Property described							
in Regs. sec.							
1.6038B-1(c)(4)(iv)							
Property described							
in Regs. sec.							
1.6038B-1(c)(4)(vii)							
Totals	tion in authiont to do.		<u> </u>				
		preciation recapture or branch			г	Yes	No
		ify for the trade or business ex				res	
		ed to recognize income under f	inai anu		SEE STATEMENT	r 15	
sections 1.367(a)-2 thr				r.			No
a Transfer of property su					L ۱	Yes	
<ul> <li>b Depreciation recapture</li> <li>c Branch loss recapture</li> </ul>					L	Yes Yes	No No
		ount of foreign branch loss rec		▶ \$	L	1es	
e Any other income reco	gnition provision co	ntained in the above-reference	d regula	tions	[	Yes	No No
the Supplemental Part	III Information Requ	is "Yes," see instructions for in i <u>red To Be Reported</u> section b	elow.	in that must be in			
Section D - Intangible	property unde	r Regs. sec. 1.367(a)-1(	d)(5)				
Type of	(a)	(b)	(c)	(d)	(e)		(f)
property	Date of transfer	Description of property	Useful life	Arm's length pr on date of trans			e inclusion for of transfer
		property				you	
Property described							
in sec. 936(h)(3)(B)							
III 360. 300(II)(0)(D)							
Property subject							
to sec. 367(d)							
pursuant to Regs.							
sec. 1.367(a)-1(b)(5)							
Totals							

### Form 926 (Rev. 12-2017)

13 a	Did the transferor transfer property described in section 936(h)(3)(B) (not including section 1221(a)(3)		
	property or a working interest in oil and gas property)?	Yes	No No
b	If the answer to line 13a is "Yes," enter the total amount included in income under section 367(d),		
	if any, for the transfer of all such property on the income tax return for the year of the		
	transfer <b>&gt;</b> \$		
14 a	Did the transferor apply section 367(d) to a transfer of any property pursuant to Regulations section		
	1.367(a)-1(b)(5)?	Yes	No No
b	If the answer to line 14a is "Yes," enter the total amount included in income under section 367(d),		
	if any, for the transfer of all such property on the income tax return for the year of the		
	transfer <b>&gt;</b> \$		
с	If the answer to line 14a is "No," did the transferor transfer any property for which it could have applied		
	section 367(d) pursuant to Regulations section 1.367(a)-1(b)(5) but did not?	Yes	No No
d	If the answer to line 14c is "Yes," enter the total amount of gain recognized, if any, under		
	section 367(a)(1) on the transfer of all such property on the income tax return for the year of the		
	transfer > \$		
15 a	Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life		
	reasonably anticipated to exceed twenty years?	Yes	No
b	At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?	Yes	No
с	Did the transferor choose to apply the 20-year inclusion period provided under Regulations section		
	1.367(d)-1(c)(3)(ii) for any intangible property?	Yes	No
d	If the answer to line 15c is "Yes," enter the total estimated anticipated income or cost		
	reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond		
	the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ▶ \$		
16	Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any		
	time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?	Yes	No
Sup	plemental Part III Information Required To Be Reported (see instructions)		
S	EE STATEMENT 14		

# Part IV Additional Information Regarding Transfer of Property (see instructions)

17	Enter the transferor's interest in the foreign transferee corporation before and after the transfer.		
	(a) Before999 % (b) After999 %		
18	Type of nonrecognition transaction (see instructions) IRC SECTION 351		
19	Indicate whether any transfer reported in Part III is subject to any of the following.		
а	Gain recognition under section 904(f)(3)	Yes	X No
b	Gain recognition under section 904(f)(5)(F)	Yes	X No
с	Recapture under section 1503(d)	Yes	X No
d	Exchange gain under section 987	Yes	X No
20	Did this transfer result from a change in entity classification?	Yes	X No
21 a	Did a domestic corporation make a distribution of property covered by section 367(e)(2) (see instructions)?	Yes	X No
	If "Yes," complete lines 21b and 21c.		
b	Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)	\$	
с	Did the domestic corporation not recognize gain or loss on the distribution of property because the		
	property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?	Yes	No

#### FORM 926

STATEMENT 14

STATEMENT PURSUANT TO 1.351-3(A) BY URSINUS COLLEGE A SIGNIFICANT TRANSFEROR

NAME AND EMPLOYER IDENTIFICATION NUMBER OF TRANSFEREE CORPORATION: NAME: PIMCO MULTI ASSET ALTERNATIVE RISK PREMIA STRATEGY OFFSHORE FUND LP REFERENCE ID NUMBER: HCTR 006

DATE(S) OF TRANSFER(S) OF ASSETS:

NOVEMBER 1, 2017

AGGREGATE FAIR MARKET VALUE AND BASIS OF PROPERTY TRANSFERRED: FAIR MARKET VALUE: \$485,712(CASH) BASIS: \$485,712

DATE AND CONTROL NUMBER OF PRIVATE LETTER RULING(S) ISSUED BY THE IRS IN CONNECTION WITH THE EXCHANGE:

N/A

FORM 926 ADDITIONAL INFORMATION REQUIRED BY TEMPORARY STATEMENT 15 REGULATION SECTIONS 1.6038B-1T(C)(4)(III) 1.6038B-1T(C)(5)(I), (II), (III), (IV), AND (VII)

STATEMENT ATTACHED TO AND MADE PART OF FORM 990 U.S. INCOME INFORMATION RETURN FOR A CORPORATION FOR TAXABLE YEAR-ENDED JUNE 30, 2018

STATEMENT FILED PURSUANT TO TREAS. REG. SECTION 1.6038B-1(C) AND TEMP. REG. SECTION 1.6038B-1T(C)

1) TRANSFEROR: URSINUS COLLEGE, 601 EAST MAIN STREET, COLLEGEVILLE, PA EIN: 23-1177930

HIRTLE CALLAGHAN TOTAL RETURN OFFSHORE FUND II LTD., EIN: N/A

2) TRANSFEREE: PIMCO MULTI ASSET ALTERNATIVE RISK PREMIA STRATEGY OFFSHORE FUND LP, 650 NEWPORT CENTER DRIVE, NEWPORT BEACH, CALIFORNIA, 92600, COUNTRY OF INCORPORATION: CAYMAN ISLANDS REFERENCE ID NUMBER: HCTR 006

ON NOVEMBER 1, 2017, HIRTLE CALLAGHAN TOTAL RETURN OFFSHORE FUND II LTD. CONTRIBUTED CASH IN THE AMOUNT OF \$485,712 (HAVING A FAIR MARKET VALUE AND BASIS OF \$485,712) TO THE CAPITAL OF PIMCO MULTI ASSET ALTERNATIVE RISK PREMIA STRATEGY OFFSHORE FUND LP IN AN IRC 351 EXCHANGE.

3) HIRTLE CALLAGHAN TOTAL RETURN OFFSHORE FUND II LTD. RECEIVED A DEEMED ISSUANCE OF COMMON SHARES OF PIMCO MULTI ASSET ALTERNATIVE RISK PREMIA STRATEGY OFFSHORE FUND LP IN THE EXCHANGE.

4) PROPERTY TRANSFERRED:

CASH (NOVEMBER 1, 2017) FAIR MARKET VALUE: \$485,712 BASIS: \$485,712

**PROPERTY TRANSFERRED:** 

4(I)ACTIVE BUSINESS PROPERTY - N/A 4(II)STOCK OR SECURITIES TRANSFERRED - N/A 4(III)DEPRECIATED PROPERTY - N/A 4(IV)PROPERTY TO BE LEASED - N/A 4(V)PROPERTY TO BE SOLD - N/A 4(VI)TRANSFERS TO A FSC - N/A 4(VII)TAINTED PROPERTY - N/A 4(VII)FOREIGN LOSS BRANCH -N/A 4(IX)OTHER INTANGIBLES - N/A

5) TRANSFER OF FOREIGN LOSS BRANCH PROPERTY - N/A 5(I)BRANCH OPERATION - N/A 5(II)BRANCH PROPERTY - N/A 5(III)PREVIOUSLY DEDUCTED LOSSES - N/A 5(IV)CHARACTER OF GAIN - N/A

6)ASSETS TRANSFERRED IN AN EXCHANGE DESCRIBED IN CODE SEC. 361(A) OR 361(B) – N/A  $\,$ 

Form <b>926</b>
(Rev. December 2017)
Department of the Treasury Internal Revenue Service

# Return by a U.S. Transferor of Property to a Foreign Corporation Go to www.irs.gov/Form926 for instructions and the latest information.

OMB No. 1545-0026

Attach to your income tax return for the year of the transfer or distribution.

Attachment Sequence No. **128** 

Part I U.S. Transferor Information (see instructions)			
	Identifying number (see instructions)		
URSINUS COLLEGE	23-1177930		
1 If the transferor was a corporation, complete questions 1a through 1d.			
a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or			
fewer domestic corporations?			
b Did the transferor remain in existence after the transfer?	X Yes No		
If not, list the controlling shareholder(s) and their identifying number(s).			
Controlling shareholder	Identifying number		
<ul> <li>c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporatio If not, list the name and employer identification number (EIN) of the parent corporation.</li> </ul>	n? Yes X No		
Name of parent corporation	EIN of parent corporation		
d Have basis adjustments under section 367(a)(5) been made?	Yes X No		
2 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such unde	r section 367), complete		
questions 2a through 2d.			
a List the name and EIN of the transferor's partnership.			
Name of partnership	EIN of partnership		
HIRTLE CALLAGHAN SPECIAL OPPORTUNITIES SPC			
CLOSED-END SEGREGA			
<ul> <li>b Did the partner pick up its pro rata share of gain on the transfer of partnership assets?</li> </ul>	Yes X No		
<b>c</b> Is the partner disposing of its <b>entire</b> interest in the partnership?			
<b>d</b> Is the partner disposing of an interest in a limited partnership that is regularly traded on an established			
securities market?	Yes X No		
Part II Transferee Foreign Corporation Information (see instructions)			
3 Name of transferee (foreign corporation)	4a Identifying number, if any		
HIRTLE CALLAGHAN SPECIAL OPPORTUNITIES SPC CLOSED-END S	98-1077734		
5 Address (including country)	4b Reference ID number		
O BOX 309 GT, UGLAND HOUSE, SOUTH CHURCH STREET EORGETOWN, CAYMAN ISLANDS	HCSO007		
6 Country code of country of incorporation or organization			
CJ			
7 Foreign law characterization (see instructions) CORPORATION			
Is the transferee foreign corporation a controlled foreign corporation?	Yes X No		
HA For Paperwork Reduction Act Notice, see separate instructions.	Form <b>926</b> (Rev. 12-2017		
4531 12-28-17			

Part III Information Regarding Transfer of Property (see instructions)

## Section A - Cash, Stock, and Securities

Yes

🗌 No

te of Description of nsfer property	Fair market value on date of transfer	<b>(d)</b> Cost or other basis	<b>(e)</b> Gain recognized on transfer
/2017	139,476.		
	nsfer property	nsfer property date of transfer	nsfer property date of transfer basis

If "Yes," skip the remainder of Part III and go to Part IV.

10 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed?

# Section B - Property qualifying for Active Trade or Business exception under Regs. sec. 1.367(a)-2(a)(2)(i) and (ii)

				<u> </u>	
Type of property	<b>(a)</b> Date of transfer	<b>(b)</b> Description of property	<b>(c)</b> Fair market value on date of transfer	<b>(d)</b> Cost or other basis	<b>(e)</b> Gain recognized on transfer*
Tangible property					
(not listed under					
another category)					
Working interest in					
oil and gas property					
(as described in					
Regs. sec.					
1.367(a)-2(b)(2)					
and (f))					
Financial asset (as					
described in Regs.					
sec. 1.367(a)-					
2(b)(3))					
Certain tangible					
property to be					
leased (see Regs.					
sec. 1.367(a)-2(e))					
Totals					
* If property listed in this se	ction is subject to der	preciation recapture or branch	loss recapture, see instr	uctions.	

# Form 926 (Rev. 12-2017) URSINUS COLLEGE

23-1177930 Page 3

# Section C - Property not qualifying for Active Trade or Business exception (other than intangible property subject to section 367(d))

Type of property	<b>(a)</b> Date of transfer	<b>(b)</b> Description of property		<b>(c)</b> arket value on e of transfer	<b>(d)</b> Cost or other basis		(e) cognized on ansfer*
Inventory							
Installment							
obligations, etc. (as							
described in Regs.							
sec. 1.367(a)-							
2(c)(2))							
Nonfunctional							
currency, etc. (as							
described in Regs.	-						
sec. 1.367(a)-	-						
<u>2(c)(3))</u>							
Certain leased							
tangible property							
(as described in							
Regs. sec.							
1.367(a)-2(c)(4))							
Certain property							
to be retransferred							
(see Regs. sec.							
1.367(a)-2(g))							
Property described							
in Regs. sec.							
1.6038B-1(c)(4)(iv)							
Property described							
in Regs. sec.							
1.6038B-1(c)(4)(vii)							
Totals							
* If property listed in this sec	tion is subject to dep	preciation recapture or branch	loss reca	apture, see instru	ictions.		
	-	ify for the trade or business ex	-			Yes	No
		ed to recognize income under f	inal and				
sections 1.367(a)-2 thr				5	EE STATEMENI	<u>17</u>	
a Transfer of property su		(a)(1) gain recognition			[	Yes	No No
<b>b</b> Depreciation recapture					[	Yes	No
c Branch loss recapture					L	Yes	No
		ount of foreign branch loss rec	•	▶ \$	г	<b></b>	<b>—</b>
If the answer to line 12	2a, 12b, 12c, or 12e i	ntained in the above-reference is "Yes," see instructions for in ired To Be Reported section b	formatio		Licluded in	Yes	No
		r Regs. sec. 1.367(a)-1(					
Type of	(a)	(b)	(c)	(d)	(e)		(f)
property	Date of transfer	Description of property	Useful life	Arm's length pri on date of trans			inclusion for of transfer
Property described							
in sec. 936(h)(3)(B)							
						_	
Property subject							
to sec. 367(d)							
pursuant to Regs.							
sec. 1.367(a)-1(b)(5)							
Totals							

### Form 926 (Rev. 12-2017)

13 a	Did the transferor transfer property described in section 936(h)(3)(B) (not including section 1221(a)(3)		
	property or a working interest in oil and gas property)?	Yes	No No
b	If the answer to line 13a is "Yes," enter the total amount included in income under section 367(d),		
	if any, for the transfer of all such property on the income tax return for the year of the		
	transfer > \$		
14 a	Did the transferor apply section 367(d) to a transfer of any property pursuant to Regulations section		
	1.367(a)·1(b)(5)?	Yes	No
b	If the answer to line 14a is "Yes," enter the total amount included in income under section 367(d),		
	if any, for the transfer of all such property on the income tax return for the year of the		
	transfer 🕨 \$		
с	If the answer to line 14a is "No," did the transferor transfer any property for which it could have applied		
	section 367(d) pursuant to Regulations section 1.367(a)-1(b)(5) but did not?	Yes	No No
d	If the answer to line 14c is "Yes," enter the total amount of gain recognized, if any, under		
	section 367(a)(1) on the transfer of all such property on the income tax return for the year of the		
	transfer > \$		
15 a	Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life		
	reasonably anticipated to exceed twenty years?	Yes	No
b	At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?	Yes	No
с	Did the transferor choose to apply the 20-year inclusion period provided under Regulations section		
	1.367(d)-1(c)(3)(ii) for any intangible property?	Yes	No
d	If the answer to line 15c is "Yes," enter the total estimated anticipated income or cost		
	reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond		
	the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ▶ \$		
16	Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any		
	time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?	Yes	No
	plemental Part III Information Required To Be Reported (see instructions)		
S	EE STATEMENT 16		

# Part IV Additional Information Regarding Transfer of Property (see instructions)

17	Enter the transferor's interest in the foreign transferee corporation before and after the transfer.		
	(a) Before <u>.272</u> % (b) After <u>.272</u> %		
18	Type of nonrecognition transaction (see instructions)  TRC SECTION 351		
19	Indicate whether any transfer reported in Part III is subject to any of the following.		
а	Gain recognition under section 904(f)(3)	Yes	X No
b	Gain recognition under section 904(f)(5)(F)	Yes	X No
с	Recapture under section 1503(d)	Yes	X No
d	Exchange gain under section 987	Yes	X No
20	Did this transfer result from a change in entity classification?	Yes	X No
21 a	Did a domestic corporation make a distribution of property covered by section 367(e)(2) (see instructions)?	Yes	X No
	If "Yes," complete lines 21b and 21c.		
b	Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)	\$	
с	Did the domestic corporation not recognize gain or loss on the distribution of property because the		
	property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?	Yes	No

### FORM 926

STATEMENT 16

STATEMENT PURSUANT TO 1.351-3(A) BY URSINUS COLLEGE A SIGNIFICANT TRANSFEROR

NAME AND EMPLOYER IDENTIFICATION NUMBER OF TRANSFEREE CORPORATION: NAME: HIRTLE CALLAGHAN SPECIAL OPPORTUNITIES SPC CLOSED-END SEGREGA REFERENCE ID NUMBER: HCSP 007

DATE(S) OF TRANSFER(S) OF ASSETS:

OCTOBER 31, 2017 DECEMBER 31,2017 MARCH 31, 2018 JUNE 30, 2018

AGGREGATE FAIR MARKET VALUE AND BASIS OF PROPERTY TRANSFERRED: FAIR MARKET VALUE: \$139,476(CASH) BASIS: \$139,476

DATE AND CONTROL NUMBER OF PRIVATE LETTER RULING(S) ISSUED BY THE IRS IN CONNECTION WITH THE EXCHANGE:

N/A

FORM 926 ADDITIONAL INFORMATION REQUIRED BY TEMPORARY STATEMENT 17 REGULATION SECTIONS 1.6038B-1T(C)(4)(III) 1.6038B-1T(C)(5)(I), (II), (III), (IV), AND (VII)

STATEMENT ATTACHED TO AND MADE PART OF FORM 990 U.S. INCOME INFORMATION RETURN FOR A CORPORATION FOR TAXABLE YEAR-ENDED JUNE 30, 2018

STATEMENT FILED PURSUANT TO TREAS. REG. SECTION 1.6038B-1(C) AND TEMP. REG. SECTION 1.6038B-1T(C)

1) TRANSFEROR: URSINUS COLLEGE, 601 EAST MAIN STREET, COLLEGEVILLE, PA EIN: 23-1177930

HIRTLE CALLAGHAN SPECIAL OPPORTUNITIES SPC CLOSED-END SEGREGATED PORTFOLIO 3., EIN: N/A

2) TRANSFEREE: HIRTLE CALLAGHAN SPECIAL OPPORTUNITIES SPC CLOSED-END SEGREGATED PORTFOLIO 3,PO BOX 309 GT, UGLAND HOUSE, SOUTH CHURCH STREET, GEORGETOWN, CAYMAN ISLANDS, COUNTRY OF INCORPORATION: CAYMAN ISLANDS REFERENCE ID NUMBER: HCS0007

ON VARIOUS DATES, URSINUS COLLEGE CONTRIBUTED CASH IN THE AMOUNT OF \$139,476 (HAVING A FAIR MARKET VALUE AND BASIS OF \$139,476) TO THE CAPITAL OF HIRTLE CALLAGHAN SPECIAL OPPORTUNITIES CLOSED-END SEGREGATED PORTFOLIO 3 IN AN IRC 351 EXCHANGE.

3) URSINUS COLLEGE RECEIVED A DEEMED ISSUANCE OF COMMON SHARES OF HIRTLE CALLAGHAN SPECIAL OPPORTUNITIES CLOSED-END SEGREGATED PORTFOLIO 3 IN THE EXCHANGE.

4) PROPERTY TRANSFERRED:

CASH (VARIOUS DATES) FAIR MARKET VALUE: \$139,476 BASIS: \$139,476

**PROPERTY TRANSFERRED:** 

4(I)ACTIVE BUSINESS PROPERTY - N/A 4(II)STOCK OR SECURITIES TRANSFERRED - N/A 4(III)DEPRECIATED PROPERTY - N/A 4(IV)PROPERTY TO BE LEASED - N/A 4(V)PROPERTY TO BE SOLD - N/A 4(VI)TRANSFERS TO A FSC - N/A 4(VII)TAINTED PROPERTY - N/A 4(VII)FOREIGN LOSS BRANCH -N/A 4(IX)OTHER INTANGIBLES - N/A

5) TRANSFER OF FOREIGN LOSS BRANCH PROPERTY - N/A 5(I)BRANCH OPERATION - N/A 5(II)BRANCH PROPERTY - N/A 5(III)PREVIOUSLY DEDUCTED LOSSES - N/A 5(IV)CHARACTER OF GAIN - N/A

6)ASSETS TRANSFERRED IN AN EXCHANGE DESCRIBED IN CODE SEC. 361(A) OR 361(B) – N/A  $\,$ 

Form <b>926</b>
(Rev. December 2017)
Department of the Treasury Internal Revenue Service

# Return by a U.S. Transferor of Property to a Foreign Corporation Go to www.irs.gov/Form926 for instructions and the latest information.

OMB No. 1545-0026

Attach to your income tax return for the year of the transfer or distribution.

Attachment Sequence No. **128** 

Part I U.S. Transferor Information (see instructions)	
Name of transferor	Identifying number (see instructions)
URSINUS COLLEGE	23-1177930
1 If the transferor was a corporation, complete questions 1a through 1d.	
a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c))	
fewer domestic corporations?	
b Did the transferor remain in existence after the transfer?	X Yes No
If not, list the controlling shareholder(s) and their identifying number(s).	
Controlling shareholder	Identifying number
c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent cor	poration? Yes X No
If not, list the name and employer identification number (EIN) of the parent corporation.	
Name of parent corporation	EIN of parent corporation
d Have basis adjustments under section 367(a)(5) been made?	Yes X No
2 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as suc	h under section 367), complete
questions 2a through 2d.	
a List the name and EIN of the transferor's partnership.	
Name of partnership	EIN of partnership
HIRTLE CALLAGHAN SPECIAL OPPORTUNITIES SPC CLOSED-END SEGREGA	
<b>b</b> Did the partner pick up its pro rata share of gain on the transfer of partnership assets?	Yes X No
c Is the partner disposing of its entire interest in the partnership?	
<b>d</b> Is the partner disposing of an interest in a limited partnership that is regularly traded on an establishe	
securities market?	Yes X No
Part II Transferee Foreign Corporation Information (see instructions)	
3 Name of transferee (foreign corporation)	4a Identifying number, if any
TACONIC EUROPEAN CREDIT DISLOCATION OFFSHORE FUND II,	
5 Address (including country)	4b Reference ID number
UGLAND HOUSE, SOUTH CHURCH STREET GRAND CAYMAN, KY1-1104 CAYMAN ISLANDS	HCSO008
6 Country code of country of incorporation or organization	1 1000000
CJ	
7 Foreign law characterization (see instructions)	
CORPORATION	<b>. .</b>
8 Is the transferee foreign corporation a controlled foreign corporation?	Yes X No
LHA For Paperwork Reduction Act Notice, see separate instructions.	Form <b>926</b> (Rev. 12-2017
4001 12-20-17	

Part III Information Regarding Transfer of Property (see instructions)

### Section A - Cash, Stock, and Securities

	 <b>TT</b> / / <b>D</b> O O	T age Z
(see instructions)		

Type of property	<b>(a)</b> Date of transfer	<b>(b)</b> Description of property	<b>(c)</b> Fair market value on date of transfer	<b>(d)</b> Cost or other basis	<b>(e)</b> Gain recognized on transfer
Cash	12/31/2017		750,000.		
Stock and securities (other than those that qualify as eligible property under Regs. sec. 1.367(a)-2(b)(3))					
9 Was cash the only pro	operty transferred?				X Yes 🗌 No

If "Yes," skip the remainder of Part III and go to Part IV.

10 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed?

# Section B - Property qualifying for Active Trade or Business exception under Regs. sec. 1.367(a)-2(a)(2)(i) and (ii)

			•		
Type of property	<b>(a)</b> Date of transfer	<b>(b)</b> Description of property	<b>(c)</b> Fair market value on date of transfer	<b>(d)</b> Cost or other basis	<b>(e)</b> Gain recognized on transfer*
Tangible property					
(not listed under					
another category)					
Working interest in					
oil and gas property					
(as described in					
Regs. sec.					
1.367(a)-2(b)(2)					
and (f))					
Financial asset (as					
described in Regs.					
sec. 1.367(a)-					
2(b)(3))					
Certain tangible					
property to be					
leased (see Regs.					
sec. 1.367(a)-2(e))					
Totals					
* If property listed in this se	ection is subject to dep	preciation recapture or branch	loss recapture, see instr	uctions.	

Form 926 (Rev. 12-2017)

Yes

No

# Form 926 (Rev. 12-2017) URSINUS COLLEGE

23-1177930 Page 3

# Section C - Property not qualifying for Active Trade or Business exception (other than intangible property subject to section 367(d))

Type of property	<b>(a)</b> Date of transfer	<b>(b)</b> Description of property		<b>(c)</b> arket value on e of transfer	<b>(d)</b> Cost or other basis		(e) cognized on ansfer*
Inventory							
Installment							
obligations, etc. (as							
described in Regs.							
sec. 1.367(a)-							
2(c)(2))							
Nonfunctional							
currency, etc. (as							
described in Regs.							
sec. 1.367(a)-							
2(c)(3))							
Certain leased							
tangible property							
(as described in							
Regs. sec.							
1.367(a)-2(c)(4))							
Certain property							
to be retransferred							
(see Regs. sec.							
1.367(a)-2(g))							
Property described							
in Regs. sec.							
1.6038B-1(c)(4)(iv)							
Property described							
in Regs. sec.							
1.6038B-1(c)(4)(vii)							
Totals							
	tion is subject to de	preciation recapture or branch	loss rec	apture, see instru	uctions.	•	
		ify for the trade or business ex			r	Yes	No
12 Indicate whether the t	ransferor was require	ed to recognize income under f	inal and	Temporary Regu			
sections 1.367(a)-2 thr					SEE STATEMENT	r 19	
a Transfer of property su		(a)(1) gain recognition			[	Yes	No No
<b>b</b> Depreciation recapture	-				[	Yes	No No
c Branch loss recapture					[	Yes	No No
d If the answer to 12c is	"Yes," enter the am	ount of foreign branch loss rec	apture	▶ \$			
If the answer to line 12	2a, 12b, 12c, or 12e	ntained in the above-reference is "Yes," see instructions for in	formatio		ncluded in	Yes	No
<u>Section D - Intangible</u>	III Information Requ	ired To Be Reported section b r Regs. sec. 1.367(a)-1(	elow. 4)(5)				
Type of		(b)	<u>, , , , , , , , , , , , , , , , , , , </u>	(d)	(0)		(f)
property	<b>(a)</b> Date of transfer	Description of property	<b>(c)</b> Useful life	(d) Arm's length pr on date of trans			(f) inclusion for of transfer
Property described							
in sec. 936(h)(3)(B)							
Property subject							
to sec. 367(d)							
pursuant to Regs.							
sec. 1.367(a)-1(b)(5)							
Totals							

### Form 926 (Rev. 12-2017)

13 a	Did the transferor transfer property described in section 936(h)(3)(B) (not including section 1221(a)(3)		
	property or a working interest in oil and gas property)?	Yes	No
b	If the answer to line 13a is "Yes," enter the total amount included in income under section 367(d),		
	if any, for the transfer of all such property on the income tax return for the year of the		
	transfer <b>&gt;</b> \$		
14 a	Did the transferor apply section 367(d) to a transfer of any property pursuant to Regulations section		
	1.367(a)·1(b)(5)?	Yes	No
b	If the answer to line 14a is "Yes," enter the total amount included in income under section 367(d),		
	if any, for the transfer of all such property on the income tax return for the year of the		
	transfer 🕨 \$		
с	If the answer to line 14a is "No," did the transferor transfer any property for which it could have applied		
	section 367(d) pursuant to Regulations section 1.367(a)-1(b)(5) but did not?	Yes	No
d	If the answer to line 14c is "Yes," enter the total amount of gain recognized, if any, under		
	section 367(a)(1) on the transfer of all such property on the income tax return for the year of the		
	transfer 🕨 \$		
15 a	Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life		
	reasonably anticipated to exceed twenty years?	Yes	No No
b	At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?	Yes	No No
с	Did the transferor choose to apply the 20-year inclusion period provided under Regulations section		
	1.367(d)-1(c)(3)(ii) for any intangible property?	Yes	No No
d	If the answer to line 15c is "Yes," enter the total estimated anticipated income or cost		
	reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond		
	the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ▶ \$		
16	Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any		
	time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?	Yes	No No
Sup	plemental Part III Information Required To Be Reported (see instructions)		
	EE STATEMENT 18		

# Part IV Additional Information Regarding Transfer of Property (see instructions)

17	Enter the transferor's interest in the foreign transferee corporation before and after the transfer.		
	(a) Before <u>.272</u> % (b) After <u>.272</u> %		
18	Type of nonrecognition transaction (see instructions)  TRC SECTION 351		
19	Indicate whether any transfer reported in Part III is subject to any of the following.		
а	Gain recognition under section 904(f)(3)	Yes	X No
b	Gain recognition under section 904(f)(5)(F)	Yes	X No
с	Recapture under section 1503(d)	Yes	X No
d	Exchange gain under section 987	Yes	X No
20	Did this transfer result from a change in entity classification?	Yes	X No
21 a	Did a domestic corporation make a distribution of property covered by section 367(e)(2) (see instructions)?	Yes	X No
	If "Yes," complete lines 21b and 21c.		
b	Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)	\$	
с	Did the domestic corporation not recognize gain or loss on the distribution of property because the		
	property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?	Yes	No

#### FORM 926

STATEMENT 18

STATEMENT PURSUANT TO 1.351-3(A) BY URSINUS COLLEGE A SIGNIFICANT TRANSFEROR

NAME AND EMPLOYER IDENTIFICATION NUMBER OF TRANSFEREE CORPORATION: NAME: PIMCO MULTI ASSET ALTERNATIVE RISK PREMIA STRATEGY OFFSHORE FUND LP REFERENCE ID NUMBER: HCSP 008

DATE(S) OF TRANSFER(S) OF ASSETS:

OCTOBER 31, 2017 DECEMBER 31, 2017 JANUARY 31, 2018 MARCH 31, 2018 JUNE 30, 2018

AGGREGATE FAIR MARKET VALUE AND BASIS OF PROPERTY TRANSFERRED: FAIR MARKET VALUE: \$750,000(CASH) BASIS: \$750,000

DATE AND CONTROL NUMBER OF PRIVATE LETTER RULING(S) ISSUED BY THE IRS IN CONNECTION WITH THE EXCHANGE:

N/A

FORM 926 ADDITIONAL INFORMATION REQUIRED BY TEMPORARY STATEMENT 19 REGULATION SECTIONS 1.6038B-1T(C)(4)(III) 1.6038B-1T(C)(5)(I), (II), (III), (IV), AND (VII)

STATEMENT ATTACHED TO AND MADE PART OF FORM 990 U.S. INCOME INFORMATION RETURN FOR A CORPORATION FOR TAXABLE YEAR-ENDED JUNE 30, 2018

STATEMENT FILED PURSUANT TO TREAS. REG. SECTION 1.6038B-1(C) AND TEMP. REG. SECTION 1.6038B-1T(C)

1) TRANSFEROR: URSINUS COLLEGE, 601 EAST MAIN STREET, COLLEGEVILLE, PA EIN: 23-1177930

HIRTLE CALLAGHAN SPECIAL OPPORTUNITIES SPC CLOSED-END SEGREGATED PORTFOLIO 3., EIN: N/A

2) TRANSFEREE: TACONIC EUROPEAN CREDIT DISLOCATION OFFSHORE FUND II, L.P., UGLAND HOUSE, SOUTH CHURCH STREET, GRAND CAYMAN, CAYMAN ISLANDS, KY1-1104 COUNTRY OF INCORPORATION: CAYMAN ISLANDS REFERENCE ID NUMBER: HCS0008

ON VARIOUS DATES, HIRTLE CALLAGHAN SPECIAL OPPORTUNITIES SPC CLOSED-END SEGREGATED PORTFOLIO 3 CONTRIBUTED CASH IN THE AMOUNT OF \$750,000 (HAVING A FAIR MARKET VALUE AND BASIS OF \$750,000) TO THE CAPITAL OF TACONIC EUROPEAN CREDIT DISLOCATION OFFSHORE FUND II, L.P. IN AN IRC 351 EXCHANGE.

3) HIRTLE CALLAGHAN SPECIAL OPPORTUNITIES SPC CLOSED-END SEGREGATED PORTFOLIO 3 RECEIVED A DEEMED ISSUANCE OF COMMON SHARES OF TACONIC EUROPEAN CREDIT DISLOCATION OFFSHORE FUND II, L.P. IN THE EXCHANGE.

4) PROPERTY TRANSFERRED:

CASH (VARIOUS DATES) FAIR MARKET VALUE: \$750,000 BASIS: \$750,000

**PROPERTY TRANSFERRED:** 

4(I)ACTIVE BUSINESS PROPERTY - N/A 4(II)STOCK OR SECURITIES TRANSFERRED - N/A 4(III)DEPRECIATED PROPERTY - N/A 4(IV)PROPERTY TO BE LEASED - N/A 4(V)PROPERTY TO BE SOLD - N/A 4(VI)TRANSFERS TO A FSC - N/A 4(VII)TAINTED PROPERTY - N/A 4(VII)FOREIGN LOSS BRANCH -N/A 4(IX)OTHER INTANGIBLES - N/A

5) TRANSFER OF FOREIGN LOSS BRANCH PROPERTY - N/A 5(I)BRANCH OPERATION - N/A 5(II)BRANCH PROPERTY - N/A 5(III)PREVIOUSLY DEDUCTED LOSSES - N/A 5(IV)CHARACTER OF GAIN - N/A

6)ASSETS TRANSFERRED IN AN EXCHANGE DESCRIBED IN CODE SEC. 361(A) OR 361(B) – N/A  $\,$ 

# TAX RETURN FILING INSTRUCTIONS

FORM 990-T

### FOR THE YEAR ENDING

JUNE 30, 2018

### PREPARED FOR:

URSINUS COLLEGE 601 EAST MAIN STREET COLLEGEVILLE, PA 19426

### PREPARED BY:

BAKER TILLY VIRCHOW KRAUSE, LLP ONE LIBERTY PLACE 1650 MARKET STREET, SUITE 4500 PHILADELPHIA, PA 19103-7341

### AMOUNT DUE OR REFUND:

NO AMOUNT IS DUE.

## MAKE CHECK PAYABLE TO:

NO AMOUNT IS DUE.

## MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027

## RETURN MUST BE MAILED ON OR BEFORE:

MAY 15, 2019

### SPECIAL INSTRUCTIONS:

THE RETURN SHOULD BE SIGNED AND DATED.

Form <b>990-T</b>	EX Exempt Orga	TENDED TO MA	AY 1	.5, 2019 ss Income T	ax Return		OMB No. 1545-0687	
Form JJU-1	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))       OMB No. 1545-0687							
	For calendar year 2017 or other tax ye	2017						
Department of the Treasury Internal Revenue Service	► Go to www Do not enter SSN numbe	v.irs.gov/Form990T for in ers on this form as it may				C	Open to Public Inspection for 01(c)(3) Organizations Only	
A Check box if		Check box if name c				D Employ	yer identification number byees' trust, see	
address changed						instruc	tions.)	
<b>B</b> Exempt under section $\overline{\mathbf{X}}$ 501( <b>c</b> )( <b>3</b> )	Print URSINUS COL						3-1177930 ted business activity codes	
X 501( <b>c</b> )(3) 408(e) 220(e)	Type 601 EAST MA	n or suite no. If a P.O. box . <b>IN STREET</b>	k, see in	istructions.			structions.)	
408A 530(a)		ovince, country, and ZIP or	r foreig	n postal code		1		
529(a)	COLLEGEVILL	•	6			5311	L10	
C Book value of all assets at end of year 332,721,4	<b>F</b> Group exemption num <b>26</b> . <b>G</b> Check organization typ			501(c) trust	401(a)	truct	Other trust	
	n's primary unrelated business act					1 11 11 11		
	the corporation a subsidiary in an					Yes	s X No	
	and identifying number of the pare	-						
	MARIANNE LOZ d Trade or Business Inc		JLLE	CR Teleph (A) Income	one number 🕨 6 (B) Expenses		<u>109–3484</u> (C) Net	
1a Gross receipts or sale				(A) Income	(b) Expenses	5	(C) Net	
<ul> <li>b Less returns and allor</li> </ul>		<b>c</b> Balance	1c					
2 Cost of goods sold (S	Schedule A, line 7)	-	2					
3 Gross profit. Subtract			3					
	ne (attach Schedule D)		4a 4b					
	4797, Part II, line 17) (attach Forr n for trusts		40 4c					
	artnerships and S corporations (at		5					
6 Rent income (Schedu	ıle C)		6					
	ed income (Schedule E)		7					
	yalties, and rents from controlled ( $f_{1}$	- , , , , , , , , , , , , , , , , , , ,	8					
	f a section 501(c)(7), (9), or (17) c vity income (Schedule I)		9 10					
	Schedule J)		11					
12 Other income (See in	structions; attach schedule) S	TATEMENT 1	12	340,455.			340,455.	
13 Total. Combine lines			13	340,455.			340,455.	
	ons Not Taken Elsewher contributions, deductions mus				income.)			
14 Compensation of of	ficers, directors, and trustees (Sch	edule K)				14		
15 Salaries and wages						15	5,963.	
	nance					16	105,439.	
	ماريام					17 18		
	edule)					19		
20 Charitable contributi	ons (See instructions for limitation	n rules)				20		
21 Depreciation (attach	Form 4562)			21			22.040	
	aimed on Schedule A and elsewhe					22b	33,242.	
	erred compensation plans					23 24		
	ograms					25		
	nses (Schedule I)					26		
27 Excess readership c	osts (Schedule J)					27	120 201	
28 Other deductions (at	ttach schedule)			SEE STAT	'EMEN'I' 2	28	<u>138,391.</u> 283,035.	
<ul><li>29 Total deductions. A</li><li>30 Unrelated business</li></ul>	dd lines 14 through 28 taxable income before net operatin	a loss deduction. Subtract	t line 20	) from line 13		29 30	57,420.	
	eduction (limited to the amount or					31	57,420.	
32 Unrelated business	taxable income before specific ded	uction. Subtract line 31 fro	om line	30		32	0.	
	Generally \$1,000, but see line 33 in					33	1,000.	
	taxable income. Subtract line 33		•	•		34	0.	

Form 990-T	(2017)	URSINUS COLLEGE			23-11	77930	Page <b>2</b>
Part I		Tax Computation					
35	Orga	nizations Taxable as Corporations. See instru	ictions for tax computation.				
	-	olled group members (sections 1561 and 156		s and			
а		your share of the \$50,000, \$25,000, and \$9,92					
Ь		organization's share of: (1) Additional 5% tax	(1) (3) (3) (3) (1) (1) (1) (3) (3) (3) (3) (3) (3) (3) (3) (3) (3				
U							
	(Z) A	dditional 3% tax (not more than \$100,000)	Φ			05.	0.
		ne tax on the amount on line 34				► <u>35</u> c	0.
36		s Taxable at Trust Rates. See instructions for	•				
		Tax rate schedule or Schedule D (For				▶ 36	
37		tax. See instructions			▶	▶ 37	
38							
39	Tax o	on Non-Compliant Facility Income. See instru	ctions				
40	Total	. Add lines 37, 38 and 39 to line 35c or 36, wh	ichever applies			40	0.
-		Tax and Payments					
41a	Forei	gn tax credit (corporations attach Form 1118; t	rusts attach Form 1116)	41a			
b	Other	credits (see instructions)		41b			
C	Gene	ral business credit. Attach Form 3800		41c			
d	Credi	t for prior year minimum tax (attach Form 880	1 or 8827)	41d			
е	Total	credits. Add lines 41a through 41d				_41e	
42		ract line 41e from line 40					0.
43	Other	taxes. Check if from: 🔄 Form 4255 📃	Form 8611 Form 8697 Form	m 8866	Other (attach schedule	) 43	
44	Total	tax. Add lines 42 and 43				44	0.
45 a	Pavm	nents: A 2016 overpayment credited to 2017		45a			
		estimated tax payments					
		leposited with Form 8868					
u d	Forei	gn organizations: Tax paid or withheld at sourc	e (see instructions)	400 45d			
		up withholding (see instructions)					
e 1	Cradi	t for small employer health insurance premium	no (Attach Form 9011)	400		_	
				45f			
g		r credits and payments:	rm 2439				
			her Total				
		payments. Add lines 45a through 45g					
47		nated tax penalty (see instructions). Check if Fo					
48		lue. If line 46 is less than the total of lines 44 a				▶ 48	0.
49		payment. If line 46 is larger than the total of lin				▶ _ 49	0.
50	Enter	the amount of line 49 you want: Credited to 2	018 estimated tax		Refunded	► <u>50</u>	
Part		Statements Regarding Certain			· · · · ·		
51		y time during the 2017 calendar year, did the o	• •		•		Yes No
		a financial account (bank, securities, or other)		-			
	FinCE	EN Form 114, Report of Foreign Bank and Finar	ncial Accounts. If YES, enter the name of	the foreign co	ountry		
	here	▶					_ <u> </u>
52	Durin	ig the tax year, did the organization receive a di	istribution from, or was it the grantor of,	or transferor	to, a foreign trust?		Х
	If YES	S, see instructions for other forms the organiza	ation may have to file.				
53		the amount of tax-exempt interest received or					
<u>.</u> .		nder penalties of perjury, I declare that I have examined to prrect, and complete. Declaration of preparer (other than				vledge and belief, it is	s true,
Sign						May the IRS discuss	s this return with
Here			Date PRESI	DENT		the preparer shown	
		Signature of officer	Date Title			instructions)?	Yes No
		Print/Type preparer's name	Preparer's signature	Date	Check X	if PTIN	
Paid		JULIUS C. GREEN,			self- employe	ed	
Prepa	ror	СРА					50393
Use C		Firm's name BAKER TILLY	VIRCHOW KRAUSE, LLI	P	Firm's EIN		859910
0560	/iny		T STREET, SUITE 450				
		Firm's address <b>PHILADELPH</b>	-	-	Phone no.	215.972	.0701
			,,				n <b>990-T</b> (2017)
						1011	(2017)

### Form 990-T (2017) URSINUS COLLEGE

Schedule A - Cost of Good	s Sold. Enter	method of inven	itory v	aluation 🕨 N/A					
1     Inventory at beginning of year     1       6     Inventory at end of year							6		
2 Purchases			7 Cost of goods sold. Subtra						
3 Cost of labor				from line 5. Enter here					
4a Additional section 263A costs				line 2		7			
(attach schedule)	4a		8	Do the rules of section	263A ()	with respect to		Yes	No
<b>b</b> Other costs (attach schedule)				property produced or a	`	•			
5 Total. Add lines 1 through 4b				the organization?		, ,, ,,			
Schedule C - Rent Income	(From Real	Property and	Per	sonal Property L	.ease	d With Real Prop	erty)		
(see instructions)									
1. Description of property									
(1)									
(2)									
(3)									
(4)									
		ed or accrued				<b>9(a)</b> Deductions directly		tod with the income in	
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	e than	` of rent for p	personal	onal property (if the percenta property exceeds 50% or if ed on profit or income)	ge	<b>3(a)</b> Deductions directly columns 2(a) an	id 2(b) (a	attach schedule)	1
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns		ter				(b) Total deductions. Enter here and on page 1,			
here and on page 1, Part I, line 6, column Schedule E - Unrelated Deb			inotru	ationa)	0.	Part I, line 6, column (B)			0.
						3. Deductions directly conr			
			2	<ul> <li>Gross income from or allocable to debt-</li> </ul>	(2)	to debt-financ Straight line depreciation	ed prop		
1. Description of debt-fi	nanced property			financed property	(a)	(attach schedule)		( <b>b</b> ) Other deduction (attach schedule)	IS
(1)									
(2)									
(3)									
(4)									
<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	of or a debt-fina	adjusted basis Illocable to nced property n schedule)	6	. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(	8. Allocable deduct column 6 x total of co 3(a) and 3(b))	
(1)				%			+		
(2)				%					
(3)				%					
(4)				%					
				/0		nter here and on page 1, Part I, line 7, column (A).		Enter here and on pag Part I, line 7, column	
Totals				▶		0			0.
Total dividends-received deductions in					<u> </u>				0.
						/		Form <b>990-T</b>	
								1 0111 <b>330-1</b>	(2017)

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Form 990-T (2017) URSI	NUS COL	LEGE						<u>23-11</u>	<u>7793</u>	O Page 4	
Schedule F - Interes	st, Annuitie	s, Royaltie	s, and Rents	From Co	ntrolle	d Organiza	tions	S (see ins	struction	s)	
			Exempt	Controlled O	rganizati	ons					
1. Name of controlled org	anization	2. Employ identificati number	on (loss) (see	related income e instructions)		yments made i		5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5	
(1)											
_(2)											
(3)											
(4)											
	aonizationa										
Nonexempt Controlled Or 7. Taxable Income	8. Net u	inrelated income (I see instructions)	oss) <b>9.</b> Total	of specified payr made	nents	10. Part of colur in the controllin gross	nn 9 tha ng orgar income	nization's		ductions directly connected income in column 10	
(1)											
(2)											
(3)											
(4)											
						Add colum Enter here and line 8, c		e 1, Part I, A).		Add columns 6 and 11. here and on page 1, Part I, line 8, column (B).	
Totals					🕨			0.		0.	
Schedule G - Invest	instructions)	ne of a Se	ction 501(c)(7	7), (9), or (*	17) Org	janization					
1.	Description of incc	ome		2. Amount of	income	<ol> <li>Deduction directly conner (attach sched)</li> </ol>	cted	<b>4.</b> Set- (attach s	asides schedule)	<ol> <li>Total deductions and set-asides (col. 3 plus col. 4)</li> </ol>	
(1)											
(2)											
(3)											
(4)											
				Enter here and Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B).	
Totals			►		Ο.					0.	
Schedule I - Exploit	ed Exempt	Activity In	come, Other	Than Adv		g Income					
1. Description of exploited activity	2. ( unrelated incom	Gross I business ne from business	3. Expenses directly connected with production of unrelated business income	4. Net incon from unrelated business (co minus colum gain, compute through	l trade or Ilumn 2 n 3). If a e cols. 5	<ul> <li>5. Gross income from activity that is not unrelated business income</li> <li>6. Expenses attributable to column 5</li> </ul>		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).			
(1)											
(2)											
(3)											
(4)											
Totals	page 1	re and on I, Part I, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).					<u> </u>		Enter here and on page 1, Part II, line 26.	
Schedule J - Adver	tisina Incor		tructions)							V•	
			ted on a Cons	solidated	Rasis						
					Dasis			1			
1. Name of periodic	al	<b>2.</b> Gross advertising income	<b>3.</b> Direct advertising costs	or (loss) (c col. 3). If a g	ising gain ol. 2 minus ain, comput nrough 7.	e Girculat income	ion	6. Read cost		7. Excess readership costs (column 6 minus column 5, but not more than column 4).	
(1)											
(2)											
(3)											
(4)											

Ο.

Ο.

►

Totals (carry to Part II, line (5))

0 . Form **990-T** (2017)

### Form 990-T (2017) URSINUS COLLEGE

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Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in

columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	<b>2.</b> Gross advertising income	<b>3.</b> Direct advertising costs	<b>4.</b> Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circ incc		6. Readershi costs	7. Excess readersh costs (column 6 min column 5, but not me than column 4).	ius
(1)								
(2)								
(3)								
(4)								
Totals from Part I	0.	0.						0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).					Enter here and on page 1, Part II, line 27.	
Totals, Part II (lines 1-5)	0.	0.						0.
Schedule K - Compensation	n of Officers, I	Directors, and	Trustees (see in	nstruction	s)			
1. Name			2. Title				pensation attributable Inrelated business	
(1)						%		
(2)						%		
(3)						%		
(4)						%		
Total. Enter here and on page 1, Part II, li	ine 14	•						0.

Form **990-T** (2017)

FORM 990-T	OTHER INCOME	STATEMENT 1
DESCRIPTION		AMOUNT
RENTAL INCOME WITH SUBS	257,455. 83,000.	
TOTAL TO FORM 990-T, PA	340,455.	
FORM 990-T	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
MEALS AND CLEANING UTILITIES CONFERENCE EXPENSES	130,279. 1,957. 6,155.	

TOTAL TO FORM 990-T, PAGE 1, LINE 28

URSINUS COLLEGE

FORM 990-T NE		OPERATING LOSS DEDUCTION		STATEMENT 3	
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR	
06/30/11	0.	0.	0.	0.	
06/30/11	16,724.	0.	16,724.	16,724.	
06/30/12	5,612.	0.	5,612.	5,612.	
06/30/13	11,493.	0.	11,493.	11,493.	
06/30/14	5,488.	0.	5,488.	5,488.	
06/30/15	22,682.	0.	22,682.	22,682.	
06/30/16	20,016.	0.	20,016.	20,016.	
06/30/17	4,820.	0.	4,820.	4,820.	
NOL CARRYO	VER AVAILABLE THIS	YEAR	86,835.	86,835.	

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138,391.