

# Return of Organization Exempt From Income Tax

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

**2008**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A For the 2008 calendar year, or tax year beginning** 07/01, 2008, and ending 06/30, 2009

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C Name of organization</b> URSINUS COLLEGE	<b>D Employer identification number</b> 23-1177930
		Doing Business As	<b>E Telephone number</b> (610) 409-3000
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 601 EAST MAIN STREET	<b>G Gross receipts \$</b> 98,128,044
City or town, state or country, and ZIP + 4 COLLEGEVILLE, PA 19426-1000		<b>F Name and address of principal officer:</b> JOHN STRASSBURGER 601 EAST MAIN STREET COLLEGEVILLE, PA 19426	<b>H(a) Is this a group return for affiliates?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>H(b) Are all affiliates included?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," attach a list. (see instructions)
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c) ( 3 ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>J Website:</b> WWW.URSINUS.EDU		<b>H(c) Group exemption number</b> ▶
<b>K Type of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L Year of formation:</b> 1869		<b>M State of legal domicile:</b> PA

Part I Summary		Prior Year	Current Year
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: THE MISSION OF URSINUS COLLEGE IS TO ENABLE STUDENTS TO BECOME INDEPENDENT, RESPONSIBLE, AND THOUGHTFUL INDIVIDUALS THROUGH A PROGRAM OF LIBERAL EDUCATION.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	42
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	38
	<b>5</b> Total number of employees (Part V, line 2a)	<b>5</b>	1,480
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	41
	<b>7a</b> Total gross unrelated business revenue from Part VIII, line 12, column (C)	<b>7a</b>	27,415.
<b>b</b> Net unrelated business taxable income from Form 990-B, line 34	<b>7b</b>	-28,188.	
Revenue	<b>8</b> Contribution and grants (Part VIII, line 1h)	10,102,409.	9,952,678.
	<b>9</b> Program service revenue (Part VIII, line 2)	67,655,419.	74,806,343.
	<b>10</b> Investment income (Part VIII, column (A), lines 5-6d, 8, 9, and 10)	4,444,272.	-3,927,409.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5-6d, 8, 9, 10c, and 11e)	34,971.	605,168.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	82,237,071.	81,436,780.
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	24,645,574.	27,605,381.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	NONE	NONE
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	24,556,202.	26,551,591.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	4,896.	NONE
	<b>b</b> Total fundraising expenses, Part IX, column (D), line 25) ▶ 1,566,376.		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	27,974,207.	29,047,973.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	77,180,879.	83,204,945.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	5,056,192.	-1,768,165.	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	256,653,726.	235,201,446.
	<b>21</b> Total liabilities (Part X, line 26)	72,033,235.	68,699,638.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	184,620,491.	166,501,808.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here** *Winefield Leo Guilmette* Signature of officer **1/5/17/10** Date

*WINEFIELD LEO GUILMETTE* Type or print name and title **V.P. FINANCE**

<b>Paid Preparer's Use Only</b>	Preparer's signature <i>Margaret A. Bradshaw, CPA</i>	Date <i>5/14/10</i>	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) P00501222
	Firm's name (or yours if self-employed), address, and ZIP + 4 <i>KPMG LLP 1660 INTERNATIONAL DRIVE MCLEAN, VA 22102-4848</i>	EIN ▶ <i>13-5565207</i>	Phone no. ▶ <i>703-286-8000</i>	

May the IRS discuss this return with the preparer shown above? (See instructions)  Yes  No

# Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2008, or tax year beginning 07/01, 2008, and ending 06/30, 2009

# 2008

Department of the Treasury  
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

▶ See instructions on back.

Name of exempt organization

Employer identification number

URSINUS COLLEGE

23-1177930

### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8453-EO and enter the applicable amount from the return, if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12) . . . . .	1b	<u>81436780.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9) . . . . .	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22) . . . . .	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5) . . . . .	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c) . . . . .	5b	

### Part II Declaration of Officer

- 6  I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
- If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2008 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Sign Here ▶

Signature of officer

Date

Title

[Signature] 5/13/10

V.P. Finance & Administration

### Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

<b>ERO's Use Only</b>	ERO's signature	<u>Margaret A. Brodbhaw</u>	Date	<u>5/13/10</u>	Check if also paid preparer	<input checked="" type="checkbox"/>	Check if self-employed	<input type="checkbox"/>	ERO's SSN or PTIN	<u>P00501222</u>
	Firm's name (or yours if self-employed), address, and ZIP code	<u>KPMG LLP</u> <u>1660 INTERNATIONAL DRIVE</u> <u>MCLEAN VA 22102-4848</u>			EIN	<u>13-5565207</u>		Phone no.	<u>703-286-8000</u>	

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

<b>Paid Preparer's Use Only</b>	Preparer's signature		Date		Check if self-employed	<input type="checkbox"/>	Preparer's SSN or PTIN	
	Firm's name (or yours if self-employed), address, and ZIP code				EIN			Phone no.

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8453-EO** (2008)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**. **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).**

Type or print  File by the extended due date for filing the return. See instructions.	Name of Exempt Organization <u>URSINUS COLLEGE</u>	Employer identification number <u>23-1177930</u>
	Number, street, and room or suite no. If a P.O. box, see instructions. <u>P.O. BOX 1000</u>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <u>COLLEGEVILLE, PA 19246-1000</u>	

**Check type of return to be filed (File a separate application for each return):**

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of Controller  
Telephone No. (610) 409-3000 FAX No. \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until 05/15/2010.
- For calendar year \_\_\_\_\_, or other tax year beginning 07/01/2008, and ending 06/30/2009.
- If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- State in detail why you need the extension INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	NONE
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	NONE
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	NONE

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Margaret A. Brockman Title CPA/Agent Date 2/12/10  
 KPMG, LLP  
 1660 INTERNATIONAL DRIVE  
 MCLEAN, VA 22102-4848

**Part III Statement of Program Service Accomplishments** (see instructions)

1 Briefly describe the organization's mission:

SEE STATEMENT 1

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

If "Yes" describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

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

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

4a (Code: ) (Expenses \$ 56,329,181. including grants of \$ 27,605,381. ) (Revenue \$ 61,316,166. )

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

4b (Code: ) (Expenses \$ 16,064,649. including grants of \$ ) (Revenue \$ 13,490,177. )

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

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

4d Other program services. (Describe in Schedule O.)

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

4e Total program service expenses ► \$ 72,393,830. (Must equal Part IX, Line 25, column (B).)

**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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
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		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5 Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	X	
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	X	
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	X	
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	X	
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	X	

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		X
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	X	
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		X
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .		X

Form 990 (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question numbers (1a-12b), descriptions of questions, and Yes/No response boxes. Includes questions about Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, and Form 990 in lieu of Form 1041.



Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions.

Table with 11 rows of questions and 3 columns: Question, Yes, No. Includes sub-questions 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9a, 9b, 10, 11.

Section B. Policies

Table with 12 rows of questions and 3 columns: Question, Yes, No. Includes sub-questions 12a, 12b, 12c, 13, 14, 15, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed PA
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: JAMES E COOPER 601 EAST MAIN STREET COLLEGEVILLE, PA 19426 610-409-3000







**Part VIII Statement of Revenue**

23-1177930

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	1 a	Federated campaigns . . . . .	1 a			
	b	Membership dues . . . . .	1 b			
	c	Fundraising events . . . . .	1 c	80,374.		
	d	Related organizations . . . . .	1 d			
	e	Government grants (contributions) . .	1 e	1,275,425.		
	f	All other contributions, gifts, grants, and similar amounts not included above .	1 f	8,596,879.		
	g	Noncash contributions included in lines 1a-1f: \$		1,009,408.		
	h	<b>Total.</b> Add lines 1a-1f . . . . .		9,952,678.		
<b>Program Service Revenue</b>			<b>Business Code</b>			
	2 a	ACADEMIC INSTRUCTION - TUITION AND FEES	900099	60,306,743.	60,306,743.	
	b	ACADEMIC INSTRUCTION - AUXILIARY ENTERPR	900099	1,009,423.	1,009,423.	
	c	STUDENT SERVICES-R/B, FOODSVC, ATHLETICS	900099	13,415,279.	13,415,279.	
	d	STUDENT SERVICES-AUXILIARY ENTERPRISES	900099	74,898.	74,898.	
	e					
	f	All other program service revenue . . . . .				
g	<b>Total.</b> Add lines 2a-2f . . . . .		74,806,343.			
<b>Other Revenue</b>	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		2,776,119.		2,776,119.
	4	Income from investment of tax-exempt bond proceeds . . .		NONE		
	5	Royalties . . . . .		NONE		
			(i) Real	(ii) Personal		
	6 a	Gross Rents . . . . .				
	b	Less: rental expenses . . . . .				
	c	Rental income or (loss) . . . . .				
	d	Net rental income or (loss) . . . . .		NONE		
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
			9,734,635.	10,830.		
	b	Less: cost or other basis and sales expenses . . . . .				
			16,432,455.	16,538.		
	c	Gain or (loss) . . . . .				
			-6,697,820.	-5,708.		
	d	Net gain or (loss) . . . . .				
				-6,703,528.	-6,703,528.	
8 a	Gross income from fundraising events (not including \$ 80,374. of contributions reported on line 1c). See Part IV, line 18. . . . .	STMT 3				
				264,603.		
b	Less: direct expenses . . . . .			242,271.		
c	Net income or (loss) from fundraising events .	STMT. A.		22,332.	22,332.	
9 a	Gross income from gaming activities. See Part IV, line 19. . . . .					
b	Less: direct expenses . . . . .					
c	Net income or (loss) from gaming activities . . . . .			NONE		
10 a	Gross sales of inventory, less returns and allowances . . . . .					
b	Less: cost of goods sold . . . . .					
c	Net income or (loss) from sales of inventory. . . . .			NONE		
		<b>Miscellaneous Revenue</b>	<b>Business Code</b>			
11 a	MISCELLANEOUS REVENUE	900099		582,836.	555,421.	27,415.
b						
c						
d	All other revenue . . . . .					
e	<b>Total.</b> Add lines 11a-11d . . . . .			582,836.		
12	<b>Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . .			81,436,780.	75,361,764.	27,415.
						-3,905,077.

**Part IX Statement of Functional Expenses**

**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.**  
**All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	NONE			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .	26,419,636.	26,419,636.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .	1,185,745.	1,185,745.		
4 Benefits paid to or for members . . . . .	NONE			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	1,164,761.	385,452.	579,374.	199,935.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	NONE			
7 Other salaries and wages . . . . .	19,597,015.	16,493,665.	2,365,704.	737,646.
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions). .	1,188,866.	961,582.	177,840.	49,444.
9 Other employee benefits . . . . .	2,967,036.	2,384,209.	452,107.	130,720.
10 Payroll taxes . . . . .	1,633,913.	1,313,260.	246,499.	74,154.
11 Fees for services (non-employees):				
a Management . . . . .	NONE			
b Legal . . . . .	100,448.		100,448.	
c Accounting . . . . .	172,740.		172,740.	
d Lobbying . . . . .	NONE			
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees . . . . .	NONE			
g Other . . . . .	1,178,098.	907,935.	253,705.	16,458.
12 Advertising and promotion . . . . .	49,339.	36,409.	12,930.	
13 Office expenses . . . . .	2,316,417.	1,633,058.	541,458.	141,901.
14 Information technology . . . . .	2,141,564.	1,794,611.	338,068.	8,885.
15 Royalties . . . . .	NONE			
16 Occupancy . . . . .	7,641,195.	7,619,279.		21,916.
17 Travel . . . . .	1,009,816.	873,141.	75,797.	60,878.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings . . . .	103,187.	88,309.	11,732.	3,146.
20 Interest . . . . .	2,525,132.		2,525,132.	
21 Payments to affiliates . . . . .	NONE			
22 Depreciation, depletion, and amortization . . . .	3,616,800.	3,423,086.	193,714.	NONE
23 Insurance . . . . .	660,829.	336,268.	272,317.	52,244.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a FOOD SERVICE	3,922,194.	3,740,688.	139,707.	41,799.
b INSTRUCTION/CAMPUS PROGRAMS	1,878,998.	1,864,832.	14,166.	
c EQUIPMENT, FURNITURE, FIXTUR	510,918.	441,305.	69,355.	258.
d LIBRARY MATERIALS	396,991.	396,991.		
e DUES, REFERENCES, SUBSCRIPTIO	203,333.	94,369.	89,684.	19,280.
f All other expenses	619,974.		612,262.	7,712.
<b>25 Total functional expenses.</b> Add lines 1 through 24f	83,204,945.	72,393,830.	9,244,739.	1,566,376.
26 <b>Joint Costs.</b> Check here <input type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . .				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash - non-interest-bearing . . . . .	6,753.	1	6,754.
	2	Savings and temporary cash investments . . . . .	10,580,126.	2	8,824,176.
	3	Pledges and grants receivable, net . . . . .	2,516,629.	3	1,288,131.
	4	Accounts receivable, net . . . . .	565,188.	4	455,387.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L . . . . .		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .		6	
	7	Notes and loans receivable, net . . . . .	2,117,594.	7	2,222,463.
	8	Inventories for sales or use . . . . .		8	
	9	Prepaid expenses and deferred charges . . . . .	1,623,949.	9	1,224,422.
	10a	Land, buildings, and equipment: cost basis . . . . .	10a 162,615,860.		
	b	Less: accumulated depreciation. Complete Part VI of Schedule D. . . . .	10b 46,397,565.		
			116,320,407.	10c	116,218,295.
	11	Investments - publicly traded securities . . . . .	70,357,636.	11	56,987,519.
	12	Investments - other securities. See Part IV, line 11 . . . . .	50,575,681.	12	46,099,182.
	13	Investments - program-related. See Part IV, line 11 . . . . .		13	
	14	Intangible assets . . . . .		14	
15	Other assets. See Part IV, line 11 . . . . .	1,989,763.	15	1,875,117.	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	256,653,726.	16	235,201,446.	
<b>Liabilities</b>	17	Accounts payable and accrued expenses . . . . .	7,531,527.	17	6,654,828.
	18	Grants payable . . . . .		18	
	19	Deferred revenue . . . . .	660,734.	19	896,933.
	20	Tax-exempt bond liabilities . . . . .	51,448,527.	20	50,478,849.
	21	Escrow account liability. Complete Part IV of Schedule D . . . . .		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .		23	
	24	Unsecured notes and loans payable. . . . .		24	
	25	Other liabilities. Complete Part X of Schedule D . . . . .	12,392,447.	25	10,669,028.
	26	<b>Total liabilities.</b> Add lines 17 through 25. . . . .	72,033,235.	26	68,699,638.
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets . . . . .	88,242,670.	27	85,815,333.
	28	Temporarily restricted net assets . . . . .	26,712,026.	28	11,218,186.
	29	Permanently restricted net assets . . . . .	69,665,795.	29	69,468,289.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds . . . . .		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund . . . . .		31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .		32	
	33	<b>Total net assets or fund balances . . . . .</b>	184,620,491.	33	166,501,808.
	34	<b>Total liabilities and net assets/fund balances. . . . .</b>	256,653,726.	34	235,201,446.

**Part XI Financial Statements and Reporting**

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .	2a	X
b	Were the organization's financial statements audited by an independent accountant? . . . . .	2b	X
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . .	2c	X
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .	3a	X
b	If "Yes," did the organization undergo the required audit or audits? . . . . .	3b	X

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2008**

Open to Public Inspection

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

URSINUS COLLEGE

Employer identification number

23-1177930

**Part I Reason for Public Charity Status** (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only one organization.)

- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)
- 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8  A community trust described in section 170(b)(1)(A)(vii). (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally Integrated      d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box. \_\_\_\_\_
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? Yes No
  - (ii) A family member of a person described in (i) above? 11g(ii) Yes No
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Yes No
- h Provide the following information about the organizations the organization supports.

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

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.)

Section A. Public Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total, Add lines 1-3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.); 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (See instructions.); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f; 16a 33 1/3% support test - 2008; 16b 33 1/3% support test - 2007; 17a 10%-facts-and-circumstances test - 2008; 17b 10%-facts-and-circumstances test - 2007; 18 Private foundation.



Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1-5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line Number, Percentage. Row 15: Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) - 15 - %; Row 16: Public support percentage from 2007 Schedule A, Part IV-A, line 27g - 16 - %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line Number, Percentage. Row 17: Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) - 17 - %; Row 18: Investment income percentage from 2007 Schedule A, Part IV-A, line 27h - 18 - %

- 19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

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

Area with horizontal dashed lines for supplemental information.

**SCHEDULE D  
(Form 990)**

**Supplemental Financial Statements**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

Name of the organization

Employer identification number

URSINUS COLLEGE

23-1177930

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate contributions to (during year) . . . . .		
3 Aggregate grants from (during year) . . . . .		
4 Aggregate value at end of year . . . . .		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .  Yes  No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? . . . . .  Yes  No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically importantly land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 8/17/06 . . . . .	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? . . . . .  Yes  No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? . . . . .  Yes  No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 . . . . . ▶ \$ 73,395.

(ii) Assets included in Form 990, Part X . . . . . ▶ \$ 73,395.

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

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

Schedule D (Form 990) 2008

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

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

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . .  Yes  No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  Yes  No

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

	Amount
c Beginning balance . . . . .	1c
d Additions during the year . . . . .	1d
e Distributions during the year . . . . .	1e
f Ending balance . . . . .	1f

2a Did the organization include an amount on Form 990, Part X, line 21? . . . . .  Yes  No

b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance . . . . .	115,656,893.				
b Contributions . . . . .	2,594,260.				
c Investment earnings or losses . . . . .	-20,063,615.				
d Grants or scholarships . . . . .	2,282,376.				
e Other expenditures for facilities and programs . . . . .	3,881,646.				
f Administrative expenses . . . . .	294,248.				
g End of year balance . . . . .	91,729,268.				

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ 18.0000 %
- b Permanent endowment ▶ 75.0000 %
- c Term endowment ▶ 7.0000 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations . . . . .
- (ii) related organizations . . . . .

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

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

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

**Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.**

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land . . . . .		567,618.		567,618.
b Buildings . . . . .		134,776,137.	33,693,030.	101,083,107.
c Leasehold improvements . . . . .		13,909,618.	9,339,882.	4,569,736.
d Equipment . . . . .		4,216,674.	3,364,653.	852,021.
e Other . . . . .		9,145,813.	NONE	9,145,813.
<b>Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)</b> . . . . . ▶				116,218,295.

**Part VII Investments - Other Securities.** See Form 990, Part X, 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
Financial derivatives and other financial products . . . . .		
Closely-held equity interests . . . . .		
Other <u>SEE STATEMENT 5</u> -----		
-----		
-----		
-----		
-----		
-----		
-----		
<b>Total.</b> (Column (b) should equal Form 990, Part X, col. (B) line 12.) ▶	46,099,182.	

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
<b>Total.</b> (Column (b) should equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
<b>Total.</b> (Column (b) should equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
Federal income taxes	
STUDENT LOANS/GRANTS	1,620,615.
ANNUITY REQUIREMENTS	7,152,009.
ASSET RETIREMENT OBLIGATION	1,556,655.
CAPITAL LEASE PAYABLE - CHILLER PLA	339,749.
<b>Total.</b> (Column (b) should equal Form 990, Part X, col. (B) line 25.) ▶	10,669,028.

In Part XIV, 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.

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

Table with 10 rows for Part XI reconciliation. Columns include line number, description, and amount. Total revenue is 81,436,780; total expenses are 83,204,945; net change is -1,768,165.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Table with 5 main rows and sub-rows (a-e) for Part XII reconciliation. Total revenue per audited statements is 38,098,872; revenue per return is 81,679,051.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Table with 5 main rows and sub-rows (a-e) for Part XIII reconciliation. Total expenses per audited statements is 56,217,555; expenses per return is 83,204,945.

Part XIV Supplemental Information

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

SEE PAGE 5

Series of horizontal dashed lines provided for entering supplemental information.

**Part XIV Supplemental Information (continued)**

SCHEDULE D, PART III

THE PERMANENT ART COLLECTION HOUSED IN THE PHILIP AND MURIEL BERMAN MUSEUM OF ART AT URSINUS COLLEGE PROVIDES A VALUABLE CULTURAL RESOURCE FOR THE CAMPUS COMMUNITY. THE MUSEUM, IN CONJUNCTION WITH THE ART DEPARTMENT, INTEGRATES THE RICH RESOURCES PROVIDED BY THE COLLECTION INTO PROGRAMMING FOCUSING ON IMPORTANT TEXTS RELATED TO THE COLLECTIONS.

SCHEDULE D, PART V

ENDOWMENT FUNDS PROVIDE RETURNS THAT ARE USED TO SUPPORT THE OPERATIONS OF THE COLLEGE. SPECIFICALLY, ENDOWMENTS ARE ESTABLISHED TO SUPPORT STUDENT SCHOLARSHIPS AND PRIZES, EDUCATIONAL PROGRAMS, SPECIFIC CAPITAL PURCHASES AND OTHER OPERATIONAL NEEDS.

SCHEDULE D, PART XI, LINE 8

RECONCILIATION OF CHANGE IN NET ASSETS \$227,639 - FOR THE COLLEGE'S ANNUITIES PAYABLE, ADJUSTMENTS RELATED TO CHANGES IN ESTIMATES OF FUTURE PAYMENTS TO BENEFICIARIES AND ACTUARIAL ASSUMPTIONS ARE RECORDED AS ACTUARIAL GAINS OR LOSSES.



**Part XIV Supplemental Information (continued)**

SCHEDULE D, PART XII, LINE 2D

RECONCILIATION OF REVENUE

\$-27,229,661 - GRANTS FOR STUDENT FINANCIAL AID PROVIDED BY THE COLLEGE

ARE SHOWN ON THE FORM 990 AS AN EXPENSE, AND ON THE AUDITED FINANCIAL

STATEMENTS AS A DISCOUNT TO REVENUE.

\$227,639 - FOR THE COLLEGE'S ANNUITIES PAYABLE, ADJUSTMENTS RELATED TO

CHANGES IN ESTIMATES OF FUTURE PAYMENTS TO BENEFICIARIES AND ACTUARIAL

ASSUMPTIONS ARE RECORDED AS ACTUARIAL GAINS OR LOSSES.

SCHEDULE D, PART XII, LINE 4B

RECONCILIATION OF REVENUE

\$242,271 - FUNDRAISING DIRECT EXPENSES SHOWN ON PART VIII, LINE 8B ARE

INCLUDED IN OPERATING EXPENSES ON THE COLLEGE'S FINANCIAL STATEMENTS.

SCHEDULE D, PART XIII, LINE 2D

RECONCILIATION OF EXPENSES

\$242,271 - FUNDRAISING DIRECT EXPENSES SHOWN ON PART VIII, LINE 8B ARE

INCLUDED IN OPERATING EXPENSES ON THE COLLEGE'S FINANCIAL STATEMENTS.

SCHEDULE D, PART XIII, LINE 4B

RECONCILIATION OF EXPENSES

\$27,229,661 - GRANTS FOR STUDENT FINANCIAL AID PROVIDED BY THE COLLEGE

ARE SHOWN ON THE FORM 990 AS AN EXPENSE, AND ON THE AUDITED FINANCIAL

STATEMENTS AS A DISCOUNT TO REVENUE.

**Part XIV Supplemental Information (continued)**

SCHEDULE D, PART X

FIN 48 FOOTNOTE

IN JUNE 2006, THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ISSUED FASB INTERPRETATION NO. 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, AN INTERPRETATION OF FASB STATEMENT NO. 109 (FIN 48). FIN 48 ADDRESSES THE ACCOUNTING FOR UNCERTAINTIES IN INCOME TAXES RECOGNIZED IN AN ENTERPRISE'S FINANCIAL STATEMENTS AND PRESCRIBES A THRESHOLD OF MORE-LIKELY-THAN-NOT FOR RECOGNITION AND DERECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. FIN 48 ALSO PROVIDES RELATED GUIDANCE ON MEASUREMENT, CLASSIFICATION, INTEREST AND PENALTIES, AND DISCLOSURE. THERE WAS NO MATERIAL IMPACT TO THE COLLEGE'S FINANCIAL STATEMENTS AS A RESULT OF THE ADOPTION OF FIN 48.

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

**Schools**

OMB No. 1545-0047

**2008**

**Open to Public Inspection**

▶ To be completed by organizations that answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.  
▶ Attach to Form 990 or Form 990-EZ.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
URSINUS COLLEGE

Employer identification number  
23-1177930

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? . . . . .	X	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? . . . . .	X	
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 . . . . . <u>THE COLLEGE'S NON-DISCRIMINATORY POLICY IS INCLUDED IN ALL PRINTED AND BROADCAST ADVERTISING, AS WELL AS IN THE COLLEGE CATALOG. IT IS ALSO PRINTED IN VARIOUS LOCATIONS ON CAMPUS.</u>	X	
4 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .	X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .	X	
d Copies of all material used by the organization or on its behalf to solicit contributions? . . . . . If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	X	
5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges? . . . . .		X
b Admissions policies? . . . . .		X
c Employment of faculty or administrative staff? . . . . .		X
d Scholarships or other financial assistance? . . . . .		X
e Educational policies? . . . . .		X
f Use of facilities? . . . . .		X
g Athletic programs? . . . . .		X
h Other extracurricular activities? . . . . . If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		X
6a Does the organization receive any financial aid or assistance from a governmental agency? . . . . . § 6 . . . . .	X	
b Has the organization's right to such aid ever been revoked or suspended? . . . . .		X
If you answered "Yes" to either line 6a or line 6b, please explain using an attached statement.		
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," attach an explanation.	X	

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

Schedule E (Form 990 or 990-EZ) 2008

JSA  
8E1273 1.000

59957Z 2502

V08-8.3 2499126

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**Schedule F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

Employer identification number

URSINUS COLLEGE

23-1177930

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

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

3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
CENTRAL AMERICA/CARIBBEAN			GRANTMAKING		24,500.
EAST ASIA AND THE PACIFIC			GRANTMAKING		237,920.
EUROPE			GRANTMAKING		820,680.
MIDDLE EAST AND NORTH AFRICA			GRANTMAKING		9,000.
NORTH AMERICA			GRANTMAKING		29,500.
SOUTH AMERICA			GRANTMAKING		28,145.
SOUTH ASIA			GRANTMAKING		23,500.
SUB-SAHARAN AFRICA			GRANTMAKING		12,500.
CENTRAL AMERICA/CARIBBEAN			PROGRAM SERVICES	STUDY ABROAD	42,900.
EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	STUDY ABROAD	197,412.
EUROPE			PROGRAM SERVICES	STUDY ABROAD	1,120,307.
MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	STUDY ABROAD	11,250.
SOUTH ASIA			PROGRAM SERVICES	STUDY ABROAD	18,060.
SUB-SAHARAN AFRICA			PROGRAM SERVICES	STUDY ABROAD	22,096.
CENTRAL AMERICA/CARIBBEAN			PROGRAM SERVICES	INVESTMENTS	
<b>Totals</b> . . . . . ▶					2,597,770.

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

Schedule F (Form 990) 2008

JSA

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 . . . . .  Use Schedule F-1 (Form 990) if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . .

3 Enter total number of other organizations or entities . . . . .

**Part III** Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
TUITION, FEES, ROOM & BOARD-FOREIGN STUD	CENT. AMERICA/CARIBBEAN	4			4,100.	STUD ACCT CR	FMV
TUITION, FEES, ROOM & BOARD-FOREIGN STUD	EAST ASIA AND THE PACIFI	12			97,000.	STUD ACCT CR	FMV
TUITION, FEES, ROOM & BOARD-FOREIGN STUD	EUROPE/ICELAND/GREENLAND	79			734,250.	STUD ACCT CR	FMV
TUITION, FEES, ROOM & BOARD-FOREIGN STUD	MIDDLE EAST/NORTH AFRICA	1			9,000.	STUD ACCT CR	FMV
TUITION, FEES, ROOM & BOARD-FOREIGN STUD	SOUTH ASIA	1			11,000.	STUD ACCT CR	FMV
TUITION, FEES, ROOM & BOARD-FOREIGN STUD	SUB-SAHARAN AFRICA	3			12,500.	STUD ACCT CR	FMV
TUITION, FEES, ROOM & BOARD	CENT. AMERICA/CARIBBEAN	1			20,400.	STUD ACCT CR	FMV
TUITION, FEES, ROOM & BOARD	EAST ASIA AND THE PACIFI	6			140,920.	STUD ACCT CR	FMV
TUITION, FEES, ROOM & BOARD	EUROPE/ICELAND/GREENLAND	3			86,430.	STUD ACCT CR	FMV
TUITION, FEES, ROOM & BOARD	NORTH AMERICA	2			29,500.	STUD ACCT CR	FMV
TUITION, FEES, ROOM & BOARD	SOUTH AMERICA	2			28,145.	STUD ACCT CR	FMV
TUITION, FEES, ROOM & BOARD	SOUTH ASIA	1			12,500.	STUD ACCT CR	FMV

**Part IV** Supplemental Information

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

SCHEDULE F, PART I, LINE 2

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

URSINUS COLLEGE PROVIDED GRANTS TALLING \$867,850 TO 100 URSINUS COLLEGE

STUDENTS IN GOOD ACADEMIC STANDING FOR TUITION, FEES, ROOM AND BOARD FOR

STUDY ABROAD PROGRAMS IN VARIOUS REGIONS. THE GRANTS ARE APPLIED

DIRECTLY TO THE STUDENTS' ACCOUNTS AT URSINUS WHILE THE STUDENTS ARE

ABROAD.

URSINUS COLLEGE PROVIDED GRANTS TALLING \$317,895 TO 15 FOREIGN STUDENTS

FOR TUITION, FEES, ROOM AND BOARD TO ATTEND URSINUS COLLEGE. FOREIGN

STUDENTS ARE AWARDED GRANTS BASED ON MERIT AND NEED PRIOR TO ARRIVING AT

URSINUS COLLEGE. THESE GRANTS ARE APPLIED DIRECTLY TO THE STUDENTS'

ACCOUNT AT URSINUS.





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

	(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))
	SWIM LESSONS (event type)	GOLF OUTING (event type)	4 (total number)	
<b>Revenue</b>				
1 Gross receipts . . . . .	38,843.	28,318.	27,414.	94,575.
2 Less: Charitable contributions . . . . .		13,123.		13,123.
3 Gross revenue (line 1 minus line 2) . . . . .	38,843.	15,195.	27,414.	81,452.
<b>Direct Expenses</b>				
4 Cash prizes . . . . .				
5 Non-cash prizes . . . . .				
6 Rent/facility costs . . . . .		8,695.		8,695.
7 Other direct expenses . . . . .	555.	4,599.	10,805.	15,959.
8 Direct expense summary. Add lines 4 through 7 in column (d) . . . . .				( 24,654. )
9 Net income summary. Combine lines 3 and 8 in column (d) . . . . .				56,798.

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

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

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states? . . . . .	9a	
b If "No," Explain: _____		
10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .	10a	
b If "Yes," Explain: _____		
11 Does the organization operate gaming activities with nonmembers? . . . . .	11	
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? . . . . .	12	

- 13 Indicate the percentage of gaming activity operated in:
- a The organization's facility . . . . . 13a %
  - b An outside facility . . . . . 13b %

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

Name ▶ \_\_\_\_\_  
 Address ▶ \_\_\_\_\_

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . 15a

- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c If "Yes," enter name and address:

Name ▶ \_\_\_\_\_  
 Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer       Employee       Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . 17a

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

	Yes	No
13a		
13b		
14		
15a		
16		
17a		





**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990. To be completed by organizations  
that answered "Yes" to Form 990, Part IV, line 23.

**2008**

**Open to Public  
Inspection**

Name of the organization

URSINUS COLLEGE

Employer identification number

23-1177930

**Part I Questions Regarding Compensation**

	Yes	No
1a		
1b		X
2	X	
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |                                                                    |                                                                                     |
|--------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input type="checkbox"/> First-class or charter travel             | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence            |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input checked="" type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . . . . .

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? . . . . .

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- |                                                                     |                                                                                     |
|---------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Compensation committee          | <input checked="" type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

- a** Receive a severance payment or change of control payment? . . . . .
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .
- c** Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? . . . . .
- b** Any related organization? . . . . .
- If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? . . . . .
- b** Any related organization? . . . . .
- If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III . . . . .

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .

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

Schedule J (Form 990) 2008

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

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

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
JOHN R STRASSBURGER	(i) 343,971. (ii) NONE (iii) 9,978.	NONE NONE	9,978. NONE	16,100. NONE	32,081. NONE	402,130. NONE	NONE NONE
WINFIELD L GUILMETTE	(i) 170,562. (ii) NONE (iii) NONE	NONE NONE	8,750. NONE	12,568. NONE	5,885. NONE	197,765. NONE	NONE NONE
JOHN P KING	(i) 133,936. (ii) NONE (iii) NONE	NONE NONE	NONE NONE	10,272. NONE	14,664. NONE	158,872. NONE	NONE NONE
CATHERINE CHAMBLISS	(i) 108,613. (ii) NONE (iii) NONE	NONE NONE	NONE NONE	7,333. NONE	49,256. NONE	165,202. NONE	NONE NONE
RICHARD DIFELICANTONIO	(i) 156,187. (ii) NONE (iii) NONE	NONE NONE	18,375. NONE	12,104. NONE	15,011. NONE	201,677. NONE	NONE NONE
JUDITH T LEVY	(i) 164,572. (ii) NONE (iii) NONE	NONE NONE	NONE NONE	12,688. NONE	10,305. NONE	187,565. NONE	NONE NONE
LINDSAY A RHODENBAUGH	(i) 161,676. (ii) NONE (iii) NONE	NONE NONE	1,907. NONE	12,694. NONE	17,315. NONE	193,592. NONE	NONE NONE
	(i) ----- (ii) ----- (iii) -----	----- -----	----- -----	----- -----	----- -----	----- -----	----- -----
	(i) ----- (ii) ----- (iii) -----	----- -----	----- -----	----- -----	----- -----	----- -----	----- -----
	(i) ----- (ii) ----- (iii) -----	----- -----	----- -----	----- -----	----- -----	----- -----	----- -----
	(i) ----- (ii) ----- (iii) -----	----- -----	----- -----	----- -----	----- -----	----- -----	----- -----
	(i) ----- (ii) ----- (iii) -----	----- -----	----- -----	----- -----	----- -----	----- -----	----- -----
	(i) ----- (ii) ----- (iii) -----	----- -----	----- -----	----- -----	----- -----	----- -----	----- -----
	(i) ----- (ii) ----- (iii) -----	----- -----	----- -----	----- -----	----- -----	----- -----	----- -----
	(i) ----- (ii) ----- (iii) -----	----- -----	----- -----	----- -----	----- -----	----- -----	----- -----
	(i) ----- (ii) ----- (iii) -----	----- -----	----- -----	----- -----	----- -----	----- -----	----- -----
	(i) ----- (ii) ----- (iii) -----	----- -----	----- -----	----- -----	----- -----	----- -----	----- -----
	(i) ----- (ii) ----- (iii) -----	----- -----	----- -----	----- -----	----- -----	----- -----	----- -----
	(i) ----- (ii) ----- (iii) -----	----- -----	----- -----	----- -----	----- -----	----- -----	----- -----



**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

SCHEDULE J, PART I, LINE 1B

HOUSING HAS BEEN PROVIDED TO THE COLLEGE PRESIDENT AS A CUSTOMARY BENEFIT PROVIDED BY INSTITUTIONS OF HIGHER LEARNING. THE COLLEGE ALSO PROVIDES PAYMENT OF THE PRESIDENT'S COUNTRY CLUB DUES. THIS PAYMENT IS INCLUDED IN THE PRESIDENT'S FORM W-2.

THE COLLEGE IS CONSIDERING THE ADOPTION OF A POLICY REGARDING PAYMENT/REIMBURSEMENT OF EXPENSES.

**SCHEDULE J-2  
(Form 990)**

**Continuation Sheet for Form 990**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization

Employer Identification number

URSINUS COLLEGE

23-1177930

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SPENCER FOREMAN MD CHAIRMAN OF THE BOARD OF DIR	1.	X		X				NONE	NONE	NONE
RUTH KURISU VOTING MEMBER, BOARD OF DIR	1.	X						NONE	NONE	NONE
WILBERT ABELE VOTING MEMBER, BOARD OF DIR	1.	X						NONE	NONE	NONE
ROBERT BARCHI MD VOTING MEMBER, BOARD OF DIR	1.	X						NONE	NONE	NONE
DONALD PARLEE MD VOTING MEMBER, BOARD OF DIR	1.	X						NONE	NONE	NONE
KIM O'BRIEN VOTING MEMBER, BOARD OF DIR	1.	X						NONE	NONE	NONE
PHILLIP BRACKIN MD VOTING MEMBER, BOARD OF DIR	1.	X						NONE	NONE	NONE
ROBERT BRANT ESQ VOTING MEMBER, BOARD OF DIR	1.	X						NONE	NONE	NONE
LLEWELLYN SMITH VOTING MEMBER, BOARD OF DIR	1.	X						NONE	NONE	NONE
FREDERICK CALLAHAN VOTING MEMBER, BOARD OF DIR	1.	X						NONE	NONE	NONE
CLAUDIA HIGHBAUGH VOTING MEMBER, BOARD OF DIR	1.	X						NONE	NONE	NONE
ALAN NOVAK ESQ VOTING MEMBER, BOARD OF DIR	1.	X						NONE	NONE	NONE
ROBERT KEEHN VOTING MEMBER, BOARD OF DIR	1.	X						NONE	NONE	NONE
FRANCIS CORRELL ESQ VOTING MEMBER, BOARD OF DIR	1.	X						NONE	NONE	NONE
HENRY PFEIFFER VOTING MEMBER, BOARD OF DIR	1.	X						NONE	NONE	NONE
CYNTHIA FISHER VOTING MEMBER, BOARD OF DIR	1.	X						NONE	NONE	NONE
CAROL HAAS VOTING MEMBER, BOARD OF DIR	1.	X						NONE	NONE	NONE
WILLIAM HEEFNER ESQ VOTING MEMBER, BOARD OF DIR	1.	X						NONE	NONE	NONE
PATRICIA COSGRAVE SECRETARY OF THE BOARD OF DIR	1.	X		X				NONE	NONE	NONE
JEFFREY BECK VOTING MEMBER, BOARD OF DIR	1.	X						NONE	NONE	NONE
GEOFFREY BLOOM VOTING MEMBER, BOARD OF DIR	1.	X						NONE	NONE	NONE

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

Schedule J-2 (Form 990) 2008

JSA

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599572 2502

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**SCHEDULE J-2  
(Form 990)**

**Continuation Sheet for Form 990**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization

Employer Identification number

URSINUS COLLEGE

23-1177930

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIAM BROMLEY VOTING MEMBER, BOARD OF DIR	1.	X					NONE	NONE	NONE	
MICHAEL CARTER MD VOTING MEMBER, BOARD OF DIR	1.	X					NONE	NONE	NONE	
MICHAEL COLA VOTING MEMBER, BOARD OF DIR	1.	X					NONE	NONE	NONE	
NANCY CONGER VOTING MEMBER, BOARD OF DIR	1.	X					NONE	NONE	NONE	
JOHN CORSON VOTING MEMBER, BOARD OF DIR	1.	X					NONE	NONE	NONE	
JOSEPH CORVAIA VOTING MEMBER, BOARD OF DIR	1.	X					NONE	NONE	NONE	
JOSEPH DESIMONE VOTING MEMBER, BOARD OF DIR	1.	X					NONE	NONE	NONE	
KELLY FINCH VOTING MEMBER, BOARD OF DIR	1.	X					NONE	NONE	NONE	
MICHAEL HARDY VOTING MEMBER, BOARD OF DIR	1.	X					NONE	NONE	NONE	
JERROLD HARRIS VOTING MEMBER, BOARD OF DIR	1.	X					NONE	NONE	NONE	
DIANE KARP VOTING MEMBER, BOARD OF DIR	1.	X					NONE	NONE	NONE	
KEMI LANIYA ESQ VOTING MEMBER, BOARD OF DIR	1.	X					NONE	NONE	NONE	
CAROL LAWRENCE VOTING MEMBER, BOARD OF DIR	1.	X					NONE	NONE	NONE	
MICHAEL LEWIS VOTING MEMBER, BOARD OF DIR	1.	X					NONE	NONE	NONE	
J ROBERT LOVETT VOTING MEMBER, BOARD OF DIR	1.	X					NONE	NONE	NONE	
NANCY OPALACK VOTING MEMBER, BOARD OF DIR	1.	X					NONE	NONE	NONE	
SCOTT RHOADES VOTING MEMBER, BOARD OF DIR	1.	X					NONE	NONE	NONE	
COURTNEY SOLENBERGER-MCNEILL VOTING MEMBER, BOARD OF DIR	1.	X					NONE	NONE	NONE	
JANINE TAYLOR VOTING MEMBER, BOARD OF DIR	1.	X					NONE	NONE	NONE	
WILLIAM WARDEN VOTING MEMBER, BOARD OF DIR	1.	X					NONE	NONE	NONE	
JOHN R STRASSBURGER PRESIDENT OF THE COLLEGE	50.	X		X			353,949.	NONE	48,181.	

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

Schedule J-2 (Form 990) 2008

JSA

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SCHEDULE J-2  
(Form 990)

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization

Employer Identification number

URSINUS COLLEGE

23-1177930

**Part I** Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
WINFIELD L GUILMETTE VP FOR FINANCE & ADMINISTRATIO	50.			X				179,312.	NONE	18,453.
RICHARD DIFELICIANONIO VP FOR ENROLLMENT	50.				X			174,562.	NONE	27,116.
JUDITH T LEVY VP FOR ACADEMIC AFFAIRS	50.				X			164,572.	NONE	22,992.
LINDSAY A RHODENBAUGH SR VP FOR COLLEGE RELATIONS	50.				X			163,583.	NONE	30,009.
JOHN P KING CHIEF INFORMATION OFFICER	50.					X		133,936.	NONE	24,936.
JAMES L BAER SR VP OF DEVELOPMENT	50.					X		126,241.	NONE	20,830.
REBECCA A COHEN ASSISTANT PROFESSOR EDUCATION	40.					X		110,858.	NONE	14,276.
CATHERINE CHAMBLISS PSYCHOLOGY DEPARTMENT CHAIR	40.					X		108,613.	NONE	56,590.
PETER F SMALL BIOLOGY DEPARTMENT CHAIR	40.					X		105,755.	NONE	12,125.

# Supplemental Information on Tax-Exempt Bonds

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).

Department of the Treasury  
Internal Revenue Service

Name of the organization

URSINUS COLLEGE

Employer identification number

23-1177930

## Part I Bond Issues (Required for 2008)

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer	
						Yes	No	Yes	No
A PHEFA	23-2243852	70917N200	10/21/2003	40,723,967.	PERFORMING ARTS CTR & FACILITIES R		X		X
B PHEFA	23-2243852	70917PE27	02/01/2006	14,164,259.	NEW RESIDENCE HALL AND FACILITIES		X		X
C									
D									
E									

## Part II Proceeds (Optional for 2008)

	A		B	C	D	E
	Yes	No				
1 Total proceeds of issue . . . . .						
2 Gross proceeds in reserve funds . . . . .						
3 Proceeds in refunding or defeasance escrows . . . . .						
4 Other unspent proceeds . . . . .						
5 Issuance costs from proceeds . . . . .						
6 Working capital expenditures from proceeds . . . . .						
7 Capital expenditures from proceeds . . . . .						
8 Year of substantial completion . . . . .	Yes	No	Yes	No	Yes	No

- Were the bonds issued as part of a current refunding issue?
- Were the bonds issued as part of an advance refunding issue? . . . . .
- Has the final allocation of proceeds been made? . . . . .
- Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .

## Part III Private Business Use (Optional for 2008)

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

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

Schedule K (Form 990) 2008

Part III Private Business Use (Continued)

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

Part IV Arbitrage (Optional for 2008)

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

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

**Transactions With Interested Persons**

OMB No. 1545-0047

**2008**

**Open To Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.  
▶ To be completed by organizations that answered  
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V, lines 38b or 40b.

Name of the organization

Employer identification number

URSINUS COLLEGE

23-1177930

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

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a or 25b, or Form 990-EZ, Part V, line 40b.

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

- 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ \_\_\_\_\_
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
<b>Total</b> . . . . . ▶ \$ _____										

**Part III Grants or Assistance Benefitting Interested Persons.**

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance
BLANK PER INSTRUCTIONS	BLANK PER INSTRUCTIONS	61,500. TUITION & FEES

**Part IV Business Transactions Involving Interested Persons.**

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 28a, 28b, or 28c.

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

**SCHEDULE M  
(Form 990)**

**Non-Cash Contributions**

OMB No. 1545-0047

**2008**

**Open To Public  
Inspection**

▶ To be completed by organizations that answered  
"Yes" on Form 990, Part IV, lines 29 or 30.  
▶ Attach to Form 990.

Department of the Treasury  
Internal Revenue Service

Name of the organization

Employer identification number

URSINUS COLLEGE

23-1177930

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art-Works of art . . . . .	X	17	68,895.	ESTIMATED VALUE
2 Art-Historical treasures . . . . .				
3 Art-Fractional interests . . . . .				
4 Books and publications . . . . .	X		224,950.	APPRAISED VALUE
5 Clothing and household goods . . . . .	X		200.	SELLING PRICE
6 Cars and other vehicles . . . . .	X	1	500.	SELLING PRICE
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities-Publicly traded . . . . .	X	31	178,686.	FMV @ DATE OF GIFT
10 Securities-Closely held stock . . . . .				
11 Securities-Partnership, LLC, or trust interests . . . . .				
12 Securities-Miscellaneous . . . . .				
13 Qualified conservation contribution (historic structures) . . . . .				
14 Qualified conservation contribution (other) . . . . .				
15 Real estate-Residential . . . . .	X	1	525,000.	APPRAISED VALUE
16 Real estate-Commercial . . . . .				
17 Real estate-Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .	X	1	4,500.	ESTIMATED VALUE
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( STMT 7 ) . . . . .		35.	6,677.	
26 Other ▶ ( ) . . . . .				
27 Other ▶ ( ) . . . . .				
28 Other ▶ ( ) . . . . .				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . **29**

	Yes	No
30 a During the year, did the organization receive by contribution any property reported in Part I, line 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? . . . . .	X	
32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .	X	
b If "Yes," describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2008

JSA

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SCHEDULE O  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

URSINUS COLLEGE

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public  
Inspection

Employer identification number

23-1177930

FORM 990, PART VI, LINE 10

PROCESS USED TO REVIEW THE FORM 990:

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.

Name of the organization

Employer identification number

URSINUS COLLEGE

23-1177930

FORM 990, PART VI, LINE 12C

CONFLICT OF INTEREST POLICY MONITORING AND ENFORCEMENT:

TRUSTEES OR OFFICERS COMPLETE A CONFLICT OF DISCLOSURE STATEMENT

ANNUALLY. THOSE WHO HAVE A CONFLICT OF INTEREST ARE ASKED TO REFRAIN FROM

PARTICIPATING IN CONSIDERATION OF PROPOSED TRANSACTIONS, UNLESS FOR

SPECIAL REASONS THE BOARD OR ADMINISTRATION REQUESTS INFORMATION OR

INTERPRETATION. PERSONS WITH CONFLICTS SHALL NOT VOTE, PARTICIPATE IN

DISCUSSION, OR BE PRESENT AT THE TIME OF VOTE.

Name of the organization URSINUS COLLEGE	Employer identification number 23-1177930
---------------------------------------------	----------------------------------------------

FORM 990, PART VI, LINE 15B

EXECUTIVE COMPENSATION PROCESS:

THE CONTROLLER OF URSINUS COLLEGE CONDUCTS A STUDY EACH YEAR OF THE SALARIES AND BENEFITS FOR THE PRESIDENT, CHIEF ACADEMIC OFFICER, CHIEF BUSINESS OFFICER, CHIEF DEVELOPMENT OFFICER AND CHIEF ENROLLMENT OFFICER.

THE STUDY DOCUMENTS THE SALARIES AND BENEFITS OF THOSE IN SIMILAR POSITIONS IN THE OTHER CENTENNIAL CONFERENCE COLLEGES: BRYN MAWR, DICKINSON, FRANKLIN & MARSHALL, GETTYSBURG, HAVERFORD, MCDANIEL, MUHLENBERG, SWARTHMORE AND WASHINGTON. THE STUDY PRESENTS THE DATA AS BOTH TABLES AND GRAPHS.

THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES DETERMINES THE COMPENSATION OF THE PRESIDENT OF THE COLLEGE AND REVIEWS AND APPROVES THE COMPENSATION RECOMMENDATIONS OF THE PRESIDENT FOR THE OTHER OFFICERS. THE STUDY PREPARED BY THE CONTROLLER IS PROVIDED TO THE CHAIR OF THE BOARD AS SUPPORTING DOCUMENTATION FOR THE DISCUSSION OF COMPENSATION IN THE EXECUTIVE COMMITTEE MEETING. THE RESULTS OF THE DELIBERATION PROCESS WERE DOCUMENTED IN EMPLOYMENT LETTERS SENT TO EMPLOYEES.

Name of the organization

Employer identification number

URSINUS COLLEGE

23-1177930

FORM 990, PART VI, LINE 19

PUBLIC INSPECTION:

URSINUS MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND

FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

Name of the organization

URSINUS COLLEGE

Employer identification number

23-1177930

FORM 990, PART VI, LINES 13 AND 14

THE COLLEGE IS CONSIDERING THE ADOPTION OF A WHISTLEBLOWER POLICY AND A DOCUMENT RETENTION AND DESTRUCTION POLICY.







Part V Transactions With Related Organizations

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

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

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

Table with columns Yes, No and rows 1a through 1r. Contains 'X' marks in various cells.

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

Table with columns (A) Name of other organization(s), (B) Transaction type (a-r), and (C) Amount involved. Rows (1) through (6).



FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION  
=====

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

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS  
 =====

NAME AND ADDRESS -----	DESCRIPTION OF SERVICES COMPENSATION -----	
SODEXO 7001 HERITAGE VILLAGE PLAZA, STE 245 GAINESVILLE, VA 20155	FOOD SERVICES	3,778,594.
KEYSTONE HEALTH PLAN EAST 1901 MARKET STREET PHILADELPHIA, PA 19103	HEALTH INSURANCE	1,922,791.
DELL FINANCIAL SERVICES ONE DELL WAY ROUND ROCK, TX 78682	LAPTOP COMPUTERS	1,258,496.
ISS FACILITIES SERVICES 1 EVES DRIVE, STE 108 MARLTON, NJ 08053	JANITORIAL SERVICES	884,040.
PECO 2301 MARKET STREET PHILADELPHIA, PA 19101	GAS AND ELECTRIC	881,280.
TOTAL COMPENSATION		----- 8,725,201. =====

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS  
=====

DESCRIPTION  
-----

AMOUNT  
-----

ATHLETIC FUNDRAISING EVENTS

80,374.  
-----

TOTAL

80,374.  
=====

FORM 990, PART VIII - FUNDRAISING EVENTS

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME
ATHLETIC FUNDRAISING EVENTS	264,603.	242,271.	22,332.
TOTALS	264,603.	242,271.	22,332.

SCHEDULE D, PART VII - INVESTMENTS - OTHER SECURITIES

DESCRIPTION	BOOK VALUE	COST OR FMV
ARTIO INSTITUTIONAL INTERNATIO	7,230,000.	FMV
COMMON FUND EQUITY FUND	9,469,027.	FMV
COMMON FUND ST FUND	9,910,285.	FMV
GOLDMAN SACHS DISTR FUND LP	187,054.	FMV
KOCH TRUST: HARVARD MANAGEMENT	645,200.	FMV
LIFE INSURANCE CASH VALUE	802,535.	FMV
LINCOLN ANNUITY-DAVIS #2	180,643.	FMV
MCCAUSLAND CGA-INS POLICIES	102,940.	FMV
MS:GLENMEDE TR-BWOOD CHR	17,889.	FMV
OAKTREE CAPITAL MGT DISTR FUND	2,126,111.	FMV
SSGA: PASSIVE BOND INDEX	10,801,826.	FMV
TECHNOLOGY LEADERS II & III	2,626.	FMV
UBP-SELECTINVEST ARBITRAGE FD	4,088,715.	FMV
REAL ESTATE - WELCH CONDO	525,000.	FMV
OTHER	9,331.	FMV
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TOTALS	46,099,182.	
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SCHEDULE E - EXPLANATION FOR LINE 6A

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URSINUS COLLEGE RECEIVES FINANCIAL AID/ASSISTANCE FROM VARIOUS FEDERAL (U.S. DEPARTMENT OF EDUCATION) AND STATE (COMMONWEALTH OF PENNSYLVANIA) GOVERNMENTAL AGENCIES INCLUDING: PERKINS STUDENT LOAN PROGRAM; COLLEGE WORK STUDY PROGRAMS; AND THE PELL GRANT PROGRAM.



SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
OTHER CONTRIBUTIONS-ART SUPPLIES AND TOOLS	X	2	2,646.	ESTIMATED VALUE
OTHER CONTRIBUTIONS-EVENT TICKETS	X	15	1,911.	COST
OTHER CONTRIBUTIONS-FOOD	X	2	165.	COST
OTHER CONTRIBUTIONS-GIFT CARDS	X	13	1,555.	COST
OTHER CONTRIBUTIONS-SPORTING GOODS	X	3	400.	COST

TOTALS

35.

6,677.