Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A F	or the	e 2012 calendar year, or tax year beginning 07/01, 2012, and endin		730, 20 13				
D		C Name of organization	D Employer Identifica	ation number				
) Ci	heck if ap	URSINUS COLLEGE						
	Addres		23-1177930					
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite	E Telephone number	E Telephone number				
	Initlal	COL TROP WATER CERRETE	(610) 409-3	000				
	Termi	City or town state or country and 7ID + 4						
	Amend		G Gross receipts \$	144,131,480.				
-	return Applic		H(a) Is this a group return	n for Yes X No				
	pendir	601 EAST MAIN STREET COLLEGEVILLE, PA 19426	affiliates? H(b) Are all affiliates included.					
		11 00 (0)(0)	H(c) Group exemption nu					
		e: NWW.URSINUS.EDU	formation: 1869 M State					
		r organization. A corporation made	formation: 1009 W State	of regal doffficile. LA				
Pa	rt I	Summary						
	1							
ø		THE MISSION OF URSINUS COLLEGE IS TO ENABLE STUDENTS TO	BECOME					
nc		INDEPENDENT, RESPONSIBLE, AND THOUGHTFUL INDIVIDUALS THRO	OUGH A PROGRAM					
Ë		OF LIBERAL EDUCATION.						
Activities & Governance	2	Check this box Fig. if the organization discontinued its operations or disposed of more that	n 25% of its net assets.					
9		Number of voting members of the governing body (Part VI, line 1a)		31.				
es	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	30.				
viti		Total number of individuals employed in calendar year 2012 (Part V, line 2a)		1,613.				
t	1	Total number of volunteers (estimate if necessary)		0				
A		Total gross unrelated business revenue from Part VIII, column (C), line 12		23,075.				
	/a	Net unrelated business taxable income from Form 990-T, line 34		-11,493.				
	D	Net unrelated business taxable income noint of the open of the control of the con	Prior Year	Current Year				
		O A H H H A A A A A A A A A A A A A A A	6,285,899.	5,140,263.				
ne	8	Contributions and grants (Part VIII, line 1h).	88,831,592.	87,824,081.				
Revenue	9	Program service revenue (Part VIII, line 2g)	7,050,527.	10,360,688.				
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	449,034.	579,978.				
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		103,905,010.				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	102,617,052.					
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	36,160,663.	36,303,041.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	00 000 155				
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	30,401,835.	29,206,155.				
nse	16 a	Professional fundraising fees (Part IX, column (A), line 11e)	57,112.	80,067.				
Expenses	b	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,058,379.						
Ü	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	32,819,021.	29,469,021.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	99,438,631.	95,058,284.				
		Revenue less expenses. Subtract line 18 from line 12	3,178,421.	8,846,726.				
or es			Beginning of Current Year	End of Year				
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	269,292,866.	277,843,060.				
Ass	21	Total liabilities (Part X, line 26)	66,399,700.	62,476,571.				
let und	22	Net assets or fund balances. Subtract line 21 from line 20.	202,893,166.	215,366,489.				
	art II	Signature Block						
11.		the of parties I declare that I have examined this return, including accompanying schedules and statement	s, and to the best of my knowle	dge and belief, it is true,				
COI	rrect, a	latties of perjury, I declare that I have examined this rectiff, including accompanying concerns and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any	/ knowledge.					
-	·!							
	Sign	Signature of officer	Date					
17	lere	- Signature of officer						
		Type or print name and title	/ Check if	PTIN				
D -		Print/Type preparer's name Proparer's signature Date	self-					
Pai		FRANK GIARDINI	employed	P00532355				
	parer	Firm's name GRANT THORNTON LLP		6055558				
US	e Only	Firm's address 2001 MARKET STREET, SUITE 700 PHILADELPHIA, PA 19103	Phone no. ▶ 215	-561-4200				
Ma	v the I	RS discuss this return with the preparer shown above? (see instructions)		X Yes No				
	,			Form 990 (2012)				

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

ightharpoons X

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box									
• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).									
Do not comp	lete Part II unless you have already been gra	nted an aut	omatic 3-month extens	sion on a previously filed Form 8868	3.				
a corporation 8868 to req Return for instructions).	ling (e-file). You can electronically file Form on required to file Form 990-T), or an addition uest an extension of time to file any of the Transfers Associated With Certain Persona For more details on the electronic filing of the	nal (not aut forms liste I Benefit (iis form, vis	omatic) 3-month exter d in Part I or Part II w Contracts, which mus it www.irs.gov/efile an	nsion of time. You can electronicall ith the exception of Form 8870, It be sent to the IRS in paper for click on e-file for Charities & Nong	y file Form nformation ormat (see				
Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).									
A corporation	n required to file Form 990-T and requesting	an automa	tic 6-month extension	- check this box and complete					
Part I only					▶				
All other cor	porations (including 1120-C filers), partnersh	ips, REMIC	s, and trusts must use I	Form 7004 to request an extension o	f time				
to file income				Enter filer's identifying number, see	instructions				
Type or	Name of exempt organization or other filer, see in	structions.		Employer identification number (EIN) o	r				
print									
-	URSINUS COLLEGE			23-1177930					
File by the due date for	Number, street, and room or suite no. If a P.O. box	x, see instruc	tions.	Social security number (SSN)					
filing your	601 EAST MAIN STREET								
return. See instructions.	City, town or post office, state, and ZIP code. For	a foreign add	dress, see instructions.						
	COLLEGEVILLE, PA 19426								
Enter the Re	turn code for the return that this application i	is for (file a	separate application for	or each return)	0 1				
Application		Return	Application		Return				
Is For	5 000 57	Code	Is For		Code				
	Form 990-EZ	01	Form 990-T (corporat	tion)	07				
Form 990-BL		02	Form 1041-A		08				
Form 4720-	,	03	Form 4720		09				
Form 990-PF		04	Form 5227		10				
	(sec. 401(a) or 408(a) trust)	05	Form 6069		11				
Form 990-1	(trust other than above)	06	Form 8870		12				
The books are in the care of ▶ JAMES E. COOPER Telephone No. ▶ 610 409-3562 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 a list with the names and EINs of all members the extension is for.									
1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until									
2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Change in accounting period									
3a If this	application is for Form 990-BL, 990-PF, 99	0-T, 4720	, or 6069, enter the	tentative tax, less any					
-	undable credits. See instructions.			3a \$					
	application is for Form 990-PF, 990-T,		=						
	ted tax payments made. Include any prior yea								
	e due. Subtract line 3b from line 3a. Include		ent with this form, if re	·					
	onic Federal Tax Payment System). See instru		nm 0000 no - F 0450	3c \$					
Caution. If you	u are going to make an electronic fund withdrawal	WILLI (NIS FO	лнгоооо, see Form 8453	-EO and Form 8879-EO for payment in:	SU UCUONS.				

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 1-2013)

Cumulative E-File History 2012

FED - EXT

Locator: 1733GB Taxpayer Name: Ursinus College Return Type: 990, 990

Submitted Date 11/11/2013 1:44:58 PM Acknowledgement Date 11/12/2013 6:39:26 AM

Status Accepted

Submission ID 23695320133165000021

Print Close

orm 8868 (Re	e filing for an Additional (Not Automatic) 3-	Month Exten	sion, complete only Part II and	check this box		▶ X			
lote. Only	complete Part II if you have already been g	ranted an au	omatic 3-month extension on	a previously filed	Form 886	8.			
If you are	e filing for an Automatic 3-Month Extension	. complete c	nly Part I (on page 1).						
Part II	Additional (Not Automatic) 3-Month	Extension of	f Time. Only file the original	(no copies nee	eded).				
T GIVIII			Enter	filer's identifying r	number, se	e instructions			
	Name of exempt organization or other filer, see	instructions.	Em	ployer identification	n number (I	EIN) or			
Гуре or									
orint	930								
	URSINUS COLLEGE Number, street, and room or suite no. If a P.O.	cial security number	r (SSN)						
ile by the lue date for	601 EAST MAIN STREET								
iling your	City, town or post office, state, and ZIP code. For a foreign address, see instructions.								
eturn. See nstructions.	566								
	eturn code for the return that this application	n is for (file a	separate application for each	eturn)		. 0 1			
Application		Return	Application			Return			
s For		Code	Is For			Code			
	or Form 990-EZ	01	NEWSON STREET						
Form 990-E		02	Form 1041-A			08			
	(individual)	03	Form 4720			09			
Form 990-F		04	Form 5227	***		10			
	(sec. 401(a) or 408(a) trust)	05	Form 6069			11			
	(trust other than above)	06	Form 8870			12			
STOPI Do	not complete Part II if you were not alread			n on a previously	y filed For	m 8868.			
4 I requ 5 For ca 6 If the	names and EINs of all members the extensest an additional 3-month extension of time alendar year, or other tax year begin tax year entered in line 5 is for less than 12 Change in accounting period in detail why you need the extension ADD	until nning months, che	07/01 , 20 12 , and eck reason: Initial return	Final retu	irn	, 20 13 .			
	RATE RETURN								
8a If this	application is for Form 990-BL, 990-PF,	990-T, 4720	, or 6069, enter the tentativ	e tax, less any					
	fundable credits. See instructions.				8a \$				
b If this	s application is for Form 990-PF, 990-	T, 4720, o	6069, enter any refundab	le credits and					
estim	ated tax payments made. Include any	prior year o	verpayment allowed as a	redit and any					
amou	nt paid previously with Form 8868.				8b \$				
c Balan	ce Due. Subtract line 8b from line 8a. Inclu	de your paym	ent with this form, if required,						
(Elect	ronic Federal Tax Payment System). See ins				8c \$				
			st be completed for Part						
Jnder penaltie t is true, corre	es of perjury, I declare that I have examined this for ct, and complete, and that I am authorized to prepare thi	m, including acc s form.	companying schedules and statements	, and to the best of	my knowle	dge and belief,			
Signature ▶	aull		Title > MAGN	Date D		0/14			
g	8				Form 8868	Rev. 1-			

Cumulative E-File History 2012 FED - EXT 1733GB Locator: Ursinus College Taxpayer Name: Return Type: 990, 990 2/11/2014 4:27:23 PM **Submitted Date** Acknowledgement Date 2/11/2014 4:58:02 PM Accepted Status 23695320140425000024 **Submission ID** Close Print

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1	Check if Schedule O contains a response to any question in this Part III
I	ATTACHMENT 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 X No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program
	services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported.
	(Code:) (Expenses \$64,356,800. including grants of \$36,303,041.) (Revenue \$70,986,665.)
	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.
<u></u>	(Code:) (Expenses \$ 19,745,932. including grants of \$) (Revenue \$ 16,676,598.)
40	(Code:) (Expenses \$19,745,932. including grants of \$) (Revenue \$16,676,598.) _ATTACHMENT_2
	ATTACHERIT Z
<u>4c</u>	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	(code:) (Expended \$\psi) (note index \$\psi)
ام 4	Other program corvices (Describe in Schedule O.)
4 a	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4 e	Total program service expenses ► 84,102,732.

JSA 2E1020 2.000 1733GB 700P Form **990** (2012) V 12-7.12

URSINUS COLLEGE 23-1177930

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Part IV **Checklist of Required Schedules** No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Х 1 Х 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Χ Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Χ Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, 5 Χ Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If Χ 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 Χ the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II......... Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 Χ 8 complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or 9 Χ Did the organization, directly or through a related organization, hold assets in temporarily restricted Χ endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," Χ 11a complete Schedule D, Part VI b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more Х of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Χ d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d Χ 11e e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Χ 12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," Х 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if Χ the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Χ Χ b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate Χ foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV....... 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any Χ 15 organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance Х 16 to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services Х 17 on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Х 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? X Χ 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

URSINUS COLLEGE 23-1177930

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Part IV **Checklist of Required Schedules** (continued) No Did the organization report more than \$5,000 of grants and other assistance to any government or organization Χ 21 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States Х 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated Χ 24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b 24a Χ Χ 24b **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the vear Х 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?..... Χ 25 a 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 Χ 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 25b Χ If "Yes," complete Schedule L, Part I 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or Χ disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II, Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled Χ 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): Χ a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV...... **b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Χ An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) Χ was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified Χ 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 Χ Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 Χ 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Χ 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 X 35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? Χ b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 related organization? If "Yes," complete Schedule R, Part V, line 2 36 Χ 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Χ Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 38 Χ

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Part V Statements Regarding Other IRS Filings and Tax Compliance 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 2,522 1a b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable ________1b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . 2a b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Χ Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? X Χ b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial Χ **b** If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Χ b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Χ b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods Χ 7a and services provided to the payor? Χ **b** If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7с X Х 7e e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Χ f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7g g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? **b** Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? Χ b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

JSA 2E1040 1.000 1733GB 700P V 12-7.12 Form 990 (2012) URSINUS COLLEGE 23-1177930 Page **6**

Soci	tion A. Governing Body and Management			Δ.
Seci	non A. Governing Body and Management		Yes	No
	Enter the number of voting members of the governing body at the end of the tay year		103	140
1a	Enter the number of voting members of the governing body at the end of the tax year.	1		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Finter the number of voting members included in line 1a, above, who are independent.			
D	Enter the number of voting members included in line 1a, above, who are independent	1 1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2		Х
•	any other officer, director, trustee, or key employee?			
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		X
4	supervision of officers, directors, or trustees, or key employees to a management company or other person?	4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5		6		X
6 7a	Did the organization have members or stockholders?			
<i>r</i> a		7a		Х
L	one or more members of the governing body?	, a		
D	stockholders, or persons other than the governing body?	7b		Х
0		7.5		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following:	8a	Х	
a	The governing body?	8b	X	
b	, , , , , , , , , , , , , , , , , , , ,	00		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	-)	
	on 211 choice (11110 cooker) 2 requeste information about pointies not required by the internal November		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	100		
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	1.24		
b	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	122		
·	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sect	ion 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 (Section 5			nly)
	available for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Upon request Other (explain in Schedule 0)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of	f inter	est p	olicy,
	and financial statements available to the public during the tax year.			= .
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne		
	organization: ▶ James E. Cooper 601 East main Street Collegeville, PA 19426 610-409-3562			

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average	(do i	not c	Pos	C) sition	e than o	one	(D) Reportable	(E) Reportable	(F) Estimated
Name and Tide	hours per week (list any	box,	unles	ss pe	erson	is both tor/trust	an	compensation from	compensation from related	amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) JOHN E F CORSON	2.00									
VOTING MEMBER, BOARD OF TRUST.		X						0	0	0
(2) THOMAS LOUGHRAN JR MD	2.00									
VOTING MEMBER, BOARD OF TRUST.		X						0	0	0
(3) WILBERT ABELE	2.00									
VOTING MEMBER, BOARD OF TRUST.		X						C	0	0
(4) MICHAEL PIOTROWICZ	2.00									
VOTING MEMBER, BOARD OF TRUST.		X						0	0	0
(5) DONALD PARLEE MD	2.00									
VOTING MEMBER, BOARD OF TRUST.		X						C	0	0
(6) KIM O'BRIEN	2.00									
VOTING MEMBER, BOARD OF TRUST.		X						C	0	0
(7) ROBERT SING MD	2.00	X						0	0	0
(8) FREDERICK CALLAHAN	2.00									
VOTING MEMBER, BOARD OF TRUST.		X							0	0
(9) CLAUDIA HIGHBAUGH	2.00									
VOTING MEMBER, BOARD OF TRUST.	+	Х							0	0
(10)ALAN NOVAK ESQ	2.00							-		
VOTING MEMBER, BOARD OF TRUST.		Х		Х				C	0	0
(11) FRANCIS CORRELL ESQ	2.00									
VOTING MEMBER, BOARD OF TRUST.		Х						C	0	0
(12)HENRY PFEIFFER	2.00									
VOTING MEMBER, BOARD OF TRUST.		Х						C	0	0
(13) CYNTHIA A. FISHER VOTING MEMBER, BOARD OF TRUST.	2.00	Х						C	0	0
(14)CAROL HAAS	2.00									
SECRETARY OF BOARD OF TRUST.	T	Х							0	0
	•							•	•	F 000 (0040)

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Part VII Section A. Officers, Directors, Tru		y ⊨n	plo			and F	ııg	1		·
(A) Name and title	(B) Average hours per week (list any hours for	Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation				
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
15) PATRICIA COSGRAVE	2.00									
VOTING MEMBER, BOARD OF TRUST.		X						0	0	0
16) JEFFREY BECK	2.00									
VOTING MEMBER, BOARD OF TRUST.		X						0	0	0
17) GEOFFREY BLOOM	2.00									
VOTING MEMBER, BOARD OF TRUST.		X						0	0	0
18) MICHAEL CARTER MD	2.00									
VOTING MEMBER, BOARD OF TRUST.		X						0	0	0
19) ROBERT L. BRANT ESQ	2.00							_		_
VOTING MEMBER, BOARD OF TRUST.		X						C	0	0
20) REV. DR. HAROLD C. SMITH	2.00							_		_
VOTING MEMBER, BOARD OF TRUST.		X						C	0	0
21) JOSEPH DESIMONE	2.00							_		_
VICE CHAIRMAN, BOARD OF TRUST.		X						C	0	0
22) KELLY FINCH	2.00							_		_
VOTING MEMBER, BOARD OF TRUST.		X						C	0	0
23) MICHAEL HARDY	2.00							_		_
VOTING MEMBER, BOARD OF TRUST.		X						C	0	0
24) NINA B. STRYKER ESQ	2.00							_		_
VOTING MEMBER, BOARD OF TRUST.		X						C	0	0
25) CAROL LAWRENCE	2.00							_		_
VOTING MEMBER, BOARD OF TRUST.		X						0		0
1b Sub-total							>	0	0	0
c Total from continuation sheets to Part VII, S	ection A							1,869,437.	0	380,140.
d Total (add lines 1b and 1c)							<u> </u>	1,869,437.	0	380,140.
2 Total number of individuals (including but not				d at	OOV	e) who	re	eceived more than	\$100,000 of	
reportable compensation from the organization	า ▶	23	3							
										Yes No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu										3 X
4 For any individual listed on line 1a, is the sorganization and related organizations graindividual	eater than	\$15	50,0	00?	lf	"Yes	3,"	complete Schedu	le J for such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yo	accrue co	mpen	sati	on f	ron	n any	un	related organization	on or individual	5 X
Section B. Independent Contractors	o, compie	.0 001	icut	110 U	101	Julii	ρσι	00//		J A
1 O de distribuir de la contractors										

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

•		
(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 3		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 40

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(A)	(B)		1		C)		<u> </u>	(D)	ed Employees (c		(F)	
Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	unles er and	Pos heck ss pe d a d	ition more	e is or/trust e is or/trust e mployee	an	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	con f orç an	stimated mount of other npensati rom the ganization of related anization	of ion on d
OC MICHARIA I DIVIG	2 00					ed						
VOTING MEMBER, BOARD OF TRUST.	2.00	X						0	0			(
27) NANCY OPALACK	2.00	21							0			
VOTING MEMBER, BOARD OF TRUST.		Х						0	0			
8) CARL V. BUCK III ESQ	2.00											
VOTING MEMBER, BOARD OF TRUST.		Х						0	0			
9) WILLIAM WARDEN	2.00											
VOTING MEMBER, BOARD OF TRUST.		X						0	0			
0) MICHAEL C. MARCON	2.00											
TREASURER, BOARD OF TRUSTEES	60.00	X						0	0			
PRESIDENT OF THE COLLEGE	60.00			Х				393,083.	0		92,2	239
(2) WINFIELD L. GUILMETTE	50.00											
VP FOR FINANCE & ADMIN	F0 00			Х				198,769.	0		19,4	153
3) JILL A. MARSTELLER VP FOR COLLEGE RELATIONS	50.00				X			267,629.	0		74,2	207
4) RICHARD DIFELICIANTONIO	50.00				Λ			207,029.	0		74,2	207
VP FOR ENROLLMENT					X			185,733.	0		36,8	399
5) JUDITH T. LEVY	50.00										,-	
VP FOR ACADEMIC AFFAIRS					Х			182,319.	0		14,3	348
6) JOHN P. KING	50.00											
CHIEF INFORMATION OFFICER						X		146,659.	0		61,2	243
 1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c) 2 Total number of individuals (including but not reportable compensation from the organization 	ection A limited to t		liste				> re	ceived more than	\$100,000 of			
											Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedum										3		X
4 For any individual listed on line 1a, is the organization and related organizations gro	sum of rep	ortab	ole d	com	per	satior	n ai	nd other compens	sation from the			
individual										4	X	
5 Did any person listed on line 1a receive or										5		Х
for services rendered to the organization? If "Ye	as, combre	<i>(U OU)</i>	ICUI.	110 .,	יטו	SULII						

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

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

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Part VII Section A. Officers, Directors, Tru		, <u></u> 11	. 1			u. 14 1	9	(D)		(COITUI	(F)	
(A) Name and title	Average hours per week (list any hours for	box,	unles er and	s pe	ition more rson irect	than o	an ee)	Reportable compensation from the	(E) Reportable compensation from related organizations		Estimated amount of other compensation	of tion
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC		from the organization and relate organization	on ed
37) JAMES L. BAER ATTORNEY-IN-RESIDENCE	40.00					х		137,374.		0	16,	849
38) JAY K. MILLER ASSOC DEAN & PROFESSOR OF MCS	40.00					Х		120,388.		0	19,	
39) LAURA MOLIKEN ATHLETIC DIRECTOR	40.00					Х		120,027.		0	33,	
40) PETER SMALL PROFESSOR OF BIOLOGY	40.00					X		117,456.		0	11,	
						21		117,130.				100
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A						> >		01000001			_
2 Total number of individuals (including but not reportable compensation from the organization		nose 23		d ar	oove	e) wnc	re	eceived more than	\$100,000 of		1.,	T
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu										3	Yes	X
4 For any individual listed on line 1a, is the sorganization and related organizations graindividual.	eater than	\$15	0,0	00?	lf	"Yes	,"	nd other compens complete Schedu	sation from the	4	. X	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yo	accrue co	mpen	satio	on f	ron	any	un			5		Х
Section B. Independent Contractors											•	
1 Complete this table for your five highest com- compensation from the organization. Report of year.											ax	
(A)								(B)		(C)	

(A) Name and business address	(B) Description of services	(C) Compensation

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

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Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII (B) (C) (D) Related or Unrelated Revenue Total revenue business exempt excluded from tax revenue function under sections 512, 513, or 514 revenue Contributions, Gifts, Grants and Other Similar Amounts 1b Membership dues С Fundraising events 48,445 d Related organizations 1d 1e 1,065,021 e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above . 1f 4,026,797 g Noncash contributions included in lines 1a-1f: \$ _ Total. Add lines 1a-1f 5,140,263 Program Service Revenue **Business Code** 70,869,625 ACADEMIC INSTRUCTION - TUITION AND FEES 70,869,625 117,040 117,040 ACADEMIC INSTRUCTION-AUXILIARY ENTERPRIS h C STUDENT SERVICES - ROOM AND BOARD 16,757,007 16,757,007 d STUDENT SERVICES-AUXILIARY ENTERPRISES 80,409. 80,409 f All other program service revenue 87,824,081 Investment income (including dividends, interest, and 3,119,468. Income from investment of tax-exempt bond proceeds . . . > 0 4 5 (ii) Personal (i) Real 6a Gross rents **b** Less: rental expenses c Rental income or (loss) **d** Net rental income or (loss) . . (ii) Other (i) Securities Gross amount from sales of 47,262,966. assets other than inventory **b** Less: cost or other basis 40,021,352. and sales expenses 7,241,614. c Gain or (loss) d Net gain or (loss) 7,241,614. 7,241,614. Other Revenue Gross income from fundraising events (not including \$ ____ of contributions reported on line 1c). See Part IV, line 18 a **b** Less: direct expenses c Net income or (loss) from fundraising events 12,573 12,573. 9a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 10a Gross sales of inventory, returns and allowances b Less: cost of goods sold b Net income or (loss) from sales of inventory. Miscellaneous Revenue **Business Code** MISCELLANEOUS REVENUE 567,405 543,936 23,469 11a b **d** All other revenue e Total. Add lines 11a-11d 567,405. Total revenue. See instructions 103,905,010 88,368,017 23,075 10,373,655

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response to any question in this Part IX.						
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses		
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	0					
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	35,925,392.	35,925,392.				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	377,649.	377,649.				
4	Benefits paid to or for members	0	377,013.				
5	Compensation of current officers, directors, trustees, and key employees	1,375,422.	415,710.	688,080.	271,632.		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0					
7	Other salaries and wages	20,728,306.	17,717,628.	2,207,679.	802,999.		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,446,104.	1,226,574.	162,614.	56,916.		
9	Other employee benefits	3,916,612.	3,243,538.	487,446.	185,628.		
10	Payroll taxes	1,739,711.	1,430,807.	224,212.	84,692.		
11	Fees for services (non-employees):						
а	Management	0					
b	Legal	245,452.		245,452.			
С	Accounting	81,657.		81,657.			
d	Lobbying	0					
	Professional fundraising services. See Part IV, line 17	80,067.		100 150	80,067.		
	Investment management fees	488,670.		488,670.			
g	Other. (If line 11g amount exceeds 10% of line 25, column	1,174,394.	818,521.	202 021	72 052		
40	(A) amount, list line 11g expenses on Schedule O.)	13,517.	11,058.	283,021.	72,852.		
12 13	Advertising and promotion	2,222,718.	1,634,836.	416,621.	171,261.		
14	Office expenses	1,663,713.	1,473,017.	190,696.	1/1,201.		
15	Information technology	0	1/1/3/01/1	1507050.			
16	Occupancy	8,570,943.	8,055,730.	491,165.	24,048.		
17	Travel	1,032,153.	918,973.	73,738.	39,442.		
18	Payments of travel or entertainment expenses		,		·		
	for any federal, state, or local public officials	0					
19	Conferences, conventions, and meetings	101,271.	83,598.	9,431.	8,242.		
20	Interest	1,866,092.		1,866,092.			
21	Payments to affiliates	0					
22	Depreciation, depletion, and amortization	4,205,774.	3,832,342.	373,432.			
23	Insurance	688,350.	344,494.	290,955.	52,901.		
24	Other expenses. Itemize expenses not covered						
	above (List miscellaneous expenses in line 24e. If						
	line 24e amount exceeds 10% of line 25, column						
	(A) amount, list line 24e expenses on Schedule O.)	1 167 140	3,986,890.	52,764.	127,488.		
	FOOD SERVICE	4,167,142.	1,557,682.	39,220.	16,503.		
	INSTRUCTION/CAMPUS PROGRAMS EQUIPMENT/FURNITURE/FIXTURES	1,613,405. 274,294.	238,709.	39,220.	2,162.		
	LIBRARY MATERIALS	442,722.	442,722.	33,423.	2,102.		
		616,754.	366,862.	188,346.	61,546.		
е 25	All other expenses Total functional expenses. Add lines 1 through 24e	95,058,284.	84,102,732.	8,897,173.	2,058,379.		
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	0	52,252,752.	3,03,71,3	2,000,070.		
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Part X Balance Sheet

	Check if Schedule O contains a response to any question in this Pa				t X		
		·			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			6,750.	1	6,724.
	2	Savings and temporary cash investments			11,084,984.	2	12,921,553.
	3	Pledges and grants receivable, net		1,023,356.	3	849,683.	
	4	Accounts receivable, net			893,686.	4	463,264.
	5	Loans and other receivables from current and	forme	r officers, directors,			
		trustees, key employees, and highest co					
		Complete Part II of Schedule L Loans and other receivables from other disqualified pers	,		4,883.	5	2,236.
	6	Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B)					
		and sponsoring organizations of section 501(c)(9) volu	intary	employees' beneficiary			
ß	_	organizations (see instructions). Complete Part II of Sche			0		1 564 550
Assets	7	Notes and loans receivable, net			1,775,966.	7	1,564,552.
ĕ	8	Inventories for sale or use			1 001 604	8	1 710 600
	9	Prepaid expenses and deferred charges			1,801,684.	9	1,712,602.
	iva	Land, buildings, and equipment: cost or	102	183,563,058.			
	h	other basis. Complete Part VI of Schedule D Less: accumulated depreciation			122,980,995.	100	121,975,367.
	11	Investments - publicly traded securities			109,416,728.	11	118,594,730.
	12	Investments - other securities. See Part IV, line 11			18,434,629.		18,805,661.
	13	Investments - program-related. See Part IV, line 11			0	13	0
	14	Intangible assets		i i	0	14	0
	15	Other assets. See Part IV, line 11			1,869,205.	15	946,688.
	16	Total assets. Add lines 1 through 15 (must equal			269,292,866.	16	277,843,060.
	17	Accounts payable and accrued expenses			6,164,809.	17	6,114,137.
	18	Grants payable	0	18	0		
	19	Deferred revenue			632,646.	19	767,021.
	20	Tax-exempt bond liabilities			48,606,469.	20	45,756,738.
es	21	Escrow or custodial account liability. Complete Pa		ľ	0	21	0
Liabilities	22	Loans and other payables to current and for					
Liak		trustees, key employees, highest compen			0	-00	0
_	22	disqualified persons. Complete Part II of Schedule			0	22	0
	23 24	Secured mortgages and notes payable to unrelate Unsecured notes and loans payable to unrelated			0	23 24	0
	25	Other liabilities (including federal income tax,		i i		27	
	_0	parties, and other liabilities not included on lines					
		of Schedule D			10,995,776.	25	9,838,675.
	26	Total liabilities. Add lines 17 through 25			66,399,700.	26	62,476,571.
es		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and	checl 34.	k here X and			
anc	27	Unrestricted net assets			108,830,639.	27	114,851,851.
Bal	28	Temporarily restricted net assets			15,513,070.	28	20,198,753.
Б	29	Permanently restricted net assets			78,549,457.	29	80,315,885.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.	, chec	k here and			
şţs	30	Capital stock or trust principal, or current funds				30	
SS	31	Paid-in or capital surplus, or land, building, or equ	iipmer	nt fund		31	
¥	32	Retained earnings, endowment, accumulated inco	ome,	or other funds		32	
Ž	33	Total net assets or fund balances			202,893,166.	33	215,366,489.
	34	Total liabilities and net assets/fund balances			269,292,866.	34	277,843,060.

URSINUS COLLEGE 23-1177930

Form 990 (2012) Page **12**

Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI				Х	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		03,9		
2	Total expenses (must equal Part IX, column (A), line 25)	2		95,0		
3	Revenue less expenses. Subtract line 2 from line 1	3			46,7	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2	02,8	93,1	66.
5	Net unrealized gains (losses) on investments	5		4,5	60,0	94.
6	Donated services and use of facilities	6				0
7	Investment expenses	7				0
8	Prior period adjustments	8				0
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-9	33,4	197.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	2	15,3	66,4	189.
Part						
	Check if Schedule O contains a response to any question in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	kplair	ın			
٥-	Schedule O.					37
Za	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were comreviewed on a separate basis, consolidated basis, or both:	piled	101			
_	Separate basis Consolidated basis Both consolidated and separate basis			2b	Х	
b	Were the organization's financial statements audited by an independent accountant?			20		
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed o	n a			
	separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis					
	·	· i				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs	_		2c	Х	
	of the audit, review, or compilation of its financial statements and selection of an independent accour					
	If the organization changed either its oversight process or selection process during the tax year, e Schedule O.	xpıaıı	1 111			
2-		40 "41	. :			
зa	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	ioitr	1 1[1]	3a	Х	
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	orac	tho			
ь	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		ii le	3b	Х	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Open to Public Inspection

Name of the organization
URSINUS COLLEGE
23-1177930

Part I	Reason for Pub	lic Charity Status	s (All organizations mu	st con	nplete	this pa	art.) Se	e instr	uctions				
The orga	anization is not a priv	ate foundation bed	cause it is: (For lines 1 th	rough	11, che	ck only	one bo	x.)					
1	A church, convention	on of churches, or	association of churches	describ	ed in s	ection	170(b)(1)(A)(i)					
2 X	A school described	in section 170(b)	(1)(A)(ii). (Attach Schedul	e E.)									
3	A hospital or a coo	nospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the											
4	A medical researc	h organization op	erated in conjunction wi	th a h	ospita	l descr	ibed in	sectio	n 170(b)(1)(<i>A</i>	A)(iii).	Enter	the
	hospital's name, cit	y, and state:	•		•				•	, , , ,	, ,		
5			nefit of a college or univ	ersity (owned	or ope	erated b	ov a go	vernme	ntal u	nit des	 scribe	ed in
- Ш	section 170(b)(1)(-	,				-, - 9-					
6			or governmental unit des	cribed	in sect	ion 170	(b)(1)(A)(v).					
7		_	es a substantial part of it						it or fro	nm the	e dene	ral n	uhlic
• Ш	described in sectio	=	•	о очрр		a ge		Jinai ai	0	,,,,	gono	iai p	abo
8			on 170(b)(1)(A)(vi). (Com	nlete F	Part II \								
			es: (1) more than 331/3%				contrib	outions	membe	arehin	fees :	and c	ırnee
<i>y</i>	_	-	exempt functions - subj							-		_	
			ome and unrelated busi										
			ne 30, 1975. See section				-		1 311	ian, i	ioiii b	Joine	3363
10		=	ted exclusively to test for			-		-	`				
11	-	-	rated exclusively for the		-				-	or t	0 00rn	, out	tho
	-	-				-							
			ipported organizations de					-				e sec	tion
			es the type of supporting	-						-			لمما
_	a Type I		c Type III-Function	-	_				l-Non-fu		•	_	
e			the organization is not			•		•	•				
	•		gers and other than one	or mo	re pub	oliciy su	pported	a organ	izations	aeso	cribed i	n sec	ction
	509(a)(1) or sectio	. , . ,		ıno					_				
f	-		n determination from the	e IRS	that it	is a I	ype I, I	ype II,	or Type	e III s	upport	ing	
	organization, check												
g	-	_	nization accepted any gift	or cor	ntributi	on from	n any of	the					
	following persons?												
			ectly controls, either alor		_	er with	person	s desc	ribed in	(ii)		Yes	No
			dy of the supported organ	ization	?						11g(i)		
			scribed in (i) above?								11g(ii)	\sqcup	
			on described in (i) or (ii) a								11g(iii)		
h	Provide the following	ng information abo	ut the supported organiza	ation(s)									
(i) N	lame of supported	(ii) EIN	(iii) Type of organization	(iv)	Is the		ou notify		s the	(vii) A	mount c		etary
	organization		(described on lines 1-9 above or IRC section	col. (i)	zation in Iisted in		anization . (i) of		zation in rganized		suppo	ırt	
			(see instructions))	docui	overning ment?	your s	upport?	in the	Ū.S.?				
				Yes	No	Yes	No	Yes	No				
(A)													
(7.7													
(B)													
(-)													
(C)													
(D)													
(E)													
Total													

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

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012 Page **2**

Par	Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)						
Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
	tion B. Total Support	(a) 2009	(b) 2000	(a) 2010	(4) 2011	(a) 2012	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (,				12	
13	First five years. If the Form 990 is forganization, check this box and stop here						
Sec	tion C. Computation of Public Sup		_			T 1	
14	Public support percentage for 2012 (I	ine 6, column (f) divided by line	11, column (f))		14	<u>%</u>
15	Public support percentage from 2011						<u>%</u>
16a	331/3% support test - 2012. If the o	•					
L	this box and stop here. The organizati	•		_			
D	33 1/3% support test - 2011. If the check this box and stop here. The org						
17a	10%-facts-and-circumstances test	•					
174	10% or more, and if the organization Part IV how the organization meets	n meets the "fa the "facts-and-c	cts-and-circums circumstances" t	tances" test, ch est. The organi	eck this box a zation qualifies	nd stop here. E as a publicly s	Explain in supported
b	organization	2011. If the organization meets ion meets the "	ganization did n s the "facts-and facts-and-circur	ot check a box d-circumstances nstances" test.	on line 13, 16 " test, check t The organization	a, 16b, or 17a his box and st on qualifies as a	and line op here. a publicly
18	supported organization Private foundation. If the organization						

Schedule A (Form 990 or 990-EZ) 2012

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	<u></u>					
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						
	tion B. Total Support	() 2222	41,000	4) 2242	(0 0 0 4 4	1 1 2 2 4 2	(n =)
Caler	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975	 					
	Add lines 10a and 10b	<u> </u>					
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on	<u> </u>					
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
40	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)		1 6 1			.: 504	() (0)
14	First five years. If the Form 990 is for	•			-		
500	organization, check this box and stop here						
	tion C. Computation of Public Sup Public support percentage for 2012 (line 8			mn (f))		15	0/
15 16	Public support percentage from 2011 Sche						%
16 Sec	tion D. Computation of Investmen			<u> </u>		16	%_
	Investment income percentage for 2012 (li			13 column /f\\		17	0/
17 18							<u>%</u> %
18	Investment income percentage from 2011 331/3% support tests - 2012. If the organization					18 221/2 %	
ısa							. \square
L	17 is not more than 331/3%, check th		_				
a	331/3% support tests - 2011. If the orga						
20	line 18 is not more than 331/3 %, check		•	•			
20	Private foundation. If the organization	aid HOL CHECK	a box on mie	1 7 , 13a, Ul 190	, CHECK HIS DO	on and see insti	uotionis -

JSA 2E1221 1.000 Schedule A (Form 990 or 990-EZ) 2012

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

Page 4

Schedule B (Form 990, 990-EZ,

Department of the Treasury

or 990-PF)

Schedule of Contributors

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

OMB No. 1545-0047

2012

Internal Revenue Service **Employer identification number** Name of the organization URSINUS COLLEGE 23-1177930 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year▶ \$______ Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990,

990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Part I	Contributors (see instructions). Use duplicate copies of Par	rt I if additional space is need	ded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_		\$100,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2 _		\$12,264.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_		\$10,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4 _		\$250,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5 _		\$5,125.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$5,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
7 -		\$10,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
8_		\$25,100.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
9 _		\$25,142.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
_ 10 _		\$20,100.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
_ 11 _		\$28,375.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
_ 12 _		\$98,760.	Person Payroll Noncash (Complete Part II if there is				

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 13 _		\$25,481.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 14 _		\$10,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 15 _		\$5,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 16 _		\$5,507.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 17 _		\$5,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$5,000.	Person X Payroll Noncash

(Complete Part II if there is a noncash contribution.)

Part I	art I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.							
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
_ 19 _		\$5,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
_ 20 _		\$7,851.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
_ 21 _		\$5,116.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
_ 22 _		\$5,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
_ 23 _		\$5,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
_ 24 _		\$100,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)					

Part I	Contributors (see instructions). Use duplicate copies of Par	t I if additional space is need	led.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 25 _		\$5,500.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 26 _		\$19,360.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 27 _		\$126,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 28 _		\$22,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 29 _		\$20,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 30 _		\$5,000.	Person Payroll Noncash (Complete Part II if there is

Part I	Contributors (see instructions). Use duplicate copies of Par	t I if additional space is need	led.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 31 _		\$20,900.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 32 _		\$10,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 33 _		\$12,500.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 34 _		\$5,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 35 _		\$25,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 36 _		\$6,375.	Person X Payroll Noncash (Complete Part II if there is

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$90,350.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38		\$10,100.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39		\$ \$ 8 , 0 0 0 0 .	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40		\$30,348.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41		\$5,500.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 42		 \$ 24,047.	Person X Payroll Noncash

(Complete Part II if there is a noncash contribution.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_ 43 _		\$6,500.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_ 44 _		\$11,700.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_ 45 _		\$10,200.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_ 46 _		\$5,750.	Person X Payroll X Noncash X (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_ 47 _		\$6,500.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
48		\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	

(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
_ 49 _		\$\$13,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 50 _		\$5,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
_ 51 _		\$10,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
_ 52_		\$52,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 53 _		\$5,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
_ 54 _		\$	Person X Payroll Noncash (Complete Part II if there is

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_ 55 _		\$10,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_ 56 _		\$5,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_ 57 _		\$38,016.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_ 58		\$208,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_ 59		\$10,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
60		\$5,000.	Person Payroll Noncash (Complete Part II if there is	

Part I	Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_ 61_		\$5,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
62		\$5,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_ 63 _		\$30,339.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
64		\$5,500.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
65		\$10,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
66		\$14,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	

Part I	Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_ 67 _		\$6,800.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_ 68 _		\$19,150.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_ 69 _		\$71,561.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_ 70 _		\$21,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_ 71 _		\$5,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_ 72 _		\$5,000.	Person X Payroll Noncash (Complete Part II if there is	

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 73 _		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 74 _		\$10,507.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 75 _		\$134,136.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 76 _		\$5,500.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 77 _		\$5,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
78 		\$10,200.	Person Payroll Noncash (Complete Part II if there is

Part I	art I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
_ 79 		\$300,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
_ 80 _		\$10,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
_ 81 _		\$10,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
_ 82		\$5,900.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
_ 83 _		\$5,650.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
_ 84 _		\$5,000.	Person X Payroll Noncash (Complete Part II if there is				

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
_ 85 _		\$5,170.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
_ 86 _		\$7,500.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
_ 87 _		\$12,100.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
_ 88 _		\$10,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
_ 89 _		\$10,227.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
_ 90 _		\$8,773.	Person Payroll Noncash (Complete Part II if there is			

Part I	art I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
_ 91 _		\$16,024.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
_ 92		\$5,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
_ 93 _		\$5,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
_ 94 _		\$5,800.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
_ 95		\$6,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
96		\$10,000.	Person Payroll Noncash (Complete Part II if there is				

Part I	art I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
97 _		\$10,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
_ 98 _		\$14,074.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
_ 99 _		\$6,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
100		\$25,500.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
101		\$100,517.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
102		\$10,000.	Person Payroll Noncash (Complete Part II if there is			

Part I	Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
103		\$5,100.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
104		\$198,114.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
105		\$11,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
106		\$10,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
107		\$91,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
108		\$5,000.	Person Payroll Noncash (Complete Part II if there is				

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
109		\$61,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
_110 _		\$5,711.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
111		\$30,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
112		\$10,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II if there is				

Employer identification number

23-1177930

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3_	ART - WORKS OF ART	\$ 10,000.	12/26/2012
		\$10,000.	12/20/2012
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
9_	SECURITIES - PUBLICLY TRADED		
		\$25,142.	_06/11/2013
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
11_	ART - WORKS OF ART		
		\$28,375.	_12/07/2012
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
12_	ART - WORKS OF ART	\$98,760.	_05/30/2013
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
13_	SECURITIES - PUBLICLY TRADED	\$25,481.	_06/13/2013
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
16_	SECURITIES - PUBLICLY TRADED		
		\$5,507.	_06/20/2013

Employer identification number

23-1177930

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
21_	SECURITIES - PUBLICLY TRADED		
		\$ <u>5,116.</u>	_09/17/2012
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
37	SECURITIES - PUBLICLY TRADED		
		 \$ <u>90,350.</u>	_06/27/2013
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
40_	SECURITIES - PUBLICLY TRADED		
		\$ <u>30,348.</u>	_12/17/2012
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
42	SECURITIES - PUBLICLY TRADED		
		 \$ <u>24,047</u> .	_VAR
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
46	OTHER	 	
		\$ <u>5,750.</u>	_04/16/2013
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
74_	OTHER		

Employer identification number

23-1177930

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
85	OTHER		
		\$5, <u>170</u> .	_11/19/2012
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
90	SECURITIES - PUBLICLY TRADED		
		\$	_11/08/2012
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
100_	ART - WORKS OF ART		
		\$\$.	_12/26/2012
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
101_	SECURITIES - PUBLICLY TRADED		
		 \$ <u>100,517</u> .	_12/03/2012
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	

Employer identification number

•			
	23_1	1177030	

Part III	Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry.						
	For organizations completing Part III, e contributions of \$1,000 or less for the	year. (Enter this inf	ormation once. Se	charitable, etc., ee instructions.) ►\$			
	Use duplicate copies of Part III if addition	onal space is neede	d.				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
		(e) Transf	er of aift				
		()	J				
	Transferee's name, address, ar		Relatio	nship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held			
		(e) Transfer of gift					
	Transferee's name, address, ar	nd ZIP + 4	Relatio	nship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held			
		(e) Transf	er of gift				
	Transferee's name, address, and ZIP + 4		Relatio	nship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held			
		(e) Transf	er of gift				
	Transferee's name, address, ar	nd ZIP + 4	Relatio	nship of transferor to transferee			

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

OMB No. 1545-0047

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

► Attach to Form 990. ► See separate instructions.

Inspection

Internal Revenue Service **Employer identification number** Name of the organization URSINUS COLLEGE 23-1177930 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 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 Tax Year 2a Total number of conservation easements Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶______ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? In Part XIII, 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), 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: 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 (ASC 958) relating to these items:

Schedule D (Form 990) 2012

Sche	dule D (Form 990) 2012										age 2
Par	t Organizations Maintain	ing Collections o	f Art, His	torical	Treasure	es, or O	ther Simil	ar Ass	ets (co	ntinu	ed)
3	Using the organization's acquisition collection items (check all that app		other recor	ds, chec	k any of	the follow	wing that a	re a sigr	nificant	use c	of its
а	X Public exhibition		d X	Loan	or exchar	ige progra	ıms				
b	X Scholarly research		e 🗀								
С	X Preservation for future gene	rations		_							
4	Provide a description of the organ		and expla	in how	they furth	ner the or	ganization's	exemp	t purpos	se in	Part
	XIII.		•		,		J				
5	During the year, did the organization	on solicit or receive o	donations o	f art. hist	orical trea	asures. or	other simila	ar			
	assets to be sold to raise funds rath							_	Yes	X	No
Par	t IV Escrow and Custodial A line 9, or reported an am				ganizatio	n answe	ered "Yes"	to Forn	n 990,	Part	IV,
	Is the organization an agent, truste included on Form 990, Part X?							_	Yes		No
b	If "Yes," explain the arrangement in	Part XIII and compl	ete the follo	owing tab	ole:						
							Ar	mount			
С	Beginning balance					lc					
d	Additions during the year					ld					
е	Distributions during the year					le					
f	Ending balance					lf					
2a	Did the organization include an am	ount on Form 990,	Part X, line	21?				L	Yes		No
b	If "Yes," explain the arrangement in										
Par	t V Endowment Funds. Con		nization an	swered	"Yes" to	Form 99	0, Part IV,	line 10.			
		(a) Current year	(b) Prio			years back	(d) Three ye		(e) Fou		
1a	Beginning of year balance	113,901,792.	119,638			51,070.			115,		
b	Contributions	895,806.	97	9,032.	2,4	94,549.	3,196	,968.	2,	594,	260.
С	Net investment earnings, gains,										
	and losses	14,365,532.	-1,01	7,316.	23,6	48,053.	11,937	,832.	-20,	063,	615.
d	Grants or scholarships	2,399,306.	2,06	2,287.	2,4	30,704.	2,347	,347.	2,	282,	376.
е	Other expenditures for facilities										
	and programs	3,882,679.	3,24	1,920.	3,89	94,599.	3,863	3,150.	3,	881,	646.
f	Administrative expenses	408,885.	39	0,987.	4	30,099.	402	2,501.		294,	248.
g	End of year balance	122,472,260.	113,90	L,792.	119,63	38,270.	100,251	,070.	91,	729,	268.
2	Provide the estimated percentage	of the current year e	nd balance	(line 1g,	column (a)) held as	3:				
а	Board designated or quasi-endowr	•		, ,	•	,,					
b	Permanent endowment ► 14.4		_								
С	Temporarily restricted endowment										
	The percentages in lines 2a, 2b, ar		00%.								
3a	Are there endowment funds not in	· · · · · · · · · · · · · · · · · · ·		tion that	are held	and admi	nistered for	the			
	organization by:								[Yes	No
	(i) unrelated organizations								3a(i)	X	
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(ii), are the related org								3b		
4	Describe in Part XIII the intended u		-								
_	t VI Land, Buildings, and Equ										
. «.	Description of property	(a) Cost or	other basis	(b) Cost	or other basi		cumulated reciation	(0	d) Book va	llue	
	Land			,	567,618	3.			5	67,6	18
b	Buildings				243,394	_	33,921.		105,3		
2	Leasehold improvements				536,595	_	61,117.			75,4	
d	Equipment				998,559	_	392,653.			05,9	
	Other				116,892	_	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			16,8	
	I. Add lines 1a through 1e. (Column		n QQO Part						121,9		
. 510	, wa mios ta unough te. (Oblutti	i (a) musi eyuar i om	ii ooo, i ait.	r, coluilli	, (<i>ט</i>), ווו וכ	· U(U/·/ · ·			,	, , , ,	57.

121,975,367. Schedule D (Form 990) 2012 Schedule D (Form 990) 2012 Page 3

Part VII Investments - Other Securities. See Fo	orm 990, Part X, line	e 12.	
(a) Description of security or category	(b) Book value	(c) Method of valuati	
(including name of security)		Cost or end-of-year mark	et value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other ATTACHMENT 1	1 155 001	DM7	
(A) GOLDMAN SACH DIST FUND LP	1,155,221.	FMV	
(B) KOCH TRUST: HARVARD MGMT	934,060.	FMV	
(C) LIFE INSURANCE CASH VALUE	674,293.	FMV	
(D) LINCOLN ANNUITY-DAVIS #2	314,744.	FMV	
(E) OTHER	114,667.	FMV	
(F) MS: GLENMEDE TR-BWOOD CHR	179,942.	FMV	
(G) OAKTREE CAPITAL MGT DISTR FUND	724,717.	FMV	
(H) UBP-SELECTINVEST ARBITRAGE FD	557,487.	FMV	
(I) OTHER	9,331.	FMV	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	18,805,661.	- 40	
Part VIII Investments - Program Related. See Fo			
(a) Description of investment type	(b) Book value	(c) Method of valuati Cost or end-of-year mark	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, lin	ne 15.		
(a)	Description		(b) Book value
_ (1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col. (B) li			
Part X Other Liabilities. See Form 990, Part X	, line 25.		
1. (a) Description of liability	(b) Book value	<u> </u>	
(1) Federal income taxes			
(2) STUDENT LOANS/GRANTS	1,618,9		
(3) ANNUITY REQUIREMENTS	6,496,3		
(4) ASSET RETIREMENT OBLIGATION	1,723,3	346.	
(5)			
(6)			
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 9,838,6	575.	

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII. JSA 2E1270 1.000 1733GB 700P

Schedule D (Form 990) 2012 Page 4 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Part XI Total revenue, gains, and other support per audited financial statements 71,341,404. 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains on investments 4,560,094. 2a **b** Donated services and use of facilities Recoveries of prior year grants Other (Describe in Part XIII.) e Add lines 2a through 2d 4,765,212. Subtract line 2e from line 1 66,576,192. 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a 488,669. b Other (Describe in Part XIII.) 36,840,149. c Add lines 4a and 4b 37,328,818. 4c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 103,905,010. Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial statements 58,868,081. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a **b** Prior year adjustments 2b Other losses 2c d Other (Describe in Part XIII.) e Add lines 2a through 2d 2e 205,118. Subtract line 2e from line 1 58,662,963. 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 488,669. **b** Other (Describe in Part XIII.) 35,906,652. c Add lines 4a and 4b 36,395,321. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 95,058,284. Part XIII 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, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. SEE PAGE 5

Schedule D (Form 990) 2012

Schedule D (Form 990) 2012 URSINUS COLLEGE 23-1177930 Page **5**

Part XIII Supplemental Information (continued)

DESCRIPTION OF ORGANIZATION'S COLLECTIONS

SCHEDULE D, PART III, LINE 4

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

INTENDED USES OF ENDOWMENT FUNDS

SCHEDULE D, PART V, LINE 4

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

LIABILITY FOR UNCERTAIN TAX POSITION (ASC 740)

SCHEDULE D, PART X, LINE 2

THE COLLEGE RECOGNIZES OR DERECOGNIZES A TAX POSITION BASED ON A "MORE LIKELY THAN NOT" THRESHOLD. THIS APPLIES TO POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE COLLEGE DOES NOT BELIEVE ITS FINANCIAL STATEMENTS INCLUDE ANY MATERIAL UNCERTAIN TAX POSITIONS. AS OF JUNE 30, 2013, THE COLLEGE'S TAX YEARS ENDED JUNE 30, 2010 THROUGH JUNE 30, 2012 FOR FEDERAL TAX JURISDICTION REMAIN OPEN TO EXAMINATION.

Schedule D (Form 990) 2012

JSA 2E1226 2.000

Part XIII Supplemental Information (continued)

SUPPLEMENTAL DESCRIPTION - OTHER

SCHEDULE D, PART XI, LINE 2D

FUNDRAISING EXPENSES 205,118

SUPPLEMENTAL DESCRIPTION - OTHER

SCHEDULE D, PART XI, LINE 4B

SCHOLARSHIPS 35,906,652

ACTUARIAL LOSS ON ANNUITY LIABILITY 108,572

BOND DEFEASANCE 824,925

36,840,149

ATTACHMENT 1

SUPPLEMENTAL DESCRIPTION - OTHER

SCHEDULE D, PART XII, LINE 2D

FUNDRAISING EXPENSES 205,118

SUPPLEMENTAL DESCRIPTION - OTHER

SCHEDULE D, PART XII, LINE 4B

SCHOLARSHIPS 35,906,652

SCHEDULE D, PART VII - INVESTMENTS - OTHER SECURITIES		COST
DESCRIPTION	BOOK VALUE	OR FMV
HC TOTAL RETURN II OFFSHORE FD	5,319,970.	FMV
HCC PE VIII OFFSHORE	758,926.	FMV
HELD BY OTHERS: CLAMER	7,482,974.	FMV

Schedule D (Form 990) 2012

Schedule D (Form 990) 2012 URSINUS COLLEGE 23-1177930 Page **5**

SCHEDULE D, PART VII - INVESTMENTS - OTHER SECURITIES

DESCRIPTION

HELD BY OTHERS: PATTERSON

HELD BY OTHERS: SUBERBIBIGHAUS

SCHEDULE D, PART VII - INVESTMENTS - OTHER SECURITIES

COST
DOK VALUE

OR FMV

484,827.

FMV

18,805,661.

TOTALS

SCHEDULE E (Form 990 or 990-EZ)

Schools

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

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

URSINUS COLLEGE

Employer identification number 23-1177930

Pa	rt I			
			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?	1	Х	
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?	2	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. If you need more space, use Part II	3	Х	
	SEE SUPPLEMENTAL PAGE			
4	Does the organization maintain the following?	4-	v	
a b	Records indicating the racial composition of the student body, faculty, and administrative staff? Records documenting that scholarships and other financial assistance are awarded on a racially	4a	Х	
b	nondiscriminatory basis?	4b	X	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	1.5		
	with student admissions, programs, and scholarships?	4c	Х	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Х	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
5	Does the organization discriminate by race in any way with respect to:			
	Students' rights or privileges?	5a		Х
u	Cladelle lighte of philogod.	Ja		
b	Admissions policies?	5b		Х
С	Employment of faculty or administrative staff?	5c		X
_				
d	Scholarships or other financial assistance?	5d		X
_	Educational policies?	5e		Х
C	Educational policies?	<u> </u>		- 21
f	Use of facilities?	5f		Х
g	Athletic programs?	5g		X
h	Other extracurricular activities?	5h		X
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Х	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		Х
	If you answered "Yes" to either line 6a or line 6b, explain on Part II.			
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through	_		
	4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	7	X	1

Schedule E (Form 990 or 990-EZ) (2012)

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

PUBLICATION OF RACIALLY NONDISCRIMINATORY POLICY

SCHEDULE E, PART I, LINE 3

THE COLLEGE'S NON-DISCRIMINATORY POLICY IS INCLUDED IN ALL PRINTED AND BROADCAST ADVERTISING, AS WELL AS IN THE COLLEGE CATALOG. IT IS ALSO POSTED IN VARIOUS LOCATIONS ON CAMPUS.

GOVERNMENT ASSISTANCE

SCHEDULE E, PART I, LINE 6A

URSINUS COLLEGE RECEIVES FINANCIAL AID/ASSISTANCE FROM VARIOUS FEDERAL

(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.

Page 2

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990. ► See separate instructions.

Name of the organization
URSINUS COLLEGE

Part I

General Information on Activities Outside the United States. Complete if the organization answered "Yes" to

	Form 990, Part IV, line 14	lb.					
	For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes No						
	For grantmakers. Describe in assistance outside the United Sta	_	ganization's pr	ocedures for monitoring	the use of its grants a	and other	
3	Activities per Region. (The follow	ing Part I, line	3 table can be	duplicated if additional sp	ace is needed.)		
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region	
(1)	EAST ASIA AND THE PACIFIC			GRANTMAKING		256,835.	
رم،							
(2)	EUROPE			GRANTMAKING		36,120.	
(2)							
(3)	MIDDLE EAST AND NORTH AFRICA			GRANTMAKING		21,722.	
(4)						40.050	
(4)	SOUTH AMERICA			GRANTMAKING		49,972.	
(5)							
(3)	SOUTH ASIA			GRANTMAKING		13,000.	
(6)	HADODE			DDOGDAM GEDVITCHG	EAGILEY DEVELOPMENT	20.041	
(0)	EUROPE			PROGRAM SERVICES	FACULTY DEVELOPMENT	28,941.	
(7)	NORTH AMERICA			PROGRAM SERVICES	FACULTY DEVELOPMENT	4,765.	
(8)	SUB-SAHARAN AFRICA			PROGRAM SERVICES	FACULTY DEVELOPMENT	750.	
(9)	CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		8,516,321.	
10)							
11)							
12)							
,							
13)							
14)							
15)							
16)							
17)							
3a	Sub-total					8,928,426.	
b	Total from continuation sheets to Part I					2,220,120.	
_	Totals (add lines 3a and 3b)					0 000 400	
Ü	i utais (aud iii les sa aliu sb)					8,928,426.	

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

Schedule F (Form 990) 2012

Schedule F (Form 990) 2012

(1) (2) (3) (4) (5) (6) (7) (8)					
(3) (4) (5) (6) (7)					
(4) (5) (6) (7)					
(5) (6) (7) (8)					
(6) (7) (8)					
(8)					
(8)				+	
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					

Schedule F (Form 990) 2012

Page

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. Part III can be duplicated 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)
(1) TUITION AND FEES TO FOREIGN STUDENTS AT	EAST ASIA/PACIFIC	14.			256,835.	STD ACCT CR	FMV
(2) TUITION AND FEES TO FOREIGN STUDENTS AT	EUROPE/ICELAND/GREENLAND	1.			36,120.	STD ACCT CR	FMV
(3) TUITION AND FEES TO FOREIGN STUDENTS AT	MIDDLE EAST/NORTH AFRICA	1.			21,722.	STD ACCT CR	FMV
(4) TUITION AND FEES TO FOREIGN STUDENTS AT	SOUTH AMERICA	2.			49,972.	STD ACCT CR	FMV
(5) TUITION AND FEES TO FOREIGN STUDENTS AT	SOUTH ASIA	1.			13,000.	STD ACCT CR	FMV
(6)							
_(7)							
(8)							
(9)							
<u>(</u> 10)							
<u>(11)</u>							
<u>(12)</u>							
<u>(</u> 13)							
<u>(</u> 14)							
<u>(15)</u>							
<u>(</u> 16)							
<u>(17)</u>							
(18)							

Schedule F (Form 990) 2012 Page 4

Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	X Yes	☐ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	Yes	X No

Schedule F (Form 990) 2012

Schedule F (Form 990) 2012 Page **5**

Part V Supplemental Information

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

PROCEDURE FOR MONITORING USE OF GRANT FUNDS OUTSIDE U.S.

SCHEDULE F, PART I, LINE 2

ACCOUNT AT URSINUS.

URSINUS COLLEGE PROVIDED GRANTS TOTALING \$377,649 TO 19 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'

Schedule F (Form 990) 2012

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Name of the organization Employer identification number URSINUS COLLEGE 23-1177930 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 |X | Solicitation of non-government grants Mail solicitations е а X X Internet and email solicitations f Solicitation of government grants X Special fundraising events Χ Phone solicitations C X In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees X Yes or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in contributions? organization col. (i) Yes No 1 MARTS & LUNDY ASSESSMENT 80,067 Χ 2 PRESENTATN Χ ELLENZWEIG 35,000 3 6 8 9 10 115,067 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990 or 990-EZ) 2012 Page **2**

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

gross receipts greater than \$5,00	00.			
	(a) Event #1 SWIM LESSONS	(b) Event #2 GOLF OUTING	(c) Other events	(d) Total events (add col. (a) through col. (c))
	(event type)	(event type)	(total number)	001. (0))
Gross receipts	40,739.	13,977.	94,480.	149,196
Less: Contributions		17,235.		17,235
Gross income (line 1 minus				
line 2)	40,739.	-3,258.	94,480.	131,961
Cash prizes				
Noncash prizes				
Rent/facility costs		8,610.		8,610
Food and beverages			1,068.	1,068
Entertainment				
Other direct expenses		4,393.	30,419.	34,812
			_	44 400 \
Direct expense summary. Add lines 4 Net income summary. Combine line 3				(44,490.) 87,471
Gaming. Complete if the organic				
than \$15,000 on Form 990-E				
	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Gross revenue				
Cash prizes				
Noncash prizes				
Rent/facility costs				
Other direct expenses				
Volunteer labor	Yes% No	Yes% No	Yes% No	
Direct expense summary. Add lines 2	2 through 5 in column (d)		()
Net gaming income summary. Comb	ine line 1, column d, and	d line 7		
he organization licensed to operate on the organization licensed to operate of the organization.	gaming activities in each	of these states?	· · · · · · · · · · · · · · · · · · ·	Yes No
ere any of the organization's gaming l	licenses revoked, suspe	ended or terminated durin	ng the tax year?	•
he or No," (ere ar	ganization licensed to operate gexplain: ny of the organization's gaming	ganization licensed to operate gaming activities in each explain: ny of the organization's gaming licenses revoked, suspe	ganization licensed to operate gaming activities in each of these states?explain:	ganization licensed to operate gaming activities in each of these states? explain: ny of the organization's gaming licenses revoked, suspended or terminated during the tax year?

Sched	ule G (Form 990 or 990-EZ) 2012
11	Does the organization operate gaming activities with nonmembers? Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity operated in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ▶
	Address ►
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?
D	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 of the third party:
Ü	1. 1.00, Sinoi name and address of the tilla party.
	Name ▶
	Address ►
16	Gaming manager information:
	Name >
	Name ►
	Gaming manager compensation ▶\$
	Description of services provided ▶
	Director/officer Employee Independent contractor
17	Mandatory distributions:
.,	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
	or spent in the organization's own exempt activities during the tax year > \$
Par	
	columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).
AMO	UNT PAID TO FUNDRAISER
SCH	EDULE G, PART I, COL (V)
THE	FEES PAID TO MARTS & LUNDY INCLUDE \$75,000 FOR SERVICES AND \$5,067
E0-	DIDECE DEIMBURGED BYDENGEG
F.OK	DIRECT REIMBURSED EXPENSES.
THE	FEES PAID TO ELLENZWEIG INCLUDE \$35,000 FOR SERVICES.
	Schedule G (Form 990 or 990-EZ) 2012

SCHEDULE I (Form 990)

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

OMB No. 1545-0047

2012

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name	of the organization						Employer identification	on number
URS	INUS COLLEGE						23-1177930	
Par	General Information on Grants and	Assistance)					
1	Does the organization maintain records to sub the selection criteria used to award the grants Describe in Part IV the organization's procedu	or assistance	э?					X Yes No
Par	Grants and Other Assistance to Go Part IV, line 21, for any recipient that							es" to Form 990,
1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
_(1)								
_(2)								
_(3)								
_(4)								
_(5)								
_(6)								
_(7)								
_(8)								
_(9)								
<u>(10)</u>								
(11)								
<u>(12)</u>								
3	Enter total number of section 501(c)(3) and go Enter total number of other organizations liste Paperwork Reduction Act Notice, see the Ins	d in the line	1 table				<u> ▶</u>	lle I (Form 990) (2012)

Schedule I (Form 990) (2012)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 FINANCIAL AID - SUMMER PROGRAMS	123.		83,970.	FMV	HOUSING
2 SCHOLARSHIPS AND FINANCIAL AID	1,561.		35,640,822.	FMV	TUITION, FEES, ROOM
3 STIPENDS	79.	200,600.			
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PROCEDURE FOR MONITORING USE OF GRANT FUNDS INSIDE U.S.

SCHEDULE I, PART I, LINE 2

URSINUS COLLEGE PROVIDED GRANTS TOTALING \$83,970 TO 123 URSINUS COLLEGE

STUDENTS IN GOOD ACADEMIC STANDING FOR CAMPUS HOUSING, PRIMARILY FOR

SUMMER RESEARCH. THE GRANTS ARE APPLIED DIRECTLY TO THE STUDENTS'

ACCOUNTS AT URSINUS COLLEGE.

URSINUS COLLEGE PROVIDED GRANTS TOTALING \$35,640,822 TO 1,561 URSINUS

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

BOARD FOR THE ACADEMIC YEAR 2012-13. THE GRANTS ARE APPLIED DIRECTLY TO

Schedule I (Form 990) (2012)

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
	Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
_2					
3					
_4					
_ 5					
6					
7					

Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

THE STUDENTS' ACCOUNTS AT URSINUS COLLEGE.

URSINUS COLLEGE PROVIDED GRANTS TOTALING \$200,600 TO 79 URSINUS COLLEGE STUDENTS IN GOOD ACADEMIC STANDING FOR STIPENDS WHILE ENGAGED IN SUMMER RESEARCH PROJECTS ON CAMPUS. THE STIPENDS ARE DISBURSED VIA PAYROLL TO THE INDIVIDUAL STUDENTS.

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

► Complete if the organization are seen as the compensation of the

Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047 **Open to Public**

Inspection

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

Part	Questions Regarding Compensation						
			Yes	No			
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form						
	20, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or charter travel X Housing allowance or residence for personal use						
	Travel for companions Payments for business use of personal residence						
	Tax indemnification and gross-up payments X Health or social club dues or initiation fees						
	Discretionary spending account Y Personal services (e.g., maid, chauffeur, chef)						
h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment						
D	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to						
	explain	1b		X			
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?	2	Х				
•	To Post on Right Many of the College Control of Programme Conference of the control Politics of the control of the						
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the						
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a						
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.						
	X Compensation committee Written employment contract						
	Independent compensation consultant X Compensation survey or study						
	X Form 990 of other organizations X Approval by the board or compensation committee						
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing						
•	organization or a related organization:	4a		Х			
a	Receive a severance payment or change-of-control payment? Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4a 4b	Х				
b	Participate in, or receive payment from, a supplemental hondualined retirement plan? 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.						
	The to any of lines 44 o, list the persons and provide the applicable amounts for each item in rait in.						
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.						
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any						
	compensation contingent on the revenues of:						
а	The organization?	5a		Х			
b	Any related organization?	5b		Х			
	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:						
а	The organization?	6a		X			
b	Any related organization?	6b		X			
	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	7		X			
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 Regulations section 53.4958-4(a)(3)? If "Yes," describe						
	in Part III	8		X			
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in						
	Regulations section 53.4958-6(c)?	9					

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

Schedule J (Form 990) 2012

Schedule J (Form 990) 2012

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

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

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

		(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(i) Base (ii) Bonus & incentive (iii) Other other deferred			benefits	(B)(i)-(D)	reported as deferred in prior Form 990
BOBBY FONG	(i)	387,885.	C	5,198.	57,500.	34,739.	485,322.	0
1 PRESIDENT OF THE COLLEGE	(ii)	0	(0	0	0	C	0
WINFIELD L. GUILMETTE	(i)	198,769.	C	0	13,825.	5,628.	218,222.	0
2 VP FOR FINANCE & ADMIN	(ii)	0	C	0	0	0	C	0
JILL A. MARSTELLER	(i)	253,432.	(14,197.	16,800.	57,487.	341,916.	0
3 VP FOR COLLEGE RELATIONS	(ii)	0	C	0	0	0	C	0
RICHARD DIFELICIANTONIO	(i)	164,183.	(21,550.	12,250.	24,649.	222,632.	0
4 VP FOR ENROLLMENT	(ii)	0	C	0	0	0	C	0
JUDITH T. LEVY	(i)	182,319.	(0	12,460.	1,888.	196,667.	0
5 VP FOR ACADEMIC AFFAIRS	(ii)	0	(0	0	0	C	0
JOHN P. KING	(i)	146,659.	(0	10,724.	50,519.	207,902.	0
6 CHIEF INFORMATION OFFICER	(ii)	0	C	0	0	0	C	0
JAMES L. BAER	(i)	137,374.	(0	9,555.	7,294.	154,223.	0
7 ATTORNEY-IN-RESIDENCE	(ii)	0	C	0	0	0	C	0
LAURA MOLIKEN	(i)	120,027.	(0	9,240.	24,670.	153,937.	0
8 ATHLETIC DIRECTOR	(ii)	0	C	0	0	0	C	0
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)			 				
15	(ii)							
	(i)			 				
16	(ii)							

Schedule J (Form 990) 2012

Part | Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE

SCHEDULE J, PART I, LINE 1A

HOUSING AND CLEANING SERVICES WERE PROVIDED TO THE COLLEGE PRESIDENT AS A

CUSTOMARY BENEFIT PROVIDED BY INSTITUTIONS OF HIGHER LEARNING. NO PART OF

THE HOUSING OR CLEANING WAS TREATED AS TAXABLE COMPENSATION.

HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES

SCHEDULE J, PART I, LINE 1A

THE COLLEGE PROVIDES PAYMENT OF THE PRESIDENT'S COUNTRY CLUB DUES. THE

MEMBERSHIP IS USED EXCLUSIVELY FOR COLLEGE-RELATED PURPOSES, AND IS

THEREFORE EXCLUDED FROM THE PRESIDENT'S FORM W-2 WAGES.

PERSONAL SERVICES (E.G., MAID, CHAUFFER, CHEF)

SCHEDULE J, PART I, LINE 1A

CLEANING SERVICES FOR THE PRESIDENT'S HOUSE, AS MENTIONED IN LINE II

ABOVE

Schedule J (Form 990) 2012

Part | Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

WRITTEN POLICY REGARDING PAYMENT OR REIMBURSEMENT

SCHEDULE J, PART I, LINE 1B

THE COLLEGE IS CONSIDERING THE ADOPTION OF A POLICY REGARDING

PAYMENT/REIMBURSEMENT OF EXPENSES.

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

SCHEDULE J, PART I, LINE 4B

DR. FONG PARTICIPATED IN A DEFERRED COMPENSATION PLAN, WHICH IS REPORTED

IN SCHEDULE J, PART II, COLUMN C.

SCHEDULE K (Form 990)

Supplemental Information on Tax-Exempt Bonds

20

Open to Public

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990.

► See separate instructions.

Name of the organization
URSINUS COLLEGE
23-1177930

Part I Bond Issues									_					
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issu	ied (e) Issue price	(f) D	(f) Description of purpose			efeased	(h) On behalf of issuer		(i) Po	
									Yes	No	Yes	No	Yes	No
A PHEFA	23-2243852	70917PFZ7	02/01/20	006	14,164,259.	RESIDENCE H	ALL & FACIL	ITIES		х		Х		Х
B _{PHEFA}	23-2243852	70917R6A8	05/21/20)12	19,896,653.	. ADVANCE REF	INANCE OF B	ONDS		х		Х		Х
C PHEFA	23-2243852	70917SEL3	05/01/20	13	13,610,477.	CURRENT REF	INANCE OF B	ONDS		х		Х		Х
D														
Part II Proceeds								_						
					Α		В	C	;			D		
1 Amount of bonds retired					905,000).	900,000.							
2 Amount of bonds legally defeased				1.4	4FF 110	10	206 652	12 6	10 45	7.7				—
3 Total proceeds of issue					,455,112		396,653.	13,6	10,47	/ / .				
4 Gross proceeds in reserve funds	<u> </u>				,243,576) ·	369,050.							
5 Capitalized interest from proceeds						20	029,220.	15 1	Q/ 11	1.4				—
6 Proceeds in refunding escrows					443,329				15,184,114. 257,600.					
8 Credit enhancement from proceeds				703,986.			330,200.	237,000.						—
Working capital expenditures from proceeds					703,900	, ,								
10 Capital expenditures from proceeds				1.2	,064,149)								
11 Other spent proceeds					,001,11	·								
12 Other unspent proceeds														
13 Year of substantial completion				2	007	202	12	201	3					
				Yes	No	Yes	No	Yes	No	,	Yes		No	
14 Were the bonds issued as part of a current refundir	ng issue?			1.30	X		X	X						
15 Were the bonds issued as part of an advance refun					X	Х			Х					
16 Has the final allocation of proceeds been made? .				Х		Х		Х						
17 Does the organization maintain adequate books and records to su				Х		Х		Х						
Part III Private Business Use				•	•	•	•							
					Α		В				D			
1 Was the organization a partner in a partnership, or				Yes	No	Yes	No	Yes	No		Yes		No	
which owned property financed by tax-exempt bone	ds?				X		Х		X					
2 Are there any lease arrangements that may result in priva	ate business use o	f bond-finance	ed property?		X		X		X					

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

Schedule K (Form 990) 2012

Page 2 Schedule K (Form 990) 2012

PHEFA

Year No Year Y			,	٠		ь	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	6		U
b If Yes' to line 3a, obes the organization routinely engage bond counsel or other outside counsel to review any management or service way management or service way management or service way management or service way management or service organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? d If Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel for review any research agreements relating to the financed property? Enter the percentage of financed property used in a private business use by entities of the standard or business and the service of th	3a		Yes		Yes		Yes		Yes	No
to review any management or service contracts relating to the financed property? A frether any research agreements that may result in private business use of bond-financed property? If if "Yes" to line 3s, does the organization routinely engage band counsel or other outside counsel to review any research agreements relating to the financed property? If if the percentage of financed property used in a private business use by entities other than a section 5010(3) organization and state or local government. If it is not unrelated trade or business activity carried on by your organization, another section 5010(3) organization or a state or local government. If it is not unrelated trade or business activity carried on by your organization, another section 5010(3) organization, another section 5010(3) organization, another section 5010(3) organization or a state or local government. If it is not a 4 md 5. If it is not a 5 md 5				^		^		^		
financed property? d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? 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. Does the bond ssue meet the private security or payment test? 8. As a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? 8. A X X X X X X X X X X X X X X X X X X	b 									
d if "Yes" to line 3c, does the organization routinely engage bond counsel or orther outside counsel to review any research agreements relating to the financed property. 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 Does the bond lissue meet the private security or payment test? 8 Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501 (c)(3) organization, since the bonds were issued? 9 If "Yes" to line 8a, enter the percentage of bond-financed property sod or disposed of • Which is a superior that a 501 (c)(3) organization or disposed of • Which is a superior security or payment test? 1 If 14:12 and 1.145-2? 1 Has the issuer filed Form 8038-1? 2 If "No" to line 1, did the following apply? 2 If "No" to line 1, did the following apply? 3 Is the issuer filed Form 8038-1? 4 No rebate due? 5 No rebate due? 8 No rebate due? 1 You checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed. 5 No rebate due? 1 No rebate due? 1 No rebate due? 1 No rebate due? 1 No rebate due? 2 No rebate due? 3 Is the bond issue a variable rate issuer? 4 No was the hedge superintegrated? 4 No Was the hedge superintegrated? 5 No Was the hedge superintegrated? 8 Was the hedge superintegrated? 8 Was the hedge superintegrated? 9 Was the hedge superintegrated? 9 Was the hedge superintegrated? 1 No Was the hedge superintegrated? 1 No Was the hedge superintegrated?	С			x		X		X		
## 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. ★ % % % % % % % % % % % % % % % % % %										
## Section 501(c)(3) organization or a state or local government		outside counsel to review any research agreements relating to the financed property?								
result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government. ***No*** **No**** **No*** **No**** **No*** **	4			%		%		%		%
Second color lines 4 and 5	5	result of unrelated trade or business activity carried on by your organization,		%		%		%		%
The state bond issue meet the private security or payment test?	6	Total of lines 4 and 5		%		%		%		%
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? 9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? 8 A B C D D 1 Has the issue rilied Form 8038-T? 1 Has the issuer filed Form 8038-T? 2 If "No" to line 1, did the following apply? 8 Rebate not due yet? A Rebate not due yet? A Rebate not due yet? A No rebate due? B X X X X X X X X X X X X X X X X X X	7			Х		Х		Х		
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	8a	Has there been a sale or disposition of any of the bond-financed property to a nongovern-		Х		Х		Х		
C If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?	b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed		%		%		%		%
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? Arbitrage	С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections								
A	9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under		x		x		x		
No No No No No No No No	Pai	t IV Arbitrage								
Yes No Yes No Yes No Yes No 1 Has the issuer filed Form 8038-T? X		7.1.2.1.49	1	Δ		В		r.		D
Has the issuer filed Form 8038-T? X X X X X X X X X X X X X X X X X X X						1		-		1
2 If "No" to line 1, did the following apply?	1	Has the issuer filed Form 8038.T2	163		163		163		163	110
a Rebate not due yet?. X X X X X X X X X X X X X X X X X X X				21		21		21		
b Exception to rebate?. X X X X X X X X X X X X X X X X X X X				Y		v		v		
c No rebate due?	a	Exponentian to rehete?					v	Λ		
If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed. 3 Is the bond issue a variable rate issue?			v	Λ	v	Λ	Λ	v		
computation was performed 3 Is the bond issue a variable rate issue? 4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? 5 Name of provider. 6 Term of hedge. 7 Term of hedge. 8 Term of hedge superintegrated? 8 Term of hedge terminated? 8 Term of hedge terminated?	<u> </u>		Λ		Λ			Λ		
3 Is the bond issue a variable rate issue? X X X X X X X X A A A Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? X X X X X X X X X X X X X X X X X X X		·								
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? X X X b Name of provider JP MORGAN c Term of hedge .300 d Was the hedge superintegrated? X X e Was the hedge terminated? X		to the beautiful and a performed		37		37		37		
respect to the bond issue? X X X X b Name of provider JP MORGAN 300	3	Is the bond issue a variable rate issue?		X		X		X		
b Name of provider JP MORGAN c Term of hedge. .300 d Was the hedge superintegrated? X e Was the hedge terminated? X	4 a	· · · · · · · · · · · · · · · · · · ·	37					37		
c Term of hedge300 d Was the hedge superintegrated? X e Was the hedge terminated? X						X		X		
d Was the hedge superintegrated?		·	JP MORGAN							
e Was the hedge terminated? X										I
				X						
	e	Was the hedge terminated?	X							

Part III

Private Business Use (Continued)

Schedule K (Form 990) 2012

Part IV Arbitrage (Continued)								
		A	1	В		C	1)
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?								
7 Has the organization established written procedures to monitor the								
'		X		X		X		
requirements of section 148?								
		A		В		C)
Has the organization established written procedures to ensure that violations of federal	Yes	No	Yes	No	Yes	No	Yes	No
tax requirements are timely identified and corrected through the voluntary closing								
agreement program if self-remediation is not available under applicable regulations?		Х		X		X		
Part VI Supplemental Information. Complete this part to provide additional inform	nation for	responses	s to questi	ons on Sc	hedule K (ctions)	

JSA 2E1328 1.000

Schedule K (Form 990) 2012

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions) (Continued)

Page 4

SCHEDULE K, PART III, LINE 9, PART IV, LINE 9 AND PART V

THE ORGANIZATION IS IN THE PROCESS OF ESTABLISHING WRITTEN PROCEDURES, TO

BE EFFECTIVE BY THE END OF THE FISCAL YEAR JUNE 30, 2014, TO ENSURE:

- 1) ALL NONQUALIFIED BONDS OF THE ISSUE ARE REMEDIATED IN ACCORDANCE WITH THE REQUIREMENTS UNDER REGULATIONS SECTIONS 1.141-12 AND 1.145-2,
- 2) VIOLATIONS OF FEDERAL TAX REQUIREMENTS ARE TIMELY IDENTIFIED AND CORRECTED THROUGH THE VOLUNTARY CLOSING AGREEMENT PROGRAM IF SELF-REMEDIATION IS NOT AVAILABLE UNDER APPLICABLE REGULATION AND
- 3) ENSURE COMPLIANCE BY MONITORING THE REQUIREMENTS OF SECTION 148.

JSA Schedule K (Form 990) 2012

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No. 1545-0047

2012

Open To Public Inspection

23-1177930

Department of the Treasury Internal Revenue Service

Name of the organization

URSINUS COLLEGE

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Inspection | Inspection | Employer identification number

	Complete if the or	rganization ar	nswered "Ye	s" on	Form	990, Part IV, line 2	25a or 25b, or Form	990-E	Z, Pa	art V, I	ine 40	b.	
1	(a) Name of disqualified	d person	(b) Relatio			en disqualified person nization	(c) Descr	iption (of tran	saction	n	· · ·	Corrected?
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
3 Part		or From Inte	rested Pers	sons.	burse	ed by the organizatio	n	• • •		\$_		ne	
	Name of interested person	(b) Relationship with organization	(c) Purpose of loan	fron	an to or n the zation?	(e) Original principal amount	(f) Balance due	(g) In	default?	by bo	proved pard or nittee?	(i) Wi	
				То	From			Yes	No	Yes	No	Yes	No
(1)													
(2)													
/a\			I	1	1	l .	I	1	1	1	1	i I	

Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1) TRUSTEES	TRUSTEES	29,000.	GRANTS & SCHOLARSHIPS	TUITION & FEES
(2) INTERESTED PERSON	INTERESTED PERSON	29,975.	GRANTS & SCHOLARSHIPS	TUITION & FEES
(3) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	23,750.	GRANTS & SCHOLARSHIPS	TUITION & FEES
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990 or 990-EZ) 2012

2,236.

(4) (5) (6) (7) (8) (9) (10) Schedule L (Form 990 or 990-EZ) 2012

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	aring of zation's nues?
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

GRANTS TO INTERESTED PERSONS

SCHEDULE L, PART III

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

STUDENTS BASED ON ACADEMIC ACHIEVEMENT AND FINANCIAL NEED.

Schedule L (Form 990 or 990-EZ) 2012 Page **2**

Part IV	Business Transactions Involving Complete if the organization answers		: IV, line 28a, 28b	, or 28c.		
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	aring of ization's nues?
					Yes	No
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						

Part V Supplemental Information

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

ATTACHMENT 1

SCHEDULE L, PART II

(9) (10)

JSA 2E1507 1.000

1733GB 700P V 12-7.12

SCHEDULE M (Form 990)

Noncash Contributions

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

► Attach to Form 990.

OMB No. 1545-0047

2012

Open To Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

URSINUS COLLEGE

23-1177930

Par	Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of do noncash contrib	eterminin	
1	Art - Works of art	Х	13.	189,863.	ESTIMATED V	JALUE	
2	Art - Historical treasures			·			
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household						
·	goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded		33.	353,129.	FMV AT DATI	OF G	FIFT
10	Securities - Closely held stock		331	33372231			
11	Securities - Partnership, LLC,						
• •	or trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation						
13	contribution - Historic						
	structures						
14	Qualified conservation						
14	contribution - Other						
4.5							
15	Real estate - Residential Real estate - Commercial						
16							
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts		0	7 200			
25	Other ►(_ATCH 1)		8.	7,288.			
26	Other ►()						
27	Other ►()						
28	Other ►()						
29	Number of Forms 8283 received						4.0
	which the organization completed F	Form 8283,	Part IV, Donee Acknowledg	jement	29		48.
20 -	During the year did the agreeticat		ht-:ht:		4 00 45-4	Yes	No
30 a	During the year, did the organizat						
	it must hold for at least three yea						
	used for exempt purposes for the e		g period?		3	0a	X
	If "Yes," describe the arrangement i		, p				
31	Does the organization have a	•		•			
	contributions?				3	31 X	1
32 a	Does the organization hire or use	•		· ·			
	contributions?				3:	2a X	
b	If "Yes," describe in Part II.						
33	If the organization did not report ar describe in Part II.	n amount in	column (c) for a type of pro	pperty for which column (a) is checked,		

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

Schedule M (Form 990) (2012)

Schedule M (Form 990) (2012) Page **2**

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

THIRD PARTY ASSISTANCE OF NONCASH CONTRIBUTIONS

SCHEDULE M, PART I, LINE 32A

URSINUS COLLEGE MAINTAINS AN ACCOUNT WITH MORGAN STANLEY SMITH BARNEY AND USED THIS ACCOUNT TO RECEIVE DONATIONS OF SECURITIES. MSSB SELLS STOCK AT THE REQUEST OF THE COLLEGE, AND FORWARDS NET CASH PROCEEDS TO THE COLLEGE.

JSA Schedule M (Form 990) (2012)

2E1508 2.000

Schedule M (Form 990) (2012) Page **2**

Part II Supplement

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

		(B) NUMBER OF	(C) REVENUES	(D) METHOD OF
DESCRIPTION	(A) CHECK	CONTRIBUTIONS	REPORTED_	DETERMINING
GRAND PIANO	X	1.	5,750.	APPRAISED VALUE
GIFT CARDS	X	5.	206.	SELLING PRICE
SCIENTIFIC EQUIPMENT	X	1.	1,300.	ESTIMATED VALUE
ATHLETIC EQUIPMENT	X	1.	32.	COST
	_			
TOTALS	_	8.	7,288.	

Schedule M (Form 990) (2012)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2012

Open to Public Inspection

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

▶ Attach to Form 990 or 990-EZ.

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

FORM 990 REVIEW PROCESS

FORM 990, PART VI, LINE 11B

THE COMPLETED FORM 990 IS DISTRIBUTED AND REVIEWED PRIOR TO FILING AT A SPECIALLY-CONVENED MEETING OF THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS. THE COMPLETED FORM 990 WAS MADE AVAILABLE TO THE FULL BOARD.

CONFLICT OF INTEREST POLICY MONITORING & ENFORCEMENT

FORM 990, PART VI, LINE 12C

TRUSTEES OR OFFICERS COMPLETE A DISCLOSURE OF CONFLICT 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.

PROCESS FOR DETERMINING COMPENSATION

FORM 990, PART VI, LINE 15A AND 15B

THE ASSOCIATE VICE PRESIDENT FOR FINANCE & CONTROLLER OF URSINUS COLLEGE
CONDUCTS A STUDY EACH YEAR OF THE SALARIES AND BENEFITS FOR THE PRESIDENT,
CHIEF ACADEMIC OFFICER, CHIEF BUSINESS OFFICER, CHIEF DEVELOPMENT OFFICER,
CHIEF ENROLLMENT OFFICER, AND DEAN OF STUDENT LIFE. THE STUDY DOCUMENTS
THE SALARIES AND BENEFITS OF THOSE IN SIMILAR POSITIONS IN THE OTHER
CENTENNIAL CONFERENCE COLLEGES: BRYN MAWR, DICKINSON, FRANKLIN & MARSHALL,
GETTYSBURG, HAVERFORD, MCDANIEL, MUHLENBERG, SWARTHMORE AND WASHINGTON.

THE STUDY PRESENTS THE DATA AS BOTH TABLES AND GRAPHS. THE EXECUTIVE

COMMITTEE OF THE BOARD OF TRUSTEES DETERMINES THE COMPENSATION OF THE

PRESIDENT OF THE COLLEGE AND REVIEWS AND APPROVES THE COMPENSATION

RECOMMENDATIONS OF THE PRESIDENT FOR THE OTHER OFFICERS. THE STUDY

PREPARED BY THE ASSOCIATE VICE PRESIDENT FOR FINANCE & CONTROLLER IS

PROVIDED TO THE CHAIR OF THE BOARD AS SUPPORTING DOCUMENTATION FOR THE

DISCUSSION OF COMPENSATION IN THE EXECUTIVE COMMITTEE MEETING. THE

RESULTS OF THE DELIBERATION PROCESS WERE DOCUMENTED IN EMPLOYMENT LETTERS

SENT TO EMPLOYEES.

HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC

FORM 990, PART VI, LINE 19

URSINUS MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY,
FINANCIAL STATEMENTS, AND FORMS 990 AND 990-T AVAILABLE TO THE PUBLIC
UPON REQUEST. FINANCIAL STATEMENTS AND FORMS 990 AND 990-T ARE ALSO
AVAILABLE ON THE COLLEGE'S WEBSITE.

OTHER CHANGES IN NET ASSETS

PART XI, LINE 9

ACTUARIAL LOSS ON ANNUITY LIABILITY (108,572)

BOND DEFEASANCE (824,925)

(933,497)

Name of the organization
URSINUS COLLEGE
23-1177930

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.

ATTACHMENT 2

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4B

STUDENT SERVICES, INCLUDING HOUSING, ROOM & BOARD, AND ATHLETICS:
THE COLLEGE OFFERS LIVING ACCOMMODATIONS FOR MOST OF ITS STUDENTS
IN EITHER TRADITIONAL RESIDENCE HALLS INTEGRATED INTO THE CAMPUS,
OR IN RENOVATED HISTORIC HOMES IN THE COMMUNITY THAT BORDER THE
CAMPUS. 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.

ATTACHMENT 3

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

NAME AND ADDRESS DESCRIPTION OF SERVICES

COMPENSATION

BLACKLETTER

DESIGN & PHOTOGRAPHY

140,400.

Name of the organization
URSINUS COLLEGE

23-1177930
ATTACHMENT 3 (CONT'D)

990. PART VI	- COMPENSATION	() H,	.I.H E.	H' V H;	HTGHEST!	PAID	IND.	CONTRACTORS
--------------	----------------	-------	---------	-----------	----------	------	------	-------------

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
2487 SUMMIT STREET COLUMBUS, OH 43202		
NEVIN PAINTING 1759 SWAMP CREEK ROAD PENNSBURG, PA 18073	PAINTING	212,481.
WARFEL CONSTRUCTION COMPANY 1110 ENTERPRISE ROAD EAST PETERSBURG, PA 17520	CONSTRUCTION CONTR	237,976.
MANKO, GOLD, KATCHER & FOX LLP 401 CITY AVENUE, STE 401 BALA CYNWYD, PA 19004	ENVIRONMENT ATTORNEY	204,614.
R J MCCARVILLE ASSOCIATES LTD 1318 E. HIGH STREET POTTSTOWN, PA 19464	CONSTRUCTION CONTR	177,827.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047 20**12**

Department of the Treasury Internal Revenue Service ► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990.

► See separate instructions.

Open to Public Inspection

Employer identification number

23-1177930

Name of the organization
URSINUS COLLEGE

Part I	Identification of Disregarded Entities (Complete if the	ne organization ansv	wered "Yes" to I	Form 990, Part I	/, line 33.)			
	(a) Name, address, and EIN (if applicable) of disregarded entity	F	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct cor enti	ntrolling
_(1)				0 ,,				
_(2)								
_(3)								
_(4)								
_(5)								
_(6)								
Part II	Identification of Related Tax-Exempt Organizations (one or more related tax-exempt organizations during the	(Complete if the or ne tax year.)	ganization ansv	vered "Yes" to Fo	orm 990, Part IV,	line 34 because	it had	
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (stat or foreign country)		(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5	g) 512(b)(13) rolled ity?
(1)							Yes	No
_(2)								
_(3)								
_(4)								
_(5)								
<u></u>								
_(7)								

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

Schedule R (Form 990) 2012 Page 2

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)										
1	(a) Name, address, and EIN of	(b) Primary activity	(c) Legal	(d) Direct controlling	(e) Predominant income (related.	(f) Share of total	(g) Share of end-of-	(h) Disproportionate		(j) General or	
	unlated aumonimation	l .	مانمنمام	a.a.t.t	income (related.	:					

(a) Name, address, and El related organization	(b) Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h Disprop alloca	ortionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	i) eral or aging ner?	(k) Percentage ownership
		,,		,			Yes	No		Yes	No	
<u>(1)</u>												
(2)												
(3)												
<u>(4)</u>												
(5)												
<u>(6)</u>												
<u>(7)</u>												

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

(a) Name, address, and EIN of related organiza	ation	(b) Primary activity	(c) Legal domicile (state or foreign country)		(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(l cont	i) ction b)(13) rolled city?
									Yes	No
(1) A & J B CHARITABLE REMAINDER UNITRUST	25-6741464									
PO BOX 1000 COLLEGEVILLE, PA 19426-1000		CRUT	PA	URSINUS	TRUST		52,797.	100.0000		Х
(2) R & J B IRREVOCABLE UNITRUST	35-1866676									
PO BOX 1000 COLLEGEVILLE, PA 19426-1000		CRUT	PA	URSINUS	TRUST		42,715.	100.0000		Х
(3) LBB UNITRUST	23-7908029									
PO BOX 1000 COLLEGEVILLE, PA 19426-1000		CRUT	PA	URSINUS	TRUST		524,524.	100.0000		Х
(4) FKB I IRREVOCABLE UNITRUST	23-7792047									
PO BOX 1000 COLLEGEVILLE, PA 19426-1000		CRUT	PA	URSINUS	TRUST		277,518.	100.0000		X
(5) FKB 2 IRREVOCABLE UNITRUST	23-7876947									
PO BOX 1000 COLLEGEVILLE, PA 19426-1000		CRUT	PA	URSINUS	TRUST		122,418.	100.0000		X
(6) MB IRREVOCABLE UNITRUST	23-7977969									
PO BOX 1000 COLLEGEVILLE, PA 19426-1000		CRUT	PA	URSINUS	TRUST			100.0000		Х
(7) NBC CHARITABLE REMAINDER UNITRUST 2003	06-1707189									
PO BOX 1000 COLLEGEVILLE, PA 19426-1000		CRUT	PA	URSINUS	TRUST		91,015.	100.0000		Х

Schedule R (Form 990) 2012

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	Dispropo allocat		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	i) eral or aging ner?	(k) Percentage ownership
		,,,		,			Yes	No		Yes	No	
<u>(1)</u>												
(2)												
(3)												
<u>(4)</u>												
<u>(5)</u>												
<u>(6)</u>												
(7)												

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

(a) Name, address, and EIN of related organizat	ion	(b) Primary activity	(c) Legal domicile (state or foreign country)		(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percen- tage ownership	Sec 512(b contr ent	o)(13) rolled
									Yes	No
(1) TG & NBD UNITRUST #1	04-6609384									
PO BOX 1000 COLLEGEVILLE, PA 19426-1000		NIMCRUT	PA	URSINUS	TRUST		492,486.	100.0000		Х
(2) B & K H CRUT	23-7985311									
PO BOX 1000 COLLEGEVILLE, PA 19426-1000		CRUT	PA	URSINUS	TRUST		90,394.	100.0000		x
(3) TG & NBD IRREVOCABLE UNITRUST #2	35-1877131									
PO BOX 1000 COLLEGEVILLE, PA 19426-1000		NIMCRUT	PA	URSINUS	TRUST		314,744.	100.0000		Х
(4) JRH III CRUT	20-6592857									
PO BOX 1000 COLLEGEVILLE, PA 19426-1000		CRUT	PA	URSINUS	TRUST		179,066.	100.0000		x
(5) DEP IRREVOCABLE UNITRUST	351843690									
PO BOX 1000 COLLEGEVILLE, PA 19426-1000		NIMCRUT	PA	URSINUS	TRUST		328,424.	100.0000		Х
(6) DE & J P CRAT 2003	20-6150264									
PO BOX 1000 COLLEGEVILLE, PA 19426-1000		CRAT	PA	URSINUS	TRUST		9,228.	100.0000		Х
(7) DE & J P CRAT 2004	20-2431466									
PO BOX 1000 COLLEGEVILLE, PA 19426-1000		CRAT	PA	URSINUS	TRUST		9,343.	100.0000		Х

Schedule R (Form 990) 2012 Page 2

Part III	Identification of Relate because it had one or r						nswered "Yes"	to Form	990, Part IV, li	ne 34
1	(a) Name, address, and EIN of	(b) Primary activity	(c) Legal	(d) Direct controlling	(e) Predominant income (related,	(f) Share of total		(h) Disproportionate	(i) Code V-UBI	(j) General or
	related organization		domicile	entity	moonic (iciatou,	income	vear assets	allocations?	amount in box 20 l	managing

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	h) portionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	j) eral or aging ner?	(k) Percentage ownership
		oouy)		,			Yes	No		Yes	No	
<u>(1)</u>												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organiza	tion	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percen- tage ownership	Sec 512(t)(13)
									Yes	No
(1) D & J P CRAT 2005	20-3933584									
PO BOX 1000 COLLEGEVILLE, PA 19426-1000		CRAT	PA	URSINUS	TRUST		9,489.	100.0000		X
(2) D & J P CRAT 2006	20-5953832									
PO BOX 1000 COLLEGEVILLE, PA 19426-1000		CRAT	PA	URSINUS	TRUST		8,716.	100.0000		Х
(3) D & J P CRAT 2007	26-6092894									
PO BOX 1000 COLLEGEVILLE, PA 19426-1000		CRAT	PA	URSINUS	TRUST		9,310.	100.0000		Х
(4) D & J P CRAT 2008	26-6419431									
PO BOX 1000 COLLEGEVILLE, PA 19426-1000		CRAT	PA	URSINUS	TRUST		9,446.	100.0000		X
(5) D & J P CRAT 2009	27-6425823									
PO BOX 1000 COLLEGEVILLE, PA 19426-1000		CRAT	PA	URSINUS	TRUST		11,064.	100.0000		X
(6) D & J P CRAT 2010	27-6941685									
PO BOX 1000 COLLEGEVILLE, PA 19426-1000		CRAT	PA	URSINUS	TRUST		9,839.	100.0000		X
(7) R & S R CRUT	25-6681759									
PO BOX 1000 COLLEGEVILLE, PA 19426-1000		CRUT	PA	URSINUS	TRUST		76,891.	100.0000		X_

Schedule R (Form 990) 2012

Part III	Identification of Relate because it had one or r						nswered "Yes"	to Form	990, Part IV, li	ne 34
N	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)
	ame, address, and EIN of	Primary activity	Legal	Direct controlling	Predominant	Share of total	Share of end-of-	Disproportionate	Code V-UBI	General or

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop alloca	ortionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana	i) eral or aging ner?	(k) Percentage ownership
		country)					Yes	No		Yes	No	
<u>(1)</u>												
(2)												
<u>(3)</u>												
<u>(4)</u>												
<u>(5)</u>												
<u>(6)</u>												
<u>(7)</u>												
11 40 41 45 45	1.0		•	-	. '6 41			, "	. F 000			

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

(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percen- tage ownership	Sec 512(b contr ent	rolled
									Yes	No
(1) RT & KKS IRREVOCABLE TRUST	35-1924645									
PO BOX 1000 COLLEGEVILLE, PA 19426-1000		CRUT	PA	URSINUS	TRUST		64,960.	100.0000		Х
(2) EC & NBS UNITRUST	35-6513280									
PO BOX 1000 COLLEGEVILLE, PA 19426-1000		CRUT	IN	URSINUS	TRUST		274.	100.0000		Х
(3) A & J S UNITRUST	25-6669326									
PO BOX 1000 COLLEGEVILLE, PA 19426-1000		CRUT	PA	URSINUS	TRUST			100.0000		Х
(4) JS FAM CRUT	20-7128566									
PO BOX 1000 COLLEGEVILLE, PA 19426-1000		NICRUT	PA	URSINUS	TRUST		46,456.	100.0000		Х
(5) AGS CRUT 2004	20-2431457									
PO BOX 1000 COLLEGEVILLE, PA 19426-1000		CRUT	PA	URSINUS	TRUST		63,490.	100.0000		Х
(6) MHT CRUT 2004	20-1937936									
PO BOX 1000 COLLEGEVILLE, PA 19426-1000		CRUT	PA	URSINUS	TRUST		41,871.	100.0000		Х
(7) ASW CRUT 2004	56-6640458									
PO BOX 1000 COLLEGEVILLE, PA 19426-1000		CRUT	CA	URSINUS	TRUST			100.0000		Х

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Part II	Identification of Relate because it had one or r	ed Organizations nore related orga	Taxable inizations	as a Partnersh treated as a pa	ip (Complete if the artnership during the	organization a tax year.)	nswered "Yes"	to F	orm	990, Part IV, I	ine 3	34	
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	Dispro	h) portionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gen	eral or aging tner?	(k) Percentage ownership
			Country)		300110113 312 314)			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13 controlled entity?
								Yes No
(1) ASW CRUT 2009 27-6070341								
PO BOX 1000 COLLEGEVILLE, PA 19426-1000	CRUT	CA	URSINUS	TRUST			100.0000	х
(2) URSINUS COLLEGE POOLED INCOME FUND 23-6732370								
PO BOX 1000 COLLEGEVILLE, PA 19426-1000	PIF	PA	URSINUS	TRUST		402,089.	100.0000	х
<u>(3)</u>	-							
(4)								
<u>(5)</u>								
<u>(6)</u>								
(7)								

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Scried	ule K (1 0111 990) 2012				raye .
Pa	Transactions With Related Organizations (Complete if the organization answered "Y	es" to Form 990, Pa	rt IV, line 34, 35b, or 36.)		
Not	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more	related organizations lis	sted in Parts II-IV?		
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity			 1a	Х
b	Gift, grant, or capital contribution to related organization(s)			 1b	Х
С	Gift, grant, or capital contribution from related organization(s)			 1c	Х
d	Loans or loan guarantees to or for related organization(s)			 1d	Х
е	Loans or loan guarantees by related organization(s)			 1e	Х
f	Dividends from related organization(s)			1f	Х
g	Sale of assets to related organization(s)			 1g	Х
h	Purchase of assets from related organization(s)			 1h	Х
i	Exchange of assets with related organization(s)			 1i	Х
j	Lease of facilities, equipment, or other assets to related organization(s)			 1j	Х
•					
k	Lease of facilities, equipment, or other assets from related organization(s)			1k	Х
- 1	Performance of services or membership or fundraising solicitations for related organization(s)			 11	Х
m	Performance of services or membership or fundraising solicitations by related organization(s)			 1m	Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			 1n	Х
o	Sharing of paid employees with related organization(s)			 10	Х
	0 1 1 7 0 (//////////////////////////////////				
р	Reimbursement paid to related organization(s) for expenses			1p	Х
a q	Reimbursement paid by related organization(s) for expenses			1q	Х
•					
r	Other transfer of cash or property to related organization(s)			1r	Х
s	Other transfer of cash or property from related organization(s)			 1s	Х
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete			sholds.	
	(a)	(b)	(c)	 (d)	
	Name of other organization	Transaction type (a-s)	Amount involved	of determin	
		3,4 2 (2. 3)			
<u>(1)</u>					
(2)					
(3)					
(4)					

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(6)

(5)

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			section 512-514)	Yes	No			Yes	No	,	Yes	No	
(1)													
<u>(2)</u>													
<u>(3)</u>													
<u>(4)</u>													
<u>(5)</u>													
<u>(6)</u>													
<u>(7)</u>													
<u>(8)</u>													
<u>(9)</u>													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
<u>(16)</u>													

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Part VII

Supplemental Information

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