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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2008

Open to Public Inspection

A Fo	r the	2008 ca	elendar yea	r, or tax year beginning 07	01-2008 and ending 06-30-20	09	D 5	J
		pplicable	Please	C Name of organization CHAMPLAIN COLLEGE INCORE	ORATED		D Employer i	dentification number
Add	lress ch	nange	use IRS label or	Doing Business As			03-02202 E Telephone	
Nar	ne cha	inge	print or type. See	Doing Business As				
Init	ıal retu	ırn	Specific		ox if mail is not delivered to street addi	ress) Room/sur	(802) 860	-2740 pts \$ 86,901,533
☐ Ter	mınatıd	on	Instruc- tions.	163 SOUTH WILLARD STREET			G Gross recei	pts \$ 86,901,533
┌ Am	ended	return		City or town, state or country	, and ZIP + 4		1	
┌ App	lication	n pending		BURLINGTON, VT 05401				
			F Nan	ne and address of Principal	Officer	H(2) To b		
			DANIE	LEMAHONEY			his a group retu iates?	TYes ▼ No
				OUTH WILLARD STREET NGTON,VT 05401				
——— т Та:	x-exen	npt status) (3) ◄ (insert no)	a)(1) or	1 ` '	all affiliates inclu	,
1 W	ah ait	10/10	/W CHAMP				oup Exemption N	st See instructions) umber >
, w	eb sit	e. F ***	W CHAMP	LAIN EDO		11(0)		
К Тур	e of or	ganızatıon	Corporat	ion trust association of	her 🕨	L Year of	Formation 1878	M State of legal domicile VT
Da	rt I	Sum	marv					
Гa	1			e organization's mission or	most significant activities			
پ				-	CALAUREATE INSTITUTION	DEDICATED	TO EDUCATIN	IG ITS STUDENTS TO
Ě		BECOM	1E SKILLED	PRACTITIONERS, EFFE	CTIVE PROFESSIONALS AND	GLOBAL CI	ΓIZENS	
Ě			_					
Governance	2		,		nued its operations or disposed			
	3		_		ody (Part VI, line 1a)			29
Activities &	4			_	e governing body (Part VI, line 1	.b)		28
Ě	5			nployees (Part V, line 2a)			5	<u>1,331</u>
돷	6			lunteers (estimate if neces	Part VIII, line 12, column (C)		7-	
•					Form 990-T, line 34		7a 7b	
	В	Net um	erated busi	ness taxable income nom	om 990-1, me 34	В	rior Year	Current Year
	8	Contri	hutions and	d grants (Part VIII, line 1h		2,592,675	3,781,883	
ē	9					·	58,941,806	69,071,840
Reven	 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, a 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9 					•	1,621,741	-164,854
å					, , ,		616,467	1,078,746
	12				t equal Part VIII, column (A), lı	ne	•	
		12)					63,772,689	73,767,615
	13			ar amounts paid (Part IX, c	, ,,		10,375,321	10,205,962
	14			r for members (Part IX, co		_		0
82	15	Saları 10)	es, other co	ompensation, employee ber	iefits (Part IX, column (A), lines	5-	25,848,890	30,786,313
Expenses	16a	•	sional fund	raising fees (Part IX, colur	nn (A), line 11e)			0
ž	ь	(Total f	undraising exi	penses, Part IX, column (D), line	25 1,306,173			
ш	17			(Part IX, column (A), lines			25,066,851	27,362,823
	18	Total	expenses—	add lines 13–17 (must eq	ual Part IX, line 25, column (A))		61,291,062	68,355,098
	19	Reven	ue less exp	oenses Subtract line 18 fro	m line 12		2,481,627	5,412,517
<u> </u>						Begin	ning of Year	End of Year
Net Assets or Fund Balances	20	Total	assets (Par	t X, line 16)			102,250,037	112,931,482
Ass Be	21	Totall	liabilities (F	Part X, line 26)			26,803,192	33,605,952
8.5 8.5 8.5	22			d balances Subtract line 2	1 from line 20		75,446,845	79,325,530
	t II	_	ature Blo				, ,	, ,
		_			nned this return, including accompanyin	g schedules and	d statements, and to	the best of my knowledge
		and bel	ief, it is true, o	correct, and complete Declaration	n of preparer (other than officer) is bas	ed on all inform	nation of which prep	arer has any knowledge
Plea Sign		****	*** ature of office	Ar.		20: Dai	10-05-05	
Here		[Da	te	
			IEL E MAHONE e or print nam	EY TREASURER be and title				
					Date	Check If	Proporor/s PTT	V (See Gen Inst)
Da!a		Preparer signature			Date	self-	- Fiepalei S PTII	(See Gell Tilst)
Paid Prepa	arer'e			- L KDMO I I S		empolyed 🕨		
Use (ıf self-er	ame (or yours mployed),	P			EIN Þ	
U36 (-111 y	address,	and ZIP + 4	99 High Street			Dhana k	(617) 000 1000
				Boston, MA 021102371				(617) 988-1000
Mayt	he IR	S discus	ss this retu	rn with the preparer shown	above? (See instructions) .			┌Yes ┌No

Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organization's mission			
	CHAMPLAIN COLLEGE IS A PRIVATE, BACCALAUREA PROFESSIONALS AND GLOBAL CITIZENS	TE INSTITUTION DEDICA	TED TO EDUCATING ITS STUDENTS TO BECOME SKILLE	D PRACTITIONERS, EFFECTIVE
2	Did the organization undertake any signif the prior Form 990 or 990-EZ?	ficant program servi	ces during the year which were not listed on	┌ Yes ┌ No
	If "Yes," describe these new services on	Schedule O		
3	Did the organization cease conducting or services?		nanges in how it conducts any program	┌ Yes ┌ No
	If "Yes," describe these changes on Sch	edule O		
4		and 4947(a)(1) trus	rganization's three largest program services ts are required to report the amount of grant: ram service reported	
4a	Studies, Information Technology & Sciences, and	ve undergraduate acade Core FURTHER, The Co	cluding grants of \$ 9,669,118) (Revenue s mic divisions, including Business, Communication & Cre ollege educates its and other institutions' aspiring, moti tudents enrolled in educational programs which lead to	vative media, Education & Human
4b	(Code) (Expenses \$	13,649,894 in	cluding grants of \$ 0) (Revenue :	11,615,956)
	community-oriented atmosphere This setting he you'll find Victorian-era mansions with curved sta	elps create much closer a aircases, carefully restore	22 residence halls, each with distinctive architectural fe nd longer-lasting relationships, something that differen id woodwork and expansive windows looking out over VICE IS OFFERED FOR THE STUDENTS (PRIMARILY FOR	tiates Champlain At Champlain, Lake Champlain and the Adirondack
4c	Innovation & IT, Digital Investigation Manageme in FY 2010 The college also has a prospering Div	DIES- The College has fivent, Mediation & Applied (Vision of Continuing Profession	cluding grants of \$ 536,844) (Revenue s e graduate programs, OFFERING MASTER DEGREES in Conflict Studies & Law A sixth graduate program, Mast essional Studies This program follows in Champlain's tr hancing educational choices in some of today's growing	Business Administration, Managing er Degree in Emergent Media, began adition of partnering with business
4d	Other program services (Describe in S	chadula O \		
4d		chedule O) ncluding grants of \$) (Revenue \$	١
4e	Total program service expenses \$	57,569,946	Must equal Part IX, Line 25, column (B).	,
70	i otai piograili service expelises \$	37,309,940	must equal rait 1A, Line 25, Colullii (D).	

art IV	Ched	cklist	of Re	auired	Sche	dules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 💋	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Νο
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt[4]{3}$	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	Yes	
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Νο
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II \Box	21		Νo
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a	Yes	
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νο
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νο
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Νο
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV			
	10	28a		No
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5 percent 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,	37		No

 b If at least one is reported in 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by the return?	1,331 1,331 2b b b b b b b b b b b b b b b b b b	Yes Yes Yes Yes	No
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return b If at least one is reported in 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by the return? b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authoric	ortable 1c 1,331 2b d by this 3a 3b uthority	Yes	
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	ortable 1c 1,331 2b d by this 3a 3b uthority	Yes	
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 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 b If at least one is reported in 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by the return? b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authoric	ortable 1c 1,331 2b d by this 3a 3b uthority	Yes	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1,331 2b d by this 3a	Yes	
gaming (gambling) winnings to prize winners?	1,331 1,331 2b 1 by this 3a 3b uthority ancial	Yes	
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	1,331 2b d by this 3a 3b uthority ancial	Yes	
b If at least one is reported in 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. Did the organization have unrelated business gross income of \$1,000 or more during the year covered by the return? If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authoric	2b d by this	Yes	
return	2b d by this	Yes	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by the return? 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.	d by this 3a 3b uthority ancial	Yes	
return?	3a 3b 3b authority ancial	+	
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	+	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authori	uthority	1	1
	ancial		
over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		Yes	
b If "Yes," enter the name of the foreign country CA , EI			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and	k and		
Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	. 5a		Νο
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	ction? 5b		No
c If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibi			
Tax Shelter Transaction?	5c 6a		No
Did the organization solicit any contributions that were not tax deductible?			INO
were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a		No
f b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was requi			
file Form 8282?	<mark>7c</mark>	1	No
d If "Yes," indicate the number of Forms 8282 filed during the year			
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a persona			
benefit contract?	7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .			No
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	as 7h		
8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3)	3)		
supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, excess business holdings at any time during the			
year ⁹		1	<u> </u>
9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	. 9a		<u> </u>
b Did the organization make a distribution to a donor, donor advisor, or related person?	. 9ь		<u> </u>
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12 10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11 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 against amounts due or received from them)			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? .	1? 12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

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

Section A.	Governing i	sody and Mai	nagement	

					Yes	No			
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	, desc	ribe the circumstances,						
1a	Enter the number of voting members of the governing body								
Ь	Enter the number of voting members that are independent	1b	28						
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?		2		Νο				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?								
4	Did the organization make any significant changes to its organizational documents stilled? $\ \ .$	he prior Form 990 was	4		Νο				
5	Did the organization become aware during the year of a material diversion of the organization	on's assets?	5		Νο				
6	Does the organization have members or stockholders?		6		Νο				
7a	Does the organization have members, stockholders, or other persons who may elect governing body?		7a		Νο				
Ь	Are any decisions of the governing body subject to approval by members, stockhold	ers, o	rother persons?	7b		Νο			
8	Did the organization contemporaneously document the meetings held or written activities year by the following	ons ur	ndertaken during the						
а	the governing body?			8a	Yes				
Ь	each committee with authority to act on behalf of the governing body?			8b	Yes				
9a	Does the organization have local chapters, branches, or affiliates?			9a		Νο			
b	If "Yes," does the organization have written policies and procedures governing the adaffiliates, and branches to ensure their operations are consistent with those of the organization.	' '	9b						
10		as a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations ust describe in Schedule O the process, if any, the organization uses to review the Form 990							
11	Is there any officer, director or 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								

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
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		Νo
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed $\,$ VT
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website 🔽 another's website 🔽 upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization

DANIEL E MAHONEY 163 SOUTH WILLARD STREET BURLINGTON, VT 05401 (802) 860-2740

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. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

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

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

The check this box in the organization and i	·	Posit	(C) chec	:k al				(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							-			

Part VII Continued

		(C) Position (check all that apply)							(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
			1							
							<u> </u>			
		-					\vdash			
		-		\vdash			\vdash			
1b Total							-	1,950,184		416,595

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►23

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		Νο
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		Νο

Section B. Independent Contractors

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

\$100,000 of compensation from the organization			
(A) Name and business address	(B) Description of services	(C) Compensation	
CHILDS BERTMAN TSECKARES 110 CANAL STREET Boston, MA 02114	ARCHITECT	970,268	
GOOD CLANCY 334 BOYLSTON ST Boston, MA 02116	ARCHITECT PLANNING	849,929	
PAUL FRANK COLLINS PO BOX 1307 BURLINGTON, VT 05402	LEGAL	192,485	
DOWNS RACHLIN MARTIN PLCC 90 PROSPECT ST JOHNSBURY, VT 05819	LEGAL	154,850	
SMITH ALVAREZ SIENKIEWYCZ 117 ST PAUL STREET BURLINGTON, VT 05401	ARCHITECT	136,538	
2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization			

Statement of Revenue

				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated campaigns 1a					
nts nts	ь	Membership dues					
Contributions, gifts, grants and other similar amounts	С	1b Fundraising events					
its its	d	1c Related organizations1d					ł
s,g ∭	e	Government grants (contributions) 1e					ł
ion Sign	f	All other contributions, gifts, grants, and	2,610,422		-		}
₽ E	_	sımılar amounts not included above					
a mari	g	Noncash contributions included in					
ဝမ		lines 1a-1f \$ Total (Add lines 1a-1f)		3,781,883			
	h	Total (Add lines 1a-11)	▶-				
<u> 9</u>	2a	TUITION & FEES	Business Code	F7 4FF 994	F7 4FF 004		ŀ
wen	b	DORMITORY FEES	611,710 721,310		57,455,884 7,887,132		
æ	c	DINING HALL	721,310		3,618,381		
ИСе	d	BOOKSTORE RECEIPTS	451,211	110,443	110,443		
Ser.	e	DOCKSTONE NEGET TO	731,211	110,443	110,443		
Program Serwce Revenue	f	All other program service revenue					
ıßo,							
<u>~</u>	g	Total. Add lines 2a-2f					
	3	Investment income (including divi	dends, interest				
		other similar amounts)		964,331			964,331
	4	Income from investment of tax-exempt b	ond proceeds	0			
	5	Royalties		0			
		(ı) Real	(II) Personal				
	6a	Gross Rents					ŀ
	Ь	Less rental expenses					ŀ
	С	Rental income or (loss)					ŀ
	d	Net rental income or (loss)					
		(ı) Securities	(II) O ther				
	7a	Gross amount 12,004,733 from sales of					ł
		assets other than inventory					ŀ
	ь	Less cost or 13,133,918 other basis and					
		sales expenses Gain or (loss) -1,129,185					
	c d	Net gain or (loss)		-1,129,185			-1,129,185
		<u> </u>	. ▶	, ,			, ,
	8a	Gross income from fundraising events (not including					ł
ψ		\$					ł
i i		of contributions reported on line 1c) See Part IV, line 18					ł
eve.		Attach Schedule G ıf total exceeds					ł
r E	ь	\$15,000					
Other Revenue	c	Net income or (loss) from fundrais	Ing events	0			
0	9a	Gross income from gaming	· •				
		activities See part IV, line 19					
		Complete Schedule G If total exceeds \$15,000					
		а					ł
	Ь	Less direct expensesb		0			
	С	Net income or (loss) from gaming	activities -				
	10a	Gross sales of inventory, less returns and allowances					
		a a					
	ь	Less cost of goods sold b					
	С	Net income or (loss) from sales of		0			
	44-	Miscellaneous Revenue	Business Code	E06 000		474,918	121 001
	11a	CONFERENCE/EVENT CENTER	722,210 480,000	596,909 159,740		4/4,918	121,991 159,740
	Ь	PARKING FEES	900,099				322,097
	C	OTHER INCOME	200,033	322,037			322,037
	d	All other revenue Total. Add lines 11a-11d					
	e	rotal. Aud lines 118-110	\$ 1,078,746				
	12	Total Revenue. Add lines 1h, 2g, 3	3, 4, 5, 6d, 7d,	73,767,615	69,071,840	474,918	438,974
		9c, 10c, and 11e	. ▶				
							Form 990 (2008)

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) organizations must complete column (A) but are not re) <u> </u>
Do 1	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0	·		· ·
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	9,669,377	9,669,377		
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	536,585	536,585		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	1,634,408	437,992	900,906	295,510
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	22,204,168	19,029,028		515,940
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,192,889	1,879,312	262,623	50,954
9	Other employee benefits	3,069,363	2,630,452	367,591	71,320
10	Payroll taxes	1,685,485	1,403,387	226,280	55,818
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	438,342	225,755	212,587	
С	Accounting	102,000		102,000	
d	Lobbying	0			
е	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	41,505		41,505	
g	Other	117,904	98,104		19,800
12	Advertising and promotion	712,528	283,139	429,389	
13	Office expenses	1,893,257	1,211,152	635,272	46,833
14	Information technology	894,545	63,322	831,223	
15	Royalties	0			
16	Occupancy	7,087,547	7,085,098	2,449	
17	Travel	732,140	577,377	120,056	34,707
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	0			
20	Interest	876,537	684,984	191,553	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	2,834,500	2,215,064	619,436	
23	Insurance	715,567	348,703	366,864	
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	CONTRACTUAL SERVICES	2,662,474	1,778,878	833,070	50,526
ь	MEAL EXPENSES	1,999,185	1,999,185		<u> </u>
c	RENOVATION & OTH PROJECTS	1,808,338	1,807,461	877	
d	ACADEMIC SUPPORT	1,069,989	963,274	106,715	
e	LIBRARY RESEARCH RESOURCES	327,922	327,922		
f	All other expenses	3,048,543	2,314,395	569,383	164,765
25	Total functional expenses. Add lines 1 through 24f	68,355,098	57,569,946	9,478,979	1,306,173
26	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X	Balance	Sheet

					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			Beginning of year	1	End of year
	2	Savings and temporary cash investments		13,959,940	2	21,475,560	
	3	Pledges and grants receivable, net	1,193,167		1,510,141		
	4	Accounts receivable, net	•		523,776	4	603,985
	5	Receivables from current and former officers, directors, trustees	· ·	· · · · ·	323,770		003,303
		other related parties Complete Part II of Schedule L		•		5	
	6	Receivables from other disqualified persons (as defined under s persons described in section 4958(c)(3)(B) Complete Part II of				6	
	7	Notes and loans receivable, net			2,377,466	7	2,669,671
	8	Inventories for sale or use				8	
\$	9	Prepaid expenses and deferred charges			1,895,798	9	556,418
Assets	10a	Land, buildings, and equipment cost basis	10a	88,402,832			
-	b	Less accumulated depreciation Complete Part VI of	100	33,132,332	-		
		Schedule D	10ь	20,140,994	60,096,577	10c	68,261,838
	11	Investments—publicly traded securities			22,203,313	11	17,853,869
	12	Investments—other securities See Part IV, line 11 Complete Poschedule D	art VII	of		12	
	13	Investments—program-related See Part IV, line 11 Complete F of Schedule D .	!I		13		
	14	Intangible assets			14		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule					
		D		15			
	16	Total assets. Add lines 1 through 15 (must equal line 34)			102,250,037	16	112,931,482
	17	Accounts payable and accrued expenses .		2,979,781	17	3,585,554	
	18	Grants payable				18	
	19	Deferred revenue			3,653,611	19	3,700,409
10	20	Tax-exempt bond liabilities			16,209,957	20	23,073,819
ğ	21	Escrow account liability Complete Part IV of Schedule D				21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
ä		persons Complete Part II of Schedule L		22			
	23	Secured mortgages and notes payable to unrelated third parties	1,650,644	23	1,068,081		
	24	Unsecured notes and loans payable			24		
	25	Other liabilities Complete Part X of Schedule D	2,309,199	25	2,178,089		
	26	Total liabilities. Add lines 17 through 25			26,803,192	26	33,605,952
o S		Organizations that follow SFAS 117, check here ► $\overline{\lor}$ and comp	olet e l	nes 27			
Balance	27	through 29, and lines 33 and 34. Unrestricted net assets			67,505,208	27	68,795,884
<u>ಣ</u>	27 28	Temporarily restricted net assets			2,423,120		4,798,341
<u></u>	29	Permanently restricted net assets		5,518,517		5,731,305	
Fund	29	·	mlot o	3,310,317	29	3,731,303	
or Fi		Organizations that do not follow SFAS 117, check here ► are lines 30 through 34.	piete				
	30	Capital stock or trust principal, or current funds			30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31			
	32	Retained earnings, endowment, accumulated income, or other fu		32			
Net	33	Total net assets or fund balances			75,446,845	33	79,325,530
	34	Total liabilities and net assets/fund balances			102,250,037	34	112,931,482
Pa	rt XI	Financial Statements and Reporting					

Dowl VI	Financial	Ctatamanta	and Reporting
7.11.5	l Financiai	Statements	and Reporting

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

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)
nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

2008

Open to Public
Inspection

CHAM	PLAIN C	COLLEGE INCOR	PORATED					0.3	022026	c		
Da	rt I	TI Reason for Public Charity Status (to be completed by all organizations)							(See Instructions)			
				ation because it is (Please					moduce	.10113)		
1		A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i).										
2	, -	A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E)										
3	į.	A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H)										
4	į.	•	•	zation operated in conjunction			•		• •		•	
	•		name, city, and	•		, , , , , , , , , , , , , , , , , , ,				(, (,-		
5	Г			or the benefit of a college or	universit	v owned o	r operated	by a gove	ernmental	unit desc	rıbed ın	
	·	_	•	(Complete Part II)		,	•	, ,				
6	Г			overnment or governmental	unıt descr	ıbed ın Se	ction 170	(b)(1)(A)	(v).			
7	Ė	-	-	ally receives a substantial p						n the aene	eral public	
	·	_		o)(1)(A)(vi) (Complete Pari						•		
8	Г		-	ped in Section 170(b)(1)(A)	•	plete Par	tII)					
9			•	ally receives (1) more than		•	•	ontribution	ns, membe	ership fees	s, and gross	
		receipts fro	m activities re	ated to its exempt functions	-subject	to certair	n exceptio	ns, and (2) no more	than 331/	/3% of	
		ıts support	from gross inve	estment income and unrelate	ed busines	s taxable	ıncome (l	ess sectio	on 511 ta:	x) from bu	sinesses	
		acquired by	the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III)			
10	Γ	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ct ion 509((a)(4). (S	ee instruc	tions)	
11	Γ	An organiz	atıon organızed	and operated exclusively fo	r the bene	fit of, to p	erform the	functions	of, or to d	carry out t	he purposes of	
				orted organizations describe						Section 5	09(a)(3). Check	
			t describes the ype I b	type of supporting organization Type II c			ines 11e t nally Integ		n d	□ Type	III - Other	
e	\vdash	•		rtify that the organization is			-			' ''		
_	,	•		agers and other than one or			•				•	
		section 50	9(a)(2)									
f				d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportir	ng organization,	
g		check this		as the organization accepted	d any dift	or contrib	ution from	any of the	1		ı	
9		following pe		as the organization acceptor	a a.i., g.i.	0. 00	4	u., o	•			
		(i) a perso	n who directly o	r indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes No	
		and (III) be	ow, the governi	ng body of the the supported	d organiza	tion?				11g	(i)	
		(ii) a family	/ member of a p	erson described in (i) above	?					11g((ii)	
		(iii) a 35%	controlled enti	ty of a person described in (ı) or (11) al	bove?				11g((iii)	
h		Provide the	following inform	nation about the organizatio	ns the org	janization	supports					
									1			
		ame of	(ii) EIN	(iii) Type of organization		s the	1	ou notify		s the	(vii) A mount of	
		oorted nization		(described on lines 1-9 above or IRC section	col (i)	ation in Iisted in	the orga) of your		zation in organized	support?	
	3			(See Instructions))		verning	supp			US?		
					docur	ment?		,				
					Yes	No	Yes	No	Yes	No		
				ı	ı	1	1	1	1	1	1	

Total

Part II	Support Schedule for Organizations Described in IRC 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.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(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 The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
_	sources							
9	Net income from unrelated business							
	activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss							
10	from the sale of capital assets (Explain in							
	Part IV)							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 100, 1/a or	1/D, Check this	oox an	u see	▶ □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	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 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

▶□

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

Schedule A (Form 990 or 990-EZ) 2008

Software ID: Software Version:

EIN: 03-0220266

Name: CHAMPLAIN COLLEGE INCORPORATED

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa	3									
		Posit t	(C tion (hat a	chec		I			(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
David Finney , PRESIDENT	40 0	Х		Х				448,018	0	62,504
Robert Allen , TRUSTEE	1 0	Х						0	0	0
George Bond , TRUSTEE	10	Х						0	0	0
Robert Botjer , TRUSTEE	10	Х						0	0	0
Dawn Bugbee , TRUSTEE	10	Х						0	0	0
Scott Carpenter , TRUSTEE	10	Х						0	0	0
April Cornell , TRUSTEE	1 0	Х						0	0	0
James Crook , TRUSTEE	10	Х						0	0	0
Tom Cullins , TRUSTEE	1 0	Х						0	0	0
Laura Dagan , TRUSTEE	1 0	Х						0	0	0
J Staige Davis , TRUSTEE	10	Х						0	0	0
Heather Dwight , TRUSTEE	10	Х						0	0	0
James Foster , TRUSTEE	10	Х						0	0	0
Joan Gignoux , TRUSTEE	10	Х						0	0	0
Susan Lamaster , TRUSTEE	10	Х						0	0	0
Diana McCargo , TRUSTEE	10	Х						0	0	0
Mary McLaughlin , TRUSTEE	10	Х						0	0	0
Mıchael Metz , TRUSTEE	1 0	Х						0	0	0
Robert Moore , TRUSTEE	10	Х						0	0	0
John O'Keefe , TRUSTEE	10	Х						0	0	0
Trey Pecor , TRUSTEE	10	Х						0	0	0
Mary Powell , TRUSTEE	10	Х						0	0	0
David Scheuer , TRUSTEE	10	Х						0	0	0
Peter Stern , TRUSTEE	10	Х						0	0	0
Mıchael Sullıvan , TRUSTEE	1 0	Х						0	0	0
Dawn Terrill , TRUSTEE	1 0	Х						0	0	0
Leandro Vazquez , TRUSTEE	10	Х						0	0	0
Lisa Ventriss , TRUSTEE	10	Х						0	0	0
Arthur Wegner , TRUSTEE	10	Х						0	0	0
David Provost , VICE PRESIDENT	400			Х				204,545	0	37,257

Form 990, Part VII - Section Aaa

(A)	(B) Average	t I I	tion (hat a	chec pply)	Highest co		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other compensation
Name and Title	hours per week	Individual Trustee or Director	Institutional Trustee	I _	employee	t compensated ee	Former	from the organization (W- 2/1099MISC)	from related organizations (W- 2/1099- MISC)	from the organization and related organizations
Daniel Mahoney , TREASURER	40 0			Х				148,144	0	46,381
Stephanie Mapes , SECRETARY	1 0			Х				0	0	0
Robin Abramson , PROVOST	40 0				Х			156,040	0	37,061
Mary Kay Kennedy , VICE PRESIDENT	40 0				Х			165,572	0	50,592
Michelle Richardson , VICE PRESIDENT	40 0				х			169,297	0	49,080
JeffREY Rutenbeck , DEAN	40 0					Х		132,675	0	30,289
Lynne Ballard , DEAN	40 0					Х		150,377	0	34,042
DONALD HAGGERTY , ASSOCIATE PROVOST	40 0					х		127,239	0	16,617
ELIZABETH BEAULIEU , DEAN	40 0					Х		124,787	0	18,600
MARY SUSAN ROWLEY , DEAN	40 0					Х		123,490	0	34,172

OMB No 1545-0047

2008

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

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

Supplemental Financial Statements

Employer identification number Name of the organization CHAMPLAIN COLLEGE INCORPORATED 03-0220266 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 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 □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a Total number of conservation easements h 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1

For Paperwork Reduction Act Notice, see the Intructions for Form 990

٠\$

(ii) Assets included in Form 990, Part X

- \$

► \$

- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
- Revenues included in Form 990, Part VIII, line 1

▶ \$

b Assets included in Form 990, Part X

Part	Organizations Maintaining Collections of Art, Hist	tori	cal Treas	ures, or Othe	r Similar Ass	ets (co	ontinued)
3	Using the organization's accession and other records, check any of the items (check all that apply)	e foll	_	-		n	
а	Public exhibition d	Γ	Loan or ex	change programs			
b	Scholarly research e	Γ	Other				
c	Preservation for future generations						
4	Provide a description of the organization's collections and explain how Part XIV	they	y further the	organization's ex	cempt purpose in		
5	During the year, did the organization solicit or receive donations of art assets to be sold to raise funds rather than to be maintained as part o					Yes	┌ No
Par	t IV Trust, Escrow and Custodial Arrangements. Comp			anızatıon answ	ered "Yes" to F	orm 9	90,
	Part IV, line 9, or reported an amount on Form 990, Pa						
1a	Is the organization an agent, trustee, custodian or other intermediary included on Form 990, Part X?	for c	ontributions	or other assets		Yes	☐ No
Ь	If "Yes," explain why in Part XIV and complete the following table				A mo	unt	
c	Beginning balance			1c			
d	Additions during the year			1d			
e	Distributions during the year			1e			
f	Ending balance			1f			
2a	Did the organization include an amount on Form 990, Part X, line 21?				Г	Yes	
 b	If "Yes," explain the arrangement in Part XIV				,		,
	rt V Endowment Funds. Complete if the organization answ	were	ed "Yes" to	Form 990, Par	t IV, line 10.		
		Prior				e) Four Y	ears Back
1a	Beginning of year balance 8,923,988						
b	Contributions						
c	Investment earnings or losses1,533,886						
d	Grants or scholarships						
е	Other expenditures for facilities and programs						
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of the year end balance held as						
а	Board designated or quasi-endowment 🕨 4 83 %						
Ь	Permanent endowment 🕨 95 17 %						
c	Term endowment 🕨						
3a	Are there endowment funds not in the possession of the organization t	hat a	are held and	admınıstered for	the		
	organization by (i) unrelated organizations				20/11	Yes	No No
	(ii) related organizations	•			3a(i) 3a(ii)		No
ь	If "Yes" to 3a(II), are the related organizations listed as required on So				3b	1	<u> </u>
4	Describe in Part XIV the intended uses of the organization's endowme					-	<u> </u>
Par	t VI Investments—Land, Buildings, and Equipment. Se	ee F	orm 990, I	Part X, line 10.			
	Description of investment		Cost or other s (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Bo	ok value
1a	Land			1,332,764	<u>'</u>		1,332,764
ь	Buildings			74,653,188	16,276,199		8,376,989
	Leasehold improvements			851,963	294,904		557,059
d	Equipment			5,441,986	3,310,185		2,131,801
e	Other			6,122,931	259,707		5,863,225
Tota	I. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B),	line	10(c).) .		►	6	8,261,838
					Schedule D (Form 9	90) 2008

uncertain tax positions under FIN 48

(a) Description of security or cateory (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
nancial derivatives and other financial products		
losely-held equity interests		
ther		
otal. (Column (b) should equal Form 990, Part X, col (B) line 12)	•	
art VIII Investments—Program Related. S	See Form 990 Part V June 13	
		(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
Part IX Other Assets. See Form 990, Part X,	line 15.	
	line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, (a) Desc	line 15.	
Other Assets. See Form 990, Part X, (a) Desc. (a) Desc.	line 15.	(b) Book value
Other Assets. See Form 990, Part X, (a) Description Otal. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part	line 15. cription see 15.) t X, line 25.	
otal. (Column (b) should equal Form 990, Part X, col.(B) lin Part X Other Liabilities. See Form 990, Part (a) Description of Liability	line 15.	
Other Assets. See Form 990, Part X, (a) Description of Liability ederal Income Taxes	Ine 15. Excription Dec 15.) Table 15.) Table 15.) Table 15.) (b) A mount	
otal. (Column (b) should equal Form 990, Part X, col.(B) lin Part X Other Liabilities. See Form 990, Part (a) Description of Liability ederal Income Taxes S GOVERNMENT GRANTS	Ine 15. Eription De 15.) t X, line 25. (b) Amount 1,665,669	
otal. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability ederal Income Taxes S GOVERNMENT GRANTS	Ine 15. Excription Dec 15.) Table 15.) Table 15.) Table 15.) (b) A mount	
Other Assets. See Form 990, Part X, (a) Description of Liability ederal Income Taxes S GOVERNMENT GRANTS	Ine 15. Eription De 15.) t X, line 25. (b) Amount 1,665,669	
Other Assets. See Form 990, Part X, (a) Description of Liability ederal Income Taxes See Form 990, Part X, col.(B) Impart X (a) Description of Liability ederal Income Taxes S GOVERNMENT GRANTS	Ine 15. Eription De 15.) t X, line 25. (b) Amount 1,665,669	
Cotal. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability ederal Income Taxes S GOVERNMENT GRANTS	Ine 15. Eription De 15.) t X, line 25. (b) Amount 1,665,669	
Other Assets. See Form 990, Part X, (a) Description of Liability ederal Income Taxes See Form 990, Part X, col.(B) Impart X (a) Description of Liability ederal Income Taxes S GOVERNMENT GRANTS	Ine 15. Eription De 15.) t X, line 25. (b) Amount 1,665,669	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Pare	Ine 15. Eription De 15.) t X, line 25. (b) Amount 1,665,669	
Cotal. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Gederal Income Taxes US GOVERNMENT GRANTS	Ine 15. Eription De 15.) t X, line 25. (b) Amount 1,665,669	
Cotal. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Gederal Income Taxes US GOVERNMENT GRANTS	Ine 15. Eription De 15.) t X, line 25. (b) Amount 1,665,669	

Total revenue (Form 990, Part VIII, column (A), line 12)

73,767,615

1

2	Total expenses (Form 990, Part IX, column (A), line 25)	2	68,355,098
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	5,412,517
4	Net unrealized gains (losses) on investments	4	-1,349,182
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-184,650
9	Total adjustments (net) Add lines 4 - 8	9	-1,533,832
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	3,878,685
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	72,233,783
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d -184,650		
e	Add lines 2a through 2d	2e	-1,533,832
3	Subtract line 2e from line 1	3	73,767,615
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	73,767,615
	Reconciliation of Expenses per Audited Financial Statements With Expenses		
1	Total expenses and losses per audited financial statements	1	68,355,098
2	A mounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities		
a b	Prior year adjustments		
c	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	68,355,098
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:	_	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
ь	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	68,355,098

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

Part XIV Supplemental Information

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

Ident if ier	Return Reference	Explanation
Endowment Funds	Part V, Line 4	The Champlain College Endowment consists of approximately 46 individual funds established for a variety of purposes including both donor-restricted funds and funds designated by the Board of Trustees to function as endowments A majority of the funds provide financial aid for students, academic support for programs and facilities, and student service program support The College has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment while seeking to maintain the purchasing power of the endowment assets Based on the policies adopted the Board of Trustees may approve and distribute up to 5% of the value of the funds annually. The value of the funds is determined at the College's preceding fiscal year.
OTHER RECONCILIATION OF CHANGE IN NET ASSETS	PART XI, LINE 8	CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS - \$184,650
OTHER AMOUNTS INCLUDED IN FINANCIAL STATEMENTS BUT NOT ON FORM 990	PART XII, LINE 2D	CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS \$184,650

Employer identification number

OMB No 1545-0047

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Schools

Name of the organization CHAMPLAIN COLLEGE INCORPORATED

03-0220266 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 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain 3 Yes Champlain endeavors to be a diverse and welcoming community and invites applications from members of any group that has historically been underrepresented. The College assures equal education and employment opportunity and prohibits discrimination on the basis of race, color, national origin, gender, religion, sexual orientation, age, or dıs abı<u>lıty</u> Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes **b** Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes d Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement) Does the organization discriminate by race in any way with respect to a Students' rights or privileges? Νo 5a **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? 5c Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo q Athletic programs? 5g Νo h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement) 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Yes b Has the organization's right to such aid ever been revoked or suspended? 6b Νo If you answered "Yes" to either 6a or b, please explain using an attached statement 🦸

7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation

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As Filed Data -

DLN: 93493126004070

2008

OMB No 1545-0047

(Form 990)

Department of the Treasury

Internal Revenue Service

SCHEDULE F

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

Statement of Activities Outside the United States

Open to Public **Inspection**

Name of the o	rganızatıon	1		
CHAMPLAIN	COLLEGE	INCO	RPOR <i>A</i>	ATEC

Employer identification number

03-0220266

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

- For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award ▼ Yes
- For grant makers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States
- Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed)

3 Activites per Region (U	se Schedule F-1	(Form 990) It add	iltional space is needed)		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in
North America	1	19	Program Services	Study Abroad Site	1,349,716
Europe (Including Iceland and Greenland)	1	14	Program Services	Study Abroad Site	918,526
East Asia and the Pacific	0	0	Program Services	Study Abroad	129,552
Europe (Including Iceland and Greenland)	0	0	Program Services	Study Abroad	172,675
Central America and the Caribbean	0	0	Program Services	Study Abroad	24,130
Sub-Saharan Africa	0	0	Program Services	Study Abroad	13,325
Totals ▶	2	33			2,607,924
For Paperwork Reduction Act No.	tice, see the instri	uctions for Form 9	90. Cat No	50082W S	chedule F (Form 990) 2008

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

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

	((
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
FINANCIAL AID	North America	22	87,783				
FINANCIAL AID	Europe/Iceland/Greenland	33	109,120				
FINANCIAL AID	East Asia/Pacific	9	129,552				
FINANCIAL AID	Sub-Saharan Africa	1	13,325				
FINANCIAL AID	Cent A merica/Caribbean	3	24,130				
FINANCIAL AID	Europe/Iceland/Greenland	13	172,675				

Schedule F (Form 990) 2008

Complete this part to	rmation provide the information require	d in Part I, line 2, and any other additional information.
Identifier	ReturnReference	Explanation
MONITORING THE USE OF GRANT FUNDS OUTSIDE THE US		The College maintains separate accounts for each of our grants that we receive All grants to students are awarded based on need and conform to federal, state and institutional regulations. On an annual basis, all federal financial aid is reviewed for compliance in accordance with OMB Circular A - 133 and government auditing standards by an independent accounting firm. The College has procedures in place for monitoring our grants to ensure proper compliance.
_		
_		

Software ID:

Software Version:

EIN: 03-0220266

Name: CHAMPLAIN COLLEGE INCORPORATED

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

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

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Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

OMB No 1545-0047

2008

DLN: 93493126004070

Department of the Treasury Internal Revenue Service Name of the organization

CHAMPLAIN COLLEGE INCORPORATED

Schedule I

(Form 990)

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

Open to Public Inspect ion

Employer identification number

CHAMILAIN COLLEGE INCO	RIORATED					03-0220266	
Part I General Infor	mation on Gra	nts and Assistance	e			'	
Does the organization mathe selection criteria useDescribe in Part IV the organization	d to award the gra	nts or assistance?					▼ Yes □
Form 990, Part Part IV and Sch	IV, line 21 for a edule I-1 if add	ny recipient that reco itional space is	eived more than \$5,0	000. Check this box	tes. Complete if the confirmation one recipient rec	eived more than \$5,	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance
2 Enter total number of seconganizations					•		
3 Enter total number of oth For Paperwork Reduction Act Not			<u> </u>	Cat No 50055			hedule I (Form 990) 2008

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. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
SCHOLARSHIPS AND FINANCIAL AID	1856	9,361,440			
SEOG FINANCIAL AID	571	307,937			

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

See Additional Data Table

Ident if ier	Return Reference	Explanation
MONITORING THE USE OF GRANT FUNDS IN THE U S	PART I, LINE 2	The College maintains separate accounts for each of our grants that we receive On an annual basis, we receive an audit, in accordance with OMB Circular A-133 and government auditing standards. The College has procedures in place for monitoring our grants to ensure proper compliance.
MANNER OF CASH DISBURSEMENT	PART III, COLUMN (E)	The College directly credits each students' account who receives any federal financial aid or outside scholarships

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493126004070

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

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

OMB No 1545-0047 2008

> Open to Public Inspection

Name of the organization CHAMPLAIN COLLEGE INCORPORATED **Employer identification number**

03-0220266

Pa	rt I Questions Regarding Compensatio	n				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part II					
	First class or charter travel	굣	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	굣	Health or social club dues or initiation fees			
	Discretionary spending account	ᅜ	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a w provision of all the expenses described above? If "I			1b	Yes	
2	Did the organization require substantiation prior to					
	officers, directors, trustees, and the CEO/Executive	e Direct	or, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the organizationganization's CEO/Executive Director Check all t		·			
	✓ Compensation committee	굣	Written employment contract			
	Independent compensation consultant	굣	Compensation survey or study			
	Form 990 of other organizations	⊽	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990,	Part V I	I, Section A, line 1a			
а	Receive a severance payment or change of control	paymen	t?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ntal nor	nqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-b	ased co	ompensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pi	rovide th	he applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	mplete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes,"		,	7		No
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III			8		N o

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

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

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	nsation incentive compensation compensation		compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
David Finney	(ı) (ıı)	301,820 0	85,000 0	61,198 0	26,442 0	36,062 0	510,522 0	224,009 0	
David Provost	(ı) (ıı)	179,584 0	14,000 0	10,961 0	20,961 0	16,296 0	241,802 0	120,901 0	
Daniel Mahoney	(ı) (ıı)	136,302 0	2,000	9,842 0	38,177 0	8,204 0	194,525 0	97,263 0	
Robin Abramson	(ı) (ıı)	137,540 0	2,000	16,500 0	20,865 0	16,196 0	193,101	96,551 0	
Mary Kay Kennedy	(ı) (ıı)	141,522 0	10,000 0	14,050 0	38,570 0	12,022 0	216,164 0	108,082	
Michelle Richardson	(ı) (ıı)	144,643 0	9,000	15,654 0	36,440 0	12,640 0	218,377 0	109,189	
JeffREY Rutenbeck	(ı) (ıı)	125,284 0	0	7,391 0	13,793 0	16,496 0	162,964 0	81,482 0	
Lynne Ballard	(ı) (ıı)	129,134 0	0	21,243 0	23,048 0	10,994	184,419 0	92,210	
MARY SUSAN ROWLEY	(ı) (ıı)	113,920 0	2,000	7,570 0	22,400 0	11,772 0	157,662 0	78,831 0	
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii) (i)								
	(ii)								

Part III Supplemental Information

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

Ident if ier	Return Reference	Explanation
Part I, Line 1		According to the College's written contract with the President, the Presidents companion shall only be reimbursed when expenses are incurred while conducting the business of the College. As a condition of employment the College requires that the President live in the presidential residence located on the college campus According to the College's written contract with the President, the College may reimburse the President for health/social club dues, which is included in the individuals W-2

Software ID: Software Version:

EIN: 03-0220266

Name: CHAMPLAIN COLLEGE INCORPORATED

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

		= = = = = = = = = = = = = = = = = = = =	1010/ 1100000/ 110	-,p,, aa	· · · · · · · · · · · · · · · · · · ·	satea simple, etc.		
(A) Name		(B) Breakdown o	f W-2 and/or 1099-MIS	3C compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
David Finney	(I) (II)	301,820 0	85,000 0	61,198 0	26,442 0	36,062 0	510,522	224,009 0
David Provost	(I) (II)	· _	14,000	10,961	20,961 0	16,296 0	241,802	120,901 0
Daniel Mahoney	(I) (II)	· _	2,000	9,842	38,177 0	8,204 0	194,525	97,263 0
Robin Abramson	(I) (II)	137,540 0	2,000	16,500	20,865 0	16,196 0	193,101	96,551 0
Mary Kay Kennedy	(I) (II)		10,000	14,050	38,570 0	12,022	216,164	108,082 0
Michelle Richardson	(I) (II)	·	9,000	15,654	36,440 0	12,640 0	218,377 0	109,189 0
JeffREY Rutenbeck	(I) (II)	· _	0	7,391	13,793 0	16,496 0	162,964	81,482 0
Lynne Ballard	(I) (II)	· _	0	21,243	23,048 0	10,994 0	184,419	92,210 0
MARY SUSAN ROWLEY	(I) (II)	•	2,000	7,570	22,400 0	11,772 0	157,662	78,831 0

DLN: 93493126004070

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2008

Department of the Treasury Internal Revenue Service To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O.

Open to Public Inspection

Name of the organization **Employer identification number** CHAMPLAIN COLLEGE INCORPORATED 03-0220266 **Bond Issues** (Required for 2008) (h) O n (q) Defeased Behalf of (c) CUSIP # (f) Description of Purpose (a) Issuer Name (b) Issuer EIN (d) Date Issued (e) Issue Price Issuer Yes No Yes No VT Educational Health Buildings Financing Agency 23-7154467 99999999 07-09-2003 20,000,000 CONSTRUCTION Χ Χ VT Educational Health Buildings Χ Χ Financing Agency 23-7154467 99999999 07-09-2003 20,000,000 CONSTRUCTION VT Educational Health Buildings Χ Financing Agency 23-7154467 99999999 06-09-2009 12,000,000 CONSTRUCTION Χ Proceeds (Optional for 2008) Α В C D Е Total Proceeds of Issue Gross Proceeds in Reserve Funds 2 Proceeds in Refunding or Defeasance Escrows 3 Other Unspent Proceeds Issuance Costs from Proceeds 5 Working Capital Expenditures from Proceeds 6 Capital Expenditures from Proceeds 7 Year of Substantial Completion Yes Yes No Yes No Yes No Yes No No Were the bonds issued as part of a current refunding issue? Were the bonds issued as part of an advance refunding issue? 10 Has the final allocation of proceeds been made? 11 Does the organization maintain adequate books and records to support the final allocation of proceeds? Private Business Use (Optional for 2008) C D Ε Yes No Yes No Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? Are there any lease arrangements with respect to the financed property which may result in private business use?

Schedule K	(Form 990) 20	800	
Part III	Private Bu	siness Use	(Continued)

		A B		(С	I	D	E			
		Yes	No								
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a 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 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										
Pai	rt IV Arbitrage (Optional for 2008)										
		ı	Α	E	3	С		D		E	
		Yes	No								
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
ь	Name of provider										
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
ь	Name of provider										
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5											
	Were any gross proceeds invested beyond an available temporary period?										

DLN: 93493126004070

Schedule L (Form 990 or 990-EZ)

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

Transactions with Interested Persons

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

	the organization N COLLEGE INCORPORATED						mploy 3-022			tion i	number	
Part I	Excess Benefit Transac	•	• •			(4) organı	zatıoı	ns or	ıly).			
	To be completed by organization	ons that an	swered "Yes'	on Form 990, Part I	V , line	25a or 25l	o, or F	orm 9	90-EZ			
1	(a) Name of disqualifie	d person		(b) De	scripti	on of trans	ftransaction				(c) Correcte	
			I								Yes	No
sect	er the amount of tax imposed on ion 4958						ear u	nder >	\$			
3 Ente	er the amount of tax, if any, on li	ne 2, above	e, reimbursed	by the organization				•	\$			
Part II	Loans to and/or From To be completed by organiza				t IV, lı	ine 26, or F	orm 9	90-E	Z, Part	V, lır	ne 38a	
(a) Na	ame of interested person and purpose	(b) Loan from t organiza	:he	(c)O riginal principal	(d) B	(d) Balance due		(e) In default?		f) oved ard oi iittee?	agree	Vritten ement?
		То	From					No	Yes	No	Yes	No
												<u> </u>
												_
												_
												+
Total .												
Part III	Grants or Assistance E To be completed by orga				990	Part IV lir	ne 27					
	<u> </u>			between interested p								
(a) Name of interested person	(-)	•	he organization		(c)A m	ount	of gra	nt or ty	pe of	assist	ance
Part IV	Business Transactions To be completed by orga				990,	Part IV, lır	ne 28	a, 28	Bb, or	28c.		
(a)	Name of interested person	betwe per	Relationship een interesterson and the	d (c) A mount of transaction		(d) Desci	rıptıor	oftr	ansact		(e) Sha organiz rever	_
		01	rganızatıon								Yes	No
PAUL FRA	NK COLLINS	STEPH.	ANIE MAPES TARY	5- 192	485	LEGAL SER	RVICE	S				Νo

ROBERT MOORE-

TRUSTEE

ONETEAM

124,121 CONSULTING

OMB No 1545-0047

Open to Public Inspection

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Name of the organization
CHAMPLAIN COLLEGE INCORPORATED

Employer identification number

03-0220266

ldentifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990, PART I AND III LINE 1	Champlain College endeavors to be a leader in educating today's students to become skilled practitioners, effective professionals and engaged global citizens. Champlain's agile and entrepreneurial approach to higher education uniquely blends technology leadership, market savvy, innovation and fiscal responsibility with a commitment to liberal learning, community involvement and "the human touch." This distinctive approach permeates the delivery of relevant, rigorous student-centered programs in business, arts, applied technology and public service.

ldentifier	Return Reference	Explanation
FORM 990 REVIEW PROCESS	FORM 990, PART VI, SECTION A, LINE 10	The Controller of Champlain College is responsible for gathering and drafting the information to populate the Form 990 in conjunction with KPMG LLP, Independent tax accountants. Once the draft is completed, the Controller goes through the Form 990 in detail with the audit committee. The audit committee of the Board of Trustees reviews and approves the Form 990 on an annual basis. The audit committee chair provides an overview of the form 990 and presents the drafts to the full Board of Trustees prior to submission.

ldentifier	Return Reference	Explanation							
CONFLICT OF INTEREST POLICY	FORM 990, PART VI, SECTION B, LINE 12C	The College has a statement of policy regarding conflict of interest for the Board of Trustees, Officers and Key Employees. Attached to the conflict of interest statement is a schedule of all Trustee, Officer and/or Key Employee of the College, and individuals and entities who or that have key business relationships with the College (e.g., investment managers, lenders, other financial institutions, key vendors providing either goods or services to the College). On an annual basis, each member of the Board must review the schedule and complete and sign a conflict of interest statement. The conflict of interest statements are reviewed by the chair of the audit committee of the Board of Trustees. If any conflict of interest exists by a voting member of a committee or Board of Trustees, they shall not be allowed to vote on any such matter pertaining to conflict. The minutes of such meeting shall reflect that a disclosure was made by the trustee not voting.							

ldentifier	Return Reference	Explanation
COMPENSATION POLICY	FORM 990, PART VI, Section B, LINES 15A AND 15B	The Compensation Committee (the Committee) will annually review the reasonableness of compensation levels on a position-by-position basis. In doing so, the Committee will assess the nature and scope of the position of each executive by assessing the basis for which compensation was paid to the individual. The Committee determines compensation for all Key Employees, except the President, based on a review of "valid market data" as well as consideration of the President's recommendation. "Valid market data" will be determined based on the following procedure. 1.1 Determine the list of overlap institutions - identify other private colleges that have high applicant overlaps with Champlain. This data is from the National Student Clearinghouse which tracks the colleges which students apply to and attend. 1.2 Using IRS tax return data (via Guidestar), find most recent highly compensated report on top earners at overlap institutions. 1.3 Adjust the reported salaries and benefits by a percentage to make them roughly comparable to current salary data. This inflation factor is derived from nationally reported higher education average pay hikes in past years. Report both the base year compensation as well as the adjusted salary back to the Committee. 1.4 By position, compare Champlain salary and benefits with the other institutions via spreadsheets. The Chair and Vice Chair of the Board of Trustees annually conduct a performance review of the President. This review, combined with the "valid market data" described above, are discussed and considered by the Committee when arriving at the President's annual compensation package. The approved compensation of Key Employees will be reported annually to the full Board of Trustees by the Committee. The Decisions of the Committee are documented in the minutes of each meeting.

ldentifier	Return Reference	Explanation
PUBLIC DISCLOSURE POLICY	LSECTION C. LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENT, FINANCIAL STATEMENTS, AND FORM 990 ARE AVAILABLE UPON REQUEST THE FORM 990 IS ALSO POSTED ON WWW GUIDESTAR ORG

DLN: 93493126004070

OMB No 1545-0047

2008

Open to Public . Inspection

Related Organizations and Unrelated Partnerships

Department of the Treasury Internal Revenue Service

(Form 990)

SCHEDULE R

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ► See separate instructions.

Name of the organization CHAMPLAIN COLLEGE INCORPORATED		ification number			
Part I Identification of Disregarded Entities				03-0220266	
(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income E	(E) nd-of-year assets	(F) Direct controlling entity
Part II Identification of Related Tax-Exempt Organizat	ions	_			
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity sta (if section 501(c))	tus (F) Direct controlling (3)) entity
College Champlain du Vermont					
525 Sherbrook Street East Montreal, Quebec CA 99-999999	Educational	СА	501(c) 3	2	

(A) Name, address, and EIN of related organization	(B) Primary ac		(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of- year assets	(H Disprop allocat	rtionate	(I) Code V—UBI am on Box 20 of K-		(J) Genera manao partno	al or ging
								Yes	No			Yes	No
								<u> </u>					_
Part IV Identification of R	Related Org	anizations	Taxable	as a Corporation	or Trust								
(A) Name, address, and EIN of related or	ganization	(B) Primary activit	ту	(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 incom	e	Sha end-c	G) re of of-year sets	(H Percer owne	ntage	
Champlain College Dublin Limited 43 Lower Leeson Street Dublin, Ireland EI 99-9999999		Educational		EI		C CORP	539,4	05		173,537	100 %	ı	
								+					

Part V Transactions with Related Organizations

	\cdot			3
Pa	rt V Transactions with Related Organizations			
	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	N
L D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		N
b	Gift, grant, or capital contribution to other organization(s)	1b		N
c	Gift, grant, or capital contribution from other organization(s)	1c		N
d	Loans or loan guarantees to or for other organization(s)	1d	Yes	
e	Loans or loan guarantees by other organization(s)	1 e		N
				<u> </u>
	Sale of assets to other organization(s)	1f		N
g	Purchase of assets from other organization(s)	<u>1g</u>		N
h	Exchange of assets	1h		N
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		N
i	Lease of facilities, equipment, or other assets from other organization(s)			N
-	Performance of services or membership or fundraising solicitations for other organization(s)	1k		N
	Performance of services or membership or fundraising solicitations by other organization(s)	11		N
m	Sharing of facilities, equipment, mailing lists, or other assets	1m		N
n	Sharing of paid employees	1n		N
0	Reimbursement paid to other organization for expenses	10		N ₁
		1p		N
•				<u> </u>
q	O ther transfer of cash or property to other organization(s)	1 q		N
r	O ther transfer of cash or property from other organization(s)	1r		N
	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transactions.	on threeholds		
۲	(B)	on timesilolus		

(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1) college champlain du vermont	1d	1,667,880
(2) champlain college dublin limited	1d	675,025
(3)		
(4)		
(5)		
(6)		

Part VI Unrelated Organizations Taxable as a Partnership

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

	T	ı	(5)		· -			1	1	
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organization	s?	(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?	
			Yes	No		Yes	No		Yes	No
	1	1			1	ı	1			

TY 2008 Other Deductions Schedule

Name: CHAMPLAIN COLLEGE INCORPORATED

EIN: 03-0220266

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
LEGAL SERVICES	70,895	
CONTRACTED SERVICES	34,331	
EMPLOYEE BENEFITS	30,881	
CLEANING	15,502	
TRAVEL	9,385	
TELEPHONE	8,033	
INSURANCE	6,334	
SUPPLIES	5,884	
PAYROLL TAXES	913	
MISCELLANEOUS EXPENSES	87,445	