

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990** 匆

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 2	2008 ca	lendar yea		1-2008 and ending 06-30-200	9	D Fumlacian ida	
		pplicable	Please	C Name of organization CHESTNUT HILL COLLEGE				ntification number
Address change			use IRS label or	Doing Business As	23-135262 E Telephone nu	E Telephone number		
	me chai		print or type. See				(215) 248-7	
_	ıal retur		Specific Instruc-	Number and street (or P O box 9601 GERMANTOWN AVENUE	If mail is not delivered to street addre	ss) Room/suite	G Gross receipt	
Ter	mınatıo	n	tions.	9001 GERMANTOWN AVENUE				
☐ Am	ended r	return		City or town, state or country, a PHILADELPHIA, PA 191182693	and ZIP + 4			
App	olication	pending		THIEADEETHIA, TA 191102093				
		İ		ne and address of Principal () fficer	H(a) Is th	nis a group return	for
				rimkovsky GERMANTO WN AVENUE		affılı	ates?	ΓYes Γ Nο
				DELPHIA,PA 191182693		H(b) Are a	all affiliates include	d?
I Ta	x-exem	pt status	▽ 501(c))(3) ◀ (insert no)	(1) or 527	1		See instructions)
J W	eb sit	e: ► WW	W CHC ED	υU			up Exemption Nui	
К Тур	e of org	anızatıon	Corporat	ion trust association other	er 🏲	L Year of F	formation 1924 M	State of legal domicile PA
Pa	rt I	Sumi	mary					
	1		•	ne organization's mission or i	most significant activities			
Governance	See A		al Data Tab					
Ë	2	Check	this box 🦵	if the organization discontin	ued its operations or disposed (of more than		
Š	3	Numbe	r of voting	members of the governing bo	ody (Part VI, line 1a)		. 3	30
	4	Numbe	r of indepe	ndent voting members of the	governing body (Part VI, line 1	b)	_	30
8	5			mployees (Part V , line 2a)			5 _	827
Ē	6			olunteers (estimate if neces			6 .	40
Activities &		_			Part VIII, line 12, column (C)		-	43,306
	ь	Net un	related bus	iness taxable income from F	orm 990-1, line 34		7b	0
	8	Contri	hutiana ani	d granto (Dart VIII line 1 h)			ior Year	Current Year
Revenue	9			-			4,350,103	3,799,911
	10			ne (Part VIII, column (A), lii		433,726	170,733	
Ť	11			art VIII, column (A), lines 5			61,562	92,234
	12				equal Part VIII, column (A), lin	e	39,609,391	41,310,971
	13		and simila	ar amounts paid (Part IX, col	umn (A), lines 1-3)		8,968,565	10,141,752
	14	Benefi	ts paid to o	or for members (Part IX, colu	mn (A), line 4)			0
	15	Saları	es, other co	ompensation, employee bene	fits (Part IX, column (A), lines !	5-		
Expenses		10)					12,287,680	14,201,940
<u>₹</u>	16a			raising fees (Part IX, column			110,576	0
ठ	Ь р	•	-	penses, Part IX, column (D), line 2	<u> </u>			
	17			(Part IX, column (A), lines 1:			16,862,727	16,698,764
	18 19		•	·	Il Part IX, line 25, column (A))		38,229,548	41,042,456
<i>y</i> 00	13	Reven	ue iess exp	penses Subtract line 18 fron	i iiile 12	D:	1,379,843 ning of Year	268,515 End of Year
Net Assets or Fund Balances	20	Tak-1 -	ocata /Dec	rt V June 16 \		begini	_	
ese Here				rt X, line 16)			57,529,034	58,666,102
and and	21		,	Part X, line 26)	f l 20		34,163,787	36,949,388
	22			d balances Subtract line 21	from line 20		23,365,247	21,716,714
Ра	rt II		ature Blo		ed this return, including accompanying	schedules and	statements and to the	ne hest of my knowledge
					of preparer (other than officer) is base			
Please Sign Here		****					0-05-13	
		Signa	ature of office	er		Date	е	
	-		strimkovsky or print nam	vp for financial affairs				
		F 'ype	. or brink nath	ic and the		Ola 1 - 5		
.		Preparer signature		EN M SHAW CPA		Check If self-	Preparer's PTIN (See Gen Inst)
Paid	a! -		· •			empolyed 🕨 🦵	_	
•	arer's		ame (or yours nployed),	WHEELER WOLFENDEN & DW.	EIN Þ			
Use (Jilly		and ZIP + 4	4550 New Linden Hill Road Su	ute 201		-	22) 254 0212
				WILMINGTON, DE 19808			Phone no 🕨 (30	
May	the IR	S discus	s this retu	rn with the preparer shown a	hove? (See instructions)			▼Yes □No

Cat No 11282Y

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

1	Briefly describe the organiza	tion's mission				
See A	dditional Data Table					
2	Did the organization under the prior Form 990 or 99	0-EZ?		ervices during the year	which were not listed on	⊢ Yes
	If "Yes," describe these r	new services on Sch	iedule O			
3	Did the organization ceas	se conducting or ma	ke sıgnıfıcan	t changes in how it cor	nducts any program	┌ Yes ┌ No
	If "Yes," describe these o	hanges on Schedul	e O			
4) organizations and	4947(a)(1)	trusts are required to r	largest program services b report the amount of grants ed	
4a	CONTINUING STUDIES UNDE UNDERGRADUATE STUDIES O SCIENCES AND NATURAL SCI TO MATURE MEN AND WOME	RGRADUATE STUDENTS OFFERS A RIGOROUS LIE ENCES THE SCHOOL OF N DURING EVENING ANI LIED TECHNOLOGY, COL	MAY STUDY TON BERAL ARTS EDU CONTINUING S WEEKEND HO	WARDS BACHELOR'S DEGRE ICATION THAT PROVIDES ST STUDIES (ACCELERATED PR URS IN THE SCHOOL OF GR	OGRAM) EXTENDS OPPORTUNITIE ADUATE STUDIES, STUDENTS MA	THE COLLEGE THE SCHOOL OF OUND IN THE HUMANITIES, SOCIAL IS FOR UNDERGRADUATE STUDY
4b	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4 c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4d	Other program services	(Describe in Sche	dule O)			
	(Expenses \$	•	dıng grants o	f \$) (Revenue \$)
4e	Total program service e	xpenses \$	34,011,99	7 Must equal Part IX,	. Line 25, column (B).	

Part IV Checklist of Required	S	Sc	che	du	les
-------------------------------	---	----	-----	----	-----

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes,"</i> 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	Yes	
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		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	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, VII, 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		Νο
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		Νο
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? <i>If "Yes," complete Schedule F, Part II</i>	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		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If</i> "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	Yes	
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	21		Νο
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	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
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			
		28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νo
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		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," complete Schedule M	30		Νo
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? <i>If</i> "Yes," complete Schedule N, Part II	32		Νo
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		Νo
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		Νο
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, Part VI	37		No

			1		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable	1a	30			
h	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	14	30			
U	Linter the number of Forms w-29 included in fine 1a Linter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to		dors and reportable			
2-	gaming (gambling) winnings to prize winners?		 I	1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this					
	return	2a	827			
b	If at least one is reported in 2a, did the organization file all required federal employm Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this			2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during					
	return?			3a	Yes	
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Scho			3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a si over, a financial account in a foreign country (such as a bank account, securities account)?	count	, or other financial	4a		Νο
b	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , <i>Re Financial Accounts</i> .	port o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during	ng the	tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		Νo
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempted Shelter Transaction</i> ?	t Entit •	y Regarding Prohibited	5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		Νo
Ь	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo confirmore?	trıbutı	on of \$75 or	7a		Νo
ь	If "Yes," did the organization notify the donor of the value of the goods or services pi	rovide	d?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal proper					
	file Form 8282?			7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay	prem	nums on a personal			
	benefit contract?			7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a person			7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8		·	7g		Νo
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization fivequired?	ile a F	orm 1098-C as	7h		Νo
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds a	nd se	ction 509(a)(3)			
	supporting organizations. Did the supporting organization, or a fund maintained by a sexcess business holdings at any time during the year?	spons	oring organization, have	8		
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person	?.		9b		
10	Section 501(c)(7) organizations. Enter					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations Enter					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	Section $4947(a)(1)$ non-exempt charitable trusts. Is the organization filing Form 990 in	ılıeu	of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the					
	year	12b	I	1		

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

Section A. Governing Body and Management		
	,	

			165	140				
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.							
1a	Enter the number of voting members of the governing body 1a 30							
b	Enter the number of voting members that are independent 1b 30							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		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?	3		No				
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?							
5	Did the organization become aware during the year of a material diversion of the organization's assets?							
6	Does the organization have members or stockholders?							
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?							
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
а	the governing body?	8a	Yes					
b	each committee with authority to act on behalf of the governing body?	8b	Yes					
9a	Does the organization have local chapters, branches, or affiliates?	9a		Νo				
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b						
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes					
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	11		No				

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		Νο
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		No
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		Νο
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
- 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.

 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
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

lauri strimkovsky 9601 GERMANTOWN AVENUE PHILADELPHIA,PA 191182693 (215) 248-7084

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

	(B) Average hours per week		tion that a			all			(E)	(F)
(A) Name and Title		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
			-							
							<u> </u>			
			+				\vdash			
			-				\vdash			
			+							
1b Total							►	730,690) c	106,098

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶6

			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

(A) Name and business address	(B) Description of services	(C) Compensation
CHARTWELLS COLLEGE & UNIVERSITY DINING S COMPASS GROUP USA PO BOX 91337 CHICAGO, IL 60693	DINING SERVICES	1,844,555
e allen reeves inc 1145 york road po box 0289 abington, PA 19001	construction contractor	1,772,993
ALLIED BARTON SECURITY SERVICE 3606 HORIZON DRIVE KING OF PRUSSIA, PA 19406	SECURITY SERVICE	1,021,686
160 OVER 90 1 SOUTH BROAD ST 10TH FLOOR PHILADELPHIA, PA 19107	MARKETING	968,609
haverstick-borthwick company 400 stenton ave po box 766 plymouth meeting, PA 19462	design/build contractors	768,752
Total number of independent contractors (including those in 1) who reconfrom the organization	. ,	16

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 1	la				,,
nts Dts	ь	Membership dues					
gra			ь				
all S.	C	Fundraising events 1	.c ———				
ਛੂ≝	d	Related organizations1	d				
ξ. Œ	e	Government grants (contributions) 1	e 2,584,988				
Contributions, gifts, grants and other similar amounts	f	All other contributions, gifts, grants, and similar amounts not included above	1,214,923				
필급	g	Noncash contributions included i					
a Co		lines 1a-1f \$15,884					
	h	Total (Add lines 1a-1f)		3,799,911			
			Business Code				
Ĕ	2a	TUITION, FEES, AUXILIA	611,600	37,248,093	37,248,093		
e Ke	ь						
ў. Н	С						
ž	d						
Σ,	e						
Program Serwoe Revenue	f	All other program service revenu	ie				
Š	g	Total. Add lines 2a-2f					
	3	Investment income (including di	vidends, interest				
		other similar amounts)		170,733			170,733
	4	Income from investment of tax-exempt	bond proceeds				
	5	Royalties	•				
		(ı) Real	(II) Personal				
	6a	Gross Rents	(II) I CISCIII				
	ь	Less rental					
	c	expenses Rental income					
	d	or (loss) Net rental income or (loss)					
	7-	(1) Securities Gross amount	(II) O ther				
	7a	from sales of assets other					
		than inventory					
	ь	Less cost or other basis and					
	c	sales expenses Gain or (loss)					
	d	Net gain or (loss)					
	8a		<u> </u>				
	oa	Gross income from fundraising events (not including					
ψ		\$123,250					
E .		of contributions reported on line 1c) See Part IV, line 18					
eve		Attach Schedule G If total exceeds					
Other Revenue		\$15,000					
Тe	b c	Less direct expenses Net income or (loss) from fundral		48,928	48,928		
Ò				,,,,,	,		
	9a	Gross income from gaming activities See part IV, line 19					
		Complete Schedule G ıf total					
		exceeds \$15,000	a				
	ь		ь				
	С	Net income or (loss) from gaming	g activities				
	10a	Gross sales of inventory, less					
		returns and allowances .	a				
	ь	Less cost of goods sold	ь				
	С	Net income or (loss) from sales of					
		Miscellaneous Revenue	Business Code				
	11a	catering revenue	722,320	43,306		43,306	
	ь						
	С						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
	12	Total Revenue. Add lines 1h, 2g,	\$ 43,306	41,310,971	37,297,021	43,306	170,733
		8c, 9c, 10c, and 11e		, ==,===	,,	,	-,

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).							
Do r	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						
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	10,141,752	10,141,752				
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16						
4	Benefits paid to or for members						
5	Compensation of current officers, directors, trustees, and key employees	146,110		146,110			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$						
7	Other salaries and wages	11,610,229	9,917,408		653,356		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	442,390	373,191	44,613	24,586		
9	Other employee benefits	1,184,600	942,874	153,563	88,163		
10	Payroll taxes	818,611	690,564	82,553	45,494		
11	Fees for services (non-employees)						
а	Management						
b	Legal	81,398		81,398			
С	Accounting	45,500		45,500			
d	Lobbying	109,266		109,266			
e	Professional fundraising See Part IV, line 17						
f	Investment management fees	34,074		34,074			
g	Other	646,742	366,374	135,311	145,057		
12	Advertising and promotion	824,478	26,459	798,019			
13	Office expenses	2,182,835	1,233,994	865,794	83,047		
14	Information technology	453,330	398,601	54,729			
15	Royalties				_		
16	Occupancy	4,109,645	3,011,305	1,098,340			
17	Travel	377,789	309,425	42,647	25,717		
18	Payments of travel or entertainment expenses for any Federal, state or local public officials						
19	Conferences, conventions and meetings	355,229	220,698	134,531			
20	Interest	541,165	419,403	121,762			
21	Payments to affiliates						
22	Depreciation, depletion, and amortization	1,840,131	1,426,102	414,029			
23	Insurance	124,441	124,441				
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	dining services (outsou	1,665,217	1,457,065	208,152			
ь	secuRITY SERVICES (outs	1,199,039	959,231	239,808			
c	SSJ Expenses	712,284	630,372	81,912	_		
d	student related activit	594,300	582,651	11,649			
e	allenTO WN CAMPUS EXPENS	196,745	196,745	0	_		
f	All other expenses	605,156	583,342	16,037	5,777		
25	Total functional expenses. Add lines 1 through 24f	41,042,456	34,011,997	5,959,262	1,071,197		
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	,,	,,		rm 990 (2008)		

Dart V	Balance	Shoot
Part X	Balance	Sheet

					(A)		(E	
	1	Cook non interest heaving			Beginning of year 32.289		End o	ryear
	_	Cash—non-interest-bearing	616,105					
	2	Savings and temporary cash investments			-		2 204 220	
	3	Pledges and grants receivable, net			1,548,527			2,364,238
	4	Accounts receivable, net			3,916,981	4		4,246,878
	5	Receivables from current and former officers, directors, trustees other related parties Complete Part II of Schedule L				5		
	6	Receivables from other disqualified persons (as defined under sepersons described in section $4958(c)(3)(B)$ Complete Part II of				6		
	7	Notes and loans receivable, net				7		
	8	Inventories for sale or use				8		
2	9	Prepaid expenses and deferred charges			429,302	9		470,640
Assets	10a	Land, buildings, and equipment cost basis	ا ۔ما	60 240 192				
⋖			10a	69,340,182	_			
	Ь	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10b	25,079,885	42,294,409	10c	4	4,260,297
	11	Investments—publicly traded securities			7,258,411	11		5,945,327
	12	Investments—other securities See Part IV, line 11 $\it Complete Passing Schedule D$	art VII o	f	1,142,496	12		1,093,151
	13	Investments—program-related See Part IV, line 11 $\it Complete Part Section 11 $		13				
	14	Intangible assets				14		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D			290,514	15		285,571
	16	Total assets. Add lines 1 through 15 (must equal line 34)			57,529,034	_		8,666,102
	17	Accounts payable and accrued expenses .			4,086,216			5,000,548
	18	Grants payable			4,000,210	18		0,000,040
	19		527,725	_		622,999		
		Deferred revenue	18,985,000	20		8,730,000		
Ø	20	Tax-exempt bond liabilities	18,985,000			0,730,000		
Eg	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						
		persons Complete Part II of Schedule L		•		22		
	23	Secured mortgages and notes payable to unrelated third parties			8,614,008	23		8,419,715
	24	Unsecured notes and loans payable				24		1,691,869
	25	Other liabilities Complete Part X of Schedule D			1,950,838	25		2,484,257
	26	Total liabilities. Add lines 17 through 25			34,163,787	26	3	6,949,388
s e		Organizations that follow SFAS 117, check here ► $\sqrt{}$ and comp through 29, and lines 33 and 34.	lete lind	es 27				
ä	27	Unrestricted net assets			17,290,854	27	1	5,435,199
Balance	28	Temporarily restricted net assets			1,353,893	28		1,520,548
-	29	Permanently restricted net assets			4,720,500	29		4,760,967
Fund		Organizations that do not follow SFAS 117, check here ▶ □ an	d compl	let e				
		lines 30 through 34.	ш ооттр					
Assets or	30	Capital stock or trust principal, or current funds	•			30		
Ř	31	Paid-in or capital surplus, or land, building or equipment fund .				31		
AS	32	Retained earnings, endowment, accumulated income, or other fu	nds			32		
Net	33	Total net assets or fund balances			23,365,247	33	2	1,716,714
z —	34	Total liabilities and net assets/fund balances			57,529,034	34	5	8,666,102
De	rt VI	Einancial Statements and Denorting						
Fa	rt XI	Financial Statements and Reporting					T	T
							Yes	No

Dart YT	Financial	Statements	and Reporting

1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νο
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	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?			
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	_

SCHEDULE A

(Form 990 or 990EZ)

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.

OMB No 1545-0047

Open to Public Inspection

		n e organizat i ILL COLLEGE	ion					Em	ployer ide	nt if icat io	n number	
SIILS	TNOT II.	ILL COLLEGE						23	-1352626	5		
Рa	rt I	Reason	for Public C	harity Status (to be co	mpleted	by all or	ganizatio					
				ation because it is (Please					21100000	.01.07		
1	Ī			nurches, or association of ch					(A)(i).			
2	<u>\</u>	•		tion 170(b)(1)(A)(ii). (Attac								
3	Ē	A hospital	or a cooperativ	e hospital service organizati	on describ	bed in Sec	t ion 170(l	o)(1)(A)(i	ii). (Attac	h Schedul	e H)	
4	Ė	•	·	zation operated in conjuncti			-				•	
	·		name, city, and	•		,			. , ,	. , ,		
5	Γ	An organiza	atıon operated f	for the benefit of a college or	university	y owned o	r operated	by a gove	ernmental	unıt desc	rıbed ın	
		Section 17	0(b)(1)(A)(iv).	(Complete Part II)								
6	Γ	A federal, s	state, or local g	overnment or governmental	unıt descr	ıbed ın Se	ction 170	(b)(1)(A)	(v).			
7	Г	An organiza	ation that norm	ally receives a substantial p	art of its s	support fro	m a gove	rnmental u	ınıt or fron	n the gene	ral public	
		described i	n Section 170(b	o)(1)(A)(vi) (Complete Par	tII)							
8	Г	A commun	ıty trust describ	oed in Section 170(b)(1)(A)	(vi) (Com	plete Par	tII)					
9	Г	An organiz	ation that norm	ally receives (1) more than	331/3% o	fits supp	ort from co	ontribution	ıs, membe	rship fees	, and gross	
		receipts fro	om activities re	lated to its exempt functions	s—subject	to certair	n exceptio	ns, and (2) no more	than 331/	3% of	
				estment income and unrelate						() from bu	sinesses	
	_			on after June 30, 1975 See			•		•			
10	<u> </u>	_	=	and operated exclusively to	-		•				· ·	
11	ı	_	=	and operated exclusively fo					•	•	•	
				orted organizations describe type of supporting organiza						Section 5	09(a)(3). Check	
		a			Type III				d	Гтуре	III - Other	
e	Г	By checkin	g this box, I ce	rtify that the organization is	not contro	olled direc	tly or ındı	rectly by o	one or mor	e dısqualı	fied persons	
				agers and other than one or	more publ	ıcly suppo	orted orga	nızatıons (described	ın sectior	509(a)(1) or	
f		section 50		d a written determination fro	m the IDS	that it ic	a Type I	Type II o	r Type III	supportu	a organization	
•		check this		a a written determination no	in the Inc	, that it is	u Type I,	1 y p c 11 0	i i ype iii	Supportin		
g				as the organization accepted	d any gift (or contrib	utıon from	any of the	!		·	
		following pe						4	٠ /		[]	
			•	r indirectly controls, either a		_	in persons	describe	a in (ii)	11	Yes No	
				ng body of the the supported erson described in (i) above	_	LIOTI				11g		
			•	ty of a person described in (houga				11g(11g(
h				mation about the organizatio			supports			119(···/	
"		i iovide tile	i lollowing illion	mation about the organization	iis the org	janization	supports					
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did y	ou notify	(vi) I	s the	(vii) A mount of	
		orted	(,	(described on lines 1-9		ation in		nızatıon	1	ation in	support?	
	Orgar	nization		above or IRC section	col (i)) of your		rganized		
				(See Instructions))		verning ment?	supp	ort?	in the	US?		
					Yes	No	Yes	No	Yes	No	1	
					1 62	140	162	110	162	140		

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, 160, 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

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)

- ◆ Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) complete Part II-A Do not complete Part II-B
- ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

	e organization answered "Ye ection 501(c)(4), (5), or (6) organi	s," to Form 990, Part IV, Line 5(zations_complete Part III	Proxy Tax)		
Na	ime of the organization ESTNUT HILL COLLEGE	·		Employer ider	ntıfıcatıon number
CII	LSTNOT THE COLLEGE			23-1352626	
Par		y all organizations exemper the instructions for Schedule		n 501(c) and section	527
1	•	ganization's direct and indirect pol	•	tivities in Part IV	
2	Political expenditures		, ,		¢
3	V olunteer hours				
Par	t I-B To be completed be for Schedule C for d	oy all organizations exempetails.)	t under section	n 501(c)(3). (See the	instructions
1	Enter the amount of any excise	e tax incurred by the organization i	ınder section 4955	5	\$
2	Enter the amount of any excise	e tax incurred by organization man	agers under sectio	n 4955	\$
3	If the organization incurred in	a section 4955 tax, did it file Form	4720 for this year	r?	┌ Yes
4a	Was a correction made?				┌ Yes
Ь	If "Yes," describe in Part IV				
Par		y all organizations exemp for Schedule C for details.)	t under section	n 501(c), except sec	tion 501(c)(3).
1	Enter the amount directly expe	ended by the filing organization for	section 527 exem	pt function activities	\$
2	Enter the amount of the filing of 527 exempt funtion activities	organization's internal funds contril	outed to other orga	nızatıons for section	\$
3	Total of direct and indirect exe 1120-POL, line 17b	empt function expenditures Add lin	ies 1 and 2 and ent	ter here and on Form	\$
4	Did the filing organization file $oldsymbol{I}$	Form 1120-POL for this year?			┌ Yes
5	were made Enter the amount p political contributions received	nd Employer Identification Number paid and indicate if the amount was d and promptly and directly deliver action committee (PAC) If addition	paid from the filing ed to a separate po	g organization's own interna olitical organization, such a	l funds or were s a separate
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter - 0 -	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
					1

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

Cat No 50084S

Schedule C (Form 990 or 990-EZ) 2008

d Grassroots non-taxable amount

f Grassroots lobbying expenditures

e Grassroots ceiling amount (150% of line d, column (e))

P	art II-A To be completed by (election under sec						768
	Check If the filing organization	belongs to an affili	ated group				
<u>B</u>	Check If the filing organization Limits on Lo (The term "expenditure	bbying Expend	litures—		bly	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influe	nce public opinion	(grass roots lob	bying)			
ь	Total lobbying expenditures to influe	nce a legislative b	ody (direct lobby	yıng)			
c	Total lobbying expenditures (add line	es 1a and 1b)					
d	Other exempt purpose expenditures						
e	Total exempt purpose expenditures	(add lines 1c and 1	Ld)				
f	Lobbying nontaxable amount Enters columns— If the amount on line 1e, column (a) or (b) is: Not over \$500,000		taxable amount				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% o	of the excess over \$	500,000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% o	of the excess over \$	51,000,000			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of	f the excess over \$1	1,500,000			
	Over \$17,000,000	\$1,000,000					
	Grassroots nontaxable amount (ente	er 25% of line 1f)					
h	Subtract line 1g from line 1a Enter	0- ıflıne g ıs more	than line a				
i	Subtract line 1f from line 1c Enter-	0- ıflıne fıs more t	than line c				
j	If there is an amount other than zero section 4911 tax for this year?	on either line 1h c	or line 11, did the	organization file	Form 4720 rep	orting	┌ Yes ┌ No
	(Some organizations tha columns below.		on 501(h) el	ection do not	: have to cor		he five
	Lobb	ying Expendit	ures During	4-Year Avera	ging Period		
	Calendar year (or fisca beginning in)	l year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
_2a	Lobbying non-taxable amount						
	Lobbying ceiling amount (150% of line 2a, column(e))						
	: Total lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2008

			ı agc
Part II-B	To be completed by organizations exempt under section 501(c)(3) that I	nave NOT file	ed Form
	5768 (election under section 501(h)). (See the instructions for Schedule C fo	r details.)	
		(a)	(h)

		(3	1)	(D)
		Yes	No	A mount
L	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?		Νo	
ь	Paid staff or management (include compensation in expenses reported on lines c through i)?		Νo	
c	Media advertisements?		Νo	
d	Mailings to members, legislators, or the public?		Νo	
e	Publications, or published or broadcast statements?		Νo	
f	Grants to other organizations for lobbying purposes?		Νo	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		500
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		Νo	
i	Other activities If "Yes," describe in Part IV	Yes		108,766
j	Total lines 1c through 1:			109,266
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes" enter the amount of any tax incurred under section 4912			
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912		Ī	
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
ar	\mathbf{t} To be completed by all organizations exempt under section $501(c)(4)$	section	501(c)(5) or

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). (See the instructions for Schedule C for details.)

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B
To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." (See the instructions for Schedule C for details.)

2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current Year	2a \$	
b	Carryover from last year	2b \$	
c	Total	2c \$	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3 \$	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political	4 \$	
	expenditure next year?	<u>'</u>	
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5 \$	

Part IV Supplemental Information

Dues, assessments and similar amounts from members

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1, Also, complete this part for any additional information

Ident if ier	Return Reference	Explanat ion
Part II-B, Line 11	Explanation of Other Lobbying Activities	DURING THE YEAR, THE COLLEGE HAS RETAINED THE SERVICES OF lobbying firms FOR THE PURPOSE OF FUND RAISING WHICH MAY INCLUDE LOBBYING ACTIVITIES TO OBTAIN GOVERNMENT FUNDS

1 \$

Part IV Supplemental I	nformation	
Ident if ier	Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2008

OMB No 1545-0047

Supplemental Financial Statements

Department of the Treasury Internal Revenue Service

SCHEDULE D (Form 990)

> ▶ 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.

Open to Public Inspection

	me of the organization :STNUT HILL COLLEGE		Employer identification number
СПІ	STROT HILL COLLEGE		23-1352626
Pa	organizations Maintaining Donor Acorganization answered "Yes" to Form 99		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate Contributions to (during year)		
3	Aggregate Grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advi funds are the organization's property, subject to the		or advised Yes No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben impermissible private benefit?		may be
Pa	rt III Conservation Easements. Complete	if the organization answered "Yes" to	o Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space	on or pleasure) Preservation of an Preservation of ce	historically importantly land area
2	Complete lines 2a-2d if the organization held a quali on the last day of the tax year	fied conservation contribution in the form	of a conservation easement
	,		Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easement	s	2b
С	Number of conservation easements on a certified hi		2c
d	Number of conservation easements included in (c) a		2d
3	Number of conservation easements modified, transfe	•	d by the organization during
	the taxable year	rica, released, extinguished, or terminate	a by the organization daring
4	Number of states where property subject to conserva	ation assement is located .	
5	Does the organization have a written policy regarding		ations and
	enforcement of the conservation easements it holds?	· · · · · · · · · · · · · · · · · · ·	Yes No
5	Staff or volunteer hours devoted to monitoring, inspe	cting and enforcing easements during the	year ►
7	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing easements during the ye	ear ► \$
8	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	(d) above satisfy the requirements of sec	tion Yes No
9	In Part XIV, describe how the organization reports contained balance sheet, and include, if applicable, the text of the organization's accounting for conservation easen	he footnote to the organization's financial	
Par	Complete if the organization answered '		or Other Similar Assets.
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or research	ch in furtherance of public service,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research in	•
	(i) Revenues included in Form 990, Part VIII, line 1		► \$
	(ii) Assets included in Form 990, Part X		► \$
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFA		or financial gain, provide the
а	Revenues included in Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990, Part X		▶ \$

3	Using the organization's accession and othe	•				•				ntinued)
-	items (check all that apply)	, -	•.	_	-	-				
а	Public exhibition		d	Γ	Loan or exc	hange programs				
b	Scholarly research		e	Γ	Other					
c	Preservation for future generations									
4	Provide a description of the organization's co Part XIV	ollections and explai	n hov	w the	y further the	organization's ex	cempt purpo	se in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t						nılar	┌	es es	┌ No
Pai	Trust, Escrow and Custodial A Part IV, line 9, or reported an an			•		anızatıon answ	ered "Yes'	' to Foi	rm 9	90,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other intermed	dıary	forc	ontributions	or other assets	not	┌ ¥	es	┌ No
b	If "Yes," explain why in Part XIV and comple	te the following table	е							
								A mour	nt	
С.	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?					ΓY	'es	┌ No
b	If "Yes," explain the arrangement in Part XIV									
Pa	rt V Endowment Funds. Complete									
_		(a)Current Year	(b) Prior	Year (c)T	wo Years Back (d)	Three Years B	ack (e) I	Four Ye	ears Back
1a	Beginning of year balance	4,990,947								
b	Contributions	40,467								
C	Investment earnings or losses	-457,228								
d	Grants or scholarships									
e	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance	4,574,186								
2	Provide the estimated percentage of the yea	r end balance held a	s							
а	Board designated or quasi-endowment 🕨									
b	Permanent endowment 🕨 100 000 %									
С	Term endowment 🕨									
3a	Are there endowment funds not in the posses	ssion of the organiza	tion	that	are held and a	admınıstered for	the	_		
	organization by						Г		Yes	No
	(i) unrelated organizations			•			_	3a(i)		No
L	(ii) related organizations			• • _ L				3a(ii)		No
ь 4	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the						[3Ь		
	rt VI Investments—Land, Buildings					art Y line 10				
	tvi investments Land, banding.	s, and Equipmen	16. 5		Cost or other	(b)Cost or other				
	Description of investment				is (investment)	basis (other)	(c) Deprecia	ition	(d) Bo	ok value
1a	Land					10,506,160	I.		1	0,506,160
	Buildings					45,364,434	17,06	2,321		8,302,113
	Leasehold improvements					.5,551,131	17,507	,		,- >=,++3
	Equipment					9,044,947	6.810	0,206		2,234,741
	Other					4,424,641	<u> </u>	7,358		3,217,283
	II. Add lines 1a-1e (Column (d) should equal Fo	orm 990. Part X. colum	- in (B)	l), line	10(c).)	4,424,041		. ,555		4,260,297
	The state of the s	, , a, c , , co, a, ,	(5)	,	(-/-/ • •	· · · ·	Schedu			

Part VII Investments—Other Securities. See	Form 990, Part X, line 12.	
(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
inancial derivatives and other financial products		Cost of Cital of your market value
losely-held equity interests		
ther		
otal. (Column (b) should equal Form 990, Part X, col (B) line 12)		
art VIII Investments—Program Related. Se	e Form 990, Part X, line 13.	(a) Mathedase and the
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		·
otal. (Column (b) should equal Form 990, Part X, col (B) line 13) Fort IX Other Assets. See Form 990, Part X, li	no 15	
(a) Descri		(b) Book value
Column (h) should agual Form 000. Part V. cal (P) line	15)	
Part X Other Liabilities. See Form 990, Part X, col.(B) line		
(a) Description of Liability	(b) A mount	
ederal Income Taxes		
TUDENT DEPOSITS AND ADVANCES	1,257,435	
DVANCES FROM FEDERAL GOVN'T - STUDENT		
OANS	599,417	
NNUITIES PAYABLE	98,913	
URRENT VALUE OF DERIVATIVE INSTRUMENT	528,492	
Fotal. (Column (b) should equal Form 990, Part X, col (B) line 25)	2,484,257	
	_, _,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

Total revenue (Form 990, Part VIII, column (A), line 12) Total expenses (Form 990, Part VIII, column (A), line 12) Total expenses (Form 990, Part IVIII, column (A), line 12) Total expenses (Form 990, Part IVIII, column (A), line 25) Excess or (deficit) for the year Subtract line 2 from line 1 Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Cher (Describe in Part XIV) Total adjustments Other (Describe in Part XIV) Excess or (deficit) for the year per financial statements Combine lines 3 and 9 Total expense, gains, and other support per audited financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements with Revenue per Return Total revenue, gains, and other support per audited financial statements with Revenue per Return Total revenue, gains, and other support per audited financial statements with Revenue per Return Amounts included on line 1 but not on Form 990, Part VIII, line 12 A mounts included on line 1 but not on Form 990, Part VIII, line 12 A mounts included on Form 990, Part VIII, line 12 A mounts included on Form 990, Part VIII, line 14 A mounts included on Form 990, Part VIII, line 7b A mounts included on Form 990, Part VIII, line 7b A mounts included on Form 990, Part VIII, line 7b A mounts included on Form 990, Part VIII, line 7b A mounts included on Form 990, Part VIII, line 7b Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) Total expenses and losses per audited financial Statements With Expenses per Return Total expenses and losses per audited financial statements Donated services and use of facilities Donated s	41,310,973 41,042,456 268,519 -1,917,048 -1,917,048 -1,648,533 42,504,979
Total expenses (Form 990, Part IX, column (A), line 25 2 3	-1,917,048 -1,648,53
Excess or (deficit) for the year Subtract line 2 from line 1 Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Other (Describe in Part XIV) Total adjustments (net) Add lines 4 - 8 Other (Describe in Part XIV) Total adjustments (net) Add lines 4 - 8 Net conciliation of Revenue per Audited Financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements With Revenue per Return Net unrealized gains on investments Net unrealized gains on investments Recoveries of prior year grants Other (Describe in Part XIV) Add lines 2a through 2d Amounts included on Form 990, Part VIII, line 12 A mounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b Add Innes 2a through 2d Amounts included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Cad do Innes 4a and 4b Other (Describe in Part XIV) Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) Amounts included on line 1 but not on Form 990, Part IX, line 25 Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Donated services and use of facilities Donated services and use of facilities Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return	-1,917,048 -1,917,048 -1,648,53
A Net unrealized gains (losses) on investments	-1,917,048 -1,917,048 -1,648,53
5 Donated services and use of facilities 5 6 1 1 1 1 1 1 1 1 1	-1,917,048 -1,648,533
6 Investment expenses 7 Prior period adjustments 8 Other (Describe in Part XIV) 8 Total adjustments (net) Add lines 4 - 8 9 Total adjustments (net) Add lines 4 - 8 9 Total adjustments (net) Add lines 4 - 8 9 Total adjustments (net) Add lines 4 - 8 9 Total adjustments (net) Add lines 4 - 8 9 Intervenue, gains, and other support per financial statements Combine lines 3 and 9 Total revenue, gains, and other support per audited financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements With Revenue per Return 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains on investments b Donated services and use of facilities c Recoveries of prior year grants c Recoveries in Part XIV) c Add lines 2a through 2d c Recoveries in Part XIV) c Add lines 2a through 2d c Recoveries in Part XIV) c Add lines 4a and 4b c Recoveries in Part XIV) c Add lines 4a and 4b c Recoveries in Part XIV) c Add lines 4a and 4b c Recoveries and 4b c Recov	-1,917,048 -1,648,533
7 Prior period adjustments 8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 - 8 9 Total adjustments (net) Add lines 4 - 8 9 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 10 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements With Revenue per Return 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains on investments 2 2a	-1,917,048 -1,648,533
8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 - 8 9 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 10 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements	-1,917,048 -1,648,533
Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 10 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1	-1,917,048 -1,648,533
Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements	-1,648,533
10 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements	. ,
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements	42,504,979
1 Total revenue, gains, and other support per audited financial statements	42,504,979
A mounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains on investments	
Net unrealized gains on investments	
b Donated services and use of facilities	
c Recoveries of prior year grants	
d Other (Describe in Part XIV)	
Add lines 2a through 2d	
3 Subtract line 2e from line 1	1 101 00
A mounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b . 4a b Other (Describe in Part XIV)	1,194,008
a Investment expenses not included on Form 990, Part VIII, line 7b . b Other (Describe in Part XIV)	41,310,971
b Other (Describe in Part XIV)	
c Add lines 4a and 4b	
Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	,
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements	41,310,97
Total expenses and losses per audited financial statements	41,310,971
A mounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities	42,566,177
a Donated services and use of facilities	
c Losses reported on Form 990, Part IX, line 25 2c	
d Other (Describe in Part XIV)	
e Add lines 2a through 2d	1,523,72
3 Subtract line 2e from line 1	41,042,456
4 A mounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b Other (Describe in Part XIV)	
c Add lines 4a and 4b	
5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) 5	(
Part XIV Supplemental Information	41,042,456

Ident if ier	Return Reference	Explanat ion
Part V, Line 4	Description of Intended Use of Endowment Funds	THE ENDOWMENT FUND IS USED PRIMARILY FOR THE AWARDING OF SCHOLARSHIPS TO STUDENTS OTHER USES MAY INCLUDED THE FUNDING OF EDUCATION RELATED ACTIVITIES SUCH AS PURCHASING LIBRARY RESOURCES OR THE FUNDING OF A LECTURE SERIES
Part X	Description of Uncertain Tax Positions Under FIN 48	During June 2006, the FASB released FASB Interpretation FIN No 48, entitled Accounting for Uncertainty in Income Taxes FIN 48 interprets the guidance in FASB Statement of Financial Accounting Standards (SFAS) No 109, entitled Accounting for Income Taxes When FIN 48 is implemented, reporting entities utilize different recognition thresholds and measurement requirements when compared to prior technical literature. On December 30, 2008, the FASB Staff issued FASB Staff Position (FSP) FIN 48-3, entitled Effective Date of FASB Interpretation No 48 for Certain Nonpublic Enterprises. As deferred by the guidance in FSP FIN 48-3, the College is not required to implement the provisions of FIN 48 until fiscal years beginning after December 15, 2008. As such, the College has not implemented those provisions in the 2009 financial statements. Since the provisions of FIN 48 have not been implemented in accounting for uncertain tax positions, the College continues to utilize its prior policy of accounting for these positions, following the guidance in SFAS No 5, entitled Accounting for Contingencies. Disclosure is not required of a loss contingency involving an unasserted claim or assessment when there has been no manifestation by a potential claimant of an awareness of a possible claim or assessment, unless it is considered probable that a claim will be asserted and there is a reasonable possibility that the outcome will be unfavorable. Using that guidance as of June 30, 2009, the College has no uncertain tax positions that qualify for either recognition or disclosure in the financial statements.
Part XI, Line 8 - O ther Adjustments		UNREALIZED GAIN/(LOSS) ON INVESTMENTS -1587335 LOSS ON DERIVATIVE INSTRUMENT -329713
Part XII, Line 2d - Other Adjustments		SPECIAL EVENT EXPENSES INCLUDED IN GROSS INCOME ON PAGE 1 74322
Part XIII, Line 2d - Other Adjustments		SPECIAL EVENT EXPENSES INCLUDED IN GROSS INCOME REPORTED ON PAGE 1 74322 loss on derivative instrument 329713

Employer identification number

OMB No 1545-0047

2008

Open to Public Inspection

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 CHESTNUT HILL COLLEGE

23-1352626 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 Νo THE COLLEGE PROVIDES A STATEMENT IN ALL PUBLICATIONS REGARDING ITS NONDISCRIMINATORY POLICY the college is significantly diverse in that the percentages of American Indian, Asian, African American and hispanic constitute 34 6%, 35 0% and 32 6% of the total student population, as measured in the Fall of 2007, 2008, and 2009, respectively 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? 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

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493133045710

OMB No 1545-0047

Department of the Treasury

(Form 990 or 990-EZ)

SCHEDULE G

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Supplemental Information Regarding

Fundraising or Gaming Activities

Open to Public

Intern	al Revenue Service	lines 17, 18, or 19, and	by organizat	ions that en	ter more than \$15,000 on Fo	rm 990-EZ, line 6a.	Inspection						
	ne of the organization ESTNUT HILL COLLEG	GF				Employer ide	ntification number						
CIII	LSTNOT HILL COLLEC	GL				23-1352626							
Pa	rt I Fundraisin	g Activities. Complete	e if the o	rganızat	ion answered "Yes"	to Form 990, Part IV	', line 17.						
1	Indicate whether the	organization raised funds	through a	ny of the	following activities Ch	eck all that apply							
а	Mail solicitations	s	_		e Solicitation of non-government grants								
b	Email solicitation	ns			f Solicitation of	Solicitation of government grants							
c	Phone solicitation				g Special fundrai	sıng events							
d	In-person solicit	ations											
2a	or key employees lis	have a written or oral agre) or entity	ın connec	ction with professional f	fundraising activities?	Г Yes Г No						
ь		highest paid individuals or at least \$5,000 by the orga											
	(i) Name of Individua or entity (fundraiser	I (III) A ctivity	(iii) fundrais custo contr	er have dy or	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in	(vi) A mount paid to (or retained by)						
	or onercy (randralour	ei,	contributions?			col (i)	organization						
			Yes	No									
				<u> </u>									
100	aı					<u> </u>							

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Pa	rt II	Fundraising Events. Com more than \$15,000 on Form					repor	ted
			(a) Event #1	(b) Event #2 spring gala	(c) Other Events	(Add col	tal Eve (a) th	
			(event type)	(event type)	(total number)			
÷.	1	Gross receipts	92,190	31,060			12	3,250
Revenue	2	Less Charitable contributions						
_	3	Gross revenue (line 1 minus line 2)	92,190	31,060			12	3,250
	4	Cash Prizes	2,000	()			2,000
ses	5	Non-cash Prizes						
Expenses	6	Rent/Facility costs	25,982					0,359
Direct E	7	Other direct expenses			1,963 4,322			
Ā	8			8,928				
B	9	Net income summary Combine III						
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		rest to Form 990, Pa	art IV, line 19, or repo	ortea mor	е шаг]
Revenue	(a) Bingo (b) Pull tabs/Instant bingo/progressive bingo					(d) Total col (a) th		
<u>~</u>	1	Gross revenue						
s Seg	2	Cash prizes						
Expenses	3	Non-cash prizes						
<u>ភ</u>	4	Rent/facility costs						
Direct	5	Other direct expenses						
	6	Volunteer labor	┌ Yes%_ ┌ No	┌ Yes <u> </u>	┌────────────────────────────────────			
	7	Direct expense summary Add line	s 2 through 5 ın column (d)				
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)	🛌			
							Yes	No
9 a		er the state(s) in which the organiza the organization licensed to operate				. 9a		
b		No," Explain	-			34		
10a	— Wer	re any of the organization's gaming l	icenses revoked, suspen	ded or terminated during	g the tax year?	10a		
b	If"	Yes," Explain						
11		es the organization operate gaming a				11	<u> </u>	<u> </u>
12		he organization a grantor, beneficial ned to administer charitable gaming				. .		
						12		<u></u>

			
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name •		
	Address •		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
Ь	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address		
	Name •		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🟲		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 📂 💲		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493133045710

Employer identification number

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

CHESTNUT HILL COLLEGE

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

						23-1352626	
Part I General Infor	mation on Gra	nts and Assistance	2			•	
Does the organization methe selection criteria useDescribe in Part IV the organization	ed to award the gra	nts or assistance?					√ Yes □ I
Form 990, Part Part IV and Sch		ny recipient that rece tional space is	eived more than \$5,0		tes. Complete if the confirmation one recipient rec	eived more than \$5,0	
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)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2 5 1 1 1 1 6	504()(2)						
2 Enter total number of seconganizations					•		•
For Paperwork Poduction Act No.							nedule 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 fellowships	1510	10,141,752			

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
Other Information		the students receiving scholarships and fellowships are judged by the College on the basis of academic achievement, financial need and other objective standards

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493133045710

OMB No 1545-0047

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.

2008

Open to Public Inspection

Name of the organization CHESTNUT HILL COLLEGE

Employer identification number

23-1352626

Pa	rt I Questions Regarding Compensation	า				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III					
	First class or charter travel	<u> - - - - </u>	Housing allowance or residence for personal use			
	Travel for companions	\vdash	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Г	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a wi provision of all the expenses described above? If "N	•	, , ,	1b		No
2	Did the organization require substantiation prior to rofficers, directors, trustees, and the CEO/Executive	2		No		
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all the		У			
	Compensation committee	<u> </u>	Written employment contract			
	Independent compensation consultant	<u> </u>	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 VII	I, Section A, line 1a			
а	Receive a severance payment or change of control p	aymen	t?	4a		Νo
b	Participate in, or receive payment from, a supplement	ntal non	qualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-be	ased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide th	ne 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," o			7		No
8	Were any amounts reported in Form 990, Part VII, p subject to the initial contract exception described in					

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

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

Note. The sum of columns (B)(I)-(III) 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 reported in prior Form	
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ	
kenneth hicks (i			6,000		20,698	210,925	194,439	
(ii)							
(i)								
(ii)							
(i)								
(ii)							
(i)								
(ii)							
(i)								
(iii)							
(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
		THE COLLEGE RENTS AN APARTMENT NEAR THE COLLEGE THAT LYNN ORTALE LIVES IN AS A CONDITION OF HER EMPLOYMENT THE COLLEGE PAYS THE RENT DIRECTLY TO THE LANDLORD AND NO PART OF THE BENEFIT WAS TAXABLE INCOME TO THE INDIVIDUAL HOWEVER, THIS AMOUNT WAS INCLUDED AS OTHER COMPENSATION ON SCHEDULE J

Schedule J (Form 990) 2008

DLN: 93493133045710

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

Open to Public **Inspection**

Department of the Treasury Internal Revenue Service

CHESTNUT HILL COLLEGE

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.

Name of the organization

Employer identification number

Сп	ESTNOT HILL COLLEGE									23-1352	626					
P	art I Bond Issues (Required	for 2008)									_					
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date	Issued	(e) Issu	e Price	(f) Des	scription of	Purpose	urpose (g) Defeas		(h) Beha Iss	alfof		
											Yes	No	Yes	No		
A	Phila Authority - Industrial Development - Series A	23-2237287	71782AAA0	03-29-	03-29-2007		,365,000	refinanced : building and	1999 bond 1 I repairs	for new	x			×		
В	Phila Authority - Industrial Development - Series B	23-2237287	71782AAB8	03-29-2007		8,855,000		purchased land and buildir		ldıngs		х		x		
P	art III Proceeds (Optional for 2	2008)									•					
	Total Proceeds of Issue			<u> </u>	A		В	1	С	D			E			
1 2	-			 								+				
3																
4																
 5				 												
6	Working Capital Expenditures from	n Proceeds														
7	Capital Expenditures from Proceed	ds														
8	Year of Substantial Completion							1								
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No		
9	Were the bonds issued as part of a	ı current refunding iss	sue?													
10	Were the bonds issued as part of a	in advance refunding	ıssue?													
11	Has the final allocation of proceeds	s been made?	1													
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?															
Pa	art III Private Business Use ((Optional for 2008))					1	_	_						
				Yes	A No	Yes	No	Yes	C No	Yes D	No	Ye	E	No		
1	Was the organization a partner in a which owned property financed by t		mber of an LLC,	res	NO	res	140	res	NO	res	NO	re	5	NO		
2		with respect to the fir	nanced property													
For	Paperwork Reduction Act Notice, see the	e Instructions for Form	າ 990.			Cat No 50193E					Schedule K (Form 990) 2008					

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

		4	A	E	3	(С	I	D	I	E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
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	(<u>c</u>	D		ı	Ε
		Yes	No	Yes	No	Yes	No	Yes	No	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?										

. 93493133045710

OMB No 1545-0047

2008

Open to Public Inspection

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

►Atta

► 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.

Supplemental Information to Form 990

Name of the organization CHESTNUT HILL COLLEGE

Employer identification number
23-1352626

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 4		THE ORGANIZATION AMENDED THE BY LAWS TO DECREASE THE REQUIRED NUMBER OF SISTERS OF ST JOSEPH ON THE BOARD FROM 1/3 TO 1/5 PLUS 1 IN ADDITION, THE REQUIREMENT THAT THE CHAIR OF THE BOARD BE A SISTER OF ST JOSEPH WAS REPLACED BY THE REQUIREMENT THAT THE VICE CHAIR BE A SISTER OF ST JOSEPH

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		THE FORM 990 AND ALL THE ACCOMPANY ING SCHEDULES ARE REVIEWED BY THE COLLEGE'S EXTERNAL AUDIT FIRM AFTER THE INITIAL REVIEW, THE FORM 990 IS THEN DISTRIBUTED TO THE AUDIT COMMITTEE MEMBERS FOR THEIR REVIEW AND APPROVAL ANY CHANGES MADE BY THE AUDIT COMMITTEE ARE COMMUNICATED TO OUR EXTERNAL AUDIT FIRM TO ENSURE COMPLIANCE WITH ALL FEDERAL REGULATIONS

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		THE PROCESS FOR DETERMING THE COMPENSATION FOR THE CHIEF EMPLOYED EXECUTIVE, WHICH IS THE COLLEGE PRESIDENT, AND THE OFFICERS IS DOCUMENTED IN THE COLLEGE'S "PROCESS FOR DETERMINING COMPENSATION" POLICY THE COLLEGE'S PRESIDENT, CAROL JEAN VALE, SSJ, RECEIVES NO COMPENSATION THE BOARD OF DIRECTORS APPROVES THE FISCAL YEAR BUDGET WHICH CONTAINS THE TOTAL COMPENSATION AMOUNT FOR THE YEAR THE PRESIDENT AND THE VICE PRESIDENT FOR FINANCIAL AFFAIRS DETERMINE THE SALARIES OF OFFICERS AND OTHER COLLEGE EMPLOYEES BASED ON THE BUDGET AND MARKET DATA FROM COMPARABLE INSTITUTIONS

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		THE COLLEGE MAKES AVAILABLE THE FORM 990 TO THE PUBLIC UPON REQUEST OTHER DOCUMENTS, POLICIES, AND FINANCIAL STATEMENTS MAY BE MADE AVAILABLE TO THE PUBLIC UPON REQUEST AT THE COLLEGE'S ACCOUNTING OFFICE EACH REQUEST FOR THE DOCUMENTS WILL BE REVIEWED AND APPROVED BY THE VICE PRESIDENT FOR FINANCIAL AFFAIRS ON A CASE BY CASE BASIS

ldentifier	Return Reference	Explanation
Form 990, Part XI, Line 2c		THE COLLEGE HAS AN AUDIT COMMITTEE WHO IS RESPONSIBLE FOR THE SELECTION OF THE INDEPENDENT AUDITORS AND THEY ARE ALSO RESPONSIBLE FOR REVIEWING AND APPROVING THE FINANCIAL STATEMENTS

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

CHESTNUT HILL COLLEGE				Employer iden	tification number
				23-1352626	
Part I Identification of Disregarded Entities					
(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
Part II Identification of Related Tax-Exempt Organization	tions				
(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 state (if section 501(c)	(F) Eatus Direct controlling entity
congregation of the sisters of st joseph 9701 Germantown Avenue philadelphia, PA19118	The local communities are primarily engaged in providing teaching and nursin	PA	501(c)(3)	1	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat No 50135	5Y		Schedule R (Form 990) 2008

(A) Name, address, and EIN of related organization	Prim	(B) nary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	incom	(E) lominant le(related, lestment, related)	Share	(F) e of total income	(G) Share of end-of- year assets	(H Disprop allocat	l) ortionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gene mana part	agıng
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organ		(B) Primary activity		(C) Legal domicile (state or foreign country)		(D) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	(G) hare of l-of-yea assets	(H) Percentage r ownership		

Part V	Transactions with Related Organizations
--------	---

126	τν	Transactions with Related Organizations							
	Note.	Complete line 1 if any entity is listed in Parts II, III or IV			Ye	es No			
1 Du	rıng th	ne tax year, dıd the orgranızatıon engage ın any of the following transactıon	s with one or more related organizations listed in Parts II-	·IV?					
а	Recei	eipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity							
b	Gıft, g	rant, or capital contribution to other organization(s)			1b	No			
c	Gıft, g	rant, or capital contribution from other organization(s)			1c	No			
d	Loans	or loan guarantees to or for other organization(s)			1d	No			
e	Loans	or loan guarantees by other organization(s)			1e	No			
f	Sale o	fassets to other organization(s)		<u></u>	1f	No			
g	Purch	ase of assets from other organization(s)		<u>[</u>	1g	No			
h	Excha	inge of assets		<u>.</u>	1h	No			
i I	Lease	of facilities, equipment, or other assets to other organization(s)			1i	No			
j	Lease	of facilities, equipment, or other assets from other organization(s)		<u> </u>	1 j	No			
k	Perfor	mance of services or membership or fundraising solicitations for other org	anization(s)	L	1k	No			
1 1	Perfor	mance of services or membership or fundraising solicitations by other orga	anization(s)	[11	No			
m	Sharın	ng of facilities, equipment, mailing lists, or other assets		<u>[</u>	1m	No			
n	Sharır	ng of paid employees		<u>[</u>	1n	No			
o	Reımb	oursement paid to other organization for expenses		<u>[</u>	10	No			
р	Reımb	oursement paid by other organization for expenses		<u> </u>	1p	No			
q	Other	transfer of cash or property to other organization(s)		-	1q	No			
r	Other	transfer of cash or property from other organization(s)		[1r	No			
2	Ifthe	answer to any of the above is "Yes," see the instructions for information or	n who must complete this line, including covered relations	nips and transaction thresholds					
		(A)	(B) Transaction	(C)					
		Name of other organization(s)	type(a-r)	Amount Involved					
(1)									
(2)									
(2)									
(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

									_											
(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) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		(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										
			•			•	•	Sabadula	D / Form	000) 2000										

Software ID: Software Version:

EIN: 23-1352626

Name: CHESTNUT HILL COLLEGE

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa										
	(B) Average hours per week	Posit t	(C tion (hat a	chec		1		(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F)
(A) Name and Title		Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			Estimated amount of other compensation from the organization and related organizations
LAURI STRIMKOVSKY , VP/TREASURER CHESTNUT HI	50 00	×		х		×		126,875	0	16,965
Carol Jean Vale SSJ , president	50 00	Х		Х				0	0	0
Joseph Coradino , BOARD MEMBER		Х						0	0	0
Mary Dacey ssj , BOARD MEMBER		Х						0	0	0
Joseph Denny , BOARD MEMBER		X						0	0	0
Carol mccullough fitzger , BOARD MEMBER		Х						0	0	0
George J hartnett esq , BOARD MEMBER		X						0	0	0
BARBARA K'LORIO MARTINO , BOARD MEMBER		Х						0	0	0
MARGARET MCCAFFERY , BOARD MEMBER		Х						0	0	0
PETER MCGLINCHY , BOARD MEMBER		Х						0	0	0
ANNE P MYERS SSJ , BO ARD MEMBER		Х						0	0	0
JACK GULATI , BOARD MEMBER		Х						0	0	0
MIRIAM GIBBONS MANDELL , BOARD MEMBER		Х						0	0	0
ANNEMARIE RO CHE SSJ , BO ARD MEMBER		Х						0	0	0
JOHN SABIA JR , BOARD MEMBER		X						0	0	0
KATHRYN MILLER SSJ , BO ARD SECRETARY		Х		х				0	0	0
MARY NOEL PAGE , BOARD MEMBER		Х						0	0	0
MARIANNE MCGURK WALLAESA , BOARD MEMBER		Х						0	0	0
harry BARBIN , BOARD MEMBER		Х						0	0	0
REGINA BELL , BOARD MEMBER		Х						0	0	0
WILLIAM BUCCI, BOARD MEMBER		Х						0	0	0
MICHAEL F DUNLEAVY , BO ARD MEMBER		Х						0	0	0
CONSTANCE GILDER SSJ , BOARD MEMBER		Х						0	0	0
STEVEN J GORDON PH D , BOARD MEMBER		Х						0	0	0
KENT GRISWOLD PH D , BOARD MEMBER		Х						0	0	0
NAN HECHENBERGER , BOARD MEMBER		Х						0	0	0
SHAUN FO'MALLEY , BOARD MEMBER		Х						0	0	0
CATHERINE LOCKYER MOULTO , BOARD MEMBER		Х						0	0	0
JOELLEN PARSONS , BOARD MEMBER		Х						0	0	0
PHILLIP F RADOMSKI , BOARD MEMBER		Х						0	0	0

Form 990, Part VII - Section Aaa

TOTHI 990, Part VII - Section All										
(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)								(F)
		Individual Trustee or Director	Institutional Trustee		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
CATHERINE ROBINSON , BOARD MEMBER		Х						0	0	0
JACK J SANDOSKI , BOARD MEMBER		Х						0	0	0
CAROL ZINN SSJ , BOARD MEMBER		Х						0	0	0
kenneth hicks , vp-institutional adv	50 00					Х		190,227	0	20,698
lynn ortale , VP-student affairs	50 00					Х		104,545	0	34,833
JOSEPH MICUCCI , PROFESSOR	50 00					Х		105,660	0	15,374
george mckenna , vice-president of IT/cfo	50 00					х		101,613	0	4,125
scott browning , proFESSOR	50 00					Х		101,770	0	14,103

Form 990, Part I, Line 1 - Briefly describe the Organization's mission or most significant activities:

CHESTNUT HILL COLLEGE IS A PRIVATE LIBERAL ARTS COLLEGE LOCATED IN PHILADELPHIA, PENNSYLVANIA, SPONSORED BY THE CONGREGATION OF THE SISTERS OF SAINT JOSEPH OF PHILADELPHIA.THE MISSION OF CHESTNUT HILL COLLEGE IS TO PROVIDE STUDENTS WITH HOLISTIC EDUCATION IN AN INCLUSIVE CATHOLIC COMMUNITY MARKED BY ACADEMIC EXCELLENCE, SHARED RESPONSIBILITY, PERSONAL AND PROFESSIONAL GROWTH, SERVICE TO ONE ANOTHER AND TO THE GLOBAL COMMUNITY, AND CONCERN FOR THE EARTH.

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

CHESTNUT HILL COLLEGE, FOUNDED IN 1924, IS AN INDEPENDENT, CATHOLIC INSTITUTION THAT FOSTERS EQUALITY THROUGH EDUCATION. THE COLLEGE ESPOUSES THE BELIEFS & VALUES INHERENT IN THE JUDEO-CHRISTIAN TRADITION WHILE IT RESPECTS THE CONTRIBUTIONS MADE BY OTHER FAITH TRADITIONS IN THE DEVELOPMENT OF THE WHOLE PERSON. THE COLLEGE NURTURES A SENSE OF INTEGRITY, SPIRITUALITY, AND SOCIAL JUSTICE IN ALL.