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Form **990**

Department of the Treasury

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

2009

Open to Public

							Inspection	
			car, or tax year beginning 07- C Name of organization	01-2009 and ending 06-30-2010	U	D Employer ider	ntification number	
_		pplicable Please use IRS	Cedar Crest College			. ,		
_	dress ch	label or	Doing Business As			23-1365953 E Telephone nu		
Na	me char	nge print or type. See				·		
Ini	tıal retur	rn Specific		ox if mail is not delivered to street addre	ss) Room/suite	(610) 606-4		
– Te	mınated	Instruc- tions.	100 College Drive			G Gross receipts \$	5 46,809,129	
– Am	nended r	return	City or town, state or country,	and ZIP + 4		ł		
– _{An}	nlıcatıon	pending	Allentown, PA 181046196					
71	pileation			- # ·		ı		
			ame and address of principal	omicer		ıs a group return ates?	for	
		100 0	College Drive		aiiiiid	ites	i res i no	
		Allent	town,PA 181046196		H(b) Are al	II affiliates include	ed?	
To	v ovem	unt status II Ford					(see instructions)	
		:: • www.cedarcr	(c) (3) ◀ (insert no)	3)(1) Or 52/	H(c) Grou	up exemption nur	nber ►	
					<u> </u>			
	m of org rt I	ganization ✓ Corpor Summary	ration Trust Association Of	:her ▶	L Year of fo	rmation 1867 M	State of legal domicile PA	
ĿĊ			:he organization's mission or	most significant activities				
	1	•	•	EDICATED TO THE EDUCATIO	N OF THE NE	XT GENERATIO	N OF LEADERS	
ankellidilice ankellidilice								
<u>.</u>								
5	2	Check this box 🕨	🖵 if the organization discon	tinued its operations or disposed	of more than	25% of its net a	ssets	
	3	Number of voting	members of the governing b	ody (Part VI, line 1a)		3	2	
))	4	Number of indepe	endent voting members of the	e governing body (Part VI, line 1b)	. 4		
	5	Total number of e	employees (Part V , line 2a)				56	
			volunteers (estimate if neces					
Ì			•	Part VIII, column (C), line 12				
		-	siness taxable income from F	, , , , , , , , , , , , , , , , , , , ,	•	7a 7b		
	-	Net unrelated bu		01111 9 90 - 1 , 1111e 3 4	Deia	or Year	Current Year	
	• Contributions and grants (Part VIII line 1b)					-		
ā	8 Contributions and grants (Part VIII, line 1h)					3,884,162	4,142,002	
듭	9	3	e revenue (Part VIII, line 2g		36,701,630	39,306,726		
Haven	10		ome (Part VIII, column (A), l		-540,626	18,97		
_	11			5, 6d, 8c, 9c, 10c, and 11e)		608,270	331,42	
	12			t equal Part VIII, column (A), line	e	40,653,436	43,799,120	
	13			olumn (A), lines 1–3)		9,923,521	11,170,912	
				umn (A), line 4)		9,923,321	11,170,912	
	14	·			_			
8	15	Salaries, other (compensation, employee ben	efits (Part IX, column (A), lines 5	>-	19,502,697	19,481,387	
Expenses	16a	•	ıdraısıng fees (Part IX, colum	nn (A), line 11e)			(
ੜੇ	ь	Total fundraising ex	openses (Part IX, column (D), line 2	25) ▶ 1,369,335				
ш	17			l1a-11d, 11f-24f)		12,139,689	12,151,07	
	18	Total expenses	Add lines 13-17 (must equ	al Part IX, column (A), line 25)		41,565,907	42,803,370	
	19	Revenue less ex	xpenses Subtract line 18 fro	m line 12		-912,471	995,750	
5 % 9 E			·		Beginning	g of Current	End of Year	
ner Assers or Fend Balances					Y	fear		
300	20		art X, line 16)			54,187,531	59,668,834	
32	21	Total liabilities	(Part X, line 26)			25,538,543	27,326,398	
	22		ınd balances Subtract line 2	1 from line 20		28,648,988	32,342,436	
Pa	rt II	Signature B	lock					
				ined this return, including accompanying				
		and belief, it is true	, correct, and complete Declaration	n of preparer (other than officer) is base	d on all informat	ion of which prepare	r has any knowledge	
Sigr	1	*****			2011	-05-12		
Here		Signature of offi	cer	-03-12				
			HEE EINANGIAL OFFICED/TDEACHD	.ED				
		Audra J Kahr Ch Type or print na	HIEF FINANCIAL OFFICER/TREASUR me and title	EK				
		 		Det -	Charle of	Duame		
		Preparer's signature Date Check if self-empolyed				Preparer's identify (see instructions)		
						1		
Paid		signature P Juliu			Impolyed F	+		
Prep	arer's	Firm's name (or you	urs ParenteBeard LLC		Emporyed F	FIN b		
rep		organiano p	P		Emporyed F	EIN Þ	_	
rep	arer's	Firm's name (or you if self-employed),	•			EIN Phone no (21	.5) 972-0701	

Part III Statement of Program Service Accomplishments

1 1	Briefly	describe	the	organization's	mission
-----	---------	----------	-----	----------------	---------

Cedar Crest is a Liberal Arts College for women dedicated to the education of the next generation of leaders. Cedar Crest College prepares women for life in a global community by educating the whole student

2	Did the erganization	a undertake any ejanificant	nrogram convece during the very	s which were not listed on	
2	the prior Form 990	or 990-EZ?	program services during the year		Yes ✓ No
	If "Yes," describe th	nese new services on Sched	lule O		
3	Did the organization services?	= :	e significant changes in how it co		Yes 🗸 No
	If "Yes," describe th	nese changes on Schedule (o .		
4	Section 501(c)(3) a	and 501(c)(4) organizations	r each of the organization's three s and section 4947(a)(1) trusts a evenue, if any, for each program	are required to report the amoun	
4a	(Code) (Expenses \$	34,615,256 including grants of \$	11,170,912) (Revenue \$	39,284,961)
	LEHIGH VALLEY, WHIC YORK CITY THE COLL	H HAS A COMBINED POPULATION	IS LOCATED IN THE WESTERN RESIDEN OF APPROXIMATELY 640,000 THE COLL 00 STUDENTS AND HAS AN 11 1 STUDEN	ege is within 55 miles of Philadeli	PHIA AND 90 MILES OF NEW
4b	(Code) (Expenses \$	ıncludıng grants of \$) (Revenue \$)
	-				
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	-				
	-				
4d	Other program ser	rvices (Describe in Schedu	le O)		
	(Expenses \$	ıncludır	ng grants of\$) (Revenue \$)
4e	Total program serv	vice expenses > \$	34,615,256		

Part TV	Checklis	st of De	auired 9	Schedules
	CHECKII	SL UI KE	uuneu s	cneuules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
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 similar funds or 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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
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, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	Į		
13	Is the organization a school 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 United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
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 U S? <i>If "Yes," complete Schedule F, Part II</i>	15		No
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 U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Νο
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States 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 of grants and other assistance to individuals in the United States 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, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? 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 line 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		Νο
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
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	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		N o
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		N o
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Νο
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		Νo
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> " <i>Yes,"</i> complete Schedule N, Part II	32		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		N o
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		Νο
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		N o
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 99 0	(2009)

orm	990 (2	2009)					Page 5	
Pai	rt V	Statements Regarding Other IRS Filings and Tax Complianc	е					
						Yes	No	
1a		the number reported in Box 3 of Form 1096, Annual Summary and Transmittal						
	of U.S.	. Information Returns. Enter -0- if not applicable	1a	44				
		the number of Ferrer W 2C meluded in line 1. Feter 2. first employed.	ıa	44				
b	Enter	the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0				
c		ء ne organization comply with backup withholding rules for reportable payments to	o vend	dors and reportable				
_	_	ng (gambling) winnings to prize winners?			1c	Yes		
2a		the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax</i> ments filed for the calendar year ending with or within the year covered by this						
			2a	563				
b	Not e:	east one is reported on line 2a, did the organization file all required federal emp If the sum of lines 1a and 2a is greater than 250, you may be required to e-file ictions)			2b	Yes		
3a	Dıd th	ne organization have unrelated business gross income of \$1,000 or more during	g the y	year covered by this				
_		12			3a		No	
		s," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Sche</i>			3b			
4a		y time during the calendar year, did the organization have an interest in, or a si a financial account in a foreign country (such as a bank account, securities acc	-	•				
		int)?			4a		No	
b		s," enter the name of the foreign country 🕨						
		he instructions for exceptions and filing requirements for Form TD F 90-22 1, F cial Accounts	Report	of Foreign Bank and				
5a	Was t	he organization a party to a prohibited tax shelter transaction at any time durin	ng the	tax year?	5a		No	
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?							
c	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding							
_	Prohibited Tax Shelter Transaction?							
Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?							No	
b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?							
7		nizations that may receive deductible contributions under section 170(c).						
	servic	ne organization receive a payment in excess of \$75 made partly as a contributions provided to the payor?			7a		No	
		s," did the organization notify the donor of the value of the goods or services pr			7b			
	file Fo	ne organization sell, exchange, or otherwise dispose of tangible personal proper orm 8282?		which it was required to	7c		No	
d	If "Ye:	s," indicate the number of Forms 8282 filed during the year	7d					
e		ne organization, during the year, receive any funds, directly or indirectly, to pay	-	· · · · · · · · · · · · · · · · · · ·	7e		No	
f	Dıd th	ne organization, during the year, pay premiums, directly or indirectly, on a perso	onal b	enefit contract?	7f		No	
_		l contributions of qualified intellectual property, did the organization file Form 8		•	7g			
h		ontributions of cars, boats, airplanes, and other vehicles, did the organization fi red?	le a F	orm 1098-C as	7h			
8	thesu	soring organizations maintaining donor advised funds and section 509(a)(3) supporting organization, or a donor advised fund maintained by a sponsoring organization, or a donor advised fund maintained by a sponsoring organization or a donor advised fund maintained by a sponsoring organization.	anızat	ion, have excess	8			
9	Spons	oring organizations maintaining donor advised funds.						
а	Dıd th	ne organization make any taxable distributions under section 4966?			9a			
b	Did th	ne organization make a distribution to a donor, donor advisor, or related person	?.		9b			
10	Sect io	on 501(c)(7) organizations. Enter		•				
		tion fees and capital contributions included on Part VIII, line 12	10a					
b	Gross facilit	receipts, included on Form 990, Part VIII, line 12, for public use of club ies	10b					
11	Section	on 501(c)(12) organizations. Enter					I	

Gross income from other sources (Do not net amounts due or paid to other sources

against amounts due or received from them)

11a

11b

a Gross income from members or shareholders .

12a

100 COLLEGE DRIVE

(610) 606-4666

ALLENTOWN, PA 181046196

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sa	ction A. Governing Body and Management					
30	ction A. Governing body and Hanagement				Yes	No
					165	140
1a	Enter the number of voting members of the governing body	1a	29			
ь	Enter the number of voting members that are independent	1b	27			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?	ıness	relationship with any	2		Νο
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management con			3		Νο
4	Did the organization make any significant changes to its organizational documents s		•	_		
_	filed?			4		No
5	Did the organization become aware during the year of a material diversion of the orga			5		No
6	Does the organization have members or stockholders?			6		No
7a	Does the organization have members, stockholders, or other persons who may elect governing body?			7a		Νo
Ь	Are any decisions of the governing body subject to approval by members, stockhold	ers, o	rother persons?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written active year by the following ${\sf var}$	ons ur	ndertaken during the			
а	The governing body?			8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?			8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? If "Yes," provide the names and addresses in Sched	who c	annot be reached at the	9		Νο
Sa	ction B. Policies (This Section B requests information about policies not			,		110
	venue Code.)	equi	red by the Internal			
	, on a death				Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	_		10a		No
	If "Yes," does the organization have written policies and procedures governing the ac		es of such chanters			
	affiliates, and branches to ensure their operations are consistent with those of the or	ganız	ation?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governir	ig boa	y before filling the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Fo	orm 9	90			
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 to conflicts?	ıntere •	sts that could give rise	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance wit describe in Schedule O how this is done	h the	policy? If "Yes,"	12c	Yes	
13	Does the organization have a written whistleblower policy?			13	Yes	
14	Does the organization have a written document retention and destruction policy? .			14		Νο
15	Did the process for determining compensation of the following persons include a revi independent persons, comparability data, and contemporaneous substantiation of th	ew an	d approval by			
2	The organization's CEO, Executive Director, or top management official		stration and decision,	15a	Yes	
	Other officers or key employees of the organization			15b	Yes	
_	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			100	100	
	Ti les to line a of b, describe the process in schedule o (See instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture of taxable entity during the year?			16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization in joint venture arrangements under applicable federal tax law, and take	anızat	ion to evaluate its			
	organization's exempt status with respect to such arrangements?			16b		
Sa	ction C. Disclosure			200		
17	List the States with which a copy of this Form 990 is required to be filed PA					
	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable	1 990	and 990-T (501(c)			
10	(3)s only) available for public inspection. Indicate how you make these available. Ch. Own website. A nother's website. Upon request.					
19	Describe in Schedule O whether (and if so, how), the organization makes its governir interest policy, and financial statements available to the public. See Additional Data	-				
20	State the name, physical address, and telephone number of the person who possess			ie orda	ınızatıor	ı) -
	Audra Kahr			0. ga		• •

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

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

Check this box if the organization did i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation from the	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

2	Total number of individuals (including but not limited to those listed above) who received more than
	\$100,000 in reportable compensation from the organization 12

			Yes	No	
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> "Yes," complete Schedule J for such individual	3		No	
4	For any individual listed on line 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 individual				
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		N o	

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				
PARKHURST DINING SERVICES PO BOX 644091 PITTSBURGH, PA 15264	FOOD SERVICES	1,370,452				
MILLER MILLER & MCLACHLAN 1245 NEWPORT AVE NORTHAMPTON, PA 18067	CONSTRUCTION CONTRACTOR	524,357				
HEALTHWORKS 400 N 17TH ST STE 207 ALLENTOWN, PA 18104	STUDENT HEALTH SERVICES	207,284				
SINGER EQUIPMENT COMPANY 150 SOUTH TWIN VALLEY ROAD ELVERSON, PA 19520	KITCHEN EQUIPMENT	169,109				
ALAN KUNSMAN ROOFING AND SIDING INC 203 WASHINGTON STREET FREEMANSBURG, PA 18017	CONSTRUCTION CONTRACTOR	166,792				
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization \$10						

Form 99								Page 9
Part	/1111	Statement of	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
22	1a	Federated cam	paigns 1a					314
<u>₽</u>	ь	Membership du	es 1b					
ಕ್ರ€	l c		ents 1c					
Contributions, gifts, grants and other similar amounts	d		zations 1d					
2,≝ 5,2	e	Government grants		2,128,027				
utions, c er simil	- F	All other contribution	ons, gifts, grants, and 1f	2,013,975		-		
돌	-	sımılar amounts no	ot included above					
풀	g	lines 1a-1f \$ _	butions included in 30,062					
9 C	h	Total. Add lines	s 1a-1f	▶	4,142,002			
				Business Code				
E.	2a	TUITION AND FEES	5	611,600	33,904,493	33,904,493		
ex. exe	ь	RESIDENCE FEES	_	611,600	2,645,104	2,645,104		
Program Serwce Revenue	c	DINING FEES	_	611,600	2,028,794	2,028,794		
¥.	d	SWIM & SAFETY PR	ROGRAMS	611,600	601,570	601,570		
ğ	e	BOOKSTORE		611,600	105,000	105,000		
튵	f	All other progra	am service revenue	,	21,765	,		21,765
š					·			,
	д 3		s 2a-2f	+	39,306,726			
			ome (including dividend ar amounts)		329,783			329,783
	4		stment of tax-exempt bond p					
	5	Royalties		▶	2,082			2,082
			(ı) Real	(II) Personal				
	6a	Gross Rents	365,485					
	Ь	Less rental expenses	106,280					
	С	Rental income or (loss)	259,205					
	d		me or (loss)		259,205			259,205
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	2,592,917					
	ь	Less cost or	2,903,729					
		other basis and sales expenses						
	C	Gain or (loss)	-310,812	<u> </u>	210.012			210.012
	d 8a		s)		-310,812			-310,812
Other Revenue	Julia	Gross income f events (not inc \$ of contributions See Part IV, lin	luding s reported on line 1c)					
خ ح		,	а					
ф	ь		penses b					
0	С		loss) from fundraising (events 🟲				
	9a	Gross income f See Part IV, lin	rom gaming activities ne 19 a					
	b c		penses b (loss) from gaming activ	vities				
	10a	Gross sales of returns and allo	• *					
	ь	Less cost of g	oods sold b					
	С	=	ا loss) from sales of inve	entory ►				
		Miscellaneous	s Revenue	Business Code				
	11a	COMMISSION	S	900,099	26,314			26,314
	ь	FINES & CHAR	GES	900,099	13,582			13,582
	С							
	d	All other reven			30,238			30,238
	e	Total. Add lines		· · · •	70,134			
	12	iotai revenue.	See Instructions	· ·	43,799,120	39,284,961	ı	372,157

	990 (2009)				Page 10
Par	IX Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations m			(D)	
	ll other organizations must complete column (A) but are not required to		(B)	(D).	(D)
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV $\!$				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	11,170,912	11,170,912		
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	1,442,926	627,296	672,200	143,430
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	14,579,646	11,598,804	2,135,675	845,167
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	452,603	396,057	29,625	26,921
9	Other employee benefits	1,887,388	1,426,693	339,272	121,423
10	Payroll taxes	1,118,824	835,822	 	74,589
11	Fees for services (non-employees)				
а	Management				
h	Legal	157,969		157,969	
c	Accounting	92,725		92,725	
d	Lobbying	32,723		32,723	
e	Professional fundraising See Part IV, line 17				
	Investment management fees	79.434	79.434		
f	-	78,434	78,434		10.422
g 42	Other	1,052,784	553,581	 	10,432
12	Advertising and promotion	177,565	•	· · · · · ·	346
13	Office expenses	1,813,937	1,153,165	 	80,168
14	Information technology	110,617	56,982	43,593	10,042
15	Royalties				
16	Occupancy	2,338,738		· · · · · · · · · · · · · · · · · · ·	
17 18	Travel	295,836	244,182	39,358	12,296
10	state, or local public officials				
19	Conferences, conventions, and meetings	60,566	51,328	6,099	3,139
20	Interest	1,010,208	1,010,208		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,227,312	1,518,521	708,791	
23	Insurance	75,274	5,145	70,129	
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	Auxiliary enterprises	1,634,205	1,634,205		
b	Various program expense	465,606	151,481	297,128	16,997
c	Membership fees	165,298	45,801	116,882	2,615
d	Dining services	135,708	100,355	30,049	5,304
e	Student support	94,259	94,126	133	
f	All other expenses	164,030	115,405	32,159	16,466
25	Total functional expenses. Add lines 1 through 24f	42,803,370	34,615,256	6,818,779	1,369,335
26	Joint costs. Check here ► ☐ 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				·
		•	•		

Pa	rt X	Balance Sheet					
					(A)		(B)
					Beginning of year		End of year
	1	Cash—non-interest-bearing			2 205 254	1	2 020 500
	2	Savings and temporary cash investments	•		2,095,354		2,638,509
	3	Pledges and grants receivable, net	•		5,983,402		5,437,811
	4	Accounts receivable, net			1,265,577	4	1,594,296
	5	Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of	s, key e	mployees, and			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under s persons described in section $4958(c)(3)(B)$ Complete Part II of		4958(f)(1)) and			
		Schedule L				6	
ssets	7	Notes and loans receivable, net			7		
8	8	Inventories for sale or use			8	_	
⋖	9	Prepaid expenses and deferred charges			708,763	9	795,651
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	57,164,852			
	ь	Less accumulated depreciation	10b	29,523,346	27,262,459	10c	27,641,506
	11	Investments—publicly traded securities			14,083,473	11	16,180,913
	12	Investments—other securities See Part IV, line 11			1,859,051	12	4,427,278
	13	Investments—program-related See Part IV, line 11			929,452	13	952,870
	14	Intangible assets				14	_
	15	Other assets See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			54,187,531	16	59,668,834
	17	Accounts payable and accrued expenses .			1,221,044	17	1,045,186
	18	Grants payable				18	
	19	Deferred revenue			1,376,185	19	1,240,237
	20	Tax-exempt bond liabilities			19,229,541	20	20,758,063
68	21	Escrow or custodial account liability Complete Part IV of Schedul	le D .			21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
<u></u>		persons Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrelated third parties			1,146,943	23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			2,564,830	25	4,282,912
	26	Total liabilities. Add lines 17 through 25			25,538,543	26	27,326,398
-S		Organizations that follow SFAS 117, check here 🕨 🔽 and comp	lete lin	es 27			
ġ		through 29, and lines 33 and 34.					
an I	27	Unrestricted net assets			7,005,739	27	9,420,280
Ba	28	Temporarily restricted net assets			5,481,476	28	6,329,973
Fund Balance	29	Permanently restricted net assets			16,161,773	29	16,592,183
Œ		Organizations that do not follow SFAS 117, check here 🕨 🦵 an	nd comp	let e			
5	_	lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other fu	ınds			32	
Net	33	Total net assets or fund balances			28,648,988	33	32,342,436
	34	Total liabilities and net assets/fund balances			54,187,531	34	59,668,834

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	▼ Separate basis			
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? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Form **990** (2009)

Employer identification number

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Public Charity Status and Public Support

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

Cedar Crest College

23-1365953

Pa	rt I	Reas	on for Pub	olic Charity Stat	us (All orga	anızatıons r	nust comple	ete this par	t.) See ınst	ructions			
he o	organiz	zation is	not a private	foundation because	ıtıs (Forlır	nes 1 througl	h 11, check o	nly one box)				
1	Γ	A churc	h, conventio	n of churches, or as:	sociation of c	hurches se	ction 170(b)(1)(A)(i).					
2	✓	A schoo	ol described	ın section 170(b)(1)	(A)(ii). (Atta	ach Schedule	∍ E)						
3	Γ	A hospi	tal or a coop	erative hospital serv	vice organiza	tion describe	ed in section	170(b)(1)(A)(iii).				
4	Γ		cal research l's name, cıt	organization operate y, and state	ed in conjunc	tion with a ho	ospital descri	ıbed ın sectio	on 170(b)(1)((A)(iii). Ente	er the		
5	Г	An orga	nızatıon ope	rated for the benefit	of a college o	or university	owned or ope	erated by a g	overnmental	unit describe	_ ed in		
		section	170(b)(1)(A	\)(iv). (Complete Pa	rt II)	·	·						
6	Γ	A federa	al, state, or l	ocal government or	governmenta	l unit descril	bed in sectio r	n 170(b)(1)(A)(v).				
7	Γ	describ	ed ın	t normally receives a		part of its su	upport from a	government	al unit or fron	n the general	public		
8	г	section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)											
9	, _		•	t normally receives			•		tions membe	rshin fees a	nd aross		
•	,			ties related to its ex									
				ss investment incom									
				anızatıon after June 3						.,			
10	Г				•			•	•				
11	F	An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type II c Type III - Functionally integrated d Type III - Other											
e f	Γ	other th section	ian foundatio 509(a)(2) rganization r	x, I certify that the o on managers and oth eceived a written de	er than one o	r more public	cly supported	l organizatioi	ns described	in section 50	09(a)(1) or		
g		Since A		006, has the organız	ation accept	ed any gıft o	r contribution	from any of	the		,		
				ectly or indirectly co	ntrols, either	r alone or tog	gether with pe	ersons descr	ıbed ın (ıı)		Yes No		
		and (III)	below, the g	overning body of the	the support	ed organızatı	ion?			11g(i)			
		(ii) a fa	mıly membei	r of a person describ	ed ın (ı) abov	e?				11g(ii)			
		(iii) a 3	5% controll	ed entity of a person	described in	(ı) or (ıı) abo	ove?			11g(iii)			
h		Provide	the following	g information about t	he supported	d organizatio	n(s)						
	(i) Name suppor rganiza	e of rted	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organizati col (i) list your govei documei	on in ed in rning	(v) Did you not organizati col (i) of support	on ın your	(vi) Is the organizati col (i) orga in the U	on in anized	(vii) A mount of support?		
				matractions//			1	† · · · ·		1			

Total

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	֥ <i>)</i>		
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	organization's benefit and either						
	paid to or expended on its						
	behalf						
3	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
_	(f) Dublic Support Subtract line F from						
6	Public Support. Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and stop here						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
	and stop here. The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	▶ □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and stop here. The organization				,		▶
17a	10%-facts-and-circumstances test-	-2009. If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization				gaao., quu		▶ ┌
10	Deiveta Farmdation Ifthe averagest	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

▶□

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that				+		
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 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,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes been	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

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

Part IV

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

Schedule A (Form 990 or 990-EZ) 2009

Software ID: Software Version:

EIN: 23-1365953

Name: Cedar Crest College

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours per		(C tion (hat a	che)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
	we e k	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations	
AMELIA M WAGNER ESQ TRUSTEE	1 00	Х						0	0	0	
DAVID FINN LIFE TRUSTEE	1 00	X						0	0	0	
DAVID M JAINDL TRUSTEE	1 00	Х						0	0	0	
DR ANNE OKAL WINKLER LIFE TRUSTEE	1 00	Х						0	0	0	
DR CHARLES D SNELLING LIFE TRUSTEE	1 00	Х						0	0	0	
DR MARTHA HUTSON SAXTON TRUSTEE	1 00	X						0	0	0	
DR ROLAND L SIGAL LIFE TRUSTEE	1 00	Х						0	0	0	
EDWARD L JONES JR LIFE TRUSTEE	1 00	Х						0	0	0	
HELENE M WHITAKER TRUSTEE	1 00	Х						0	0	0	
DR JANE ISAACS LOWE TRUSTEE	1 00	Х						0	0	0	
KAREN LONG WAGNER TRUSTEE	1 00	X						0	0	0	
KRISTIN ALLARD TRUSTEE	1 00	X						0	0	0	
LINDA WEIMER TRUSTEE	1 00	X						0	0	0	
LINDA OLEKSIAK ZEMBRON TRUSTEE	1 00	X						0	0	0	
LISA JANE SCHELLER TRUSTEE	1 00	Х						0	0	0	
LYNN C MINELLA TRUSTEE	1 00	Х						0	0	0	
MARY BETH BIRCHBY TRUSTEE	1 00	Х						0	0	0	
PHYLLIS GRUBE TRUSTEE	1 00	Х						0	0	0	
ROXANNE AMICO TRUSTEE	40 00	Х		х				90,350	0	0	
RUTH R SPIRA TRUSTEE	1 00	Х						0	0	0	
SUSAN E HUDGINS TRUSTEE	1 00	Х						0	0	0	
SYLVIA BETZ GARDNER TRUSTEE	1 00	Х						0	0	0	
Terry Capuano TrustEE	1 00	Х						0	0	0	
CARMEN TWILLIE AMBAR ESQ PRESIDENT	40 00	Х		Х				333,661	0	52,398	
CYNTHIA BLASCHAK Chair	1 00	Х		Х				0	0	0	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) (C) A verage hours that apply)						(D) Reportable compensation from the	(E) Reportable compensation	(F) Estimated amount of other compensation		
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	rrom tne organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	from the organization and related organizations	
DR ALICE ANNE MILLER LIFE Trustee	1 00	Х						0	0	0	
GORDON C BORONOW Vice Chair	1 00	×		х				0	0	0	
PHYLLIS CAPONETTI MEYER Trustee	1 00	×						0	0	0	
ROBERT J JOHNSON ESQ Trustee	1 00	×						0	0	0	
ELAINE DEUTCH EVP-FINANCE & ADMIN/TREASU	40 00					х		178,982	0	29,612	
DR CAROL A PULHAM PROVOST	40 00					х		134,500	0	29,759	
Cheryl Wenner Secretary/Executive Assist	40 00					х		56,170	0	5,210	
Judith Neyhart EVP - Enrollment	40 00					х		207,507	0	2,354	
LAURIE MURRAY CHAIR/ASSOC PROF	40 00					х		98,239	0	11,711	
MAYNARD CRESSMAN CHAIR/ASSOC PROF	40 00					х		126,091	0	10,538	
SANDRA LEH ASSOC PROF/DIR-UNDERGRAD	40 00					х		114,660	0	12,573	
WENDY ROBB ASSOC PROF/DIR-GRAD PROG	40 00					х		124,381	0	11,568	
KIMBERLY OWENS SR EVP ENROLLMENT & STUDENT AFFAIRS	40 00					х		142,897	0	24,357	
PATRICIA MORAN VP INSTITUTIONAL ADVANCEMENT	40 00					х		130,362	0	13,068	
AUDRA KAHR CFO	40 00					х		77,448	0	10,615	
KIM SPIEZIO CHAIR/DEAN	40 00					х		110,101	0	13,058	
BRIAN MISANKO CO-CHAIR/PROF	40 00					х		108,080	0	13,646	

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
TUITION AND FEES	611,600	33,904,493	33,904,493		
RESIDENCE FEES	611,600	2,645,104	2,645,104		
DINING FEES	611,600	2,028,794	2,028,794		
SWIM & SAFETY PROGRAMS	611,600	601,570	601,570		
BOOKSTORE	611,600	105,000	105,000		

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
A uxiliary enterprises	1,634,205	1,634,205		
Various program expense	465,606	151,481	297,128	16,997
Membership fees	165,298	45,801	116,882	2,615
Dining services	135,708	100,355	30,049	5,304
Student support	94,259	94,126	133	

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As Filed Data

DLN: 93493132034741

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Internal Revenue Service

Employer identification number Name of the organization Cedar Crest College 23-1365953 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🛌 Number of states where property subject to conservation easement is located 🛌 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🕨 A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ ___ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and

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

balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes

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

0

(ii) Assets included in Form 990, Part X

841,405

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

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D Schedule D (Form 990) 2009

ar	Till Organizations Maintaining Co	<u>llections of Art</u>	<u>, His</u>	toric	<u>al Trea</u>	isures, or (Othe	er Similar As	sset	5 (coi	ntınued ,
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of th	ne follo	wing tha	t are a sıgnıfıc	ant u	use of its collec	tion		
а	Public exhibition		d	<u>~</u>	Loan or e	exchange prog	grams	5			
b	Scholarly research		e	Γ	Other						
С	✓ Preservation for future generations										
ı	Provide a description of the organization's co	ollections and expla	ın hov	w they	further t	he organizatio	n's e	xempt purpose	ın		
5	During the year, did the organization solicity assets to be sold to raise funds rather than t			,				nılar	Γ γ	es	√ No
Pa i	t IV Escrow and Custodial Arrang						ed "Y	es" to Form	990,		
	Part IV, line 9, or reported an ar										
.a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	lian or other interme	diary	for co	ntrıbutıo	ns or other as	sets	not	⊢ γ	25	┌ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ıng tal	ole						
								A	mount	:	
c	Beginning balance						1c				
d	Additions during the year						1d				
e	Distributions during the year						1e				
f	Ending balance						1f				
а	Did the organization include an amount on Fe	orm 990, Part X, line	21?						⊢ γ _€	25	┌ No
	If "Yes," explain the arrangement in Part XI\										
a'	rt V Endowment Funds. Complete							rt IV, line 10. I)Three Years Back		V.s	ars Bacl
a	Beginning of year balance	(a)Current Year 14,474,384	(1	Prior Y 18.	134,478	(c) I wo fears ba	CK (C	I)THEE TEATS DACK	(е)г	our re	ars baci
ь Б	Contributions	721,889		•	532,262						
c	Investment earnings or losses	1,746,074			272,809						
d	Grants or scholarships	-746,353			341,838					-	
e	Other expenditures for facilities				473,668						
	and programs										
f	Administrative expenses	-78,434			104,041						
g	End of year balance	16,117,560		14,	474,384						
	Provide the estimated percentage of the year	r end balance held a	is								
а	Board designated or quasi-endowment 🕨	8.000 %									
ь	Permanent endowment F 92.000 %										
c	Term endowment ▶										
а	Are there endowment funds not in the posse	ssion of the organiza	ation 1	that ar	e held ar	nd administer	ed for	the	_		
	organization by (i) unrelated organizations							32		Yes Yes	No
	(ii) related organizations			•					(i) \ (ii) \	es	Νο
ь	If "Yes" to 3a(II), are the related organization						· .		ь		
	Describe in Part XIV the intended uses of th							L	I		
a	t VI Investments—Land, Buildings	s, and Equipme	nt. S	ee Fo	rm 990	, Part X, line	10.				
	Description of investment				Cost or othe (investmer			(c) Accumulated depreciation	d (1) Boo	k value
a	Land					73	9,300				739,30
b	Buildings					38,53	5,137	17,130,5	15	21	,404,62
c	Leasehold improvements										
d	Equipment					9,13	2,779	6,588,08	88	2	,544,69
e	Other					8,75	7,636	5,804,74	43	2	,952,893

27,641,506

Part VIII Investments—Other Securities. See F	orm 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		2000 on your market value
Closely-held equity interests		
Other		
ASSETS OF POOLED INCOME FUND	117,810	
ASSETS HELD IN CHARITABLE REMAINDER	3,995,000	
TO THE STATE OF TH	3,333,633	
BENEFICIAL INTEREST IN REMAINDER TRUST	314,468	
Total (Column (h) chould equal Form 000, Part V, col (P) line 12.)	4 427 279	
Total. (Column (b) should equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related. See	4,427,278 Form 990 Part X June 13	
		(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	. 45	
Part IX Other Assets. See Form 990, Part X, line (a) Description		(b) Book value
(a) bescript		(b) book value
		<u> </u>
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15	5.)	
Part X Other Liabilities. See Form 990, Part X,	, line 25.	
1 (a) Description of Liability	(b) A mount	
Federal Income Taxes		
STUDENT DEPOSITS	111,126	
AGENCY FUNDS	93,366	
REFUNDABLE ADVANCES FROM FEDERAL GOVERNMENT FOR STUDENT LOANS	919,180	
DEFERRED COMPENSATION	246,270	
LIABILITIES UNDER SPLIT-INTEREST AGREEMENTS	2,581,947	
CAPITALIZED LEASE OBLIGATIONS PAYABLE	331,023	
CAN THATLE DE LEAGE OBLIGATIONS FATABLE	331,023	
Total (Column (h) chould organ Form 000, 5-st V1 (5) (25)		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	4,282,912	

	1000 Holden of Change in Not 7,00000 Holl 10111 Do to 1 Hamilton Statemen		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	43,799,120
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	42,803,370
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	995,750
4	Net unrealized gains (losses) on investments	4	1,764,630
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	933,068
9	Total adjustments (net) Add lines 4 - 8	9	2,697,698
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	3,693,448
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	35,502,460
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2e	-8,402,940
3	Subtract line 2e from line 1	3	43,905,400
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	-106,280
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	43,799,120
1	Reconciliation of Expenses per Audited Financial Statements With Expenses Total expenses and losses per audited financial	<u>per</u>	31,809,012
-	statements	1	31,809,012
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	106,280
3	Subtract line 2e from line 1	3	31,702,732
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 78,434		
b	Other (Describe in Part XIV)	1	
С	Add lines 4a and 4b	4c	11,100,638
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	42,803,370

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

Part XIV Supplemental Information

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

additional information	<u> </u>	
Ident if ier	Return Reference	Explanat ion
Part III, Line 4		The College collections are used for public exhibition, student research and classroom study. The College also has several collections on loan. The College uses these collections as a tool for instruction.
Part V, Line 4	Description of Intended Use of Endowment Funds	The income generated from the College's endowment is mainly utilized for scholarship aid and funding for programming in departments
Part X	Description of Uncertain Tax Positions Under FIN 48	The IRS has ruled that the College is tax-exempt as a not-for-profit organizations under section 510c3 of the IRC, accordingly, no provision for income tax is required in the accompanying financial statements. The College accounts for uncertainty in income taxes using a recognition threshold of more-likely-than not to be sustained upon examination by the appropriate taxing authority. Measurement of the tax uncertainty occurs if the recognition threshold is met. Management determined that there were no tax uncertainties that met the recognition threshold in fiscal 2010. The College's federal Exempt Organization Business Income tax returns for 2008, 2007, and 2006 remain subject to examination by the IRS. The College's policy is to recognize interest related to unrecognized tax benefits in interest expenses and penalties in operating expenses.
Part XI, Line 8 - O ther Adjustments		CHANGE IN VALUATION OF SPLIT-INTEREST AGREEMENTS 933068
Part XII, Line 2d - Other Adjustments		SCHOLARSHIP ALLOWANCES -11022204 CHANGE IN VALUATION OF SPLIT-INTEREST AGREEMENTS 933068 INVESTMENT FEES -78434
Part XII, Line 4b - Other Adjustments		RENTAL EXPENSES -106280 Recovery of Costs 0
Part XIII, Line 2d - Other Adjustments		RENTAL EXPENSES 106280 Recovery of Costs 0
Part XIII, Line 4b - Other Adjustments		SCHOLARSHIP ALLOWANCES 11022204

Employer identification number

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Cedar Crest College

Name of the organization

Schools

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2009

Open to Public

	23-1365953			
			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	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No,"	2	162	
	please explain	3	Yes	
	The non-discrimination policy is listed on Page 1 of the academic catalog which is provided to each student to use during registration and advising			
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
Ь	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
С	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, use Schedule O (Form 990)			
	Does the organization discriminate by race in any way with respect to			NI.
а	Students' rights or privileges?	5a		No
Ь	Admissions policies?	5b		Νo
c	Employment of faculty or administrative staff?	5c		Νo
d	Scholarships or other financial assistance?	5d		Νo
е	Educational policies?	5e		Νo
f	Use of facilities?	5f		Νo
g	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, use Schedule O (Form 990)	-		
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	
	Has the organization's right to such aid ever been revoked or suspended?	6b		Νo
7	If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990) # 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 CB 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form	7	Yes	

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Part I General Information on Grants and Assistance

DLN: 93493132034741 OMB No 1545-0047

Department of the Treasury

Schedule I

(Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

Open to Public

Attach to Form 990 Internal Revenue Service Name of the organization Cedar Crest College

Employer identification number 23-1365953

		ny recipient that receive 990) if additional space				
) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(h) Purpose of gra or assistance

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to 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 non-cash assistance (d)A mount of non-cash assistance FMV, appraisal, other) (f)Description of non-cash assistance	sistance
Institutional & Federal Aid 938 9,929,198	
Endowed Scholarships & Restricted Gifts 339 960,861	
Student Aid Expense 142 132,145	

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

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 All grant expenditures are approved by the Project Initiator (PI) on each grant Those expenditures are then reviewed for reasonableness under the grant by the Finance Office Unallowable costs are not submitted for reimbursement All other allowable costs are submitted for reimbursement after they are reviewed In addition, the College prepares quarterly summaries of grant funds that are distributed to the PI on each grant for review

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DLN: 93493132034741

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 ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name	of	t he	orga	nizat	t ion
Cedar (Cres	st Co	lleae		

Employer identification number

23-1365953

Pa	rt I Questions Regarding Compensation					
					Yes	Νo
1a	Check the appropriate box(es) if the organization provides 990, Part VII, Section A, line 1a Complete Part III to					
	First-class or charter travel	<u> </u>	Housing allowance or residence for personal use			
	▼ Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	<u> </u>	Health or social club dues or initiation fees			
	Discretionary spending account	굣	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the orga reimbursement orprovision of all the expenses describ			1b	Yes	
2	Did the organization require substantiation prior to rein					
	officers, directors, trustees, and the CEO/Executive D	ırect	or, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all that					
	Compensation committee		Written employment contract			
	Independent compensation consultant	<u> </u>	Compensation survey or study			
	Form 990 of other organizations	<u>~</u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Pai or a related organization	rt V I :	I, Section A, line ${ t 1a}$ with respect to the filing organization			
а	Receive a severance payment or change-of-control pa	ymer	nt?	4a		Νo
ь	Participate in, or receive payment from, a supplementa	Inon	iqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-base	ed co	mpensation arrangement?	4c		Νο
	If "Yes" to any of lines 4a-c, list the persons and provi					
	Only 501(c)(3) and 501(c)(4) organizations only must	com	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, lin compensation contingent on the revenues of	e 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, lin compensation contingent on the net earnings of	e 1 a,	, 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, lir payments not described in lines 5 and 6? If "Yes," des			7		No
8	Were any amounts reported in Form 990, Part VII, paid	dora	accured pursuant to a contract that was			
	subject to the initial contract exception described in R	egs	section 53 4958-4(a)(3)? If "Yes," describe			1
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow the resection 53 4958-6(c)?	ebutt	able presumption procedure described in Regulations	9		

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	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
CARMEN TWILLIE AMBAR ESQ	(I) (II)	320,721 0	0	1,	19,500 0	32,898 0	386,059	127,300	
ELAINE DEUTCH	(I) (II)	178,982 0	0	-	11,016 0	18,596 0	208,594	178,369	
DR CAROL A PULHAM	(I) (II)	134,500 0	0	`I	8,443 0	21,316 0	164,259	140,186	
Judith Neyhart	(I) (II)	17,138 0	0	190,369	816 0	1,538 0	209,861	. 160,173 0	
KIMBERLY OWENS	(ı) (ıı)	142,897 0	0	`I	8,477 0	15,880 0	167,254	, C	
			 				'	 	
							'		
			 				<u>'</u>		
	+						'		
	++								
			1	1					

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	Ret urn Ref erence	Explanation
		The College President is required, as a condition of employment, to live at the College's presidential residence This benefit was not included in taxable compensation as it is required for employment. The College provides country club dues and a residence home manager for the College President and a car allowance for the VP of Institutional Advancement. These benefits are included in taxable compensation

Schedule J (Form 990) 2009

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Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule 0 (Form 990).

► Attach to Form 990. ► See separate instructions.

DLN: 93493132034741OMB No 1545-0047

2009

Open to Public Inspection

Internal Revenue Service
Name of the organization
Cedar Crest College

Department of the Treasury

Employer identification number

23-1365953

Pa	art I Bond Issues													
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date 1	Issued	(e) Issue	Price	(f) Desc	(f) Description of Purpose		(g) De	(g) Defeased		On alf of uer
			1								Yes	No	Yes	No
A	Lehigh County General Purpose Authority	91-1886539	5248053G1	04-01-2	2006	17,4	96,547	FINANCE DA FACULTY OI CONSTRUC BONDS	FFICE SPA	CE		x		Х
В	LEHIGH County Industrial Development Authority	23-2244109		02-15-2	2007	3,1		FINANCE AC HAMILTON				x		X
Pa	rt III Proceeds			•						1				
	Tabal and a december			A			В		С		D		E	
1_	Total proceeds of issue				7,496,547		3,100,00							
	Gross proceeds in reserve funds				1,091,887	_	859,79	98						
3	Proceeds in refunding or defeasan	ice escrows		1	4,430,163	3								
4	Other unspent proceeds													
5	Issuance costs from proceeds				838,096	5	29,1	15	5					
6	Working capital expenditures from	n proceeds												
7	Capital expenditures from proceed	ds			1,136,401	1	2,211,08	87						
8	Year of substantial completion			200	06	20	07							
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No
9	Were the bonds issued as part of a	a current refunding is	ssue?		Х		X							
10	Were the bonds issued as part of a	an advance refundinç	ıssue?		Х		Х							
11	Has the final allocation of proceed	ds been made?			Х		х							
12	Does the organization maintain ad the final allocation of proceeds?	dequate books and re	cords to support	х		х								
Pa	rt IIII Private Business Use					1				T		_		
				A		E		, c)		E	
	M/			Yes	No	Yes	No	Yes	No	Yes	No	Ye	5	No
1 —	Was the organization a partner in which owned property financed by	tax-exempt bonds?	·		Х		Х							
2	Are there any lease arrangements which may result in private busine		financed property		х		х							
For	Privacy Act and Paperwork Reduction Ac	ct Notice, see the Inst	ructions for Form 990			Cat No 50	0193E				Schedule	K (Form	990) 20	09

Part III Private Business Use (Continued)

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

			1	E	3	(2)		E
		Yes	No								
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	Х		х							
2	Is the bond issue a variable rate issue?		Х		Х						
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		х		Х						
ь	Name of provider										
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?		Х		Х						
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?		х		х						
6	Did the bond issue qualify for an exception to rebate?		Х		х						

SCHEDULE M (Form 990)

NonCash Contributions

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury

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

Internal Revenue Service Name of the organization Cedar Crest College

Employer identification number

					23-1365953			
Pa	rt I Types of Property	(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d Method of d reven	- etermı	nıng	
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
	Cars and other vehicles							
	Boats and planes							
	Intellectual property		_					
	Securities—Publicly traded .	X	9	430,062	FMV 			
	Securities—Closely held stock	1						
LI	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
	Q ualified conservation contribution—Historic							
	structures							
L4	Qualified conservation contribution—Other							
L 5	Real estate—Residential .							
L 6	Real estate—Commercial							
	Real estate—Other							
	Collectibles							
	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► ()							
	O ther ▶()							
27	O ther ▶()							
28	O ther ▶ ()							
29	Number of Forms 8283 received for which the organization comp	, ,			29			
							Yes	No
30a	During the year, did the organiza	ation receiv	e by contribution any prope	erty reported in Part I, lines	1-28 that it			
	must hold for at least three year	rs from the o	date of the initial contributi	on, and which is not require	d to be used			
	for exempt purposes for the enti	re holding p	period?			30a		No
Ь	If "Yes," describe the arrangem	ent in Part 1	II					
31	Does the organization have a gi	ft acceptan	ce policy that requires the	review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us contributions?	e third part	ies or related organizations	to solicit, process, or sell	non-cash	22-	\ \ Vaa	
h	If "Yes," describe in Part II					32a	Yes	
33	If the organization did not repor	t revenues i	ın column (c) for a type of p	roperty for which column (a) is checked,			
	describe in Part II					1		i

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Ident if ier	Return Reference	Explanat ion
Third Party Use		THE ORGANIZATIONS USES AN INVESTMENT MANAGER TO SELL DONATIONS OF STOCK

Schedule M (Form 990) 2009

Software ID: Software Version:

EIN: 23-1365953

Name: Cedar Crest College

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DLN: 93493132034741

OMB No 1545-0047

2009

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SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

Name of the organization Cedar Crest College **Employer identification number**

			23-1365953
ldentifier	Return	Explanation	

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		FORM 990 IS PREPARED ANNUALLY BY THE ASSISTANT CONTROLLER THE FORM IN ITS ENTIRETY IS REVIEWED BY THE CHIEF FINANCIAL OFFICER/TREASURER THE FORM IS THEN PRESENTED TO THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES & ANY QUESTIONS ARE ADDRESSED BY THE CFO

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, Iine 12c		Members of the Board of Trustees and members of committees thereof are required to sign a conflict of interest statement annually. The conflict of interest statements are maintained within the Office of the President at the College. Potential conflicts identified are presented to the Chair of the Board of Trustees who consults with the President and the Chief financial Officer at the College who reviews the information provided. Additional information is requested when necessary. All new trustees are evaluated by the full Board of Trustees, the President and the CFO for potential conflicts. Any identified conflicts are addressed immediately. Form 990, Part VI, Section B, Line 14. The College is currently in the process of developing a records retention policy. They expect this to be completed during the 2012 academic year.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		The compensation for the President was set in 2008 after an independent consultant, Corporate Compensation Partners, LLC, conducted a compensation study, including a review of peer institutions. The report for key officers is compared against comparable salaries levels in the industry and must be approved by the President and CFO.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		Financial Statements are made available to the public through the following vehicles. Dun & Bradstreet, Bloomberg Municipal Repository and FT Interactive Data ATTN NRMSIR. The governing documents and conflict of interest policy are made available to the public upon request.