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Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

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1

Briefly describe the organization's mission

CHAMPLAIN COLLEGE IS A PRIVATE, BACCALAUREATE INSTITUTION DEDICATED TO EDUCATING ITS STUDENTS TO BECOME SKILLED PRACTITIONERS, EFFECTIVE PROFESSIONALS, AND GLOBAL CITIZENS

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

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

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code ) (Expenses \$ 53,757,188 including grants of \$ 20,086,473 ) (Revenue \$ 66,796,508 )

UNDERGRADUATE PROGRAM- THE COLLEGE HAS FIVE UNDERGRADUATE ACADEMIC DIVISIONS, INCLUDING BUSINESS, COMMUNICATION & CREATIVE MEDIA, EDUCATION & HUMAN STUDIES, INFORMATION TECHNOLOGY & SCIENCES, AND CORE WITHIN THE UNDERGRADUATE DIVISIONS THE COLLEGE HAS SIX CENTERS OF EXCELLENCE INCLUDING BRING YOUR OWN BUSINESS, THE CENTER FOR FINANCIAL LITERACY, THE PATRICK LEAHY CENTER FOR DIGITAL INVESTIGATION, THE EMERGENT MEDIA CENTER, THE CHAMPLAIN COLLEGE PUBLISHING INITIATIVE, AND THE GAME STUDIO THE DAVID L COOPERRIDER CENTER FOR APPRECIATIVE INQUIRY OPENED IN THE FALL OF 2015 MAKING IT THE SEVENTH CENTER OF EXCELLENCE AT CHAMPLAIN CHAMPLAIN'S CENTERS OF EXCELLENCE - ON-CAMPUS LEARNING CENTERS IN STUDIO-LIKE ENVIRONMENTS IN WHICH STUDENTS ACROSS MAJORS WORK ON PROFESSIONAL PROJECTS - PUT CHAMPLAINS STUDENTS' CLASSROOM KNOWLEDGE TO THE TEST THROUGH PRACTICAL APPLICATION ON REAL PROJECTS THE COLLEGE CURRENTLY HAS OVER 2,000 STUDENTS ENROLLED IN EDUCATIONAL PROGRAMS WHICH LEAD TO ASSOCIATE AND BACHELOR DEGREES

4b

(Code ) (Expenses \$ 18,871,664 including grants of \$ ) (Revenue \$ 15,327,982 )

AUXILIARY ENTERPRISES- RESIDENTIAL LIFE AT CHAMPLAIN COLLEGE INCLUDES 19 TRADITIONAL RESIDENCE HALLS AND 6 APARTMENT STYLE HOUSING COMPLEXES, EACH WITH DISTINCTIVE ARCHITECTURAL FEATURES EACH RESIDENCE HAS A COMMUNITY-ORIENTED ATMOSPHERE THIS SETTING HELPS CREATE MUCH CLOSER AND LONGER-LASTING RELATIONSHIPS, SOMETHING THAT DIFFERENTIATES CHAMPLAIN AT CHAMPLAIN, YOU'LL FIND VICTORIAN-ERA MANSIONS WITH CURVED STAIRCASES, CAREFULLY RESTORED WOODWORK AND EXPANSIVE WINDOWS LOOKING OUT OVER LAKE CHAMPLAIN AND THE ADIRONDACK MOUNTAINS ADDITIONALLY, THE COLLEGE'S BOOK STORE AND FOOD SERVICE IS OFFERED FOR THE STUDENTS (PRIMARILY FOR THE RESIDENTIAL CAMPUS COMMUNITY)

4c

(Code ) (Expenses \$ 8,976,542 including grants of \$ 126,494 ) (Revenue \$ 12,445,323 )

GRADUATE AND CONTINUING PROFESSIONAL STUDIES- THE COLLEGE HAS TEN GRADUATE PROGRAMS, OFFERING MASTER DEGREES IN BUSINESS ADMINISTRATION, EMERGENT MEDIA (BOTH LOCALLY AND IN SHANGHAI), DIGITAL FORENSIC MANAGEMENT, DIGITAL FORENSIC SCIENCE, MANAGING INNOVATION & IT, MEDIATION & APPLIED CONFLICT STUDIES, LAW, HEALTHCARE MANAGEMENT, AND EARLY CHILDHOOD EDUCATION A MASTERS IN EXECUTIVE LEADERSHIP BEGAN IN THE FALL OF FY15 THE COLLEGE HAS A PROSPERING DIVISION OF CONTINUING PROFESSIONAL STUDIES THAT FOLLOWS IN CHAMPLAIN'S TRADITION OF PARTNERING WITH BUSINESS AND INDUSTRY LEADERS, PROVIDING ADULT STUDENTS WITH CAREER-ENHANCING EDUCATIONAL CHOICES IN SOME OF TODAY'S GROWING FIELDS THROUGH TRU-ED, A BUSINESS-EDUCATION ALLIANCE OFFERED THROUGH THE DIVISION OF CONTINUING PROFESSIONAL STUDIES, CHAMPLAIN PARTNERS WITH EMPLOYERS FOCUSED ON CAREER ADVANCEMENT TO PROVIDE HIGH-QUALITY, IN-DEMAND ONLINE DEGREES AND PROFESSIONAL CERTIFICATES ACCESS TO THESE HIGH QUALITY ACADEMIC PROGRAMS IS PROVIDED THROUGH AN AFFORDABLE MONTHLY SUBSCRIPTION MODEL OFFERED AS AN EDUCATIONAL BENEFIT TO EMPLOYEES OF THESE ALLIANCE EMPLOYERS

4d

Other program services (Describe in Schedule O )

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

4e




















Total program service expenses ▶

81,605,394

Form 990 (2013)

Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	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	No
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "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	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or 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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b 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 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
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 Yes	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 	16 Yes	
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 (see instructions)	17	No
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	No
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	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		No
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		No
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i> . . . . .	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
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)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
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? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35b	Yes	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	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? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

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		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	204	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	1,811	
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	Yes	
b	If "Yes," enter the name of the foreign country: CA, EI See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . . . .		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
b	Enter the number of voting members included in line 1a, above, who are independent . . . . .		
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	No
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 governing documents since the prior Form 990 was filed? . . . . .	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	5	No
6	Did the organization have members or stockholders? . . . . .	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body? . . . . .	8a	Yes
b	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, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	9	Yes

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates? . . . . .	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . .		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	12a	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	12c	Yes
13	Did the organization have a written whistleblower policy? . . . . .	13	Yes
14	Did 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?		
a	The organization's CEO, Executive Director, or top management official . . . . .	15a	Yes
b	Other officers or key employees of the organization . . . . .	15b	Yes
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	16a	No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	16b	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶VT
18	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 made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶SHELLEY NAVARI 163 SOUTH WILLARD STREET BURLINGTON, VT 05401 (802) 860-2700

Check if Schedule O contains a response or note to any line in this Part VII ☒

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

Form **990** (2013)



## Part VII

<b>1b</b>	<b>Sub-Total . . . . .</b>	<b>▼</b>			
<b>c</b>	<b>Total from continuation sheets to Part VII, Section A . . . . .</b>	<b>▼</b>			
<b>d</b>	<b>Total (add lines 1b and 1c) . . . . .</b>	<b>▼</b>	3,064,556	0	903,177

**2** Total number of individuals (including but not limited to those listed in the table below) who received more than \$100,000 of reportable compensation from the organization. 58

		Yes	No
<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>3</b>	No
<b>4</b>	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? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>4</b>	Yes
<b>5</b>	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	<b>5</b>	No

## 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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
JANITECH, 76 ETHAN ALLEN DRIVE SOUTH BURLINGTON VT 05403	CUSTODIAL	473,253
CBMVT LLC, PO BOX 3417 BURLINGTON VT 05408	CUSTODIAL	532,163
COLIN LINDBERG, 208 FLYNN AVE 2B BURLINGTON VT 05401	ARCHITECT	471,780
REGISTRY FOR COLLEGE UNIVERSITY, 3 CENTENNIAL DRIVE PEABODY VT 01960	CONSULTANT	493,074
BRANDTHROPOLOGY INC, 266 PINE STREET STE 5 BURLINGTON VT 05401	ADVERTISING	339,777

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶18

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues . . . . .	1b					
	c	Fundraising events . . . . .	1c					
	d	Related organizations . . . . .	1d					
	e	Government grants (contributions)	1e	765,434				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	5,679,184				
	g	Noncash contributions included in lines 1a-1f \$		269,527				
	h	Total. Add lines 1a-1f . . . . .			6,444,618			
Program Service Revenue	2a	TUITION & FEES	Business Code					
			611710	79,241,831	79,241,831			
	b	DORMITORY AND DINING FEES	721310	15,263,520	15,263,520			
	c	BOOKSTORE RECEIPTS	451211	64,462	64,462			
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f . . . . .			94,569,813			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		1,301,277			1,301,277	
	4	Income from investment of tax-exempt bond proceeds . . . . .		0				
	5	Royalties . . . . .		0				
	6a	(i) Real		(ii) Personal				
		0		0				
	d	Net rental income or (loss) . . . . .		0				
	7a	(i) Securities		(ii) Other				
		8,385,220						
		8,130,084						
		255,136						
	d	Net gain or (loss) . . . . .		255,136			255,136	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .						
		a						
	b	Less direct expenses . . . . .		b				
	c	Net income or (loss) from fundraising events . . . . .			0			
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .						
		a						
	b	Less direct expenses . . . . .		b				
	c	Net income or (loss) from gaming activities . . . . .			0			
	10a	Gross sales of inventory, less returns and allowances . . . . .		a				
		a						
	b	Less cost of goods sold . . . . .		b				
	c	Net income or (loss) from sales of inventory . . . . .			0			
		Miscellaneous Revenue		Business Code				
11a	CONFERENCE & EVENT CENTER	722210	620,984		465,073	155,911		
b	PARKING FEES	480000	141,227			141,227		
c	OTHER INCOME	900099	573,439			573,439		
d	All other revenue . . . . .							
e	Total. Add lines 11a-11d . . . . .			1,335,650				
12	Total revenue. See Instructions . . . . .			103,906,494	94,569,813	465,073	2,426,990	

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX

Do 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 United States. See Part IV, line 21.	0			
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	19,897,435	19,897,435		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.	315,532	315,532		
4	Benefits paid to or for members.	0			
5	Compensation of current officers, directors, trustees, and key employees.	2,677,059	941,411	1,324,595	411,053
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
7	Other salaries and wages.	28,882,776	23,916,760	4,385,100	580,916
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	2,347,785	1,988,250	332,246	27,289
9	Other employee benefits.	4,809,435	3,859,691	818,557	131,187
10	Payroll taxes.	2,195,893	1,754,484	385,295	56,114
11	Fees for services (non-employees):				
a	Management.	0			
b	Legal.	126,189	9,517	116,672	
c	Accounting.	121,950		121,950	
d	Lobbying.	0			
e	Professional fundraising services. See Part IV, line 17.	0			
f	Investment management fees.	144,543		144,543	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	365,882	365,882		
12	Advertising and promotion.	947,500	474,687	472,813	
13	Office expenses.	1,904,298	1,118,321	750,737	35,240
14	Information technology.	1,413,207	78	1,413,129	
15	Royalties.	0			
16	Occupancy.	6,504,839	6,504,839		
17	Travel.	1,119,403	764,529	302,345	52,529
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19	Conferences, conventions, and meetings.	0			
20	Interest.	1,180,453	1,098,428	67,670	14,355
21	Payments to affiliates.	0			
22	Depreciation, depletion, and amortization.	4,207,428	3,256,549	950,879	
23	Insurance.	854,929	378,472	476,457	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	CONTRACTUAL SERVICES	2,114,840	1,753,140	348,388	13,312
b	MEAL EXPENSES	2,474,638	2,474,638	0	0
c	RENOVATION & OTH PROJECTS	3,973,302	3,888,347	84,955	0
d	STUDENT ACTIVITIES/ACADEMIC	2,463,056	2,272,039	191,017	0
e	All other expenses	5,703,574	4,572,366	963,606	167,602
25	Total functional expenses. Add lines 1 through 24e.	96,745,946	81,605,394	13,650,956	1,489,596
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X ☒

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .		0	1	0
	2	Savings and temporary cash investments . . . . .		27,822,958	2	14,438,924
	3	Pledges and grants receivable, net . . . . .		9,740,824	3	9,483,479
	4	Accounts receivable, net . . . . .		807,750	4	1,132,671
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		1,743	5	846
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .		0	6	0
	7	Notes and loans receivable, net . . . . .		2,667,491	7	2,740,290
	8	Inventories for sale or use . . . . .		0	8	0
	9	Prepaid expenses and deferred charges . . . . .		1,607,625	9	1,066,638
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	10a149,294,999			
	b	Less: accumulated depreciation . . . . .	10b37,821,065	92,825,901	10c	111,473,934
	11	Investments—publicly traded securities . . . . .		33,212,134	11	38,993,397
	12	Investments—other securities. See Part IV, line 11 . . . . .		3,437,788	12	3,862,755
	13	Investments—program-related. See Part IV, line 11 . . . . .		2,349,465	13	2,084,129
	14	Intangible assets . . . . .		0	14	0
	15	Other assets. See Part IV, line 11 . . . . .		0	15	0
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		174,473,679	16	185,277,063
Liabilities	17	Accounts payable and accrued expenses . . . . .		7,154,615	17	9,366,882
	18	Grants payable . . . . .		0	18	0
	19	Deferred revenue . . . . .		4,135,033	19	5,121,482
	20	Tax-exempt bond liabilities . . . . .		45,278,133	20	42,756,798
	21	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties . . . . .		993,005	23	643,922
	24	Unsecured notes and loans payable to unrelated third parties . . . . .		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .		2,841,846	25	2,857,638
	26	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		60,402,632	26	60,746,722
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
	27	Unrestricted net assets . . . . .		87,042,284	27	93,846,509
	28	Temporarily restricted net assets . . . . .		14,789,229	28	15,459,906
	29	Permanently restricted net assets . . . . .		12,239,534	29	15,223,926
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>					
	30	Capital stock or trust principal, or current funds . . . . .			30	
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .			31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .			32	
	33	<b>Total net assets or fund balances</b> . . . . .		114,071,047	33	124,530,341
	34	<b>Total liabilities and net assets/fund balances</b> . . . . .		174,473,679	34	185,277,063

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . .

1	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	1	103,906,494
2	Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	96,745,946
3	Revenue less expenses Subtract line 2 from line 1 . . . . .	3	7,160,548
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	4	114,071,047
5	Net unrealized gains (losses) on investments . . . . .	5	2,978,449
6	Donated services and use of facilities . . . . .	6	
7	Investment expenses . . . . .	7	
8	Prior period adjustments . . . . .	8	
9	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	9	320,297
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	124,530,341

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . .

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 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	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
3b	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	Yes	

Additional Data

Software ID:

Software Version:

EIN: 03-0220266

Name: CHAMPLAIN COLLEGE INCORPORATED

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GEORGE BOND TRUSTEE	1 0	X						0		
ROBERT BOTJER TRUSTEE	1 0	X						0		
GEORGE BURILL TRUSTEE	1 0	X						0		
DAWN BUGBEE TRUSTEE	1 0	X						0		
SCOTT CARPENTER TRUSTEE	1 0	X						0		
JEFFREY CROWE TRUSTEE	1 0	X						0		
TOM CULLINS TRUSTEE	1 0	X						0		
LAURA DAGAN TRUSTEE	1 0	X						0		
MOLLY DILLON TRUSTEE	1 0	X						0		
RICK DAVIS TRUSTEE SINCE 1/17/2014	1 0	X						0		
MARY EVSLIN TRUSTEE	1 0	X						0		
JAMES FOSTER TRUSTEE	1 0	X						0		
JOAN GIGNOUX TRUSTEE	1 0	X						0		
CHARLES KITTREDGE TRUSTEE	1 0	X						0		
SUSAN LAMASTER TRUSTEE	1 0	X						0		
NEALE LUNDERVILLE TRUSTEE	1 0	X						0		
DALE METZ TRUSTEE	1 0	X						0		
MICHAEL METZ TRUSTEE	1 0	X						0		
EMILY MORROW TRUSTEE	1 0	X						0		
MARK NEAGLEY TRUSTEE	1 0	X						0		
JUDY O'CONNELL TRUSTEE	1 0	X						0		
MARY POWELL TRUSTEE	1 0	X						0		
PETER STERN TRUSTEE	1 0	X						0		
MICHAEL SULLIVAN TRUSTEE	1 0	X						0		
RICH TARRANT TRUSTEE	1 0	X						0		



SCHEDULE A

(Form 990 or 990EZ)

Department of the  
Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

- ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
- ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public  
Inspection

Name of the organization CHAMPLAIN COLLEGE INCORPORATED	Employer identification number 03-0220266
--	--

Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☒

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state \_\_\_\_\_
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☐

An organization that normally receives (1) more than 33<sup>1</sup>/<sub>3</sub>% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33<sup>1</sup>/<sub>3</sub>% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h  

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Non-functionally integrated
- e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  

(i)

A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii)

A family member of a person described in (i) above?

(iii)

A 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)
- |          | Yes | No |
|----------|-----|----|
| 11g(i)   |     |    |
| 11g(ii)  |     |    |
| 11g(iii) |     |    |
- | (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions)) | (iv) Is the organization in col (i) listed in your governing document? |    | (v) Did you notify the organization in col (i) of your support? |    | (vi) Is the organization in col (i) organized in the U S ? |    | (vii) Amount of monetary support |
|------------------------------------|----------|--|--|----|---|----|--|----|----------------------------------|
|                                    |          |  | Yes  | No | Yes   | No | Yes  | No |                                  |
|                                    |          |  |  |    |   |    |  |    |                                  |
|                                    |          |  |  |    |   |    |  |    |                                  |
| Total                              |          |  |  |    |   |    |  |    |                                  |
- For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ.

Cat No 11285F


Schedule A (Form 990 or 990-EZ) 2013



Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	6,107,566	3,223,114	3,522,146	12,869,616	6,444,618	32,167,060
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	6,107,566	3,223,114	3,522,146	12,869,616	6,444,618	32,167,060
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)						1,135,024
6 Public support. Subtract line 5 from line 4						31,032,036

Section B. Total Support								
Calendar year (or fiscal year beginning in) ▶		(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013		(f) Total
7	Amounts from line 4	6,107,566	3,223,114	3,522,146	12,869,616	6,444,618		32,167,060
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	618,927	243,109	992,831	1,141,994	1,301,277		4,298,138
9	Net income from unrelated business activities, whether or not the business is regularly carried on				23,843			23,843
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	543,236	694,802	706,191	704,587	870,577		3,519,393
11	<b>Total support</b> (Add lines 7 through 10)							40,008,434
12	Gross receipts from related activities, etc. (see instructions)					12	416,124,261	
13	<b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b> . . . . . 							

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14 77.564 %
15	Public support percentage for 2012 Schedule A, Part II, line 14	15 0 %
16a	<b>33 1/3% support test—2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>
b	<b>33 1/3% support test—2012.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	<input type="checkbox"/>
17a	<b>10%-facts-and-circumstances test—2013.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>
b	<b>10%-facts-and-circumstances test—2012.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>
18	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6 )						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts 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 June 30, 1975						
c 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 organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

Part IV

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test		
Return Reference	Explanation	

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b**  
▶ **Attach to Form 990.** ▶ **See separate instructions.** ▶ **Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No 1545-0047

2013

Open to Public Inspection

<b>Name of the organization</b> CHAMPLAIN COLLEGE INCORPORATED	<b>Employer identification number</b>  03-0220266
---	---

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II

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

1

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

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

2

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

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

4

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

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

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

7

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

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

Part III

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

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(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, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ \_\_\_\_\_

b

Assets included in Form 990, Part X

▶ \$ \_\_\_\_\_

Part III

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

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

☐

Public exhibition

d

☐

Loan or exchange programs

b

☐

Scholarly research

e

☐

Other

c

☐

Preservation for future generations
- 4
- Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5
- During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?
- ☐ Yes

☐ No

Part IV

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

- 1a
- Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
- ☐ Yes

☐ No
- b
- If "Yes," explain the arrangement in Part XIII and complete the following table
- |    |        |
|----|--------|
|    | Amount |
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance
- 2a
- Did the organization include an amount on Form 990, Part X, line 21?
- ☐ Yes

☐ No
- b
- If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

Part V

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance . . . . .	11,080,417	10,187,201	10,634,361	8,919,277	7,602,890
b Contributions . . . . .	2,211,041	273,970	210,941	175,610	188,691
c Net investment earnings, gains, and losses	1,790,600	1,021,383	-214,253	1,916,495	1,127,696
d Grants or scholarships . . . . .	346,474	324,042	295,437	295,325	
e Other expenditures for facilities and programs . . . . .	122,504	78,095	148,411	81,696	
f Administrative expenses . . . . .					
g End of year balance . . . . .	14,613,080	11,080,417	10,187,201	10,634,361	8,919,277

- 2
- Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a

Board designated or quasi-endowment

3 750 %

b

Permanent endowment

60 160 %

c

Temporarily restricted endowment

36 090 %
- The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a
- Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i) unrelated organizations . . . . .

3a(i)

☐ Yes

☐ No

(ii) related organizations . . . . .

3a(ii)

☐ Yes

☐ No

b

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

3b

☐ Yes

☐ No

Part VI

Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		2,828,479		2,828,479
b Buildings . . . . .		109,044,328	29,304,942	79,739,386
c Leasehold improvements . . . . .		386,302	148,083	238,219
d Equipment . . . . .		9,092,342	7,935,527	1,156,815
e Other . . . . .		27,943,548	432,513	27,511,035
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				111,473,934



Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	89,429,456
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	2e	
a	Net unrealized gains on investments . . . . .	2a	2,978,449
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIII ) . . . . .	2d	3,432,599
e	Add lines 2a through 2d . . . . .	2e	6,411,048
3	Subtract line 2e from line 1 . . . . .	3	83,018,408
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	4c	
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIII ) . . . . .	4b	20,888,086
c	Add lines 4a and 4b . . . . .	4c	20,888,086
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 ) . . . . .	5	103,906,494

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements . . . . .	1	78,789,025
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	2e	
a	Donated services and use of facilities . . . . .	2a	
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIII ) . . . . .	2d	2,256,046
e	Add lines 2a through 2d . . . . .	2e	2,256,046
3	Subtract line 2e from line 1 . . . . .	3	76,532,979
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4c	
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIII ) . . . . .	4b	20,212,967
c	Add lines 4a and 4b . . . . .	4c	20,212,967
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 ) . . . . .	5	96,745,946

Part XIII

Supplemental Information

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

Return Reference	Explanation
PART V LINE 4	THE CHAMPLAIN COLLEGE ENDOWMENT CONSISTS OF APPROXIMATELY 53 INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES INCLUDING BOTH DONOR-RESTRICTED FUNDS AND FUNDS DESIGNATED BY THE BOARD OF TRUSTEES TO FUNCTION AS ENDOWMENTS. A MAJORITY OF THE FUNDS PROVIDE FINANCIAL AID FOR STUDENTS, ACADEMIC SUPPORT FOR PROGRAMS AND FACILITIES, AND STUDENT SERVICE PROGRAM SUPPORT. THE COLLEGE HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR ENDOWMENT ASSETS THAT ATTEMPT TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS SUPPORTED BY ITS ENDOWMENT WHILE SEEKING TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS. BASED ON THE POLICIES ADOPTED, THE BOARD OF TRUSTEES MAY APPROVE AND DISTRIBUTE UP TO 5% OF THE VALUE OF THE FUNDS ANNUALLY. THE VALUE OF THE FUNDS IS THE AVERAGE YEAR END VALUE OF THE FUND FOR THE PREVIOUS THREE FISCAL YEARS.
PART X, LINE 2	THE COLLEGE IS A NOT-FOR-PROFIT CORPORATION AS DESCRIBED IN SECTION 501(c)(3) OF THE INTERNAL REVENUE CODE AND IS GENERALLY EXEMPT FROM INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(a) OF THE CODE. ASC 740, INCOME TAXES, PROVIDES GUIDANCE ON THE RECOGNITION, MEASUREMENT, AND CLASSIFICATION OF INCOME TAX UNCERTAINTIES, ALONG WITH ANY RELATED INTEREST OR PENALTIES. ASC 740 PERMITS AN ENTITY TO RECOGNIZE THE BENEFIT AND REQUIRES ACCRUAL OF AN UNCERTAIN TAX POSITIONS WHEN THE POSITION IS "MORE LIKELY THAN NOT" TO BE SUSTAINED IN THE EVENT OF AN EXAMINATION BY THE TAX AUTHORITIES. THE COLLEGE HAS NO EXAMINATION IN PROGRESS AND BELIEVES IT HAS TAKEN NO SIGNIFICANT UNCERTAIN TAX POSITIONS.
PART XI, LINE 2D	CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS \$ 173,076 SWAP VALUATION \$ 69,328 CHANGE IN ALLOWANCE FOR CONTRIBUTIONS RECEIVABLE \$ 77,892 FOREIGN ENTITIES \$ 3,112,303 _____ TOTAL \$ 3,432,599
PART XI, LINE 4b	FINANCIAL AID \$20,888,086
PART XII, LINE 4b	FINANCIAL AID EXCLUDING FOREIGN ENTITIES \$20,212,967
PART XII, LINE 2D	FOREIGN ENTITIES \$ 2,256,046

[illegible]



SCHEDULE E  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

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.  
► Information about Schedule E (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization  
CHAMPLAIN COLLEGE INCORPORATED

Employer identification number  
  
03-0220266

Part I		YES	NO
<div>1</div> 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	Yes	
	3	Yes	
	4a	Yes	
	4b	Yes	
<div>4</div> Does the organization maintain the following? <div>a</div> Records indicating the racial composition of the student body, faculty, and administrative staff? <div>b</div> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? <div>c</div> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? <div>d</div> Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain If you need more space, use Part II	4c	Yes	
	4d	Yes	
	5a		No
	5b		No
	5c		No
	5d		No
	5e		No
	5f		No
	5g		No
	5h		No
<div>5</div> Does the organization discriminate by race in any way with respect to <div>a</div> Students' rights or privileges? <div>b</div> Admissions policies? <div>c</div> Employment of faculty or administrative staff? <div>d</div> Scholarships or other financial assistance? <div>e</div> Educational policies? <div>f</div> Use of facilities? <div>g</div> Athletic programs? <div>h</div> Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II	6a	Yes	
	6b		No
	7	Yes	

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

Return Reference	Explanation
PART I, LINE 3	CHAMPLAIN ENDEAVORS TO BE A DIVERSE AND WELCOMING COMMUNITY AND INVITES APPLICATIONS FROM MEMBERS OF ANY GROUP THAT HAS HISTORICALLY BEEN UNDERREPRESENTED. THE COLLEGE ASSURES EQUAL EDUCATION AND EMPLOYMENT OPPORTUNITY AND PROHIBITS DISCRIMINATION ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, GENDER, RELIGION, SEXUAL ORIENTATION, AGE, OR DISABILITY. THIS POLICY IS INCLUDED IN THE COLLEGE HANDBOOKS, THE HUMAN RESOURCE WEBSITE, JOB POSTINGS, AND APPLICATION FORMS.
PART I, LINE 6A	THE COLLEGE RECEIVES FEDERAL STUDENT AID FROM THE DEPARTMENT OF EDUCATION.

SCHEDULE F  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,  
Part IV, line 14b, 15, or 16.  
  
► Attach to Form 990. ► See separate instructions.  
  
► Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization  
CHAMPLAIN COLLEGE INCORPORATED

Employer identification number  
  
03-0220266

Part I

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

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☒ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
( 1 ) See Add'l Data					
( 2 )					
( 3 )					
( 4 )					
( 5 )					
3a Sub-total					2,943,383
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					2,943,383

**Part II**

**Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
( 1 )									
( 2 )									
( 3 )									
( 4 )									

- 2    Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . ▶
- 3    Enter total number of other organizations or entities . . . . . ▶

Part III

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
( 1 ) FINANCIAL AID	North America	2	9,500	CHECK			
( 2 ) FINANCIAL AID	East Asia and the Pacific	6	26,225	CHECK			
( 3 ) FINANCIAL AID	South Asia	2	79,925	CHECK			
( 4 ) FINANCIAL AID	Europe (Including Iceland and Greenland)	8	75,250	CHECK			
( 5 ) FINANCIAL AID	Central America and the Caribbean	2	46,562	CHECK			
( 6 ) FINANCIAL AID	Middle East and North Africa	13	58,300	CHECK			
( 7 ) FINANCIAL AID	Sub-Saharan Africa	1	19,770	CHECK			
( 8 )							
( 9 )							
( 10 )							
( 11 )							
( 12 )							
( 13 )							
( 14 )							
( 15 )							
( 16 )							
( 17 )							
( 18 )							

**Part IV Foreign Forms**

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☒ Yes ☐ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*

☐ Yes ☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*

☒ Yes ☐ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*

☐ Yes ☒ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*

☐ Yes ☒ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).*

☒ Yes ☐ No

Part V

Supplemental Information

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 2	THE COLLEGE OFFERS FINANCIAL ASSISTANCE, IN THE FORM OF GRANTS AND SCHOLARSHIPS, TO STUDENTS WHO ATTEND THE MONTREAL AND DUBLIN CHAMPLAIN ABROAD SITES AS WELL AS STUDENTS WHO ARE ACCEPTED TO PARTICIPATE IN APPROVED STUDY ABROAD PROGRAMS. IN ORDER TO QUALIFY FOR THE ASSISTANCE, A STUDENT MUST BE ENROLLED FULL-TIME, MUST HAVE ACHIEVED A SATISFACTORY GRADE POINT AVERAGE, AND MUST HAVE DEMONSTRATED FINANCIAL NEED. ALL GRANTS AND SCHOLARSHIPS TO STUDENTS ARE AWARDED BASED ON NEED AND CONFORM TO FEDERAL, STATE AND INSTITUTIONAL REGULATIONS. ON AN ANNUAL BASIS, ALL FEDERAL FINANCIAL AID IS REVIEWED FOR COMPLIANCE IN ACCORDANCE WITH OMB CIRCULAR A-133 AND GOVERNMENT AUDITING STANDARDS BY AN INDEPENDENT ACCOUNTING FIRM. THE COLLEGE HAS PROCEDURES IN PLACE FOR MONITORING GRANTS TO ENSURE PROPER COMPLIANCE.

Additional Data

Software ID:  
Software Version:  
EIN: 03-0220266  
Name: CHAMPLAIN COLLEGE INCORPORATED

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
East Asia and the Pacific			Program Services	STUDY ABROAD	179,767
Europe (Including Iceland and Greenland)			Program Services	FOREIGN CAMPUS INVEST	719,339
North America			Program Services	FOREIGN CAMPUS INVEST	1,364,789



Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)			Program Services	STUDY ABROAD	349,956
Middle East and North Africa			Program Services	STUDY ABROAD	7,000
South America			Program Services	STUDY ABROAD	7,000

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
North America			Grantmaking	FINANCIAL AID	9,500
East Asia and the Pacific			Grantmaking	FINANCIAL AID	26,225
South Asia			Grantmaking	FINANCIAL AID	79,925

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)			Grantmaking	FINANCIAL AID	75,250
Central America and the Caribbean			Grantmaking	FINANCIAL AID	46,562
Middle East and North Africa			Grantmaking	FINANCIAL AID	58,300

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Sub-Saharan Africa			Grantmaking	FINANCIAL AID	19,770

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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.  
▶ Attach to Form 990

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public  
Inspection

Name of the organization  
CHAMPLAIN COLLEGE INCORPORATED

Employer identification number  
03-0220266

Part I General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .

▶

3

Enter total number of other organizations listed in the line 1 table . . . . .

▶

**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.  
Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) INSTITUTIONAL SCHOLARSHIPS - UNDERGRADUATE	2054	19,462,678			
(2) SEOG FINANCIAL AID	363	308,263			
(3) INSTITUTIONAL SCHOLARSHIPS - GRADUATE	35	126,494			

**Part IV**

**Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	THE COLLEGE MAINTAINS SEPARATE ACCOUNTS FOR EACH GRANT THAT WE RECEIVE ON AN ANNUAL BASIS, WE RECEIVE AN AUDIT, IN ACCORDANCE WITH OMB CIRCULAR A-133 AND GOVERNMENT AUDITING STANDARDS THE COLLEGE HAS PROCEDURES IN PLACE FOR MONITORING GRANTS TO ENSURE PROPER COMPLIANCE CHAMPLAIN OFFERS BOTH MERIT AID AND NEED-BASED AID MERIT SCHOLARSHIPS ARE RENEWED ANNUALLY PROVIDED THE STUDENT IS ENROLLED FULL-TIME AND MEETS ALL ACADEMIC STANDARDS NEED-BASED SCHOLARSHIPS ARE RENEWED ANNUALLY BASED ON FINANCIAL NEED, THE FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA) FORM MUST BE COMPLETED IN ORDER TO BE CONSIDERED FOR THESE AWARDS THE FINANCIAL AID OFFICE MONITORS STUDENTS TO ENSURE CONTINUED ELIGIBILITY FOR THE TYPE OF AID THEY ARE RECEIVING AT THE END OF EACH SEMESTER (FALL, SPRING, SUMMER), EVERY FINANCIAL AID RECIPIENT'S PROGRESS IS REVIEWED BY THE OFFICE OF FINANCIAL AID STUDENTS ARE MEASURED USING BOTH QUALITATIVE AND QUANTITATIVE STANDARDS THE PURPOSE OF THIS REVIEW IS TO MEASURE WHETHER A STUDENT IS MAKING SATISFACTORY ACADEMIC PROGRESS TOWARDS GRADUATION THESE STANDARDS APPLY TO ALL TYPES OF FINANCIAL AID FEDERAL, STATE AND INSTITUTIONAL AID STUDENTS WHO FAIL TO MEET THE SATISFACTORY ACADEMIC PROGRESS REQUIREMENTS MAY BECOME INELIGIBLE TO RECEIVE FINANCIAL AID UNTIL THEY ARE IN COMPLIANCE WITH THESE REQUIREMENTS
PART III, COLUMN (E)	THE COLLEGE DIRECTLY CREDITS EACH STUDENTS' ACCOUNT WHO RECEIVES ANY FEDERAL FINANCIAL AID OR OUTSIDE SCHOLARSHIPS

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, line 23.  
▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization  
CHAMPLAIN COLLEGE INCORPORATED

Employer identification number  
03-0220266

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</div><div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input checked="" type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input checked="" type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input checked="" type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>b</div><div>If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</div></div>	Yes	
<div><div>2</div><div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div></div>	Yes	
<div><div>3</div><div>Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</div><div><div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div></div><div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div></div>		
<div><div>4</div><div>During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization</div></div>		
<div><div>a</div><div>Receive a severance payment or change-of-control payment?</div></div>	Yes	
<div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>		No
<div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>		No
<div><div></div><div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div></div>		
<div><div>5</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</div></div>		
<div><div>a</div><div>The organization?</div></div>		No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>		No
<div><div>6</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</div></div>		
<div><div>a</div><div>The organization?</div></div>		No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>		No
<div><div>7</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</div></div>	Yes	
<div><div>8</div><div>Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III</div></div>		No
<div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</div></div>		

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII  
**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table								



Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Return Reference	Explanation
PART I, LINE 1	ACCORDING TO THE COLLEGE'S WRITTEN CONTRACT WITH THE PRESIDENT, THE PRESIDENTS COMPANION SHALL ONLY BE REIMBURSED WHEN EXPENSES ARE INCURRED WHILE CONDUCTING THE BUSINESS OF THE COLLEGE AS A CONDITION OF EMPLOYMENT, THE COLLEGE REQUIRES THAT THE PRESIDENT LIVE IN THE PRESIDENTIAL RESIDENCE LOCATED ON THE COLLEGE CAMPUS THESE AMOUNTS ARE INCLUDED IN COLUMN (D) AS A NON-TAXABLE BENEFIT THE COLLEGE REIMBURSES THE PRESIDENT FOR MAID SERVICES INCURRED AS PART OF HOSTING EVENTS IN THE PRESIDENTIAL RESIDENCE THESE AMOUNTS ARE INCLUDED IN THE INDIVIDUAL'S W-2 ACCORDING TO THE COLLEGE'S WRITTEN CONTRACT WITH THE PRESIDENT, THE COLLEGE MAY REIMBURSE THE PRESIDENT FOR HEALTH/SOCIAL CLUB DUES, WHICH IS ALSO INCLUDED IN THE INDIVIDUAL'S W-2
PART I, LINE 3	SEE SCHEDULE O
PART 1, LINE 4A	PURSUANT TO AN AGREEMENT, TERESA GADE RECEIVED A ONE-TIME PAYMENT OF \$59,665 UPON SEPARATION FROM THE COLLEGE
SCHEDULE J, PART I, LINE 7	THE BONUSES FOR ALL OFFICERS AND KEY EMPLOYEES ARE DETERMINED BY THE COMPENSATION COMMITTEE AND ARE DISCRETIONARY

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 03-0220266  
**Name:** CHAMPLAIN COLLEGE INCORPORATED

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
DAVID FINNEY PRESIDENT	(i) (ii)	378,554 0	122,148 0	37,153 0	407,318 0	39,249 0	984,422 0	0 0
DAVID PROVOST SENIOR VICE PRESIDENT	(i) (ii)	218,909 0	75,000 0	22,267 0	25,500 0	17,224 0	358,900 0	0 0
SHELLEY NAVARI TREASURER	(i) (ii)	131,946 0	25,000 0	2,092 0	16,418 0	8,202 0	183,658 0	0 0
KATHERINE HAWLEY SECRETARY	(i) (ii)	110,232 0	30,000 0	1,476 0	17,560 0	7,041 0	166,309 0	0 0
ROBIN ABRAMSON PROVOST	(i) (ii)	175,291 0	40,000 0	1,937 0	27,851 0	19,264 0	264,343 0	0 0
JAYSON BOYERS VICE PRESIDENT	(i) (ii)	152,076 0	15,500 0	4,270 0	15,939 0	12,603 0	200,388 0	0 0
MICHELE RICHARDSON VICE PRESIDENT	(i) (ii)	179,549 0	27,000 0	3,312 0	33,500 0	9,016 0	252,377 0	0 0
IAN MORTIMER VICE PRESIDENT	(i) (ii)	155,693 0	55,000 0	1,538 0	21,867 0	18,140 0	252,238 0	0 0
LESLIE AVERILL VICE PRESIDENT	(i) (ii)	149,883 0	20,000 0	1,849 0	17,605 0	15,399 0	204,736 0	0 0
CHUCK MANISCALCO VICE PRESIDENT	(i) (ii)	148,929 0	30,000 0	3,896 0	15,952 0	18,204 0	216,981 0	0 0
LYNNE BALLARD ASSOCIATE PROVOST	(i) (ii)	153,347 0	0 0	2,070 0	23,548 0	9,320 0	188,285 0	0 0
JAMES CROSS ASSOCIATE PROVOST	(i) (ii)	143,217 0	0 0	1,984 0	14,376 0	2,724 0	162,301 0	0 0
MARY LEE ASSOCIATE VICE PRESIDENT	(i) (ii)	136,899 0	15,000 0	2,409 0	15,205 0	24,147 0	193,660 0	0 0
TERESA GADE SENIOR DIRECTOR	(i) (ii)	60,035 0	25,000 0	59,889 0	6,494 0	10,502 0	161,920 0	0 0
THEODORE LASKARIS ASSOCIATE VICE PRESIDENT	(i) (ii)	141,816 0	0 0	2,390 0	14,885 0	18,124 0	177,215 0	0 0

Schedule K  
(Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2013

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
▶ Attach to Form 990. ▶ See separate instructions.  
▶ Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization  
CHAMPLAIN COLLEGE INCORPORATED

Employer identification number  
03-0220266

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	VEHBFA (SERIES 2009)	23-7154467		06-09-2009	12,000,000	CONSTRUCTION		X		X		X
B	VEHBFA (SERIES 2010A)	23-7154467		12-13-2010	8,971,117	REFUND 2003 BONDS		X		X		X
C	VEHBFA (SERIES 2010B)	23-7154467		12-13-2010	4,000,000	CONSTRUCTION		X		X		X
D	VEHBFA (SERIES 2011)	23-7154467		12-09-2011	7,700,000	CONSTRUCTION		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	3,945,958		1,379,826		360,981		1,027,554	
2	Amount of bonds legally defeased	0		0		0		0	
3	Total proceeds of issue	12,000,000		8,971,117		4,000,000		7,700,000	
4	Gross proceeds in reserve funds	0		0		0		0	
5	Capitalized interest from proceeds	0		0		0		0	
6	Proceeds in refunding escrows	0		0		0		0	
7	Issuance costs from proceeds	155,000		0		80,000		120,000	
8	Credit enhancement from proceeds	0		0		0		0	
9	Working capital expenditures from proceeds	0		0		0		0	
10	Capital expenditures from proceeds	11,845,000		0		3,920,000		7,580,000	
11	Other spent proceeds	0		8,971,117		0		0	
12	Other unspent proceeds	0		0		0		0	
13	Year of substantial completion	2011		2004		2011		2013	
14	Were the bonds issued as part of a current refunding issue?	Yes	No	Yes	No	Yes	No	Yes	No
			X	X			X		X
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?			X	X			X
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?			X				
c	Are there any research agreements that may result in private business use of bond-financed property?			X	X			X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?							
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0 %		0 %		0 %	
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		0 %		0 100 %		0 700 %	
6	Total of lines 4 and 5		0 %		0 100 %		0 700 %	
7	Does the bond issue meet the private security or payment test?			X		X		X
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?			X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of							
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?			X		X		X
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X	X		X	
b	Exception to rebate?	X		X			X		X
c	No rebate due?		X		X		X		X
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		X		X		X	
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X		X		X		X	
b	Name of provider	TD BANK		TD BANK		KEYBANK			
c	Term of hedge	10		10		10		15	
d	Was the hedge superintegrated?		X		X		X		X
e	Was the hedge terminated?		X		X		X		X

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider	0		0		0		0	
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V

Procedures To Undertake Corrective Action

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

Part VI

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Schedule K  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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 Part VI.  
▶ Attach to Form 990. ▶ See separate instructions.  
▶ Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization  
CHAMPLAIN COLLEGE INCORPORATED

Employer identification number  
03-0220266

Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A VEHBFA (SERIES 2012)	23-7154467		05-29-2013	18,000,000	CONSTRUCTION		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	1,200,000							
2	Amount of bonds legally defeased	0							
3	Total proceeds of issue	18,000,000							
4	Gross proceeds in reserve funds	4,300,447							
5	Capitalized interest from proceeds	0							
6	Proceeds in refunding escrows	0							
7	Issuance costs from proceeds	0							
8	Credit enhancement from proceeds	0							
9	Working capital expenditures from proceeds	0							
10	Capital expenditures from proceeds	13,699,553							
11	Other spent proceeds	0							
12	Other unspent proceeds	0							
13	Year of substantial completion								
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X						
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III

Private Business Use

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

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %							
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 ▶	0 %							
6	Total of lines 4 and 5	0 %							
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X						
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X							
b	Exception to rebate?		X						
c	No rebate due?		X						
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X							
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X							
b	Name of provider	MERCHANTS BANK							
c	Term of hedge	15							
d	Was the hedge superintegrated?		X						
e	Was the hedge terminated?		X						

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b	Name of provider	0							
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X						
7	Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V

Procedures To Undertake Corrective Action

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		X							

Part VI

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).



Schedule L  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.  
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization  
CHAMPLAIN COLLEGE INCORPORATED

Employer identification number  
03-0220266

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) Lynn Ballard	ASSOCIATE PROVOST	Computer Loan		X	1,693	846		No		No	Yes	
Total ▶ \$						846						

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV

**Business Transactions Involving Interested Persons.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JANITECH	OWNER OF COMPANY- TRUSTEE	464,621	CUSTODIAL SERVICES		No
(2) HICKOK AND BOARDMAN	OWNED BY FM OF TRUSTEE	881,450	INSURANCE		No

Part V

**Supplemental Information**  
Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
PART IV	HICKOK AND BOARDMAN IS THE COLLEGE'S INSURANCE BROKER THE COSTS INCLUDED IN COLUMN (C) PRIMARILY REFLECT INSURANCE PREMIUMS WHILE A SMALL PORTION RELATE TO ADVISORY SERVICES FOR THE COLLEGE'S RETIREMENT PLAN ALL TRANSACTIONS OCCURRED AT ARMS LENGTH

SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Noncash Contributions

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

▶Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization  
CHAMPLAIN COLLEGE INCORPORATED

Employer identification number  
03-0220266

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	24	269,527	FAIR MARKET VALUE
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( )				
26 Other ▶( )				
27 Other ▶( )				
28 Other ▶ ( )				

29

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

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .

30a

Yes

No

b

If "Yes," describe the arrangement in Part II

31

Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .

32a

No

b

If "Yes," describe in Part II

33

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

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

Cat No 51227J

Schedule M (Form 990) (2013)

Part II

Supplemental Information.

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

Return Reference	Explanation
PART I, COLUMN (B)	AMOUNTS IN COLUMN (B) REPRESENT THE NUMBER OF CONTRIBUTIONS

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

**▶ Attach to Form 990 or 990-EZ.**

**▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).**

**2013**

**Open to Public  
Inspection**

Name of the organization  
CHAMPLAIN COLLEGE INCORPORATED

**Employer identification number**

03-0220266

Return Reference	Explanation
FORM 990, PART I AND III LINE 1	CHAMPLAIN COLLEGE ENDEAVORS TO BE A LEADER IN EDUCATING TODAY'S STUDENTS TO BECOME SKILLED PRACTITIONERS, EFFECTIVE PROFESSIONALS AND ENGAGED GLOBAL CITIZENS. CHAMPLAIN'S AGILE AND ENTREPRENEURIAL APPROACH TO HIGHER EDUCATION UNIQUELY BLENDS TECHNOLOGY LEADERSHIP, MARKET SAVVY, INNOVATION AND FISCAL RESPONSIBILITY WITH A COMMITMENT TO LIBERAL LEARNING, COMMUNITY INVOLVMENT AND "THE HUMAN TOUCH." THIS DISTINCTIVE APPROACH PERMEATES THE DELIVERY OF RELEVANT, RIGOROUS STUDENT-CENTERED PROGRAMS IN BUSINESS, ARTS, APPLIED TECHNOLOGY, AND PUBLIC SERVICE.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE ASSOCIATE DIRECTOR OF FINANCE AT THE COLLEGE IS RESPONSIBLE FOR GATHERING AND DRAFTING THE INFORMATION TO POPULATE THE FORM 990 IN CONJUNCTION WITH KPMG LLP, INDEPENDENT ACCOUNTANTS. ONCE THE DRAFT IS COMPLETED IT IS REVIEWED BY THE TREASURER WHO GOES THROUGH THE FORM 990 IN DETAIL WITH THE AUDIT COMMITTEE. THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES REVIEWS AND MAKES A MOTION TO APPROVE AND BRING FORWARD THE FORM 990 TO THE FULL BOARD OF TRUSTEES. AFTER AUDIT COMMITTEE APPROVAL, THE COLLEGE ELECTRONICALLY DISTRIBUTES, VIA THE BOARD BOOK, A COMPLETE COPY OF ITS FORM 990 TO EACH MEMBER OF THE GOVERNING BODY FOR THEIR REVIEW, PRIOR TO FILING.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE COLLEGE HAS A STATEMENT OF POLICY REGARDING CONFLICT OF INTEREST FOR THE BOARD OF TRUSTEES, OFFICERS, AND KEY EMPLOYEES. ATTACHED TO THE CONFLICT OF INTEREST STATEMENT IS A SCHEDULE OF ALL TRUSTEE, OFFICER AND/OR KEY EMPLOYEES OF THE COLLEGE, AND INDIVIDUALS AND ENTITIES WHO HAVE OR HAVE HAD KEY BUSINESS RELATIONSHIPS WITH THE COLLEGE (E.G., INVESTMENT MANAGERS, LENDERS, OTHER FINANCIAL INSTITUTIONS, KEY VENDORS PROVIDING EITHER GOODS OR SERVICES TO THE COLLEGE.) ON AN ANNUAL BASIS, EACH MEMBER OF THE BOARD MUST REVIEW THE SCHEDULE AND COMPLETE AND SIGN A CONFLICT OF INTEREST STATEMENT. THE CONFLICT OF INTEREST STATEMENTS ARE REVIEWED BY THE CHAIR OF THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES. IF ANY CONFLICT OF INTEREST EXISTS BY A VOTING MEMBER OF THE COMMITTEE OR BOARD OF TRUSTEES, THEY SHALL NOT BE ALLOWED TO VOTE ON ANY SUCH MATTER PERTAINING TO CONFLICT. THE MINUTES OF SUCH MEETING SHALL REFLECT THAT A DISCLOSURE WAS MADE BY THE TRUSTEE NOT VOTING.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINES 15A AND 15B	<p>THE COMPENSATION COMMITTEE (THE COMMITTEE) WILL ANNUALLY REVIEW THE REASONABLENESS OF COMPENSATION LEVELS OF ALL KEY EMPLOYEES ON A POSITION-BY-POSITION BASIS. THE COMMITTEE IS INDEPENDENT AND FREE FROM CONFLICT OF INTEREST. THE COMMITTEE REVIEWS THE NATURE AND SCOPE OF EACH POSITION AND ASSESSES THE BASIS FOR WHICH COMPENSATION IS TO BE PAID TO THE INDIVIDUAL. THE COMMITTEE DETERMINES COMPENSATION FOR ALL KEY EMPLOYEES, EXCEPT THE PRESIDENT, UPON RECEIPT OF WRITTEN PERFORMANCE REVIEWS AND "VALID MARKET DATA." THE PRESIDENT REVIEWS EACH KEY EMPLOYEE'S PERFORMANCE FOR THE PRIOR YEAR AND SUBMITS A COMPENSATION RECOMMENDATION TO THE COMMITTEE BASED ON A COMBINATION OF "VALID MARKET DATA" AND INDIVIDUAL PERFORMANCE. "VALID MARKET DATA" IS DETERMINED USING THE FOLLOWING METHOD:</p> <ol style="list-style-type: none"> <li>1.1 DETERMINE THE LIST OF OVERLAP INSTITUTIONS - IDENTIFY OTHER PRIVATE COLLEGES THAT HAVE A HIGH NUMBER OF APPLICANT OVERLAPS WITH CHAMPLAIN. THIS DATA IS FROM THE NATIONAL STUDENT CLEARINGHOUSE, WHICH TRACKS THE COLLEGES TO WHICH STUDENTS APPLY AND ULTIMATELY CHOOSE TO ATTEND.</li> <li>1.2 USING IRS TAX RETURN DATA (VIA GUIDESTAR), FIND THE MOST RECENT REPORT IDENTIFYING THE MOST HIGHLY COMPENSATED EMPLOYEES AT OVERLAP INSTITUTIONS.</li> <li>1.3 ADJUST THE REPORTED SALARIES AND BENEFITS BY A PERCENTAGE TO MAKE THEM ROUGHLY COMPARABLE TO CURRENT SALARY DATA. THIS INFLATION FACTOR IS DERIVED FROM NATIONALLY REPORTED HIGHER EDUCATION AVERAGE PAY HIKES IN PAST YEARS. BOTH THE BASE YEAR COMPENSATION, AS WELL AS THE ADJUSTED SALARY, ARE REPORTED BACK TO THE COMMITTEE.</li> <li>1.4 PROVIDE THE COMMITTEE WITH COMPARISONS OF CHAMPLAIN SALARY AND BENEFITS TO OVERLAP OTHER INSTITUTIONS ON A POSITION-BY-POSITION BASIS. NARRATIVE INFORMATION WILL BE PROVIDED, IF SIMILARLY TITLED POSITIONS AT OTHER INSTITUTIONS ARE KNOWN TO DIFFER IN SCOPE OF RESPONSIBILITY.</li> </ol> <p>THE CHAIR AND VICE CHAIR OF THE BOARD OF TRUSTEES ANNUALLY CONDUCT A PERFORMANCE REVIEW OF THE PRESIDENT. THIS REVIEW, COMBINED WITH THE "VALID MARKET DATA" DESCRIBED ABOVE, IS DISCUSSED AND CONSIDERED BY THE COMMITTEE WHEN ARRIVING AT THE PRESIDENT'S ANNUAL COMPENSATION PACKAGE. THE DECISIONS OF THE COMMITTEE ARE CONTEMPORANEOUSLY DOCUMENTED IN THE MINUTES OF EACH MEETING. THE COMPENSATION PROCEDURES OF THE COLLEGE MEET THE REQUIREMENTS OF THE REBUTTABLE PRESUMPTION.</p>



Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S FINANCIAL STATEMENTS AND FORM 990 ARE AVAILABLE UPON REQUEST THE FORM 990 IS ALSO POSTED ON WWW GUIDESTAR ORG

Return Reference	Explanation
FORM 990 PART XI LINES 8 & 9	Line 9 CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS \$ 173,076 SWAP VALUATION 69,328 CHANGE IN CONTRIBUTION ALLOWANCE FOR DOUBTFUL ACCOUNTS 77,893 _____ Total 320,297

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 9	IAN MORTIMER 4245 EAST AVENUE ROCHESTER, NY 14618

Return Reference	Explanation
FORM 990, PART X, LINES 11 A& 12	IN FY13 THERE WAS NO BREAKOUT AT THE END OF THE YEAR BETWEEN PUBLICLY TRADED AND "OTHER" SECURITIES ON LINES 11 AND 12 OF THE BALANCE SHEET HOWEVER, BECAUSE THIS DETAIL IS PROVIDED AT THE END OF THE YEAR FOR FY14, THIS INFORMATION IS ALSO BROKEN OUT AT BEGINNING OF THE YEAR FOR COMPARATIVE PURPOSES

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.  
▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization  
CHAMPLAIN COLLEGE INCORPORATED

Employer identification number  
03-0220266

Part I Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) 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 Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(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 status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) COLLEGE CHAMPLAIN DU VERMONT  525 SHERBROOK STREET EAST MONTREAL, QUEBEC CA 99-9999999	EDUCATIONAL	CA	501(c)3	2	CHAMPLAIN	Yes	

Part III

Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) CHAMPLAIN COLLEGE DUBLIN LIMITED  43 LOWER LEESON STREET DUBLIN, IRELAND EI 99-9999999	EDUCATIONAL	EI	CHAMPLAIN	C CORP	38,077	43,632	100 000 %	Yes	
(2) CHARITABLE REMAINDER TRUSTS (9)	CHARITABLE TR	VT	NA	TRUST					No

Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

1

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

a

Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Dividends from related organization(s)

g

Sale of assets to related organization(s)

h

Purchase of assets from related organization(s)

i

Exchange of assets with related organization(s)

j

Lease of facilities, equipment, or other assets to related organization(s)

k

Lease of facilities, equipment, or other assets from related organization(s)

l

Performance of services or membership or fundraising solicitations for related organization(s)

m

Performance of services or membership or fundraising solicitations by related organization(s)

n

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o

Sharing of paid employees with related organization(s)

p

Reimbursement paid to related organization(s) for expenses

q

Reimbursement paid by related organization(s) for expenses

r

Other transfer of cash or property to related organization(s)

s

Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

No

1c

No

1d

Yes

1e

No

1f

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

No

1n

No

1o

No

1p

No

1q

No

1r

Yes

1s

No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) COLLEGE CHAMPLAIN DU VERMONT	d	1,519,718	FMV
(2) CHAMPLAIN COLLEGE DUBLIN LIMITED	d	869,188	FMV
(3) COLLEGE CHAMPLAIN DU VERMONT	r	620,680	FMV
(4) CHAMPLAIN COLLEGE DUBLIN LIMITED	r	1,191,938	FMV

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.

[illegible]



Part VII

Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
------------------	-------------

TY 2013 Itemized Other Current Liabilities Schedule

**Name:** CHAMPLAIN COLLEGE INCORPORATED

**EIN:** 03-0220266

Corporation Name	Corporation EIN	Description	Beginning Amount	Ending Amount
		ACCRUED PAYROLL	880	7,774

TY 2013 Itemized Other Current Assets Schedule

**Name:** CHAMPLAIN COLLEGE INCORPORATED

**EIN:** 03-0220266

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
		PREPAID EXPENSES	10,984	4,094

**TY 2013 Other Deductions Schedule****Name:** CHAMPLAIN COLLEGE INCORPORATED**EIN:** 03-0220266

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
FINANCIAL AID	332,331	450,802
TRAVEL	24,631	33,412
CLEANING	10,064	13,652
LEGAL SERVICES	3,842	5,212
INSURANCE	16,984	23,039
MANAGEMENT CHARGES	198,889	269,790
UTILITIES	15,568	21,118
OTHER EXPENSES	110,518	149,916

**TY 2013 Other Deductions Schedule****Name:** CHAMPLAIN COLLEGE INCORPORATED**EIN:** 03-0220266

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
FINANCIAL AID	240,169	224,478
SUPPLIES	6,217	5,811
TRAVEL	9,710	9,076
CONTRACTED SERVICES	14,054	13,136
CLEANING	17,660	16,506
LEGAL SERVICES	12,337	11,531
INSURANCE	15,378	14,373
UTILITIES	37,675	35,214
OTHER EXPENSES	60,145	56,216

TY 2013 Itemized Other Liabilities Schedule

**Name:** CHAMPLAIN COLLEGE INCORPORATED

**EIN:** 03-0220266

Corporation Name	Corporation EIN	Other Liabilities Description	Beginning Amount	Ending Amount
		OTHER PAYABLES	78,725	39,342

## TY 2013 Other Income Statement

**Name:** CHAMPLAIN COLLEGE INCORPORATED

**EIN:** 03-0220266

Description	Foreign Amount	Amount
STUDENT REVENUE AND DORMITORY	1,464,426	1,986,470

## TY 2013 Other Income Statement

**Name:** CHAMPLAIN COLLEGE INCORPORATED

**EIN:** 03-0220266

Description	Foreign Amount	Amount
STUDENT REVENUE AND DORMITORY	1,119,530	1,046,388