## **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

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

A F	or th	e 201	1 calendar year, or tax year beginning 07/01, 2011, a	and ending	06,	/30 <b>,20</b> <sub>12</sub>								
B Check if applicable:			C Name of organization		D Employer identifica	ation number								
B c	heck if ap	oplicable:	PHILANDER CHASE CORPORATION											
	Addre		Doing Business As		31-1711213									
	7 1	change	Number and street (or P.O. box if mail is not delivered to street address)	oom/suite	E Telephone number									
	+	return	209 CHASE AVENUE		(740) 427-5181									
	Termi		City or town, state or country, and ZIP + 4											
	Amen		GAMBIER, OH 43022		<b>G</b> Gross receipts \$	494,183.								
	return Applio	n cation	F Name and address of principal officer: THOMAS SANT		H(a) Is this a group return									
	pendi			2	affiliates?									
_			209 CHASE AVE, EATON CENTER GAMBIER, OH 43022		H(b) Are all affiliates inclu									
		empt sta		527	If "No," attach a list.	· ·								
_		te: 🕨			H(c) Group exemption nu									
		of organ		L Year of for	mation: 2000 <b>M</b> State of	of legal domicile: OH								
Pa	rt I	Sur	mmary											
	1	Briefly	describe the organization's mission or most significant activities:											
ø		TO I	PRESERVE AND MAINTAIN THE FARMLAND, OPEN SPACES	, SCENIC	VIEWS, AND									
Š		CHAF	CHARACTERISTIC LANDSCAPES SURROUNDING KENYON COLLEGE AND GAMBIER,											
Ĕ		OHIC	).											
Governance	2	Check	this box F if the organization discontinued its operations or disposed	of more than 2	5% of its net assets.									
ტ ფ	3	Numb	er of voting members of the governing body (Part VI, line 1a)		1 1	15.								
	4	Numb	er of independent voting members of the governing body (Part VI, line 1b)		4	14.								
<u>ż</u>	5	Total	number of individuals employed in calendar year 2011 (Part V, line 2a)		5	0								
Activities						2.								
⋖	l .		` '		6									
			gross unrelated business revenue from Part VIII, column (C), line 12			0								
	D	ivet ur	nrelated business taxable income from Form 990-T, line 34		Prior Year									
ne						Current Year								
	8	Contri	butions and grants (Part VIII, line 1h)	OR	1,468,377.	479,335.								
/en	9	Progra	am service revenue (Part VIII, line 2g)	PECTION	4,970.	8,570.								
Revenue		IIIVESI	ment income (rant viii, column (A), lines 3, 4, and 7d)		23,261.	6,278.								
	11	Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	L	0	0								
			revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,496,608.	494,183.								
	13	Grants	s and similar amounts paid (Part IX, column (A), lines 1-3)		1,191,380.	332,413.								
	14	Benef	its paid to or for members (Part IX, column (A), line 4)	L	0	0								
S	15	Salari	es, other compensation, employee benefits (Part IX, column (A), lines 5-10)	L	105,949.	116,872.								
Expenses	16a	Profes	ssional fundraising fees (Part IX, column (A), line 11e)		0	0								
×			fundraising expenses (Part IX, column (D), line 25) ▶	· I										
Ш	17	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		53,667.	44,898.								
			expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,350,996.	494,183.								
			iue less expenses. Subtract line 18 from line 12		145,612.									
es					ginning of Current Year	End of Year								
Net Assets or Fund Balances	20	Total :	assets (Part X, line 16)		1,034,217.	1,034,217.								
Ass Bal	21		iabilities (Part X, line 26)	• • • • •	0	1,031,217								
ng (	22		ssets or fund balances. Subtract line 21 from line 20.		1,034,217.	1,034,217.								
			anature Block		1,034,217.	1,034,217.								
	rt II		f perjury, I declare that I have examined this return, including accompanying schedules an	ud etatemente, ar	nd to the best of my knowled	dae and helief it is true								
cor	rect, ar	nd comp	plete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any kno	wledge.	age and belief, it is true,								
_	•													
	ign		Signature of officer		Data									
н	ere		Signature of officer		Date									
			Type or print name and title	T =										
D-:		Print/	Type preparer's name Preparer's signature	Date	Check if self-	PTIN								
Paid					employed >	P00226559								
	parer	Firm's	name MALONEY + NOVOTNY LLC		EIN ▶ 34-0	0677006								
use	Only		address 1111 SUPERIOR AVENUE, SUITE 700 CLEVELAND, OH 44114			-363-0100								
Mav	the II		cuss this return with the preparer shown above? (see instructions)			X Yes No								

PHILANDER CHASE CORPORATION 31-1711213 Form 990 (2011) Page 2 Part III Statement of Program Service Accomplishments 1 Briefly describe the organization's mission: TO PROMOTE THE BROAD EDUCATIONAL AND CULTURAL OBJECTIVES OF KENYON COLLEGE THROUGH THE ACQUISITION AND MONITORING OF CONSERVATION AND AGRICULTURAL EASEMENTS 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No 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 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 and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 478,514.\_ including grants of \$ \_\_\_\_\_\_ 332,413.\_ ) (Revenue \$ \_\_\_\_ 4a (Code: ) (Expenses \$ THE PHILANDER CHASE CORPORATION WORKS TO PRESERVE NATURAL LANDS AND OTHER LANDS OF ENVIRONMENTAL, HISTORIC, OR CULTURAL IMPORTANCE IN THE ENVIRONS OF KENYON COLLEGE AND WORKS TO ESTABLISH COOPERATIVE RELATIONSHIPS WITH OTHER PRIVATE ORGANIZATIONS AND GOVERNMENT AGENCIES SHARING COMMON GOALS. **4b** (Code: ) (Expenses \$ including grants of \$ 4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$

) (Revenue \$

**4d** Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$

4e Total program service expenses ► 478,514.

JSA 1E1020 1.000 Form 990 (2011)
Part IV Checklist of Required Schedules

Part	Checklist of Required Schedules		V	N.
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		3.7	
_	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
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		X
4	Section 501(c)(3) organizations. 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		X
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		
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	_		37
_	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_	3.7	
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	X	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			Х
_	complete Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If</i> "Yes,"			
	complete Schedule D, Part IV	9		Х
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		Х
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	11a	Х	
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		X
С	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		X
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		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
t	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		3.7	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"	12a		Х
h	complete Schedule D, Parts XI, XII, and XIII	120		
b	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			37
4.0	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		v
20-	If "Yes," complete Schedule G, Part III	19 20a		$\frac{X}{X}$
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
<u>u</u>	100 to and 200, and the organization attaon a copy of its addition infallolal statements to this retail!			

Form 990 (2011) Page 4

Part	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
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? If "Yes," complete Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
2 <del>- </del> a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
		24a		Х
	through 24d and complete Schedule K. If "No," go to line 25	24b		21
D	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	0.4-		
_	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			3.7
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		X
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? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	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? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
• •	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
-	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
J-T	IV, and V, line 1	34	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
		33a		- 21
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	2 E h		v
0.0	meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			7.7
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Х	

Par	t V Statements Regarding Other IRS Filings and Tax Compliance		•	age e
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1 c		
2a				
b		2b		
3a		3a		X
		3b		
	account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
		5c		
	organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7				
а				
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	$\cdot$	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е		7e		X
f				X
g				
h		7h		
8				
		_		
_		8		X
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12  Cross requires included on Form 200. Part VIII, line 12  10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
D	Gross income from other sources (Do not net amounts due or paid to other sources			
122	against amounts due or received from them.)	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	120		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note. See the instructions for additional information the organization must report on Schedule O.	TJa		
h	Enter the amount of reserves the organization is required to maintain by the states in which			
D	the organization is licensed to issue qualified health plans  13b			
^	Enter the amount of reserves on hand.			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b		
	, and the second of the second			

	Check if Schedule O contains a response to any question in this Part VI			•	X
Sect	ion A. Governing Body and Management				l
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are	<b>1a</b> 15			
	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	1b 14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business rel				
	any other officer, director, trustee, or key employee?		2		Х
3	Did the organization delegate control over management duties customarily performed by or un	der the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other	r person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fill	ed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's a		5		Х
6	Did the organization have members or stockholders?		6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to ele				
	one or more members of the governing body?		7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval				
	stockholders, or persons other than the governing body?		7b	X	
8	Did the organization contemporaneously document the meetings held or written actions under	ertaken during			
	the year by the following:				
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot				
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Inte	rnai Revenue	Coae	•	
				Yes	No
	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of s	· · · · · · · · · · · · · · · · · · ·			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu	-	10b	V	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fil	ing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			v	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests t	_	40.	v	
	rise to conflicts?		12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the po	•	40.	v	
	describe in Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?		13	X	
14	Did the organization have a written document retention and destruction policy?		14	Λ	
15	Did the process for determining compensation of the following persons include a review and apprintenent persons compensation of the deliberation of the deliberation	-			
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation.		15a		Х
a	The organization's CEO, Executive Director, or top management official		15a 15b		X
b			130		21
160	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions.)  Did the organization invest in, contribute assets to, or participate in a joint venture or simila	r arrangement			
16a	with a taxable entity during the year?	_	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization of		Tua		
b	participation in joint venture arrangements under applicable federal tax law, and take steps to				
	organization's exempt status with respect to such arrangements?		16h		
Sect	ion C. Disclosure		.00		<u> </u>
<u> 17</u>	List the state of the list is a second of the Foreign Cook in the last of the List is the last of the list is a second of the last of the				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 9	 990-T (Section 5			 nlv)
10	available for public inspection. Indicate how you made these available. Check all that apply.	Joo i (Geomonia	J (U)(	JJ3 UI	y <i>)</i>
	Own website Another's website X Upon request				
19	Describe in Schedule O whether (and if so, how), the organization made its governing docum	ents conflict o	finter	oet n	olicy
13	and financial statements available to the public during the tax year.	icinia, commict o	ı ınıter	σοι μ	oncy,
20	State the name, physical address, and telephone number of the person who possesses the books	and records of the	ne.		
	- 2.2 , prijologi adarooo, and tolophono hambor of the person who pessesses the books	1000100 UI II			

organization: ▶ TERI L BLANCHARD 209 CHASE AVE, EATON CENTER GAMBIER, OH 43022

27-5181 Form **990** (2011)

Part VII

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (describe hours for	box,	unle	Pos heck ss pe	erson	e than c is both tor/trust	an	(D)  Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
ATTACHMENT 1	related organizations in Schedule O)	employee Key employee Officer Institutional trustee Individual trustee or director		Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations		
(1) RICHARD S. ALPER TRUSTEE	1.00	Х						C	0	0
(2) KATHRYN BATCHELDER CASHMAN TRUSTEE	1.00	х						C	0	0
(3) STEPHEN F. CHRISTY, JR. TRUSTEE	1.00	Х						0		0
(4) HOWARD B. EDELSTEIN TRUSTEE	1.00	Х						0	0	0
(5) ANNE C. GRIFFIN TRUSTEE	1.00	Х						0	0	0
(6) CORNELIA IRELAND HALLINAN TRUSTEE	1.00	Х						0	0	0
(7) JULIA F. JOHNSON TRUSTEE	1.00	Х						0	0	0
(8) JOHN R. KNEPPER TRUSTEE	1.00	Х						0	0	0
(9) S. GEORGIA NUGENT TRUSTEE	1.00	Х						О	1,117,730.	174,889.
_(10) THOMAS R. SANT TRUSTEE	1.00	Х						О	0	0
_(11) J. DUNCAN SHOREYTRUSTEE	1.00	X						C	0	0
(12) DOUGLAS H. STEVENS TRUSTEE	1.00	Х						O	0	0
(13) PETER A. WHITE TRUSTEE	1.00	Х						0	0	0
(14) JOHN A. WOOLHAM TRUSTEE	1.00	Х						0	0	0

Form **990** (2011)

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(A)	/P\			11	C١			(D)	/E\	/E\	
(A) Name and title	Average hours per week (describe	box,	unles	Pos heck ss pe	erson	e than or is both a	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	( <b>F</b> ) Estima amour othe compen	ated nt of er
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from organization organization	ation ated
5) WILLIAM J. YOST											
TRUSTEE	1.00	X						0	0		
6) LISA D. SCHOTT											
DIRECTOR	40.00			Х				116,872.	0	33	,939
1b Sub-total							<b></b>	0	1,117,730.	174	,889
c Total from continuation sheets to Part VII, S	ection A						$\blacktriangleright$	116,872.	0	33	,939
d Total (add lines 1b and 1c)							<b>&gt;</b>	116,872.	1,117,730.	208	,828
2 Total number of individuals (including but not reportable compensation from the organization			liste L	d al	bove	e) who	re	eceived more than	\$100,000 of		
, ,										Ye	es No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched										3	Х
4 For any individual listed on line 1a, is the sorganization and related organizations graindividual	eater than	\$15	0,0	00?	) If	"Yes,	." (	complete Schedu	le J for such	4 2	ζ
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yo	accrue co	mpen	sati	on f	fron	n any	uni	related organization	on or individual	5	X
Section B. Independent Contractors	,									1 - 1	
1 Complete this table for your five highest com								hat received more			

(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0

Pai	rt VIII	Statement of Revenue					
				<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from to under sections 512, 513, or 51
t t	1a	Federated campaigns 1a					
oun	b	Membership dues					
S, G	C	Fundraising events 1c					
ar a	d	Related organizations 1d	436,804.				
Contributions, Gifts, Grants and Other Similar Amounts	e	Government grants (contributions) 1e	1,000.				
er S	f	All other contributions, gifts, grants,					
털		and similar amounts not included above . 1f	41,531.				
o de	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f	<u></u> ▶	479,335.			
ıπe			Business Code				
evel	2a	LAND LEASE CONTRACT PAYMENTS	900099	8,570.	8,570.		
e R	b						
ζį	С						
Program Service Revenue	d						
aш	е						
ogr	f	All other program service revenue					
Ţ	g	Total. Add lines 2a-2f	<u></u> ▶	8,570.			
	3	Investment income (including dividends, interest	est, and				
		other similar amounts)	▶	6,278.			6,278
	4	Income from investment of tax-exempt bond p	roceeds	0			
	5	Royalties		0			
		(i) Real	(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)		0			
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory					
	b	Less: cost or other basis					
		and sales expenses					
	С	Gain or (loss)					
	d	Net gain or (loss)		0			
пe	8a	Gross income from fundraising					
en		events (not including \$					
é		of contributions reported on line 1c).					
Z.		See Part IV, line 18 a					
Other Revenue	b	Less: direct expenses b					
ō	С	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					
	С	Net income or (loss) from gaming activities	•	0			
	10a	Gross sales of inventory, less					
		returns and allowances a					
	b	Less: cost of goods sold b					
	С	Net income or (loss) from sales of inventory.  Miscellaneous Revenue	Business Code	0			
	<u> </u>	iviiscellaneous kevenue	business Code				
	11a						
	b						
	С						
	d	All other revenue					
	е	Total. Add lines 11a-11d		0			
	12	Total revenue. See instructions		494.183	8.570		6.27

31-1711213

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a resp	onse to any question in	n this Part IX		
	o not include amounts reported on lines 6b, o, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> 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	332,413.	332,413.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	116,872.	116,872.		
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	0			
8	Pension plan accruals and contributions (include section				
	401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees):				
а	Management	0			
	Legal	619.		619.	
С	Accounting	2,000.		2,000.	
d	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	13,050.		13,050.	
12	Advertising and promotion	0			
13	Office expenses	0			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0			
23	Insurance	0			
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.)	729.	720		
	REAL ESTATE TAXES		729.		
b	CLOSING AND OTHER COSTS	28,500.	28,500.		
C					
d					
	All other expenses	494,183.	478,514.	15,669.	
	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the	474,103.	4/0,314.	15,009.	
_ 0	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here ▶ if				
	fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	0			
_					i

Form 990 (2011) Page **11** 

#### **Balance Sheet** Part X (A) Beginning of year End of year Cash - non-interest-bearing 0 1 Savings and temporary cash investments 26,620. 26,620. ol 3 0 3 Pledges and grants receivable, net Accounts receivable, net 0 0 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 0 0 5 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 O 6 0 employees' beneficiary organizations (see instructions) Notes and loans receivable, net 0 7 0 Inventories for sale or use ol 0 8 Prepaid expenses and deferred charges 0 O 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 1,007,597. 1,007,597. 10c 1,007,597. b Less: accumulated depreciation 10b Investments - publicly traded securities 0 11 0 11 0 12 0 12 Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11 0 13 13 0 14 0 14 Intangible assets \_\_\_\_\_\_\_ Other assets. See Part IV, line 11 0 15 0 15 1,034,217. Total assets. Add lines 1 through 15 (must equal line 34) . . . . . . . . . 1,034,217. 16 16 Accounts payable and accrued expenses 0 O 17 17 0 18 Grants payable 0 18 19 0 19 0 Deferred revenue Tax-exempt bond liabilities 0 20 0 20 0 21 0 21 Escrow or custodial account liability. Complete Part IV of Schedule D Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. 0 22 0 0 23 0 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 0 24 0 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 0 0 25 26 0 26 0 Organizations that follow SFAS 117, check here > X and complete lines 27 through 29, and lines 33 and 34. Balances Unrestricted net assets 27 1,034,217. 27 1,034,217. Temporarily restricted net assets 28 28 0 Fund Permanently restricted net assets 0 29 29 Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34. ō Capital stock or trust principal, or current funds Assets 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 Set Total net assets or fund balances 33 1,034,217. 1,034,217. 33 34 Total liabilities and net assets/fund balances.......... 1,034,217. 1,034,217.

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form 990 (2011) Page **12 Reconciliation of Net Assets** Part XI Check if Schedule O contains a response to any question in this Part XI.......... 494,183. 1 1 494,183. 2 2 0 3 3 1,034,217. 4 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . . . . 5 5 6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, 1,034,217. **Financial Statements and Reporting** Part XII No X Accrual Accounting method used to prepare the Form 990: Cash 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? 2a Χ **b** Were the organization's financial statements audited by an independent accountant? 2b Х c 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? 2c Χ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: Both consolidated and separate basis X Consolidated basis Separate basis 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the 3a Χ

#### SCHEDULE A (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

OMB No. 1545-0047

2011

Open to Public

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

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

ions. Inspection

Employer identification number

Name of t	the organization							Emplo	yer iden	tification numb	er
	IDER CHASE COR									-1711213	
Part I	Reason for Pub	lic Charity Statu	<b>s</b> (All organizations mu	ıst con	nplete	this pa	art.) Se	e instr	uctions	•	
The orga	·		cause it is: (For lines 1 th	•		•		,			
1			association of churches		ed in s	ection	170(b)(	1)(A)(i)	-		
2			(1)(A)(ii). (Attach Schedul		_						
3	•		ervice organization descr			-					
4		= :	erated in conjunction wi	ith a r	ospita	ıl descr	ibed in	sectio	n 170(k	))(1)(A)(iii). E	inter the
<b>.</b> $\Box$	hospital's name, cit										
5	= :		nefit of a college or univ	ersity	owned	or ope	erated t	by a go	vernme	ntai unit des	cribea in
c $\Box$	section 170(b)(1)(			ام مانده	: ı	470	V/L\/4\/	A \ / \			
6		•	or governmental unit des						it or fr	am the gener	مناطييم ام
′	_	-	es a substantial part of it . (Complete Part II.)	.s supp	on no	ını a gc	vernine	illai ui	iit Oi iit	in the gener	ai public
8			on 170(b)(1)(A)(vi). (Com	nloto E	Oart II \						
9 —	-		es: (1) more than 331/3%	•			contrib	utions	memb	ershin fees a	ind arnss
<b>5</b>	_	-	exempt functions - sub							-	_
	•		ome and unrelated busi	•				, ,			
			ne 30, 1975. See <b>section</b>						•		
10		=	ted exclusively to test for	-					.).		
11 X	=	-	rated exclusively for the		-					, or to carry	out the
	_	-	ipported organizations de			-				-	
	509(a)(3). Check the	he box that describ	es the type of supporting	organ	ization	and co	mplete	lines 1	1e thro	ugh 11h.	
	a X Type I	<b>b</b> Type	II c Type	III - Fu	unction	ally inte	grated		d	Type III - Ot	ther
e X	By checking this	box, I certify that	the organization is not	contr	olled	directly	or ind	rectly	by one	or more dis	qualified
	persons other than	n foundation mana	gers and other than one	or mo	re pub	olicly su	pported	l organ	izations	described in	າ section
	509(a)(1) or sectio	n 509(a)(2).									
f	_		n determination from th	e IRS	that it	is a T	ype I, T	ype II,	or Typ	e III supporti	ng
	organization, check										📖
g			nization accepted any gif	t or co	ntribut	ion from	n any of	the			
	following persons?									, 	
			ectly controls, either alor						ribed in	. (,	Yes No
			dy of the supported organ	iization	?					11g(i)	X
			scribed in (i) above?	hovo2						11g(ii) 11g(iii)	X
h			son described in (i) or (ii) a out the supported organiz							[119(111)	X
	ame of supported	(ii) EIN	(iii) Type of organization	T	ls the	(v) Did v	ou notify	(vi)	s the	(vii) Amou	unt of
(1) 14	organization	(11) E114	(described on lines 1-9	organi	zation in	the org	anization	organiz	zation in	suppo	
			above or IRC section (see instructions))	your g	listed in overning ment?		. <b>(i)</b> of upport?		rganized U.S.?		
			(**************************************	Yes	No	Yes	No	Yes	No		
(A) <sub>KE1</sub>	NYON COLLEGE	31-4379507	02	X		Х		X			0
(D)											
(B)											
(C)											
(C)											
(D)											
(D)											
(E)											
·-/											
Total										<u> </u>	0

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

Schedule A (Form 990 or 990-EZ) 2011

Schedule A (Form 990 or 990-EZ) 2011 Page **2** 

Par	Support Schedule for Or (Complete only if you check Part III. If the organization	ked the box or	n line 5, 7, or 8	3 of Part I or if	the organizat	ion failed to qu	
Sec	tion A. Public Support	,			, , ,	,	
	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support		1			1	
Cale	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (	see instructions)				12	
13	First five years. If the Form 990 is						
<del></del>	organization, check this box and stop here						▶∟
	tion C. Computation of Public Sup			44		4.4	
14	Public support percentage for 2011 (I					15	<u>%</u> %
15	Public support percentage from 2010 331/3% support test - 2011. If the						
ıoa	this box and <b>stop here.</b> The organizat						re, check
h	331/3% support test - 2010. If the						or more
	check this box and <b>stop here.</b> The org						
17a	10%-facts-and-circumstances test -						
	10% or more, and if the organization	n meets the "fa	cts-and-circums	tances" test, ch	neck this box a	nd <b>stop here.</b> I	Explain in
	Part IV how the organization meets			•	•		supported
b	organization						, and line
	15 is 10% or more, and if the org						-
	Explain in Part IV how the organizat supported organization				=		a publicly ►
18	Private foundation. If the organization						e
	instructions						▶ 🔲

Schedule A (Form 990 or 990-EZ) 2011

Schedule A (Form 990 or 990-EZ) 2011 Page **3** 

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support					,	
	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees	(.,,	(,	(5) = 5 5 5	(,	(-,	(7 : 5:5::
•	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
_	sold or services performed, or facilities						
	,						
	furnished in any activity that is related to the						
_	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
h	received from disqualified persons  Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b.						
8	Public support (Subtract line 7c from						
	line 6.)						
	tion B. Total Support	(-) 2007	(h) 2000	(=) 2000	(4) 2040	(a) 2011	(f) Total
_	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6.  Gross income from interest, dividends,						
IVa	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
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.)		<u> </u>			<u> </u>	
14	First five years. If the Form 990 is for	~			•		
	organization, check this box and stop here						▶ 🔃
	tion C. Computation of Public Sup			(0)			
15	Public support percentage for 2011 (line 8,					15	<u>%</u>
16	Public support percentage from 2010 Sche					16	<u> </u>
	tion D. Computation of Investmer			10 1 (0)			
17	Investment income percentage for 2011 (lin					17	%
18	Investment income percentage from 2010					18	%
19a	331/3% support tests - 2011. If the org	-					. $\square$
_	17 is not more than 331/3%, check th						
b	331/3% support tests - 2010. If the orga						. —
	line 18 is not more than 331/3%, check		•		. ,		<del></del>
20	Private foundation. If the organization	uid flot check	a box on line	14, 19a, or 19b	, check this be	ox and see instr	uctions -

JSA 1E1221 1.000 Schedule A (Form 990 or 990-EZ) 2011 Page 4

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

#### Schedule B

(Form 990, 990-EZ, or 990-PF)
Department of the Treasury

Schedule of Contributors

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

OMB No. 1545-0047

2011

Internal Revenue Service **Employer identification number** Name of the organization PHILANDER CHASE CORPORATION 31-1711213 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year  $\blacktriangleright$  \$\_

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization PHILANDER CHASE CORPORATION

Employer identification number 31-1711213

Part I	<b>Contributors</b>	(see instructions).	. Use duplicate co	pies of Part I if a	dditional space is needed.
--------	---------------------	---------------------	--------------------	---------------------	----------------------------

(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
1_		\$436,804.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
2_		\$25,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3 _		\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization PHILANDER CHASE CORPORATION

Employer identification number

31-1711213

Part II	Ioncash Property (see instructions). Use duplicate copies o	f Part II if additional space is ne	eded.
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Name of organization PHILANDER CHASE CORPORATION

tal more than \$1,000 for the yeanizations completing Part III, e	ear. Complete columns (a) througonter the total of exclusively religious year. (Enter this information once onal space is needed.  (c) Use of gift  (e) Transfer of gift	on 501(c)(7), (8), or (10) organization th (e) and the following line entry. us, charitable, etc., e. See instructions.) ▶ \$  (d) Description of how gift is held				
ganizations completing Part III, er utions of \$1,000 or less for the plicate copies of Part III if additio (b) Purpose of gift	nter the total of exclusively religion year. (Enter this information once onal space is needed.  (c) Use of gift  (e) Transfer of gift	us, charitable, etc., e. See instructions.) ▶\$				
plicate copies of Part III if additio (b) Purpose of gift	(c) Use of gift  (e) Transfer of gift	· · · · · · · · · · · · · · · · · · ·				
	(e) Transfer of gift	(d) Description of how gift is held				
Transferee's name, address, an						
Transferee's name, address, an						
Transferee's name, address, an	4.7ID . 4					
	a zir + 4 Re	elationship of transferor to transferee				
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		_				
	(e) Transfer of gift					
Transferee's name, address, an	d ZIP + 4 Re	elationship of transferor to transferee				
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
(e) Transfer of gift						
Transferee's name, address, an	d ZIP + 4 Re	elationship of transferor to transferee				
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		_				
	(e) Transfer of gift					
	Transferee's name, address, an  (b) Purpose of gift  Transferee's name, address, an	(e) Transfer of gift  Transferee's name, address, and ZIP + 4  (b) Purpose of gift  (c) Use of gift  Transferee's name, address, and ZIP + 4  Re  (b) Purpose of gift  (c) Use of gift  (c) Use of gift				

## SCHEDULE D (Form 990)

## **Supplemental Financial Statements**

2011

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service
Name of the organization

► 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.

Open to Public Inspection

Nam	e of the organization			E	mployer identification number
PH	LANDER CHASE CORPORATION				31-1711213
Pa	Organizations Maintaining Donor Advorganization answered "Yes" to Form 9		Similar Funds	or Ac	counts. Complete if the
	-	(a) Donor advi	sed 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 tha	t the assets held	in dor	oor advised
	funds are the organization's property, subject to the	e organization's exclusi	ive legal control?		Yes No
6	Did the organization inform all grantees, donors, a				
	only for charitable purposes and not for the benef			•	
	conferring impermissible private benefit?			<u> </u>	Yes No
	Conservation Easements. Complete it			Form	990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the	= '			
	Preservation of land for public use (e.g., recr	eation or education)			historically important land area
	X Protection of natural habitat		☐ Preservation	n of a	certified historic structure
	X Preservation of open space				
2	Complete lines 2a through 2d if the organization h	eld a qualified conserv	ation contribution	in the	form of a conservation
	easement on the last day of the tax year.				
					Held at the End of the Tax Year
а	Total number of conservation easements			. 2a	
b	Total acreage restricted by conservation easement	s		_ 2b	3,101.34
С	Number of conservation easements on a certified	historic structure includ	led in (a)	. 20	
d	Number of conservation easements included in (c	) acquired after 8/17/0	6, and not on a		
	historic structure listed in the National Register			_ 2d	1
3	Number of conservation easements modified, tran				by the organization during the
	tax year ►				
4	Number of states where property subject to conse	ervation easement is loc	ated ▶		1
5	Does the organization have a written policy regard				ng of
	violations, and enforcement of the conservation ea	-			-
6	Staff and volunteer hours devoted to monitoring, i				
7	Amount of expenses incurred in monitoring, inspe	cting, and enforcina co	nservation easem	nents o	during the year
	<b>&gt;</b> \$	5. 5 - 5			- ,
8	Does each conservation easement reported on lin	e 2(d) above satisfy th	e requirements of	section	n 170(h)(4)(B)
	(i) and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIV, describe how the organization reports	conservation easeme	nts in its revenue a	and ex	
	balance sheet, and include, if applicable, the text		rganization's fina	ncial s	tatements that describes the
	organization's accounting for conservation easeme				
Pa	Organizations Maintaining Collections Complete if the organization answered	s of Art, Historical To I "Yes" to Form 990,	reasures, or Oth Part IV, line 8.	ner Si	milar Assets.
1a	If the organization elected, as permitted under S works of art, historical treasures, or other simil	FAS 116 (ASC 958), r	not to report in it	s reve	enue statement and balance sheet
	public service, provide, in Part XIV, the text of the f	ootnote to its financial	statements that d	lescrib	es these items.
b	If the organization elected, as permitted under works of art, historical treasures, or other simil public service, provide the following amounts relat	ar assets held for pul ing to these items:	olic exhibition, e	ducation	on, or research in furtherance of
	(i) Revenues included in Form 990, Part VIII, line	1			<b></b> \$
	(ii) Assets included in Form 990, Part X				
2	If the organization received or held works of a				
	following amounts required to be reported under S				, p
а	Revenues included in Form 990, Part VIII, line 1				<b>⊳</b> \$
b	Assets included in Form 990, Part X				

Schedule D (Form 990) 2011 Page **2** 

Par	t III Organizations Maintaining Coll	ections of A	Art, Histo	rical Tre	easures	, or	Other	Similar Ass	ets (c	ontinue	d)	
3	Using the organization's acquisition, access collection items (check all that apply):	ssion, and o	ther recor	ds, chec	k any of	f the	follow	ring that are	a sign	ificant us	se of	its
а	Public exhibition		d	Loa	an or exc	chang	ge prog	<sub>j</sub> rams				
b	Scholarly research		e 🗀	Oth	er							
С	Preservation for future generations	S										
4	Provide a description of the organization's	collections	and expla	ain how	they furt	ther	the or	ganization's e	xempt	purpose	in F	Part
	XIV.		•		•		•					
5	During the year, did the organization solicit	or receive do	onations o	of art. hist	orical tre	easur	es. or	other similar				
	assets to be sold to raise funds rather than								Г	Yes		No
Par	Escrow and Custodial Arranger line 9, or reported an amount or	nents. Com	plete if t	he orgar						_	V,	
1a b	Is the organization an agent, trustee, custod included on Form 990, Part X?								[	Yes		No
								Amo	unt			
С	Beginning balance				[	1 c						
d	Additions during the year				[	1d						
е	Distributions during the year				[	1e						
f	Ending balance				[	1f						
2a	Did the organization include an amount on	Form 990, P	art X, line	21?						Yes		No
b	If "Yes," explain the arrangement in Part XI\	<i>/</i> .										
Par	t V Endowment Funds. Complete it	f the organi	zation ar	swered	"Yes" to	o Foi	rm 990	), Part IV, Iin	e 10.			
	(a) Cu	urrent year	<b>(b)</b> Prio	or year	(c) Two	years	s back	(d) Three years	back	(e) Four y	ears b	ack
1a	Beginning of year balance											
b	Contributions											
С	Net investment earnings, gains,											
	and losses											
d	Grants or scholarships											
е	Other expenditures for facilities .											
	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the cu	rrent vear er	nd balance	e (line 1a.	column	(a)) l	held as	:				
а	Board designated or quasi-endowment ▶_			. ( - 3,		(//						
b			•									
С	Temporarily restricted endowment ▶	%										
	The percentages in lines 2a, 2b, and 2c sho		0%									
3a	Are there endowment funds not in the poss	-		ation that	are held	d and	l admir	istered for the	<b>:</b>			
	organization by:		o o. gac							Y	es	No
	(i) unrelated organizations									3a(i)	+	
	(ii) related organizations									3a(ii)		
b	If "Yes" to 3a(ii), are the related organization									3b		
4	Describe in Part XIV the intended uses of the		•			• •						
Par												
ı aı	Description of property	(a) Cost or o			or other bas	cic	(c) Acc	cumulated	(4	l) Book valu		
	2 coon plant of proporty	(investr		, , ,	other)	313		eciation	,ω	) Book valu	C	
1a	Land			1,0	007,59	7.				1,00	7,59	97.
b	Buildings											
С	Leasehold improvements					$\neg$						
d	Equipment											
е	Other											
Tota	I. Add lines 1a through 1e. (Column (d) mus	st equal Form	990. Part	X. colum	n (B). line	e 10/	(c), ) _	•		1,00	7,59	<del></del> 97.

Schedule D (Form 990) 2011

Schedule D (Form 990) 2011 Page 3

Concadic B (1 onn 330) 2011			r age <b>c</b>
Part VII Investments - Other Securities. See F	orm 990, Part X, lin	e 12.	
<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b) Book value	(c) Method of valua Cost or end-of-year mark	tion: ket value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(I)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related. See F	orm 990, Part X, lin	ne 13.	
(a) Description of investment type	(b) Book value	(c) Method of valua Cost or end-of-year mark	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	1-		
Part IX Other Assets. See Form 990, Part X, li			T
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X Other Liabilities. See Form 990, Part X			
1. (a) Description of liability	(b) Book valu	ie l	
(1) Federal income taxes	(b) Book value		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.,	) <b>&gt;</b>		
2 FIN 49 (ASC 740) Footnote In Part VIV provide the		the organization's financial statemen	to that vananta the

**2.** FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

JSA 1E1270 1.000 31-1711213

Scheau	e D (Form 990) 2011			Page 4
Part	· · · · · · · · · · · · · · · · · · ·	ted Financial State	ments	<u> </u>
1			1	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3	
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV.)		8	
9	Total adjustments (net). Add lines 4 through 8		9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines	3 and 9	10	
<b>Part</b>	XII Reconciliation of Revenue per Audited Financial Statements W	ith Revenue per Re	eturn	
1	Total revenue, gains, and other support per audited financial statements		L	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV.)	2d		
е	Add lines 2a through 2d		2	?e
3	Subtract line 2e from line 1			3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV.)	4b		
С	Add lines 4a and 4b		4	lc
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5
Part	XIII Reconciliation of Expenses per Audited Financial Statements W	/ith Expenses per F	Return	1
1	Total expenses and losses per audited financial statements			1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		• •	
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIV.)	2d		
е	Add lines 2a through 2d		2	e!e
3	Subtract line 2e from line 1			3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV.)	4b		
С	Add lines 4a and 4b		4	łc
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5
Part	XIV Supplemental Information			<u> </u>
Part V	ete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Pal line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines ditional information.	2d and 4b. Also com	plete tl	nis part to provide
SEE	PAGE 5			

Page 5

REPORTING OF CONSERVATION EASEMENTS.

PART II, LINE 9:

THE ORGANIZATION DOES NOT REPORT REVENUE UPON THE GIFTING OF A CONSERVATION EASEMENT. IT HAS NOT RECORDED ANY EXPENSES DIRECTLY INVOLVING AN EASEMENT, WITH THE EXCEPTION OF ANY MONITORING AND LEGAL COSTS. PHILANDER CHASE CORPORATION ALSO DOES NOT RECORD EASEMENTS ON ITS BALANCE SHEET.

FIN 48 (ASC 740) FOOTNOTE,

PART X, LINE 2:

THE FOLLOWING EXCERPT IS FROM KENYON COLLEGE'S CONSOLIDATED FINANCIAL STATEMENTS WHICH INCLUDE PHILANDER CHASE CORPORATION: THE INTERNAL REVENUE SERVICE HAS DETERMINED THAT THE COLLEGE (AND ITS AFFILIATES) IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE AS A PUBLIC CHARITY DESCRIBED IN SECTION 501(C)(3); ACCORDINGLY, NO PROVISION FOR FEDERAL INCOME TAXES HAS BEEN MADE IN THE CONSOLIDATED FINANCIAL STATEMENTS. THERE WERE NO UNRECOGNIZED TAX BENEFITS AS OF JUNE 30, 2012.

# SCHEDULE I (Form 990)

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

OMB No. 1545-0047

Employer identification number

Department of the Treasury
Internal Revenue Service
Name of the organization

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990. Open to Public Inspection

PHI	LANDER CHASE CORPORATION						31-1711213	
Par	t I General Information on Grants and	Assistance	)					
1	Does the organization maintain records to sub the selection criteria used to award the grants	or assistance	9?					X Yes No
	Describe in Part IV the organization's procedu							
Par	to Form 990, Part IV, line 21, for an Part II can be duplicated if additional	y recipient	that received	l more than \$5,0	00. Check this bo	ox if no one recipie	ation answered "Yent received more th	an \$5,000.
1	(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
_(1)								
_(2)								
_(3)								
_(4)								
_(5)								
_(6)								
_(7)								
_(8)								
_(9)								
(10)								
(11)								
(12)								
	Enter total number of section 501(c)(3) and go Enter total number of other organizations listed							
For I	Paperwork Reduction Act Notice, see the Ins	tructions fo	r Form 990.				Sched	ule I (Form 990) (2011)

Schedule I (Form 990) (2011)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 AGRICULTURAL EASEMENTS	7.	332,413.			
2					
3					
4					
5					
6					
7					

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

MONITORING USE OF GRANT FUNDS,

PART I, LINE 2:

CONSERVATION AND AGRICULTURAL EASEMENTS ARE MONITORED AT LEAST ONCE PER

YEAR. THE MONITOR WALKS THE PROPERTY WITH THE LANDOWNER OR HIS/HER

REPRESENTATIVE, TAKES PHOTOGRAPHS, AND FILES A REPORT WITH THE NEW

PHOTOGRAPHS. ONE COPY OF THE REPORT IS GIVEN TO THE LANDOWNER AND ONE

COPY IS KEPT IN THE PHILANDER CHASE STEWARDSHIP FILE.

### **SCHEDULE J** (Form 990)

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.

OMB No. 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization

PHILANDER CHASE CORPORATION

Department of the Treasury

Employer identification number 31-1711213

Part	Questions Regarding Compensation			
	<u> </u>		Yes	No
1a	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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments X Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)			
<b>h</b>	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
D	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		Х
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers,			
	directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	X	
_				
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director. Explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
	organization or a related organization:			37
a	Receive a severance payment or change-of-control payment?	4a	X	X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Λ	v
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(a)(2) and 501(a)(4) organizations must complete lines 5.0			
5	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
3	compensation contingent on the revenues of:			
а		5a		Х
a b	The organization? Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
•	compensation contingent on the net earnings of:			
а	The organization?	6a		Х
	Any related organization?	6b		X
~	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
-	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		Х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2011

Schedule J (Form 990) 2011 Page 2

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

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

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

		<b>(B)</b> Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990
	(i)	O	(	0	0	0	C	0
1 S. GEORGIA NUGENT	(ii)	349,537.	(	768,193.	132,704.	42,185.	1,292,619.	550,000.
	(i)	116,872.	(	0	18,306.	20,974.	156,152.	0
2 LISA D. SCHOTT	(ii)	0	(	0	d	0	C	0
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)			ļ				
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)		<u> </u>	<del> </del>				
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
4-	(i)	L						
15	(ii)							
40	(i)	L		<del> </del>				
16	(ii)						_	

Schedule J (Form 990) 2011

#### Part | Supplemental Information

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

BENEFITS PROVIDED TO OFFICERS,

PART I, LINE 1A:

PHILANDER CHASE CORPORATION PROVIDED SOCIAL CLUB DUES FOR THE ROTARY CLUB
FOR ITS EXECUTIVE DIRECTOR, LISA SCHOTT. PHILANDER CHASE CORPORATION DID
NOT TREAT THE VALUE OF THESE BENEFITS AS TAXABLE INCOME AS THE CLUB WAS
USED EXCLUSIVELY FOR BUSINESS PURPOSES.

WRITTEN POLICY FOR REIMBURSEMENT OF EXPENSES,

PART I, LINE 1B:

S. GEORGIA NUGENT, PRESIDENT OF KENYON COLLEGE (A RELATED SECTION 501(C)(3) ORGANIZATION), APPROVES BENEFITS FOR CERTAIN EXECUTIVES ON A CASE-BY-CASE BASIS.

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN,

PART I, LINE 4B:

KENYON COLLEGE, A RELATED SECTION 501(C)(3) ORGANIZATION, PROVIDED S.

GEORGIA NUGENT WITH A CONTRIBUTION OF \$100,000 TO A SECTION 457(F) PLAN

AND A CONTRIBUTION OF \$9,688 TO A SECTION 457(B) PLAN.

Schedule J (Form 990) 2011

#### Part | Supplemental Information

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

ADDITIONAL INFORMATION REGARDING COMPENSATION,

PART II:

KENYON COLLEGE CONTRIBUTED \$100,000 TO THE SECTION 457(F) PLAN FOR ITS

PRESIDENT, S. GEORGIA NUGENT, AS PART OF HER RETIREMENT PACKAGE. HER FORM

W-2 FOR CALENDAR YEAR 2011 INCLUDED \$758,739 OF VESTED DEFERRED

COMPENSATION, \$550,000 OF WHICH HAS BEEN REPORTED ON PRIOR YEARS' FORMS

990 WHEN THE COMPENSATION WAS NOT YET VESTED. THESE PAYMENTS WERE

APPROVED BY THE BOARD OF TRUSTEES WHO WERE INDEPENDENT OF DR. NUGENT.

#### **SCHEDULE M** (Form 990)

## **Noncash Contributions**

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

OMB No. 1545-0047 Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

31-1711213

PHILANDER CHASE CORPORATION

Par	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash cont			
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							
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	X	7.	0	N/A			
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 orga	inization during the tax ye	ar for contributions for				
	which the organization completed I				29			
							Yes	No
30 a	During the year, did the organization							
	it must hold for at least three yea							
	used for exempt purposes for the e	ntire holding	period?			30a		X
b	If "Yes," describe the arrangement i							
31	Does the organization have a	gift accept	ance policy that require	s the review of any r	non-standard			
	contributions?					31		Х
32a	Does the organization hire or use	e third parti	es or related organization	s to solicit, process, or s	sell noncash			
	contributions?					32a		Х
b	If "Yes," describe in Part II.	• •						
33	If the organization did not report ar	n amount in	column (c) for a type of pro	perty for which column (a)	) is checked,			
	describe in Part II.			` '				
For P	aperwork Reduction Act Notice, see the	ne Instruction	s for Form 990.		Schedule	M (Forn	n 990)	(2011)

1E1298 1.000

31-1711213

Schedule M (Form 990) (2011) Page 2 **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information. Part II

Schedule M (Form 990) (2011) JSA

#### **SCHEDULE 0**

(Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2011

Open to Public Inspection

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

▶ Attach to Form 990 or 990-EZ.

Name of the organization

Employer identification number

31-1711213

PHILANDER CHASE CORPORATION

MEMBERS OF THE ORGANIZATION,

FORM 990, PART VI, LINE 6:

THE SOLE MEMBER OF PHILANDER CHASE CORPORATION IS KENYON COLLEGE.

MEMBER'S POWER TO ELECT TRUSTEES,

FORM 990, PART VI, LINE 7A:

AS THE SOLE MEMBER, KENYON COLLEGE HAS THE POWER TO APPOINT ALL OF THE BOARD MEMBERS OF PHILANDER CHASE CORPORATION.

APPROVAL OF DECISIONS OF GOVERNING BODY,

FORM 990, PART VI, LINE 7B:

AS THE SOLE MEMBER, KENYON COLLEGE HAS APPROVAL RIGHTS OVER THE DECISIONS OF THE BOARD OF DIRECTORS OF PHILANDER CHASE CORPORATION.

FORM 990 REVIEW,

FORM 990, PART VI, LINE 11B:

FORM 990 IS REVIEWED BY THE CONTROLLER OF KENYON COLLEGE AND CERTAIN

BOARD MEMBERS OF PHILANDER CHASE CORPORATION.

MONITORING AND ENFORCEMENT OF CONFLICT POLICY,

FORM 990, PART VI, LINE 12C:

THE ORGANIZATION'S CONFLICT POLICY IS DISTRIBUTED AT THE FALL MEETING OF

THE BOARD OF DIRECTORS. ANNUALLY, OFFICERS AND DIRECTORS ARE ASKED TO

DISCLOSE CONFLICTS, AND THESE DISCLOSURES ARE MONITORED. IF A CONFLICT

Schedule O (Form 990 or 990-EZ) 2011 Page **2** 

Name of the organization

PHILANDER CHASE CORPORATION

S1-1711213

ARISES, THE PERSON IS NOT PERMITTED TO VOTE OR PARTICIPATE IN THE DISCUSSION OF THE PROPOSED TRANSACTION. PEOPLE WHO ARE INDEPENDENT OF THE INDIVIDUAL WITH THE CONFLICT MAKE THE DECISION ON THE TRANSACTION.

AVAILABILITY OF DOCUMENTS,

FORM 990, PART VI, LINE 19:

THE ORGANIZATION DOES NOT GENERALLY MAKE ITS FINANCIAL STATEMENTS,

GOVERNING DOCUMENTS, OR CONFLICT POLICY AVAILABLE TO THE PUBLIC.

ATTACHMENT 1

#### FORM 990, PART VII, COLUMN B - ESTIMATED AVERAGE PER WEEK

NAME AND TITLE

HOURS DEVOTED FOR RELATED ORGANIZATION

S. GEORGIA NUGENT

TRUSTEE 40.00

#### SCHEDULE R (Form 990)

## **Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

Inspection

Open to Public

Department of the Treasury
Internal Revenue Service

Name of the organization

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

PHILANDER CHASE CORPORATION

Employer identification number 31-1711213

Part I	Identification of Disregarded Entities (Complete if t	the organization	answered "Yes" to	Form 990, Part	IV, line 33.)			
	(a) Name, address, and EIN of disregarded entity		<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	Direct co	ntrolling
_(1)								
_(2)								
_(3)		d Ein of disregarded entity  Primary activity  Legal comicile (state of foreign country)  Total income End-of-year assets  Direct controlling entity  Primary activity  Primary activity  Legal comicile (state of foreign country)  Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had xempt organizations during the tax year.)  (b)  Primary activity  Legal domicile (state of foreign country)  Legal domicile (state of foreign country)  Tax-Exempt Organizations during the tax year.)  (c)  Primary activity  Legal domicile (state of foreign country)  Section 512(b)(13) controlled entity  Tyes  No  31-4379507  GAMSIER. Oil 43022  COLLEGE  OH  501(C)(3)  2  N/A  X						
_(4)								
_(5)								
_(6)								
Part II	Identification of Related Tax-Exempt Organizations one or more related tax-exempt organizations during t	(b) Primary activity Legal domicile (state or foreign country)  pt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had anizations during the tax year.)  (c) (d) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f						
	(a) Name, address, and EIN of related organization	, ,	Legal domicile (state	1 ' '	Public charity status	Direct controlling	conti	rolled
							Yes	No
_(1) KENYON	COLLEGE 31-4379507 CENTER GAMBIER, OH 43022							
			ОН	501(C)(3)	2	N/A		X
_(2)								
_(3)								
_(4)								
<u>(5)</u>								
_(6)								
(7)								

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

Schedule R (Form 990) 2011

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Schedule R (Form 990) 2011

Part III	Identification of Relate because it had one or r	ed Organizations more related orga	Taxable anizations	as a Partnersh treated as a pa	<b>ip</b> (Complete if tartnership during	the organization the tax year.)	answered "Yes"	to F	orm	990, P	art IV, I	ine 3	34	
	(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Direct controlling Predominant Sha		(f) Share of total income Share of end-of-year assets		portionate rations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		partner?		(k) Percentage ownership
<u>(1)</u>								Yes	No			Yes	No	
Part IV	Identification of Relat	ed Organizations	Taxable	as a Corporati	on or Trust (Cor	nplete if the org	anization answer	ed "`	Yes"	to For	m 990,	Part	IV,	
				(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) are of t			g) ire of ear ass	sets	(h) Percentage ownership
<u>(1)</u>														
<u>(2)</u>														
<u>(3)</u>														
<u>(4)</u>														
<u>(5)</u>														
(6)														

Schedule R (Form 990) 2011

Schedule R (Form 990) 2011

Pa	art V Transactions With Related Organizations (Complete if the organization answered "Y	es" to Form 990, Pa	rt IV, line 34, 35, 35a, or	36.)			
No	ote. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more r						
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		Х
b	Gift, grant, or capital contribution to related organization(s)				1b		Х
С	Gift, grant, or capital contribution from related organization(s)				1 c	Х	
d	Loans or loan guarantees to or for related organization(s)				1d		X
е	Loans or loan guarantees by related organization(s)				1e		X
f	• • • • • • • • • • • • • • • • • • • •				1f		X
g	Purchase of assets from related organization(s)				1g		X
h					1h		X
i	Lease of facilities, equipment, or other assets to related organization(s)				1i	_	X
j	Lease of facilities, equipment, or other assets from related organization(s)				1j		X
k					1k		X
ı	Performance of services or membership or fundraising solicitations by related organization(s)				11		X
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)					-	
n	Sharing of paid employees with related organization(s)				1n	Х	
0					10	Х	
р	Reimbursement paid by related organization(s) for expenses				1p	_	X
							3.7
q					1q		X
<u>r</u>	Other transfer of cash or property from related organization(s)				1r	Х	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete t	· · · · · · · · · · · · · · · · · · ·		iction thres			
	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	Method o amoui			g 
<u>(1)</u>							
(2)							
(3)							
(4)							
(5)							
\-/							

(6) JSA

Schedule R (Form 990) 2011

Schedule R (Form 990) 2011

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

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	edominant Are all seme (related, ted, excluded 501		(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	Share of total income end-of-year assets Share of Disproportionate allocations? Code V-UBI amount in box of Schedule K-					General or managing		(k) Percentage ownership	
			section 512-514)	Yes	No			Yes	No	(1 01111 1000)	Yes	No					
(1)																	
(2)																	
(3)																	
(4)																	
<u>(5)</u>																	
<u>(6)</u>																	
(7)																	
(8)																	
(9)																	
(10)																	
(11)																	
(12)																	
(13)																	
(14)																	
(15)																	
(16)																	

Schedule R (Form 990) 2011

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Schedule R (Form 990) 2011 Page **5** 

## Part VII Supplemental Information

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