Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A F	or th	e 201	3 calendar year, or tax year begin	ning 07/	01 ,2013	, and endi	ng		06/30	o, 20 ₁₄			
_			C Name of organization					D Employer ide	entificatio	n number			
B C	heck if ap	plicable:	PHILANDER CHASE CORPOR	ATION									
	Addre		Doing Business As					31-1711	213				
	Name	change	Number and street (or P.O. box if mail is r	not delivered to street address)	Room/suite		E Telephone no	ımber				
	Initial	return	209 CHASE AVENUE					(740) 427-5181					
	Termi	nated	City or town, state or province, country, a	nd ZIP or foreign postal code									
	Amen	ded	GAMBIER, OH 43022					G Gross receipt	s \$	1,200	,086.		
	Applic		F Name and address of principal officer:	LISA SCHOTT				H(a) Is this a grou		Yes	X No		
	_ pond.	.9	209 CHASE AVE, EATON C	ENTER GAMBIER,	ОН 430	22		subordinates H(b) Are all subord		Yes	☐ No		
	Tax-ex	empt st			4947(a)(1)		27	If "No," attac	h a list. (see	instructions)			
J	Websi	e: >		, , , , , , , , , , , , , , , , , , , ,				H(c) Group exemp	tion numbe	er 🕨			
~	Form o	of organ	nization: X Corporation Trust	Association Other		L Year	of formati	ion: 2000 M	State of le	gal domicile:	ОН		
	art I		mmary					-		<u> </u>			
			describe the organization's mission or	most significant activities:	TO PRI	ESERVE A	AND M	AINTAIN T	HE FAI	RMLAND,			
ø	-		N SPACES, SCENIC VIEWS,										
auc			YON COLLEGE AND GAMBIER,										
ern	2		this box if the organization dis		or dienoe	ed of more th		of its not assets					
Governance	ı		er of voting members of the governing l						3		20.		
⋖ŏ			er of independent voting members of the						4		19.		
Activities			number of individuals employed in cale						5				
₹									6		2.		
Act	6	Total	number of volunteers (estimate if necess	aly)					7a				
			unrelated business revenue from Part VI						_		——		
	D	ivet ur	nrelated business taxable income from F	orm 990-1, line 34			 .	Prior Year	7b	Current Ye			
		0 4	ibutions and mants (Dout VIII line 4b)				_	450,95	2	1,165			
ne	8	Contri	ibutions and grants (Part VIII, line 1h)		СОР	Y FOR	l⊢—						
Revenue	9	Progra	am service revenue (Part VIII, line 2g)		PUBLIC II	NSPECTION		8,57			$\frac{1,322}{200}$		
Re	10	iiivesi	intent income (Part VIII, column (A), line	5 3, 4, and 7 u)			J	22,12	0	10	<u>, 290</u> .		
	ı		revenue (Part VIII, column (A), lines 5,					401 64		1 200			
			revenue - add lines 8 through 11 (must					481,64		1,200	,086.		
			s and similar amounts paid (Part IX, colu					249,32	0.				
			its paid to or for members (Part IX, colur					125 01		1.07			
ses			es, other compensation, employee bene					135,81	0	107	7,123		
Expenses	ı		ssional fundraising fees (Part IX, column	(A), line 11e)					U				
Ä			fundraising expenses (Part IX, column (D			0		100.00	1	170	262		
			expenses (Part IX, column (A), lines 11a					108,08			362.		
			expenses. Add lines 13-17 (must equal					493,21	_		$\frac{5,485}{0.001}$		
_ <u>v</u>	19	Rever	nue less expenses. Subtract line 18 from	line 12				-11,57			<u>,601</u> .		
ts o			(5 4) (1 4)					ning of Current Y		End of Yea			
Net Assets or Fund Balances							•	688,60		1,542	, 206.		
탈			liabilities (Part X, line 26)				.	600 60	0	1 [40			
			ssets or fund balances. Subtract line 21	from line 20			i	688,60	5.	1,542	, 200.		
	rt II		gnature Block	in altralia a casanana							-lief it is		
true	e, corre	ct, and	of perjury, I declare that I have examined this complete. Declaration of preparer (other than	officer) is based on all inform	nation of whi	ules and state ich preparer h	anenis, a as any kn	nd to the best of nowledge.	my know	neage and be	mei, it is		
Sig	n		Signature of officer					Date					
Hei			digitatore of diffeet					Date					
			Type or print name and title										
			Type or print name and title Type preparer's name	Preparer's signature		Date			; PTIN				
aic	ı		**	i reparer a signature		Date		Check	"	0000			
	oarer		ISTOPHER B ANDERSON					self-employe	1 - 0	0226559			
Jse	Only		sname MALONEY + NOVOTNY						34-06				
			s address > 1111 SUPERIOR AVENUE, SU					Phone no.		53-0100			
			cuss this return with the preparer shown	,				<u> </u>	[X Yes	No No		
−or	Paper	work	Reduction Act Notice, see the separate	instructions.						Form 990	J (2013)		

PHILANDER CHASE CORPORATION 31-1711213 Form 990 (2013) Page 2 Part III **Statement of Program Service Accomplishments** Check if Schedule O contains a response or note to any line in this Part III 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 services? 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.) (Expenses \$ 282,521. including grants of \$ 4a (Code: ___) (Revenue \$ ___ 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 \$

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

) (Revenue \$

4e Total program service expenses ▶ 282,521.

including grants of \$

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(Expenses \$

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-ar	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,"		3.5	
	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			v
	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)	4		Х
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Λ
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,	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			21
U	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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7	Х	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			
	complete Schedule D, Part III	8		Х
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		X
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		X
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	X	
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			37
	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	444		v
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e		X
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		71
1	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes,"</i>		21	
1 2 a	complete Schedule D, Parts XI and XII	12a		Х
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	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		X
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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			7.7
	assistance to or for foreign individuals? 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	47		v
4.0	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	10		Х
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Λ
ıIJ	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		Х
20 a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	, , , , , , , , , , , , , , , , , , , ,			

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Part I	V Checklist of Required Schedules (continued)			
			Yes	No
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? If "Yes," complete Schedule I, Parts I and II	21		Х
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? 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	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
2 T U	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	274		
23 a	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	ZJa		
b	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 [25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any	235		
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
		26		Х
27	disqualified persons? If so, complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		
27	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	· · ·	27		Х
20	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	21		
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):	28a		Х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	20a		
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28b		Х
_	Schedule L, Part IV.	200		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28c		Х
20	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	29	X	
29	• • • • • • • • • • • • • • • • • • • •	23	- 21	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30	Х	
24	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30	- 21	
31	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	<u> </u>		
32	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	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, Part II, III,	33		
34	or IV, and Part V, line 1	34	Х	
25.0	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	- 21	X
		SSA		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35b		
26	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	วอย		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	36		Х
27	related organization? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
37				
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	27		Х
20	Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	30	Х	
	19? Note. All Form 990 filers are required to complete Schedule O	JÜ	21	

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Form 990 (2013) Part V Statements Regarding Other IRS Filings and Tax Compliance 0 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable ________1b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . 2a b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b 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? Χ **b** If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, 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 Χ **b** If "Yes," enter the name of the foreign country: ▶______ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Х 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Χ b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c 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? Χ b 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). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods Χ 7a and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7с Χ Χ 7e e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Χ f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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 Х organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? **b** Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: b Gross income from other sources (Do not net amounts due or paid to other sources 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. b 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

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c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Χ

PHILANDER CHASE CORPORATION Form 990 (2013) 31-1711213 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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 <u>1a</u> 20)		
	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	9		
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct	_		3,7
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X	Λ
6	Did the organization have members or stockholders?	6	Λ	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7a	Х	
L	one or more members of the governing body?	ı a	21	
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	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
Ü	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Cod	e <i>.)</i>	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
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		37
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	42-	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Λ_	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	12b	Х	
С	rise to conflicts?	120		
·	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	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		Х
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?	104		
Spct	ion C. Disclosure	16b		
17 18	List the states with which a copy of this Form 990 is required to be filed ▶_OH_/. Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section			
10	available for public inspection. Indicate how you made these available. Check all that apply.	301(0	J)(3)S	UIIIY
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	arast	nolicy	, and

financial statements available to the public during the tax year.

State the name, physical address, and telephone number of the person who possesses the books and records of the 20 organization: ▶ shirley f o'brien 209 Chase ave, Eaton Center Gambier, oh 43022 740-427-5181

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, **Independent Contractors**

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

- 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 (list any	box,	unles	Pos heck ss pe	rson	e than c is both or/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
_(1)RICHARD S. ALPER TRUSTEE	1.00	X						C	0	0
(2)KATHRYN BATCHELDER CASHMAN	1.00	21							J	°
TRUSTEE		Х							0	0
(3)STEPHEN F. CHRISTY JR. TRUSTEE	1.00	Х						0	0	0
(4)SEAN M. DECATUR	1.00								Ŭ	
TRUSTEE	40.00	Х							166,474.	35,661.
(5)HOWARD B. EDELSTEIN	1.00									
TRUSTEE		Х						C	0	0
(6)ANNE C. GRIFFIN TRUSTEE	1.00	Х						0	0	0
(7)CORNELIA IRELAND HALLINAN TRUSTEE	1.00	X						0	0	
(8)JULIA F. JOHNSON	1.00									
TRUSTEE		Х						C	0	0
(9)MARY KAY KARZAS TRUSTEE	1.00	X						0	0	0
(10)JOHN R. KNEPPER	1.00	Λ							U	
TRUSTEE		Х							0	0
(11)KELLY C. LYLES	1.00									
TRUSTEE		Х						0	0	0
(12)J. ANDREW MILLS TRUSTEE	1.00	Х						C	0	0
(13)DAVID R. PASAHOW TRUSTEE	1.00	X						0		0
(14)THOMAS R. SANT TRUSTEE	1.00	X						0		
1100155		21			<u> </u>				1 0	5 000 (2242)

Form **990** (2013)

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		<u>, </u>	ipio			<u> </u>	···g·		ed Employees (c	Oritiria		_
(A) Name and title	Average hours per week (list any	box,	unles	s pe	ition more	e than o is both or/truste	an	(D) Reportable compensation from	(E) Reportable compensation from related	а	(F) stimated mount of other npensation	•
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	f orç ar	rom the ganization of related ganizations	
5) J. DUNCAN SHOREY TRUSTEE	1.00	Х						0	0			
6) DOUGLAS H. STEVENS TRUSTEE	1.00	Х						С	0			
7) PETER A. WHITE TRUSTEE	1.00	Х						О	0			
8) ZALI WIN TRUSTEE	1.00	Х						C	0			
9) JOHN A. WOOLLAM TRUSTEE	1.00	Х						С	0			
O) WILLIAM J. YOST TRUSTEE	1.00	Х						С	0			
1) LISA SCHOTT MANAGING DIRECTOR	40.00			Х				63,517.	63,516.		34,0	7
2) NIKKI TAYLOR SECRETARY	40.00			Х				37,094.	0		12,89)
3) S. GEORGIA NUGENT FORMER TRUSTEE	40.00						Х	C	584,321.		160,85	5
												_
Ib Sub-total							>	0			35,66	-
c Total from continuation sheets to Part VII, S	_						>	100,611.	647,837.		207,82	
d Total (add lines 1b and 1c)	limited to t	hose					re	100,611.	814,311.	•	243,48	-
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu										3	Yes	_
For any individual listed on line 1a, is the sorganization and related organizations graindividual	eater than	\$15	50,0	00?	lf	"Yes	,"	complete Schedu	le J for such	4	X	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue co	mpen	satio	on f	fron	any	un	related organization	on or individual	5		

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

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

Form **990** (2013)

Form 990 (2013) Statement of Revenue

		Check if Schedule O contains a respon	nse or note to ar	ny line in this Part \	/III(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514
nts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
Ţŝ,	С	Fundraising events 1c					
ig ig	d	Related organizations	839,467.				
Sir	е	Government grants (contributions) 1e					
her	f	All other contributions, gifts, grants,					
ğ		and similar amounts not included above . 1f	326,007.				
a Se	g h	Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f	27,294.	1,165,474.			
ne	<u> </u>	Total / Ida miles id ii i i i i i i i i i i i i i i i i	Business Code	1,103,171.			
ven	2a	LAND LEASE CONTRACT PAYMENTS	900099	11,570.	11,570.		
e Re		BUILDING RENTAL INCOME	900099	12,752.	12,752.		
Ϋ́	С						
Ser	d						
am	е						
Program Service Revenue	f	All other program service revenue					
Δ_	g	Total. Add lines 2a-2f		24,322.			
	3	Investment income (including dividends, interest		10.000			10.000
	,	other similar amounts)	_	10,290.			10,290
	5	Income from investment of tax-exempt bond p Royalties		0			
		(i) Real	(ii) Personal	J			
	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					
	d	Gain or (loss)		0			
a	8a	Gross income from fundraising		O O			
Ď	Oa	events (not including \$					
š		of contributions reported on line 1c).					
ď		See Part IV, line 18 a					
Other Revenue	b	Less: direct expenses b					
ō	С	Net income or (loss) from fundraising events .	<u> ▶</u>	0			
	9a	Gross income from gaming activities.					
		See Part IV, line 19 a					
	b	Less: direct expenses					
	C	· , , , , , , , , , , , , , , , , , , ,		0			
	10a	Gross sales of inventory, less returns and allowances					
	b	Less: cost of goods sold b	I I				
		Net income or (loss) from sales of inventory		0			
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	С						
	d	All other revenue					
	е 12	Total. Add lines 11a-11d		0	0		
	14	Total revenue. See instructions	· · · · · · · /	1,200,086.	24,322.		10,290

Form **990** (2013)

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 re Do not include amounts reported on lines 6b, 7k	(A)	(B)	(C)	(D)
8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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	I I			
the United States. See Part IV, line 22	. 0			
3 Grants and other assistance to governments,				
organizations, and individuals outside the				
United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees		84,065.		
6 Compensation not included above, to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	18,997.	18,997.		
8 Pension plan accruals and contributions (include section	I I			
401(k) and 403(b) employer contributions)		5,247.		
9 Other employee benefits		50,043.		
10 Payroll taxes	8,771.	8,771.		
11 Fees for services (non-employees):				
a Management	. 0		C1 1 C1	
b Legal			61,464.	
c Accounting			2,500.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	•			
f Investment management fees	•			
9 Other. (If line 11g amount exceeds 10% of line 25, colum		70,267.		
(A) amount, list line 11g expenses on Schedule O.) ATCH 1	•	70,207.		
12 Advertising and promotion	• 6 000	6,902.		
13 Office expenses14 Information technology		0,702.		
15 Royalties				
16 Occupancy				
17 Travel	10 100	13,486.		
18 Payments of travel or entertainment expenses	•			
for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	. 0			
20 Interest				
21 Payments to affiliates		5,000.		
22 Depreciation, depletion, and amortization	0 0 1	9,354.		
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.)				
aREAL ESTATE TAXES	8,906.	8,906.		
bMISCELLANEOUS	1,483.	1,483.		
c				
d				
e All other expenses	0.4.5.4.0.	202 521	(2,004	
25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the		282,521.	63,964.	
organization reported in column (B) joint costs	s			
from a combined educational campaign and				
fundraising solicitation. Check here ► if following SOP 98-2 (ASC 958-720)	I I			

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Form **990** (2013)

Form 990 (2013) Page **11**

Part X Balance Sheet

_	Check if Schedule O contains a response or note to any line in this Part X									
		·		•	(A) Beginning of year		(B) End of year			
	1	Cash - non-interest-bearing			0	1	0			
	2	Savings and temporary cash investments			0	2	0			
	3	Pledges and grants receivable, net			0	3	205,055.			
	4	Accounts receivable, net			0	4	0			
	5	Loans and other receivables from current and	forme	r officers, directors,						
		trustees, key employees, and highest co	mper	nsated employees.						
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B), and sponsoring organizations of section 501(c)(9) volu	, and o	contributing employers	0	5	0			
S		organizations (see instructions). Complete Part II of Sche	dule L		0	6	0			
Assets	7	Notes and loans receivable, net			0	7	0			
As	8	Inventories for sale or use			0	8	0			
	9	Prepaid expenses and deferred charges			0	9	0			
	10 a	Land, buildings, and equipment: cost or								
				1,346,505.						
		Less: accumulated depreciation			688,605.		1,337,151.			
	11	Investments - publicly traded securities			0	11	0			
	12	Investments - other securities. See Part IV, line 11			0	12	0			
	13	Investments - program-related. See Part IV, line 11			0	13	0			
	14	Intangible assets			0	14	0			
	15	Other assets. See Part IV, line 11				15	1 540 006			
$\overline{}$	16	Total assets. Add lines 1 through 15 (must equal			688,605.		1,542,206.			
	17	Accounts payable and accrued expenses	0	17	0					
	18	Grants payable	0	18	0					
	19 20	Deferred revenue			0	19 20	0			
	21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Pa	rt I\/ 4	of Schodulo D	0	21	0			
Liabilities	22	Loans and other payables to current and for			0	21	0			
iii	22	trustees, key employees, highest compen								
흔		disqualified persons. Complete Part II of Schedule			0	22	0			
	23	Secured mortgages and notes payable to unrelate			0	23	0			
	24	Unsecured notes and loans payable to unrelated			0	24	0			
	25	Other liabilities (including federal income tax,								
	-	parties, and other liabilities not included on lines								
		of Schedule D			0	25	0			
	26	Total liabilities. Add lines 17 through 25			0		0			
ses		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and	checl 34.	there X and						
anc	27	Unrestricted net assets			688,605.	27	1,337,151.			
Fund Balances	28	Temporarily restricted net assets			0	28	205,055.			
Б	29	Permanently restricted net assets		<u></u> <u> </u>	0	29	0			
or Fu		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.	k here and							
ts	30	Capital stock or trust principal, or current funds			30					
sse	31	Paid-in or capital surplus, or land, building, or equ	nt fund		31					
Net Assets	32	Retained earnings, endowment, accumulated inco	or other funds		32					
Z	33	Total net assets or fund balances		688,605.	33	1,542,206.				
	34	Total liabilities and net assets/fund balances			688,605.	34	1,542,206.			

Form **990** (2013)

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Form 990 (2013) Page **12**

Part	XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>						
1	Total revenue (must equal Part VIII, column (A), line 12)	1			00,0			
2	Total expenses (must equal Part IX, column (A), line 25)	2	46,4					
3	Revenue less expenses. Subtract line 2 from line 1	050 601						
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		6	88,6	05.		
5	Net unrealized gains (losses) on investments	5				0		
6								
7	Investment expenses	7				0		
8	Prior period adjustments	8				0		
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line							
	33, column (B))	10		1,5	42,2	106.		
Part								
	Check if Schedule O contains a response or note to any line in this Part XII							
			Г		Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," e.	xplain	in					
_	Schedule O.			_				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	ipiled	or					
	reviewed on a separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis				37			
b	Were the organization's financial statements audited by an independent accountant?			2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ted or	n a					
	separate basis, consolidated basis, or both:							
	Separate basis X Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs	_		2c		х		
	of the audit, review, or compilation of its financial statements and selection of an independent accour			20				
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	ın					
	Schedule O.							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set			3a		Х		
	the Single Audit Act and OMB Circular A-133?			эa				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		tne	3 h				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.		3b				

Form **990** (2013)

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ.
►Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

Employer identification number

PHI	LAN	DER CHASE COR	PORATION							31-	-1711213
Pa	rt I	Reason for Pub	lic Charity Status	s (All organizations mu	st con	nplete	this pa	rt.) Se	e instru	uctions	<u> </u>
The	orga	nization is not a priv	ate foundation bed	cause it is: (For lines 1 th	rough	11, che	ck only	one bo	x.)		
1	Щ	A church, conventi	on of churches, or	association of churches of	describ	ed in s	ection	170(b)(1)(A)(i)	•	
2	Щ			(1)(A)(ii). (Attach Schedul							
3	Щ	•		ervice organization descri			-				
4				erated in conjunction wi	th a h	ospita	I descri	bed in	sectio	n 170(b)(1)(A)(iii). Enter the
		hospital's name, cit									
5				nefit of a college or univer	ersity	owned	l or ope	rated b	by a go	vernme	ntal unit described in
_		section 170(b)(1)(•							
6	Щ		=	or governmental unit des							
7		_	· · · · · · · · · · · · · · · · · · ·	es a substantial part of its	s supp	ort fro	m a go	vernme	ental un	it or fro	om the general public
		described in section			nloto F	low II \					
8	Н			on 170(b)(1)(A)(vi). (Com	-			oontrib	utiono	mamba	arabin food, and groop
9		_	=	es: (1) more than 331/3 % exempt functions - subj							· -
		· ·		ome and unrelated busin			-				
				ne 30, 1975. See section				-		1 311	tax) Itom businesses
10			=	ted exclusively to test for			-		-	١.	
11	Х	_	-	rated exclusively for the	-	-					or to carry out the
		•	•	ipported organizations de							•
				es the type of supporting					-		
		a X Type I	b Type II	c Type III-Function	nally in	tegrate	ed	d	Type III	-Non-fu	inctionally integrated
е	X	By checking this b	ox, I certify that the	e organization is not conf	trolled	direct	y or inc	lirectly	by one	or more	e disqualified persons
		other than foundat	ion managers and	other than one or more	oublicly	y supp	orted o	rganiza	tions d	escribe	d in section 509(a)(1)
		or section 509(a)(2									
f				n determination from the	e IRS	that it	is a Ty	/pe I, T	ype II,	or Type	e III supporting
		organization, check									
g		-	=	nization accepted any gift	or cor	ntributi	on from	any of	the		
		following persons?		the controls sither class	~	- 4h o = 1	سمم طفاني			(::) منا	and Yes No
				tly controls, either alone the supported organization							
				scribed in (i) above?							11g(ii) X
				son described in (i) or (ii) a							11g(iii) X
h				out the supported organiza							3() 11
		ame of supported	(ii) EIN	(iii) Type of organization	1	ls the	(v) Did y	ou notify	(vi)	s the	(vii) Amount of monetary
		organization		(described on lines 1-9 above or IRC section	organiz	zation in listed in	the orga	nization	organiz		support
				(see instructions))	your go	overning ment?	supp	of your ort?	col. (i) o in the		
					Yes	No	Yes	No	Yes	No	
(A)											
(~)	KEN	YON COLLEGE	31-4379507	02	Х		Х		Х		5,000.
(B)											
(C)											
(D)											
/ C \											
(E)											
											5.000
Tota	a i										ካ . ()()()

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.)

Sec	tion A. Public Support						
Cale	ndar 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	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)						
<u>6</u>	Public support. Subtract line 5 from line 4. tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	(u) 2000	(3) 2010	(3) 2011	(4) 2012	(0) 2010	(i) rotal
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss 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. (s	see instructions) .				12	
13	First five years. If the Form 990 is f organization, check this box and stop here						
Sec	tion C. Computation of Public Sup	port Percenta	ge			T T	
14	Public support percentage for 2013 (li		•			14	%
15	Public support percentage from 2012					15	<u>%</u>
16a	331/3% support test - 2013. If the c						
	this box and stop here. The organizati						
b	331/3% support test - 2012. If the co						
47-	check this box and stop here. The org	•					
17a	10%-facts-and-circumstances test - 2 10% or more, and if the organization	-					
	Part IV how the organization meets to					-	•
	organization			•	•		
h	10%-facts-and-circumstances test - 2						
b	15 is 10% or more, and if the organization		-				
	Explain in Part IV how the organizati						-
	supported organization				_	•	
18	Private foundation. If the organization	did not check a	a box on line 13	, 16a, 16b, 17a	a, or 17b, check	this box and see	•
	instructions						<u></u>

Schedule A (Form 990 or 990-EZ) 2013

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Schedule A (Form 990 or 990-EZ) 2013

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.)

500	tion A Bublic Support			· · ·	•	,	
	tion A. Public Support	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(6) 2011	(u) 2012	(e) 2013	(I) 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						
7 a	Amounts included on lines 1, 2, and 3						
h	received from disqualified persons						
b	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.)						
Sec	tion B. Total Support		T	T	ı		Γ
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6						
10 a	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						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	the organizatio	on's first, second,	third, fourth, or	fifth tax year	as a section 501	(c)(3)
	organization, check this box and stop here.						▶ 🔲
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2013 (line 8,	column (f) divid	led by line 13, colu	mn (f))		15	%
16	Public support percentage from 2012 Sche					16	%
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2013 (lin			13, column (f))		17	%
18	Investment income percentage from 2012 S					18	%
	331/3% support tests - 2013. If the org						
	17 is not more than 331/3%, check thi						
b	331/3% support tests - 2012. If the orga			•			
	line 18 is not more than 331/3%, check						. \square
20	Private foundation. If the organization of		•	•			
				,	, D		

JSA 3E1221 1.000 Schedule A (Form 990 or 990-EZ) 2013 Page **4**

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).

Schedule A (Form 990 or 990-EZ) 2013

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

Schedule of Contributors

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

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

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 its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

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) (2013)

Employer identification number 31-1711213

Part I	Contributors ((see instructions).	Use duplicate cop	pies of Part I if addition	nal space is needed.
--------	----------------	---------------------	-------------------	----------------------------	----------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1 _		\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2_		\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3 _		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			.) 0 0 1 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1
4 _		\$5,598.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		Person X Payroll Noncash (Complete Part II for
(a)	(b) Name, address, and ZIP + 4	\$5,598. (c)	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4	\$5,598. (c) Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for

Employer identification number 31-1711213

Part I Cor	tributors (see	e instructions).	Use duplicate	copies of Part I	if additional s	pace is needed.
------------	----------------	------------------	---------------	------------------	-----------------	-----------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7 _		\$10,250.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8 _		\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9 _		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c)	(d)
NO.	Name, address, and En + 4	Total contributions	Type of contribution
		\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
	(b) Name, address, and ZIP + 4		Person X Payroll Noncash (Complete Part II for
_ 10 _	(b)	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
_ 10 (a) No.	(b)	\$10,000. (c) Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for

Employer identification number 31-1711213

Part I	Contributors (see instructions).	Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 13 _		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 14 _		\$205,055.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 15 _		\$839,467.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution

Employer identification number

31-1711213

Part II	Noncash Prop	erty (sec	e instructions) Use du	plicate co	nies of Pai	rt II if additi	onal space is ne	eded
	110110aoii i 10p	O. L.J. (OO.		,. 	phoate co	pico oi i ai	it ii ii aaaiti	orial opaco lo rio	Jaca.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
6	PUBLICLY TRADED SECURITIES	\$5,013.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
7	PUBLICLY TRADED SECURITIES	\$10,250.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_11	PUBLICLY TRADED SECURITIES	\$10,000.	
(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
		\$	

Employer identification number

31-1711213

	se duplicate copies of Part III if addition	year. (Enter this information onc				
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-						
-						
		(e) Transfer of gift				
	Transferee's name, address, and	I ZIP + 4 Re	elationship of transferor to transferee			
-						
-						
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-						
-						
	(e) Transfer of gift					
	Transferee's name, address, and	I ZIP + 4 Re	Relationship of transferor to transferee			
-						
- No						
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
_ -						
-						
	(e) Transfer of gift					
	Transferee's name, address, and	I ZIP + 4 Re	elationship of transferor to transferee			

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations

(e) Transfer of gift

(c) Use of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

(d) Description of how gift is held

(a) No. from Part I

(b) Purpose of gift

SCHEDULE D (Form 990)

Department of the Treasury

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

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization Employer identification number

PH]	LANDER CHASE CORPORATION			31-171121	.3
Pa	Organizations Maintaining Donor Advised Complete if the organization answered "Yes			Accounts.	
		(a) Donor advis	ed 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 adv	visors in writing that	the assets held in	n donor advised	
•	funds are the organization's property, subject to the or	_			Yes No
6	Did the organization inform all grantees, donors, and	-	_		
-	only for charitable purposes and not for the benefit of				
	conferring impermissible private benefit?				Yes No
Pa	Conservation Easements. Complete if the	organization answ	ered "Yes" to Fo	rm 990, Part IV, Iir	ne 7.
1	Purpose(s) of conservation easements held by the or	ganization (check all t	hat apply).		
	X Preservation of land for public use (e.g., recreat	ion or education)	X Preservation	of an historically imp	portant land area
	X Protection of natural habitat		Preservation	of a certified historic	c structure
	X Preservation of open space				
2	Complete lines 2a through 2d if the organization held	a qualified conserva	ition contribution i	n the form of a cons	servation
	easement on the last day of the tax year.				
				Held at the	End of the Tax Year
а	Total number of conservation easements			2a	35.
b	Total acreage restricted by conservation easements .				4,302.90
С	Number of conservation easements on a certified his			2c	
d	Number of conservation easements included in (c) ac	•			
	historic structure listed in the National Register			2d	
3	Number of conservation easements modified, transfe	erred, released, extin	guished, or termi	nated by the organiza	ation during the
	tax year ▶			1	
4	Number of states where property subject to conserva				
5	Does the organization have a written policy regarding			_	∇
•	violations, and enforcement of the conservation easer				X Yes No
6	Staff and volunteer hours devoted to monitoring, insp 70.	ecting, and enforcing	g conservation ea	sements during the y	⁄ear
7	Amount of expenses incurred in monitoring, inspectin	g, and enforcing con	servation easeme	ents during the year	
	▶ \$				
8	Does each conservation easement reported on line 2				
	(i) and section 170(h)(4)(B)(ii)?				X Yes No
9	In Part XIII, describe how the organization reports con				
	balance sheet, and include, if applicable, the text of the organization's accounting for conservation easements		ganization's financ	ciai statements that c	describes the
Pai	t III Organizations Maintaining Collections of		asures or Othe	or Similar Assots	
. u	Complete if the organization answered "Y	es" to Form 990, F	Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS works of art, historical treasures, or other similar a	S 116 (ASC 958), nassets held for pub	ot to report in its lic exhibition, ed	revenue statement ucation, or research	and balance sheet h in furtherance of
	public service, provide, in Part XIII, the text of the foot	note to its financial s	tatements that de	scribes these items.	
b	If the organization elected, as permitted under SFA				
	works of art, historical treasures, or other similar a 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,				gain, provide the
_	following amounts required to be reported under SFA				
a b	Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X				
				· ψ	

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

Schedule D (Form 990) 2013

Page 2 Schedule D (Form 990) 2013

Par	rt Organizations Maintaini	ng Collections of	f Art, His	torical T	reasure	s, or (Other Simila	r Assets	s (con	tinue	∍d)
3	Using the organization's acquisitic collection items (check all that app		other reco	rds, checl	k any of	the fol	lowing that are	e a signií	ficant u	ise c	of its
а	Public exhibition		d	Loan	or exchai	nae prod	orams				
b	Scholarly research		e								
C	Preservation for future gene	arations	• _								
4	Provide a description of the organ		e and aval	ain how t	they furt	har tha	organization's	evemnt	nurnos	Δ in	Part
-	XIII.	Tilzation's collections	s and expi	alli llow i	iney ruiti	nei ine	organizations	evenibi	puipos	C 111	rait
5	During the year, did the organization	on colicit or receive	donations	of art bict	orical tro	acurac	or other cimila	r			
J	assets to be sold to raise funds rath								Yes		No
Par	rt IV Escrow and Custodial Ar									\/ lir	
Гаі	or reported an amount of			ne organ	iizalioi i a	aliswei	eu res tort	יוווו פפט	, raiti	v , III	ie 9,
	or reported an amount of	111 01111 330, 1 4117	7, IIIIC Z I .								
10	Is the organization an agent, truste	oo custodian or othe	or intermed	iony for oc	ontributio	nc or of	har accets not				
ıa			er intermed	iary for co					7 v		٦
	included on Form 990, Part X?		1					• • • ∟	_ Yes		No
D	If "Yes," explain the arrangement in	n Part XIII and comp	nete the for	lowing tac	oie:		Δ	1			
	Destruction belones						An	nount			
	0 0										
d	Additions during the year				_	1d					
е	Distributions during the year					_					
f	Ending balance					1f			_		
	Did the organization include an am							∟	_ Yes		∐ No
	If "Yes," explain the arrangement in										
Par	rt V Endowment Funds. Com	'			1						
		(a) Current year	(b) Prid	or year	(c) Two	years bac	ck (d) Three year	ars back	(e) Four	years	back
	Beginning of year balance										
	Contributions										
С	3-, 3										
	and losses										
	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 current year	end balance	e (line 1g,	column ((a)) held	as:				
а	Board designated or quasi-endowr		%								
b	Permanent endowment >										
С	Temporarily restricted endowment	t ▶ %									
	The percentages in lines 2a, 2b, ar	nd 2c should equal 1	100%.								
3a	Are there endowment funds not in	the possession of t	he organiza	ation that	are held	and ad	ministered for the	ne			
	organization by:								[Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(ii), are the related org	ganizations listed as	required or	n Schedule	e R?				3b		
4	Describe in Part XIII the intended u	uses of the organizat	tion's endo	wment fur	nds.						
Par	rt VI Land, Buildings, and Equ	ipment.					_				
	Complete if the organiza	ation answered "Ye									
	Description of property		r other basis stment)		or other bas other)		Accumulated lepreciation	(d)	Book val	ue	
1a	Land	,		· ·	981,833	_			9.8	31.8	333.
	Buildings			+	355,172		8,879.				293.
	Leasehold improvements				,	+	3,3,3,		<u> </u>	- / 2	
	Equipment				9,500	0.	475.			9 . ()25.
	Other				2,300	` '	1,5.			<i>-</i> , c	
	Add lines 1a through 1e (Column		m 000 Part	X colum	n (R) line	10(c)			1 33	7 1	51

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Schedule D (Form 990) 2013

Schedule D (Form 990) 2013 Page **3**

Part VII	Investments - Other Securities. Complete if the organization answered	l "Yes" to Form 990,	, Part IV, line 11b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financia	al derivatives		
	-held equity interests		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
	n (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII		"Voo" to Form 000	Port IV line 11a Cae Form 000 Port V line 12
			, Part IV, line 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	n (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets. Complete if the organization answered	l "Yes" to Form 990,	, Part IV, line 11d. See Form 990, Part X, line 15.
	(a)	Description	(b) Book value
(1)			
_(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	umn (b) must equal Form 990, Part X, col. (B) li	ine 15.)	<u></u>
Part X	Other Liabilities. Complete if the organization answered line 25.	I "Yes" to Form 990	, Part IV, line 11e or 11f. See Form 990, Part X,
1.	(a) Description of liability	(b) Book valu	e
(1) Feder	ral income taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Colun	nn (b) must equal Form 990, Part X, col. (B) line 25.)	•	
2. Liability fo	or uncertain tax positions. In Part XIII, provide the t	ext of the footnote to th	e organization's financial statements that reports the

JSA 3E1270 1.000

^{2.} Liability for uncertain tax positions. In Part XIII, 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). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2013 Page **4**

Part 2	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	-	
a	Net unrealized gains on investments 2a		
b	Donated services and use of facilities 2b	1	
C	Recoveries of prior year grants 2c	1	
d	Other (Describe in Part XIII.)	1	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	1	
	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part		_	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	11	
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 XIII.) Add lines 32 through 3d		
е	Add lines za tirrough zu	2e	
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		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b		
		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	4c 5	
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information.	5	
5 Part Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5 art V, I	
5 Part Provide 2; Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	
5 Part Provide 2; Part	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>). XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1b and 2b; Par	5 art V, I	
5 Part Provide 2; Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	
5 Part Provide 2; Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	
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JSA 3E1271 1.000 Schedule D (Form 990) 2013

Part XIII Supplemental Information (continued)

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, THE KENYON REVIEW, THE PHILANDER CHASE CORPORATION, AND THE GUND GALLERY ARE EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE AS PUBLIC CHARITIES 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, 2014.

THE INCOME TAX RETURNS FOR ALL ENTITIES REMAIN SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE, AS WELL AS VARIOUS STATE AND LOCAL TAXING AUTHORITIES, GENERALLY FOR THREE YEARS.

Schedule D (Form 990) 2013

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. ► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

2013
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

PHILANDER CHASE CORPORATION

Employer identification number 31-1711213

Part	Questions Regarding Compensation			
			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			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
h	If any of the boxes on 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	1b		Х
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including 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, but explain in Part III.			
	Compensation committee Written employment contract Independent compensation consultant X Compensation survey or study			
	Independent compensation consultant Form 990 of other organizations X Compensation survey or study 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			
а	organization or a related organization: Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	The second secon			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	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:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	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
b	Any related organization?	6b		Х
	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		X
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		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	1	

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

Schedule J (Form 990) 2013

PHILANDER CHASE CORPORATION 31-1711213

Schedule J (Form 990) 2013

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) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(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
SEAN M. DECATUR	(i)	0	(0	0	0	0	0
1 TRUSTEE	(ii)	166,474.	(0	15,912.	19,749.	202,135.	0
LISA SCHOTT	(i)	63,108.	(409.	6,351.	10,687.	80,555.	0
2 MANAGING DIRECTOR	(ii)	63,107.	(409.	6,351.	10,686.	80,553.	0
S. GEORGIA NUGENT	(i)	0	(0	0	0	0	0
3 FORMER TRUSTEE	(ii)	359,610.	(224,711.	133,630.	27,225.	745,176.	100,000.
	(i)							L
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)			ļ				
10	(ii)							
	(i)			ļ				
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)			ļ				
14	(ii)							
	(i)			 				
15	(ii)							
	(i)							
16	(ii)							edule J (Form 990) 2013

PHILANDER CHASE CORPORATION 31-1711213

Schedule J (Form 990) 2013

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 MANAGING 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:

SEAN DECATUR, PRESIDENT OF KENYON COLLEGE (A RELATED SECTION 501(C)(3)

ORGANIZATION), APPROVES BENEFITS FOR CERTAIN EXECUTIVES ON A CASE-BY-CASE BASIS.

PART I, LINE 4B:

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

GEORGIA NUGENT WITH A CONTRIBUTION OF \$9,880 TO A SECTION 457(B) PLAN AND

A CONTRIBUTION OF \$100,000 TO A SECTION 457(F) PLAN.

PHILANDER CHASE CORPORATION 31-1711213

Schedule J (Form 990) 2013

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:

AS REQUIRED BY THE INSTRUCTIONS TO FORM 990 AND ITS SCHEDULES,

COMPENSATION HAS BEEN REPORTED ON SCHEDULE J, PART II AND ON FORM 990,

PART VII BASED ON THE CALENDAR YEAR OF 2013. SEAN DECATUR, THE PRESIDENT

OF KENYON COLLEGE, BEGAN HIS EMPLOYMENT ON JULY 1, 2013, AND AS SUCH, HIS

FORM W-2 FOR CALENDAR YEAR 2013 LISTS ONLY 6 MONTHS OF WAGES EVEN THOUGH

HE WAS EMPLOYED FOR THE ENTIRE FISCAL YEAR ENDED JUNE 30, 2014.

Schedule J (Form 990) 2013

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.

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

Open To Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

PHILANDER CHASE CORPORATION

Employer identification number

31-1711213

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 conf			
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	4.	27,294.	FMV			
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							
	which the organization completed I	orm 8283,	Part IV, Donee Acknowledg	ement	29		.,	
30 2	During the year, did the organizat	ion rocoivo	by contribution any propo	rty reported in Part I line	c 1-28 that		Yes	No
30 a	it must hold for at least three year			-				
	used for exempt purposes for the e					30a		Х
h	If "Yes," describe the arrangement i		penou:			Jua		
31	Does the organization have a		ance nolicy that require	s the review of any n	on-standard			
31	<u> </u>	•	· ·	•		31		Х
32 2	contributions? Does the organization hire or use	third narti	es or related organization	s to solicit process or s	sell noncash	31		
JZ d	_	-		· · · · · · · · · · · · · · · · · · ·		32a	Х	
h	contributions? If "Yes," describe in Part II.					JZd	Λ	
33	If the organization did not report ar	amount in	column (c) for a type of pro	perty for which column (a)) is checked			
	describe in Part II.	. amount in			, 13 011001000,			

Schedule M (Form 990) (2013)

31-1711213

Part II Supplemental Information. Complete this part to 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.

Page 2

USE OF THIRD PARTIES - PART I, LINE 32B:

Schedule M (Form 990) (2013)

THE ORGANIZATION USES A SECURITIES BROKER TO SELL DONATED SECURITIES. THE

BROKER'S FEES ARE AT OR BELOW FAIR MARKET VALUE FOR ITS SERVICES.

Schedule M (Form 990) (2013) JSA

3E1508 1.000

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization 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.

PHILANDER CHASE CORPORATION

Employer identification number 31-1711213

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
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:

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

GOVERNING DOCUMENTS, OR CONFLICT POLICY AVAILABLE TO THE PUBLIC.

FORM 990 PROVIDED TO GOVERNING BODY - FORM 990, PART VI, LINE 11A:

THE ORGANIZATION HAS DISTRIBUTED FORM 990 TO THE FULL BOARD OF TRUSTEES

WITH THE EXCEPTION OF DONOR INFORMATION ON SCHEDULE B. BECAUSE OF

SCHEDULE B'S PRIVATE AND CONFIDENTIAL NATURE, THE BOARD HAS DELEGATED THE

AUTHORITY AND RESPONSIBILITY FOR REVIEWING THAT SCHEDULE TO THE CHAIR OF

THE BOARD AND THE CHAIR OF THE AUDIT SUBCOMMITTEE OF KENYON COLLEGE, THE

SOLE MEMBER OF PHILANDER CHASE CORPORATION. AS SUCH, WE ARE REQUIRED TO

ANSWER "NO" TO THE QUESTION ON LINE 11A EVEN THOUGH A COPY OF FORM 990

(WITH REDACTED DONOR INFORMATION ON SCHEDULE B) WAS PROVIDED TO THE

TRUSTEES.

ATTACHMENT 1

FORM 990, PART IX - OTHER FEES

	(A) TOTAL	(B) PROGRAM	(C) MANAGEMENT	(D) FUNDRAISING
DESCRIPTION	FEES_	SERVICE EXP.	AND GENERAL	EXPENSES
CONSTRUCTION CONTRACTORS	26,332.	26,332.		
OUTSIDE CONTRACTING SVCS	28,710.	28,710.		
OTHER SERVICES	15,225.	15,225.		
TOTALS	70,267.	70,267.		

Page 2

(c) Legal domicile (state

or foreign country)

Name, address, and EIN (if applicable) of disregarded entity

SCHEDULE R (Form 990)

Part I

(1)

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.

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

See separate instructions.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Primary activity

OMB No. 1545-0047 Open to Public Inspection

(f) Direct controlling

entity

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

(e) End-of-year assets

(d) Total income

PHILANDER CHASE CORPORATION 31-1711213

(2)								
_(3)								
_(4)								
_(5)								
<u>(6)</u>								
Part II Identification of R one or more relate	elated Tax-Exempt Organizations d tax-exempt organizations during t	Complete if the org he tax year.	ganization answe	red "Yes" on Fo	orm 990, Part IV,	line 34 because	it had	
Name, address, an	(a) d 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	Section 5	g) 512(b)(13) rolled iity?
							Yes	No
(1) KENYON COLLEGE 209 CHASE AVENUE	31-4379507 GAMBIER, OH 43022	COLLEGE	ОН	501(C)(3)	2	N/A		X
(2) THE KENYON REVIEW		COLLEGE	011	301(0)(3)	2	IV/ A		21
209 CHASE AVENUE	GAMBIER, OH 43022	PUBLICATIONS	ОН	501(C)(3)	7	KENYON COLL.		X
(3) GRAHAM GUND GALLERY 209 CHASE AVENUE	46-3140140							
209 CHASE AVENUE	GAMBIER, OH 43022	ART GALLERY	ОН	501(C)(3)	11A	KENYON COLL.		X
_(4)								

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

Schedule R (Form 990) 2013

Schedule R (Form 990) 2013

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 r	more related orga	anizations	s treated as a pa	artnership during the	e 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	Disprop	h) portionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana parti	ral or aging	(k) Percentage ownership
		oountry)		,			Yes	No		Yes	No	
(1)												
(2)												
<u>(3)</u>												
<u>(4)</u>												
(5)												
(6)												
(7)												

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)	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percen- tage ownership	(i) Section 512(b)(1 controll entity?
<u>(1)</u>							Yes N
(2)							
(3)							
(4) (5)							
(6)							\vdash
(7)							

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Pa	art V Transactions With Related Organizations Complete if the organization answered	"Yes" on Form 990, Pa	rt IV, line 34, 35b, or 36.				
Not	ote. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				,	Yes N	10
1	During the tax year, did the organization engage in any of the following transactions with one or more	re related organizations lis	ted in Parts II-IV?				
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity			[1a		Χ
b					1b		Х
С					1c	Х	
d	Loans or loan guarantees to or for related organization(s)				1d		Х
е	Loans or loan guarantees by related organization(s)				1e		Χ
f	Dividends from related organization(s)				1f		Χ
g				[1g		X
h				[1h		Χ
i	Exchange of assets with related organization(s)				1i		Χ
j	Lease of facilities, equipment, or other assets to related organization(s)			[1j		Χ
k					1k		Χ
ı	Performance of services or membership or fundraising solicitations for related organization(s)				11		Χ
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m		Χ
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	X	
0				[10	Х	
р	Reimbursement paid to related organization(s) for expenses				1p	X	
q	Reimbursement paid by related organization(s) for expenses				1q		X
r	Other transfer of cash or property to related organization(s)				1r	Х	_
s	Other transfer of cash or property from related organization(s)	 			-	Х	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete	te this line, including cove	red relationships and transa	ction thres	holds.		
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	Method o	(d) of deter nt invol		
<u>(1)</u>							
<u>(2)</u>							
<u>(3)</u>							
<u>(4)</u>							
<u>(5)</u>							

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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) Primary activity	(c) Legal domicile (state or foreign country)	domicile Predominant income (related, unrelated, excluded from tax under		Are all partners section 501(c)(3)		(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes No		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership	
			section 512-514)	Yes	No			Yes	No	(1 01111 1003)	Yes	No		
1)														
2)														
3)														
4)														
5)														
6)														
7)														
8)														
9)														
0)														
1)														
2)														
3)														
4)														
5)														
6)														

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Part VII Supplemental Information

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

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