Name(s) as shown on return CHERRY HILL SEMINARY The following will be transmitted to the IRS. 990 8868 Amended Reserved	990EF	E	F Transmission Sta	tus	2016
The following will be transmitted to the IRS. 3990			(Keep for your records)		
The following state returns will be transmitted:		MINARY			
	Γhe following will be trans	mitted to the IRS.	☒ 990 ☐ 8868	Amended Re	Reserved
The following returns have been suppressed or are not eligible and will NOT be transmitted.		s will be transmitted:			
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		been suppressed or are not eli	gible and will NOT be tra	ansmitted.	
EF Notes	EE Notas				
EF Notes	:r Notes				

990

Return of Organization Exempt From Income Tax

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

2016

OMB No. 1545-0047

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.

Open to Public Inspection

A	For the	2016 calend	lar year, or tax year begin	ning		, 2016, and er	nding		, 20
		applicable:	C Name of organization CHER		JARY	,,	<u> </u>	D	Employer identification no.
	Address of		Doing business as						20-4542690
П	Name cha	-	Number and street (or P.O. bo.	x if mail is not delivered to	street address)		Room/suite		Telephone number
\equiv	Initial retu	•	PO BOX 210572		,				
П		rn/terminated	City or town, state or province,	country, and ZIP or foreig	n postal code				31,572
П	Amended		COLUMBIA, SC 29	· · · · · · · · · · · · · · · · · · ·	poolai oodo			_G	Gross receipts\$
П		on pending	F Name and address of principal		Y ALBAUGH		H(a) Is this a grou	_	
	пррпосто	ni ponamy	3980 TELEGRAPH			93003	H(b) Are all sub		a a
	Tax-exem	npt status:	. –) ◀ (insert no.)	4947(a)(1) or	527	- '		ist. (see instructions)
		► N/A	001(0)(0)) 4 (moore no.)	_ +0+1 (a)(1) 01	021	H(c) Group exe		
			Corporation Trust Ass	ociation Other ►		L Year of formation: 2		e of legal of	
	art I	Summar		ociation Other =		L Teal of formation. Z	UUU MA State	or legal (domicile. VI
	1		ribe the organization's missi	ion or most significa	nt activities: EDI	ירא דר או בר היינ ורא דר או דר היינ	JE MINICTOV	י אריי	TIVITIES INCOME
	'	-	FOR CLASSES AND C	_		CATION FOR II	L MINISIKI	, ACI	IIVIIIES INCOME
ce		TOTITON	FOR CLASSES AND C	HARTIABLE COL	ITTEUTIONS				
nan		-							
ver	2	Chock this h	ox ▶ ☐ if the organization	discontinued its on	orations or disposed	of more than 25%	of its not assets		
Governance	3		oting members of the gove	•	•			3	0
			ndependent voting members					4	9
Activities &	4		, ,	0 0	, ,	,		5	
ξį	5		er of individuals employed in	-				6	1
Ą	6		er of volunteers (estimate if a ted business revenue from	• ,					
					•			7a	0
	D	inet unrelate	ed business taxable income	from Form 990-1, III	ne 34	· · · · · · · · · · · · · · · · · · ·		7b	0
		0 1 - 1 1	dd - (D(1) (III - I'	41-1			Prior Year		Current Year
ø)	8		s and grants (Part VIII, line	*		-			0
ğ	9	-	rvice revenue (Part VIII, line				30	,895	31,572
Revenue	10		ncome (Part VIII, column (A						0
œ	11		ue (Part VIII, column (A), lin			_			0
	12		e - add lines 8 through 11 (` '	·	30	,895	31,572
	13		similar amounts paid (Part I						0
	14	•	d to or for members (Part I)	, , , , ,					0
S	15		ner compensation, employee	,	, ,	· –	14	1,924	
Expenses	16a		I fundraising fees (Part IX, o						0
×	b		ising expenses (Part IX, col			0			
Ш	1		ses (Part IX, column (A), lir					742	24,188
	18		ses. Add lines 13-17 (must					3,666	40,835
	19	Revenue les	s expenses. Subtract line	18 from line 12				2,229	(9,263)
Net Assets or	2						Beginning of Currer		End of Year
sset	20		(Part X, line 16)				18	3,880	9,617
et Se	21		, , , , , , , , , , , , , , , , , , , ,			-			0
$\overline{}$			or fund balances. Subtract	line 21 from line 20			18	8,880	9,617
	art II		ire Block						
			clare that I have examined this retu claration of preparer (other than offi				nowledge and belief,	It IS	
Sig	ın		I EMORE						
		(re of officer					Date	
He	re		I EMORE, EXECUTIV	E DIRECTOR					
		Type or	print name and title	I		ls.		1	
_		Print/Type pre	eparer's name	Preparer's signature		Date	Check	if P1	TIN
Pai			3 Summer			02-15-2017	self-employ	ed	P00161385
	parer		► HENRY SU	MMER AND CO			Firm's EIN ▶		
Us	e Only	Firm's addres	ss ▶ 1508 Lin	dsay Street			Phone no.		
			Newberry	SC 29108			8	03-27	76-4246
Max	the ID	S discuss this	return with the preparer sh	own above? (see in	ctructions)				□ Ves ▼ No

Part IV

Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "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		Х
b	, , , , , , , , , , , , , , , , , , ,			3.5
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С		44.		v
لم	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	· · · · · · · · · · · · · · · · · · ·	444		v
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e		11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i>	111		Λ
ıza	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	120		21
J	"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	X	21
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	21	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		Х
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		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X

Part IV Checklist of Required Schedules (continued)

			Yes	No
20 a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic 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 or for domestic individuals 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
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
14	\$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
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		21
b		240		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	04-		
	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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Χ
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N</i> ,			
٠.	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes,"	· ·		21
-	complete Schedule N. Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			21
55	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,	- 55		21
J -1	or IV, and Part V, line 1	34		Х
250	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
35a		Soa		Λ
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	051		37
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			7.7
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			Ш
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Χ	
2 a	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 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
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?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
-	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Λ
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	75		
٠	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			21
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Χ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
0	Section 501(c)(7) organizations. Enter:			
а	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			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	4-		
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b 12	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
h	Enter the amount of reserves the organization is required to maintain by the states in which			
b	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b		
	· · · · · · · · · · · · · · · · · · ·			

20-4542690

CHERRY HILL SEMINARY Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

Section A	Governing Body and Management
	Check if Schedule O contains a response or note to any line in this Part VI
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
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
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Х
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			
	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	X	
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
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		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		
11a	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.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	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		X
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		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed South Carolina			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	HOLLI EMORE (803)422-4565, 925 JANICE DRIVE, COLUMBIA, SC 29210			

Form 990 (2016)

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

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

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

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

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

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

	<u> </u>					(C)							
(A)		(B)				sition			(D)		(E)	(E)	
(A) Name and Title		(B)					han one		(D) (E) Reportable Reportable			(F) Estimated	
Name and The		Average hours per week (list any hours for	offic	er and			s both ar r/trustee)		compensation from the	ensation compensation from related		amount of other compensation	
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			(W-2/1099-MISC)	from the organization and related organizations	
(1) TOM GORDON													
DIRECTOR			X							0	0	0	
(2) WILLOW ORINGDERFF													
DIRECTOR			X							0	0	0	
(3) DANA DOERLSEM													
DIRECTOR			X							0	0	0	
(4) VICTORIA SELNES		L											
DIRECTOR			X							0	0	0	
(5) CHRISTINE LAPLANTE													
DIRECTOR			X							0	0	0	
(6) ROBIN MURPHY		5.00											
TREASURER			X		X					0	0	0	
(7) JEFFREY ALBAUGH		5.00											
PRESIDENT			X		Х					0	0	0	
(8) JEAN PAGANO													
DIRECTOR			X		Х					0	0	0	
(9) MARLA ROBERTSON		5.00											
DIRECTOR			Х							0	0	0	
(10)													
<u>(11)</u>													
(12)													
<u>(13)</u>													
<u>(14)</u>													
												Form 000 (2016)	

Part VII

	(A) Name and title	(B) Average hours per week (list any	box, office	unless er and	s pers	tion ore th on is	nan one both an /trustee)		(D) Reportable compensation from	(E) Reportable compensation from related		(F) stimated mount 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)	orç ar	npensation from the ganization and related anization	on d
<u>(15)</u>													
<u>(16)</u>													
<u>(17)</u>													
<u>(18)</u>													
<u>(19)</u>													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
1b c d	Sub-total	nA)	•	C	0 0			0
2	Total number of individuals (including but not limited reportable compensation from the organization								than \$100,000 of	0			-
3	Did the organization list any former officer, directo	r, or trustee,	key er	mplo	yee,	or	highest	cor	npensated	-		Yes	No
4	employee on line 1a? <i>If "Yes," complete Schedule</i> For any individual listed on line 1a, is the sum of rep	J for such in	dividu	al							3		X
	organization and related organizations greater than individual	n \$150,000?	If "Yes	s," c	omp	lete	Sched				4		X
5	Did any person listed on line 1a receive or accrue co	ompensation	from a	ny u	nrela	ated	d organi						
Section	for services rendered to the organization? If "Yes," on B. Independent Contractors	complete St	cneaui	e J i	or si	JCN	person				5		X
1	Complete this table for your five highest compensate compensation from the organization. Report compensation.												
	(A) Name and business address				_				(B) Description of	services		(C) pensation	n
2	Total number of independent contractors (including	hut not limit-	d to #-	0000	lioto	4 01-	201(2)	ho					
2	Total number of independent contractors (including received more than \$100,000 of compensation from			iose ►	iisie(u ac	ove) W	110					

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

Form 990 (2016) CHERRY HILL SEMINARY 20-4542690 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) (B) (C) (D) Related or Unrelated Revenue Total revenue exempt function revenue excluded from tax business under sections 512-514 Federated campaigns 1a Contributions, Gifts, Grants and Other Similar Amounts Membership dues 1b **c** Fundraising events 1c **d** Related organizations 1d e Government grants (contributions) . . 1e f All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f **Business Code** Revenue 2a TUITION FEES 611710 22,474 22,474 611710 b sales of books etc 1,326 1,326 Program Service c CONTRIBUTIONS 611710 7,772 7,772 d f All other program service revenue 31,572 Investment income (including dividends, interest, Income from investment of tax-exempt bond proceeds (i) Real 6a Gross rents **b** Less: rental expenses **c** Rental income or (loss) . . . (i) Securities (ii) Other 7a Gross amount from sales of assets other than inventory **b** Less: cost or other basis and sales expenses **c** Gain or (loss) 8a Gross income from fundraising Other Revenue events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a **b** Less: direct expenses b c Net income or (loss) from fundraising events ▶ 9a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses b c Net income or (loss) from gaming activities ▶ 10a Gross sales of inventory, less returns and allowances a **b** Less: cost of goods sold **b** c Net income or (loss) from sales of inventory . . .

С **d** All other revenue e Total. Add lines 11a-11d

31,572

31,572

Business Code

Miscellaneous Revenue

12 Total revenue. See instructions

11a b

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (B) (D) Do not include amounts reported on lines 6b. 7b. Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals. See Part IV. line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Compensation of current officers, directors, 5 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 16,647 16,647 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 10 11 Fees for services (non-employees): b Legal...... d Professional fundraising services. See Part IV, line 17 . Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . 12 13 14 15 16 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 21 22 Depreciation, depletion, and amortization 23 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.) SCHEDULE ATTACHED 24,188 24,188 b C d е All other expenses Total functional expenses. Add lines 1 through 24e 25 40,835 40,835 0 0 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)

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	18,880	1	9,617
	2	Savings and temporary cash investments		2	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,		-	
	_	trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
	_	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ass	9	Prepaid expenses and deferred charges		9	
-	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	18,880	16	9,617
	17	Accounts payable and accrued expenses	10,000	17	3,017
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
w	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
api		disqualified persons. Complete Part II of Schedule L		22	
Ï	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
		Organizations that follow SFAS 117 (ASC 958), check here \blacktriangleright 🗓 and			J
"		complete lines 27 through 29, and lines 33 and 34.			
ĕ	27	Unrestricted net assets	18,880	27	9,617
alar	28	Temporarily restricted net assets		28	
Ä	29	Permanently restricted net assets		29	
Ë		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and			
P.		complete lines 30 through 34.			
jts (30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ź	33	Total net assets or fund balances	18,880	33	9,617
	34	Total liabilities and net assets/fund balances	18,880	34	9,617
			==,,,,,		-,

Form	1990 (2016) CHERRY HILL SEMINARY	20-454269	90	Pa	age 12
Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1		31,5	572
2	Total expenses (must equal Part IX, column (A), line 25)	. 2		40,8	335
3	Revenue less expenses. Subtract line 2 from line 1	. 3		(9,2	263)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4		18,8	380
5	Net unrealized gains (losses) on investments	. 5			
6	Donated services and use of facilities	. 6			
7	Investment expenses	. 7			
8	Prior period adjustments	. 8			
9	Other changes in net assets or fund balances (explain in Schedule O)	. 9			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		9,6	517
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. \square
				Yes	No
1	Accounting method used to prepare the Form 990: 🛛 Cash 🗌 Accrual 🗍 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis 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 oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		Χ
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

EEA

SCHEDULE A

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ.

2016

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990 or 990-EZ)

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

Inspection

Employer identification number

CHERRY HILL SEMINARY 20-4542690 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). X 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. **b** Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Line Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) instructions) instructions) document? Yes (A) (B) (C) (D) (E)

20-4542690

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						
Caler	dar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6 Sec	Public support. Subtract line 5 from line 4 lion B. Total Support						
	idar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	(4) 20 12	(3) 23 13	(0) = 0 : 1	(4) 2010	(0, 20.0	(1) 10161
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 VI.)						
11	Total support. Add lines 7 through 10 .						
12	Gross receipts from related activities, etc. (s	ee instructions)				12	
13	First five years. If the Form 990 is for the organization, check this box and stop here	·					▶ 🗌
	tion C. Computation of Public Su					T T	
14	Public support percentage for 2016 (line 6, c		-	(f))			%
15	Public support percentage from 2015 Sched				20.4/00/		%
16a	33 1/3% support test - 2016. If the organization qualif				33 1/3% or more, c		. \Box
h	box and stop here. The organization qualif 33 1/3% support test - 2015. If the organiz						
	this box and stop here. The organization q						▶ □
17a	10%-facts-and-circumstances test - 2016	•					
	10% or more, and if the organization meets	-					
	Part VI how the organization meets the "fact				-		
	organization		_				▶ □
b	10%-facts-and-circumstances test - 2015 15 is 10% or more, and if the organization r	J		·		d line	
	Explain in Part VI how the organization mee	ts the "facts-and-	circumstances" tes	t. The organization	qualifies as a publ	icly	
18	supported organization						▶ □
	instructions						▶ □

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

(Complete only if you checked the box on line 10 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.)

Se	ction A. Public Support		1				
Cal	endar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513 .						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support					•	
Cale	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
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 VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the o organization, check this box and stop here						▶ □
Se	ction C. Computation of Public Su						
15	Public support percentage for 2016 (line 8, co	olumn (f) divided l	by line 13, column (f))	. .	. 15	%
16	Public support percentage from 2015 Schedu	ıle A, Part III, line	15			. 16	%
Sec	ction D. Computation of Investme	nt Income Pe	ercentage				
17	Investment income percentage for 2016 (line		•				%
18	Investment income percentage from 2015 S	chedule A, Part I	II, line 17		. .	. 18	%
19a	33 1/3% support tests - 2016. If the organiz 17 is not more than 33 1/3%, check this box						▶ □
b	33 1/3% support tests - 2015. If the organization 18 is not more than 33 1/3%, check this						▶ □
20	Private foundation. If the organization did r	not check a box o	on line 14, 19a, or 1	9b, check this box	x and see instruction	ons	▶ 🗌

20-4542690

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- **c** Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
		162	NO
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
A (F	orm 990	or 990	-EZ) 2016

Pai	t IV Supporting Organizations (continued)					
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No		
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)					
	below, the governing body of a supported organization?	11a				
b	A family member of a person described in (a) above?	11b				
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c				
Sec	ection B. Type I Supporting Organizations					
4	Did the directors tweeters or march crabin of one or march crabin at any or march of constitutions have the present		Yes	No		
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the					
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or					
	controlled the organization's activities. If the organization had more than one supported organization,					
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported					
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1				
2	Did the organization energts for the honefit of any supported organization other than the supported					
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If</i> "Yes," explain in Part					
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,					
	supervised, or controlled the supporting organization.	2				
Sec	ion C. Type II Supporting Organizations					
			Yes	No		
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors					
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed					
	the supported organization(s).	1				
Sec	ion D. All Type III Supporting Organizations					
			Yes	No		
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the					
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax					
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	4				
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1				
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported					
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how					
	the organization maintained a close and continuous working relationship with the supported organization(s).	2				
3	By reason of the relationship described in (2), did the organization's supported organizations have a					
	significant voice in the organization's investment policies and in directing the use of the organization's					
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3				
Sec	ion E. Type III Functionally-Integrated Supporting Organizations					
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in:	struci	tions)):		
а	☐ The organization satisfied the Activities Test. Complete line 2 below.		,			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.					
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see in				
	Activities Test. Answer (a) and (b) below.		Yes	No		
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify					
	those supported organizations and explain how these activities directly furthered their exempt purposes,					
	how the organization was responsive to those supported organizations, and how the organization determined					
	that these activities constituted substantially all of its activities.	2a				
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more					
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the					
	reasons for the organization's position that its supported organization(s) would have engaged in these	2L				
3	activities but for the organization's involvement. Parent of Supported Organizations, Answer (a) and (b) below.	2b				
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or					
u	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a				
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each					
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b				

instructions).

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	ganiz	ations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying			in in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organization	zations	must complete Sectio	ns A through E.
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
col	lection of gross income or for management, conservation, or			
ma	intenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
ins	tructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
fa	ctors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see	e instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
em	ergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-	-integra	ated Type III supporting	g organization (see

EEA Schedule A (Form 990 or 990-EZ) 2016

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organia	zations (continued)					
Sec	tion D - Distributions			Current Year				
1	1 Amounts paid to supported organizations to accomplish exempt purposes							
2	Amounts paid to perform activity that directly furthers exempt							
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purposes	s of supported organizat	ions					
4	Amounts paid to acquire exempt-use assets							
5	Qualified set-aside amounts (prior IRS approval required)							
6	Other distributions (describe in Part VI). See instructions.							
7	Total annual distributions. Add lines 1 through 6.							
8	Distributions to attentive supported organizations to which the	e organization is respons	sive					
	(provide details in Part VI). See instructions.							
9	Distributable amount for 2016 from Section C, line 6							
10	Line 8 amount divided by Line 9 amount							
	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016				
	Distributable amount for 2016 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2016							
	(reasonable cause required - explain in Part VI). See							
	instructions.							
3	Excess distributions carryover, if any, to 2016:							
а								
b								
	From 2013							
	From 2014							
	From 2015							
	Total of lines 3a through e							
	Applied to underdistributions of prior years							
	Applied to 2016 distributable amount							
<u>i</u>	Carryover from 2011 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4	Distributions for 2016 from							
	Section D, line 7: \$							
	Applied to underdistributions of prior years							
	Applied to 2016 distributable amount							
	Remainder. Subtract lines 4a and 4b from 4.							
5	Remaining underdistributions for years prior to 2016, if							
	any. Subtract lines 3g and 4a from line 2. For result							
	greater than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2016. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2017. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
a								
	Excess from 2013							
	Excess from 2014							
d	Excess from 2015							

e Excess from 2016

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

2016

Open to Public Inspection Employer identification number

<u> </u>	RRY HILL SEMINARY	20-4542690
Par	Organizations Maintaining Donor Advised Funds or Other Similar Funds or Account	s.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year) .	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
	funds are the organization's property, subject to the organization's exclusive legal control?	Yes 🗌 No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
	conferring impermissible private benefit?	
Par	t II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
I	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	mportant land area
	Protection of natural habitat Preservation of a certified hist	toric structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation	ervation
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization	ation during the
	tax year	
ļ	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation e	easements during the year
	<u> </u>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ease	ments during the year
	▶ \$	
3	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)	o(i)
	and section 170(h)(4)(B)(ii)?	
•	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statements	ent, and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that de	escribes the
	organization's accounting for conservation easements.	
Par	t III Organizations Maintaining Collections of Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
а	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and	balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furth	nerance of
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and bala	ance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furth	nerance of
	public service, provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	▶ \$
	(ii) Assets included in Form 990, Part X	▶ \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, pr	rovide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	▶ \$
h	Assats included in Form 990, Part X	▶ ¢

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

	ule D (Form 990) 2016 CHERRY HILL SEI							20-4542			Page 2
Par	t III Organizations Maintaining C	Colle	ctions of A	rt, Histo	rical Tre	easures, c	or Oth	er Similar Ass	ets (co	ntinu	ed)
3	Using the organization's acquisition, accession,	and ot	ther records, ch	neck any o	f the follow	ing that are a	signific	ant use of its			
	collection items (check all that apply):		_								
а	Public exhibition				nge progra						
b	Scholarly research e Other										
С	Preservation for future generations										
4	Provide a description of the organization's colle	ctions	and explain ho	w they furt	ther the org	ganization's e	xempt p	urpose in Part			
	XIII.										
5	During the year, did the organization solicit or re	ceive	donations of ar	t, historica	l treasures	, or other sim	ilar				
	assets to be sold to raise funds rather than to b	e mair	ntained as part	of the orga	anization's	collection?			🗌	Yes	☐ No
Par	t IV Escrow and Custodial Arrang	geme	ents.								
	Complete if the organization ar	swe	red "Yes" or	n Form 9	90, Part	IV, line 9,	or rep	orted an amou	ınt on F	orm	
	990, Part X, line 21.										
1a	Is the organization an agent, trustee, custodian of	or othe	r intermediary	for contribu	utions or ot	her assets n	ot				
	included on Form 990, Part X?								🗆	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII an	d com	plete the follow	ing table:							
				•				Am	ount		
С	Beginning balance						10	;			
d	Additions during the year						10	1			
е	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on Form								\square	Yes	No
b	If "Yes," explain the arrangement in Part XIII. C						•		_		\equiv
Par					БООП Р.ОТ	1404 0 4.11	7				
	Complete if the organization ar	swe	red "Yes" or	n Form 9	90 Part	IV line 10)				
	o o mproto ir uro organii zauom ar		Current year	(b) Pri		(c) Two years		(d) Three years back	(e) Fo	ur years	hack
1a	Beginning of year balance	(4)	ourierit your	(5) 1 11	or your	(b) Two years	DUON	(a) Three years back	(6) 10	ur youro	<u> </u>
b	Contributions					20	,747	16,754			
C	Net investment earnings, gains, and					20	,,,,,	10,731			
·	losses										
ч	Grants or scholarships										
u	Other expenditures for facilities and										
е	programs										
f	Administrative expenses	_						16 854	+		
g	End of year balance			4	(-)\		,747	16,754			
2	Provide the estimated percentage of the current	-	•	ne 1g, colu	mn (a)) ne	id as:					
а	Board designated or quasi-endowment		%								
b	Permanent endowment • %										
С	Temporarily restricted endowment		%								
_	The percentages in lines 2a, 2b, and 2c should of										
3a	Are there endowment funds not in the possessi	on of t	the organization	n that are h	neld and ac	lministered fo	or the				T
	organization by:									Yes	No
	()								_ ·		X
	(ii) related organizations								. 3a(ii)	X
b	If "Yes" on 3a(ii), are the related organizations I	isted a	s required on S	Schedule F	₹?				. 3b		
4	Describe in Part XIII the intended uses of the or		ation's endown	nent funds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization ar	iswe	red "Yes" or	n Form 9	90, Part	IV, line 1	1a. Se	e Form 990, Pa	art X, Iir	ne 10	
	Description of property		(a) Cost or other		(b) Cost o	r other basis		Accumulated	(d) Bo	ok value	
			(investme	ent)	(0	other)	d	epreciation			
1a	Land										
b	Buildings										
С	Leasehold improvements										
d	Equipment										
			1								

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Part VII	Investments - Other Securities.	1 "Voo" on Form 000 F	Part IV line 11h See Form 000	Dort V line 12
	Complete if the organization answered			
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuati Cost or end-of-year market	
(1) Financial	derivatives			
	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related. Complete if the organization answered	1 "Ves" on Form 000 F	Part IV line 11c See Form 000	Part V line 13
	(a) Description of investment	(b) Book value	(c) Method of valuati	
	(-)	(-,	Cost or end-of-year market	
(2)				
(3)				
(4)				
(5)				
(6)				
(8)				
(9)				
Part IX	must equal Form 990, Part X, col. (B) line 13.) Other Assets.			
raitix	Complete if the organization answered	1 "Vas" on Form 990 F	Part IV line 11d See Form 990	Part Y line 15
		escription	art IV, line 11d. See 1 om 390	(b) Book value
(1)	(a) De	sscription		(b) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 15	i.)		
Part X	Other Liabilities.			
	Complete if the organization answered line 25.	d "Yes" on Form 990, F	Part IV, line 11e or 11f. See For	m 990, Part X,
1.	(a) Description of liability	(b) Book value		
(1) Federal i		(2) 2001. (4.40		
(2)				
(3)				
(4)				
(5)				
(6)				
_ (~)				
(7)				
<u>(7)</u> (8)				
(7) (8) (9)				

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

.

	ule D (Form 990) 2016 CHERRY HILL SEMINARY	20-4542690	Page 4
Par	Reconciliation of Revenue per Audited Financial Statements With Reve	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	. 1	
1 2	Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12:	. 1	
z a	Net unrealized gains (losses) on investments		
a b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	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:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses	s per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	. 1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		
b c	Other losses		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d		
3	Subtract line 2e from line 1	. 3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	. 4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. 5	
Par	t XIII Supplemental Information.		
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4;	Part X, line	
2; Pa	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		

EEA Schedule D (Form 990) 2016

SCHEDULE E (Form 990 or 990-EZ)

CHERRY HILL SEMINARY

Schools

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

OMB No. 1545-0047 2016

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

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Pa	rt I			
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,			
	bylaws, other governing instrument, or in a resolution of its governing body?	1	X	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its			
	brochures, catalogues, and other written communications with the public dealing with student admissions,			
	programs, and scholarships?	2	Х	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media			
3	during the period of solicitation for students, or during the registration period if it has no solicitation program,			
	in a way that makes the policy known to all parts of the general community it serves? If "Yes," please		37	
	describe. If "No," please explain. If you need more space, use Part II	3	X	
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Х	
b	Records documenting that scholarships and other financial assistance are awarded on a racially			
	nondiscriminatory basis?	4b	X	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	4c	X	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	X	
-	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
	in you answered the to any of the above, please explain. If you need more space, ase fair in.			
_	Does the association discriminate by seen in any contribution of the			
5	Does the organization discriminate by race in any way with respect to:			37
а	Students' rights or privileges?	5a		X
b	Admissions policies?	5b		X
С	Employment of faculty or administrative staff?	5c		X
d	Scholarships or other financial assistance?	5d		X
е	Educational policies?	5e		X
f	Use of facilities?	5f		X
g	Athletic programs?	5g		X
h	Other extracurricular activities?	5h		Х
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	U.		
	if you answered Tee to any of the above, please explaint if you need more space, also if art in			
C	Describe association was in an Emerical aid as assistance from a superior state of the same of the sam	C-		37
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a		X
b	Has the organization's right to such aid ever been revoked or suspended?	6b		X
	If you answered "Yes" on either line 6a or line 6b, explain on Part II.			
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through			
	4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No." explain on Part II	7	l X	

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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.

Internal Revenue Service Name of the organization ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

20-4542690

CHERRY HILL SEMINARY 01. Form 990 governing body review (Part VI, line 11) COPIES ARE EMAILED TO BOARD FOR REVIEW BEFORE FILING 02. Conflict of interest policy compliance (Part VI, line 12c) SOME POLICIES E.G. EQUAL OPPORTUNITY AND PRIVACY ARE STATED ON OUR WEB SITE. OTHER POLICIES, E.G. CONFLICTS OF INTEREST, ARE PART OF THE BOARD SERVICE AGREEMENT, AND CONTRACTS WITH STAFF AND FACULTY. BYLAWS AND FINANCIAL REPORTS ARE DISTRIBUTED TO ALL BOARD MEMBERS MONTHLY. IRS 990 IS AVAILABE UPON REQUEST, OR BY VISITING GUIDESTAR. IF REQUESTED, WE WILL PROVIDE BYLAWS AND THE LATEST FINANCIAL REPORT TO AN INDIVIDUAL, FOUNDATION OR OTHER GROUP. THE REQUEST CAN BE VERBAL, PHONE, IN WRITING, OR BY EMAIL. WE PREFER TO PROVIDE THE INFORMATION ELECTRONICALLY, RATHER THAN IN HARD COPY, BUT WILL MAIL IF ASKED TO DO SO. 03. Governing documents, etc, available to public (Part VI, line 19) THEY ARE AVAILABE UPON REQUEST ON ANOTHER WEBSITE

IRS e-file Signature Authorization for an Exempt Organization

For calendar vear 2016, or fiscal vear	r beainnina	. and ending

2016 ▶ Do not send to the IRS. Keep for your records. Department of the Treasury Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo. Internal Revenue Service Employer identification number Name of exempt organization CHERRY HILL SEMINARY 20-4542690 Name and title of officer HOLLI EMORE, EXECUTIVE DIRECTOR Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I. 1a Form 990 check here $\blacktriangleright X$ b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 3a Form 1120-POL check here 4a Form 990-PF check here ▶ b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b **Declaration and Signature Authorization of Officer** Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only lauthorize HENRY SUMMER AND CO to enter my PIN as my signature 12345 ERO firm name Enter five numbers, but do not enter all zeros on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature Date ▶ 02-15-2017 Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 575737 06978 do not enter all zeros

> **ERO Must Retain This Form - See Instructions** Do Not Submit This Form To the IRS Unless Requested To Do So

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF)

Information for Authorized IRS *e-file* Providers for Business Returns.

Date > 02-15-2017

OMB No. 1545-1878

ERO's signature

990 Overflow Statement	2016 Page 1
Name(s) as shown on return	FEIN
CHERRY HILL SEMINARY	20-4542690

OTHER EXPENSES

Description	 Amount
POSTAGE	\$ 329
OFFICE	 245
PHONE	46
INSURANCE	1,049
PROGRAM EXPENSES	8,169
CONTRACTED INSTRUCTORS	 8,920
FEES DUES LEGAL	 631
MARKETING ADVERTISING	 758
COMPUTER TECH	1,605
MERCHANT FEES	2,386
ADM	 50
Total:	\$ 24,188

	Federal Filing Instructions	2016
Name(s) as shown on return		Your Social Security Number
CHERRY HILL	SEMINARY	20-4542690

Date to file by: 05-15-2017

Form to be filed: Form 990 and supplemental forms and schedules

Sign and date: An officer must sign and date Form 990

on page 1.

Address to file: Department of the Treasury

Internal Revenue Service Ogden, UT 84201-0027

Refund: Neither a refund nor a balance due

Other Instructions: If the return is not filed by the due date

(including any extension granted), attach a

statement giving the reason for not filing on time.

HENRY SUMMER AND CO

1508 Linds ay Street
Newberry, SC 29108
hbs ummer66@gmail.com
Phone: (803)276-4246 | Fax: (803)276-9555

February 15, 2017

Cherry Hill Seminary PO Box 210572 Columbia, SC 29221

Holli:

Enclosed is the 2016 federal return for a tax-exempt organization, prepared for Cherry Hill Seminary from the information provided. This return will be e-filed with the IRS once we receive a signed Form 8879-EO, IRS e-file Signature Authorization for an Exempt Organization.

The organization's federal return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with your tax needs, please contact this office at (803)276-4246.

Sincerely,

Henry B Summer HENRY SUMMER AND CO

HENRY SUMMER AND CO

1508 Linds ay Street
Newberry, SC 29108
hbs ummer66@gmail.com
Phone: (803)276-4246 | Fax: (803)276-9555

Invoice Date: 02/15/2017

Total Balance Due \$

443.00

Cherry Hill Seminary PO Box 210572 Columbia, SC 29221

For professional services rendered in connection with the preparation of your 2016 exempt organization tax return.

Description		Fee
Federal and Sur	oplemental Forms	
Form 990	- Return of Org Exempt from Income Tax Page 1 \$	443.00
Form 990 pg 2	- Return of Org Exempt from Income Tax Page 2	
Form 990 pg 3	- Return of Org Exempt from Income Tax Page 3	
Form 990 pg 4	- Return of Org Exempt from Income Tax Page 4	
Form 990 pg 5	- Return of Org Exempt from Income Tax Page 5	
Form 990 pg 6	- Return of Org Exempt from Income Tax Page 6	
Form 990 pg 7	- Return of Org Exempt from Income Tax Page 7	
Form 990 pg 8	- Return of Org Exempt from Income Tax Page 8	
Form 990 pg 9	- Return of Org Exempt from Income Tax Page 9	
Form 990 pg 10	- Return of Org Exempt from Income Tax Page 10	
Form 990 pg 11	- Return of Org Exempt from Income Tax Page 11	
Form 990 pg 12	- Return of Org Exempt from Income Tax Page 12	
Schedule A	- Organization Exempt Under Sec 501(c)(3) pg 1	
Schedule A pg 2	- Organization Exempt Under Sec 501(c)(3) pg 2	
Schedule A pg 3	- Organization Exempt Under Sec 501(c)(3) pg 3	
Schedule A pg 4	- Organization Exempt Under Sec 501(c)(3) pg 4	
Schedule A pg 5	- Organization Exempt Under Sec 501(c)(3) pg 5	
Schedule A pg 6	- Organization Exempt Under Sec 501(c)(3) pg 6	
Schedule A pg 7	- Organization Exempt Under Sec 501(c)(3) pg 7	
Schedule A pg 8	- Organization Exempt Under Sec 501(c)(3) pg 8	
Schedule D	- Supplemental Financial Statement Page 1	
Schedule D pg 2	- Supplemental Financial Statement Page 2	
Schedule D pg 3	- Supplemental Financial Statement Page 3	
Schedule D pg 4	- Supplemental Financial Statement Page 4	
Schedule E	- Schools Page 1	
Schedule O	- Supplemental Information Page 1	
Form 8879E0	- E-file Signature Auth for an Exempt Org	
Overflow	- Itemized Listing Attachment	
Total Forms: 2	Porms Subtotal \$	443.00

HENRY SUMMER AND CO

1508 Linds ay Street
Newberry, SC 29108
hbs ummer66@gmail.com
Phone: (803)276-4246 | Fax: (803)276-9555

Invoice Date: 02/15/2017

Total Balance Due \$

443.00

Cherry Hill Seminary PO Box 210572 Columbia, SC 29221

For professional services rendered in connection with the preparation of your 2016 exempt organization tax return.

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Form 990 pg 4	- Return of Org Exempt from Income Tax Page 4	
Form 990 pg 5	- Return of Org Exempt from Income Tax Page 5	
Form 990 pg 6	- Return of Org Exempt from Income Tax Page 6	
Form 990 pg 7	- Return of Org Exempt from Income Tax Page 7	
Form 990 pg 8	- Return of Org Exempt from Income Tax Page 8	
Form 990 pg 9	- Return of Org Exempt from Income Tax Page 9	
Form 990 pg 10	- Return of Org Exempt from Income Tax Page 10	
Form 990 pg 11	- Return of Org Exempt from Income Tax Page 11	
Form 990 pg 12	- Return of Org Exempt from Income Tax Page 12	
Schedule A	- Organization Exempt Under Sec 501(c)(3) pg 1	
Schedule A pg 2	- Organization Exempt Under Sec 501(c)(3) pg 2	
Schedule A pg 3	- Organization Exempt Under Sec 501(c)(3) pg 3	
Schedule A pg 4	- Organization Exempt Under Sec 501(c)(3) pg 4	
Schedule A pg 5	- Organization Exempt Under Sec 501(c)(3) pg 5	
Schedule A pg 6	- Organization Exempt Under Sec 501(c)(3) pg 6	
Schedule A pg 7	- Organization Exempt Under Sec 501(c)(3) pg 7	
Schedule A pg 8	- Organization Exempt Under Sec 501(c)(3) pg 8	
Schedule D	- Supplemental Financial Statement Page 1	
Schedule D pg 2	- Supplemental Financial Statement Page 2	
Schedule D pg 3	- Supplemental Financial Statement Page 3	
Schedule D pg 4	- Supplemental Financial Statement Page 4	
Schedule E	- Schools Page 1	
Schedule O	- Supplemental Information Page 1	
Form 8879E0	- E-file Signature Auth for an Exempt Org	
Overflow	- Itemized Listing Attachment	
Total Forms: 2	Porms Subtotal \$	443.00