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DLN: 93493135019943

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Inspection A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012 CHATHAM UNIVERSITY 25-0717890 Doing Business As E Telephone number

D Employer identification number **B** Check if applicable Address change Name change (412)365-1100 ☐ Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite **G** Gross receipts \$ 62,978,499 Terminated City or town, state or country, and ZIP + 4 PITTSBURGH, PA 15232 Amended return Application pending Name and address of principal officer Is this a group return for DR ESTHER L BARAZZONE affiliates? WOODLAND ROAD PITTSBURGH, PA 15232 H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions) **▽** 501(c)(3) **▽** 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 Group exemption number 🕨 Website: ► WWW CHATHAM EDU K Form of organization Corporation Trust Association L Year of formation 1869 M State of legal domicile PA Part I Summary Briefly describe the organization's mission or most significant activities PROVISION OF UNDERGRADUATE AND GRADUATE EDUCATION Activities & Governance Check this box 🔰 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . 31 Number of independent voting members of the governing body (Part VI, line 1b) . 28 4 1,688 Total number of individuals employed in calendar year 2011 (Part V, line 2a) . 5 6 Total number of volunteers (estimate if necessary) 6 1,011 **7a** Total unrelated business revenue from Part VIII, column (C), line 12 7a 59,589 **b** Net unrelated business taxable income from Form 990-T, line 34 -26,735 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 10,763,008 5,382,822 48,205,713 9 Program service revenue (Part VIII, line 2g) . 47,933,479 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,628,387 730,108 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -693,635 -2,602,183 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 59,631,239 51,716,460 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 10,230,779 9,626,972 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 21,049,006 25,780,734 16a Professional fundraising fees (Part IX, column (A), line 11e) . 0 b Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright \frac{1,037,718}{}$ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 23,508,862 20,613,699 **17**

Net Assets or Fund Balances Net assets or fund balances Subtract line 21 from line 20 . Signature Block

18

19

20

21

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)

Revenue less expenses Subtract line 18 from line 12 . . .

Total assets (Part X, line 16) . . .

Total liabilities (Part X, line 26)

| | ***** | | | 20: | 13-05-15 |
|---------------------|---|--|---------------------|------------------------|---|
| Sign | Signature of officer | | | Da | te |
| Here | WALTER FOWLER VICE Type or print name and | PRESIDENT FINANCE & ADMIN title | | | |
| Paid | Preparer's signature SUSAN M KI | RSCH | Date | Check if self-employed | Preparer's taxpayer identification number (see instructions) P00341397 |
| Preparer's Use Only | ıf self-employed), | SCHNEIDER DOWNS & CO INC | | | EIN > 25-1408703 |
| | | 1133 PENN AVENUE PITTSBURGH, PA 15222 | | | Phone no 🕨 (412) 261-3644 |
| May the IR: | S discuss this return wi | th the preparer shown above? (| see instructions) . | | Yes No |

54.788.647

168,008,881

69,689,092

98,319,789

Beginning of Current

Year

4,842,592

56,021,405

-4,304,945

165,390,802

72,360,287

93,030,515

End of Year

Part III Statement of Program Service Accomplishments

| | Check if Schedule O contains | s a response to any questio | n in this Part III | | / |
|-----------------------------------|---|--|--|--|---|
| WOR LIFE PREF CON AND | Briefly describe the organization's r THAM UNIVERSITY PREPARES ITS LD, TO EXCEL IN THEIR PROFESSI -LONG LEARNERS, AND CITIZEN L PARATION INFORMED BY THE LIBE TINUING AND PROFESSIONAL ST CONTINUING EDUCATION OF TH FESSIONS | S STUDENTS, BACHELORS CONS AND TO BE ENGAGE EADERS FOR DEMOCRAC ERAL ARTS CHATHAM CO UDIES PROVIDE WOMEN | ED, ENVIRONMEN LY CHATHAM COL LLEGE FOR GRAD AND MEN WITH U | TALLY RESPONSIBLE, G LEGE FOR WOMEN OFF DUATE STUDIES AND CH NDERGRADUATE, GRAD | LOBALLY CONSCIOUS, ERS SUPERB CAREER HATHAM COLLEGE FOR DUATE, PROFESSIONAL, |
| | | | | | |
| 2 | Did the organization undertake any sthe prior Form 990 or 990-EZ? . If "Yes," describe these new service | | | | ┌ Yes ┌ No |
| 3 | Did the organization cease conducti | | naes in how it cond | ucts any program | |
| 3 | services? | | | | ┌ Yes ┌ No |
| | If "Yes," describe these changes on | Schedule O | | | |
| 4 | Describe the organization's program expenses Section 501(c)(3) and 50 grants and allocations to others, the | O1(c)(4) organizations and | section 4947(a)(1 |) trusts are required to re | port the amount of |
| 4a | (Code) (Expenses | \$ 34,540,628 inclu | ding grants of \$ | 9,626,972) (Revenue \$ | 43,779,987) |
| | ACADEMIC AND INSTRUCTIONAL EDUCATION GRANTS BACHELOR, MASTER AND DOCTOF THE OLDEST WOMEN'S COLLEGES IN THE UBUSINESS, INTERNATIONAL, GLOBAL, AND PSYCHOLOGY, SOCIAL WORK, EDUCATION OFFERS 25 GRADUATE PROGRAMS IN VAR PROFESSIONAL STUDIES WHICH PROVIDES COMMUNITY SERVICES CHATHAM UNIVER INTEGRAL ROLE IN HELPING OUR STUDEN OPPORTUNITIES HIGHLIGHTED IN THE ANI OFFERS A NCAA DIVISION III ATHLETIC PRETITNESS CENTER STUDENTS LIVING ON COMMUNITY PREVAIL GIVING BACK TO THANNUALLY TO SUPPORT PHILANTHROPIC IS OPPORTUNITY FOR STUDENTS TO BETTER ADDED NEW RESOURCES THAT SUPPORT DATABASES THE LIBRARY STAFF CONTINUENCE OF TRANSPORT OF THE PROMENT OF THE PROME SUPPORT AND THE PROME SUPPORT | RATE LEVEL DEGREES THROUGH TO US MAJORS ARE OFFERED IN PR PUBLIC POLICY STUDIES, PHYSIC , SCIENCES, WRITING, LITERATU IOUS FIELDS OF STUDY THROUGH ON THE VERY STRIVES TO DEVELOP THE VERY STRIVES TO DEVELOP THE VERY STRIVES TO DEVELOP THE VERY STRIVES TO LEVELOP THE VERY STRIVES CALENDAR FEAT LOGRAM FEATURING NINE VARSITE AMPUS ARE WELCOMED INTO A LET COMMUNITY IS ONE OF OUR CONTITATIVES WORLDWIDE A HEALT THE MEASURES THROUGH MANY THE LEARNING AND TEACHING MISES TO DEVOTE SIGNIFICANT AND LEST ONE OF OUR CONTINE OF THE LEARNING AND TEACHING MISES TO DEVOTE SIGNIFICANT AND LEST ONE OF OUR OF THE MEAN THE LEARNING AND TEACHING MISES TO DEVOTE SIGNIFICANT AND LEST ONE OF OUR THE LEARNING AND TEACHING MISES TO DEVOTE SIGNIFICANT AND LEST ONE OF THE LEARNING AND TEACHING MISES TO DEVOTE SIGNIFICANT AND LEST ONE OF THE MEAN THE LEARNING AND TEACHING MISES TO DEVOTE SIGNIFICANT AND LEST OF THE LEARNING AND TEACHING MISES TO DEVOTE SIGNIFICANT AND LEST OF THE MISE OF THE MI | THREE DISTINCTIVE COROGRAMS IN ARTS, LAN LIAN ASSISTANT STUDIE RE, LANGUAGES, CULTI H THE COLLEGE FOR GE THE UNIVERSITY'S FTE WHOLE STUDENT - BOT ENTAL, SOCIAL AND PH 'URING OVER 300 EVEN 'Y SPORTS ANCHORED LIVING AND LEARNING E CORE VALUES AND THE TH AND COUNSELING COR ROGRAMS AND SERVICE DOUNTS OF CHATHAM U DOUNTS OF TIME TO RES | ILLEGES, INCLUDING CHATHAM DSCAPE ARCHITECTURE, INTEIS, NURSING, PHYSICAL THERS AND MANY OTH RADUATE STUDIES, AND MANY OTH RADUATE STUDIES AND THE COAS OF FALL 2012 WAS 1,726 STH IN AND OUTSIDE THE CLASSI ILANTHROPIC WELL-BEING STUTS AND HAPPENINGS THROUGHOUT OF OUR IMPRESSIVE 78,005 INVIRONMENT WHERE WELLNE CHATHAM COMMUNITY HAS RABITED ASSISTS STUDENTS IN IES LIBRARY SERVICES THE JENIUM STAPENIONS THE JENIUM STAPENIONS THE JENIUM STAPENIONS THE JENIUM STAPENIONS THE JENIUM SANTENIONS THE JENIUM SANTENION STAPE JENIUM SANTENION STAPE JENIUM SANTENION SANTENIO | COLLEGE FOR WOMEN, ONE OF RIOR DESIGN, ACCOUNTING, PY, OCCUPATIONAL THERAPY, ER FIELDS THE UNIVERSITY NOW DILEGE FOR CONTINUING AND TUDENTS STUDENT AND ROOM STUDENT AFFAIRS PLAY AN UDENTS HAVE A VARIETY OF HOUT THE YEAR CHATHAM OF SOUARE FOOT ATHLETIC AND SS AND A STRONG SENSE OF AUSED THOUSANDS OF DOLLARS NEED AND PROVIDES AN WIJE KING MELLON LIBRARY HAS BER OF FULL-TEXT JOURNAL ARCHIVE COLLECTION HAS |
| 41: | (Codo) (European | | ling amounts of the |) (Davanua d | 4.425.726.) |
| 4b | (Code) (Expenses AUXILIARY SERVICES SEE SCHEDULE OIN FOUNDATION LOCATED NORTH OF PITTSE EDEN HALL FARM CAMPUS IS A LIVING LAB UNIVERSITY OWNS THE OLDEST CIVIL WAI UNIVERSITY VISITIORS AS WELL AS HEADQ OF THE MOST SIGNIFICANT COLLECTIONS INCLUDING ENTREPRENEURSHIP PROGRASPORTS DAY, HILLMAN DISTINGUISHED LE WOMEN, WESTERN PENNSYLVANIA GARDE GLOBAL FOCUS EVENTS VARIOUS PERFOR | MAY 2008 THE UNIVERSITY RECE BURGH IN RICHLAND TOWNSHIP A CORATORY FOR UNDERGRADUATE R-ERA HOME ON FIFTH AVENUE, UARTERS FOR THE CAMPUS ARBO OF AFRICAN TRIBAL ART IN THE AMS FOR WOMEN, SPONSORED BO CTURE SERIES, RACHEL CARSON WING AND LANDSCAPING SYMPOS | AND APPROXIMATELY 4: E AND GRADUATE STUD THE HOWE-CHILDS GAT ORETUM THE UNIVERS TRI-STATE REGION TH Y THE CENTER FOR WO I DAY FOR STUDENTS O SIUM, WESTERN PA UN | 5 MINUTES FROM CHATHAM'S HENTS AS WELL AS FOR THE SUF TE HOUSE, WHICH NOW SERVE TE YES HOME TO THE OLKES CO E UNIVERSITY HOSTS NUMERO MEN'S ENTREPRENEURSHIP, N GRADES 6-12, READY TO BE HE DERGRADUATE PSYCHOLOGY CO | HISTORIC SHADYSIDE CAMPUS, RROUNDING COMMUNITIES THE S AS A GUEST HOUSE FOR DILLECTION OF AFRICAN ART, ONE US EVENTS ON CAMPUS NATIONAL GIRLS AND WOMEN IN ARD ADVOCACY TRAINING FOR CONFERENCE, AND A NUMBER OF |
| 4 c | (Code) (Expenses | \$ includ | ling grants of \$ |) (Revenue \$ |) |
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| | | | | | |
| 4d | Other program services (Describe | | |) /D + | • |
| | (Expenses \$ | including grants of \$ | |) (Revenue \$ |) |
| 4e | Total program service expenses►\$ | 34,540,628 | | | |

| art IV | Checklis | t of | Required | Schedules |
|--------|----------|------|----------|-----------|
| | | | | |

| | • | | Yes | No |
|-----|---|-----|-----|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | Yes | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 📆 | 2 | Yes | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I^{\bullet} | 3 | | No |
| 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 | Yes | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | No |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II | 7 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2 | 8 | Yes | |
| 9 | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V^{\bullet} | 10 | Yes | |
| 11 | If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI. | 11a | Yes | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. | 11b | Yes | |
| c | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. | 11c | | No |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. | 11d | | No |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. | 11e | Yes | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. | 11f | Yes | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII | 12a | Yes | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional | 12b | | No |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | Yes | |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | No |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I | 14b | Yes | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV | 15 | | No |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? If "Yes," complete Schedule F, Part III and IV. | 16 | Yes | |
| 17 | Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | No |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | No |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | No |
| 20a | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20a | | No |
| b | If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements | 20h | | |

| Par | t IV Checklist of Required Schedules (continued) | | | |
|-----|---|-----|----------------|--------|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II \blacksquare | 21 | Yes | |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | Yes | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | Yes | |
| | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25 | 24a | Yes | |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | No |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | No |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | Νo |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | No |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | No |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III | 27 | | No |
| 28 | Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | No |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | No |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV | 28c | Yes | |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma | 29 | Yes | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | 33 | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | Yes | |
| 35a | Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)? | 35a | | No |
| b | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2 | 35b | | No |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | No |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Yes | |
| | | F | orm 990 | (2011) |

Part V Statements Regarding Other IRS Filings and Tax Compliance

| | Check if Schedule O contains a response to any question in this Part V | | | |
|-----------|---|--|-----|-----|
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable | | | |
| | | | | |
| | 1a 2,932 | <u>. </u> | | |
| D | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0 | | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable |] | | |
| 2- | gaming (gambling) winnings to prize winners? | 1c | Yes | |
| 2a | Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax</i> Statements filed for the calendar year ending with or within the year covered by this | | | |
| _ | return | <u>.</u> | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Yes | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the | | | |
| L | year? | 3a 3b | Yes | |
| - Б 4а | At any time during the calendar year, did the organization have an interest in, or a signature or other authority | 30 | res | |
| -14 | over, a financial account in a foreign country (such as a bank account or securities | | | |
| | account)? | 4a | Yes | |
| b | If "Yes," enter the name of the foreign country ►CJ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts | | | |
| | See madactions for iming requirements for Form 1D F 30-22 1, Report of Foreign Bank and Financial Accounts | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | No |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | No |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | _ | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | 5c 6a | | No. |
| 0a | organization solicit any contributions that were not tax deductible? | Oa . | | INO |
| 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). | 05 | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and | 7a | Yes | |
| | services provided to the payor? | | | |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | Yes | |
| C | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | No |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit | | | |
| | contract? | 7e | | No |
| | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | No |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess | | | |
| | business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| a | Did the organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 10a | - | | |
| D | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | |
| 11 | Section 501(c)(12) organizations. Enter | | | |
| | Gross income from members or shareholders | _ | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the | | | |
| 13 | year Section 501(c)(29) qualified nonprofit health insurance issuers. | 1 | | |
| | Is the organization licensed to issue qualified health plans in more than one state? | | | |
| | Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state | 13a | | |
| b | Enter the aggregate amount of reserves the organization is required to maintain by | | | |
| • | the states in which the organization is licensed to issue qualified health plans Enter the aggregate amount of reserves on hand | _ | | |
| | 13c | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | No |
| ь | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | | |

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

| Check if Schedule i |) contains a response to | any question in this Part VI | | | | | | | | | | ٠,١ | _ |
|---------------------|--------------------------|------------------------------|--|--|--|--|--|--|--|--|--|-----|---|
|---------------------|--------------------------|------------------------------|--|--|--|--|--|--|--|--|--|-----|---|

| Se | ection A. Governing Body and Management | | | | | | |
|---|--|--|--|----------------------------------|---|---------------------------------|-----------------|
| | | | | _ | | Yes | No |
| | | | | | | | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a | | 31 | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | 1b | | 28 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a busin other officer, director, trustee, or key employee? | | | | 2 | | No |
| 3 | Did the organization delegate control over management duties customarily performed supervision of officers, directors or trustees, or key employees to a management com | d by o | r under the dıre | ct | 3 | | No |
| 4 | Did the organization make any significant changes to its governing documents since t filed? | | | l l | 4 | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the org | ganıza | ation's assets? | | 5 | | No |
| 6 | Did the organization have members or stockholders? | | | | 6 | | No |
| 7a | Did the organization have members, stockholders, or other persons who had the powe more members of the governing body? | | | one or | 7a | | No |
| b | Are any governance decisions of the organization reserved to (or subject to approval or persons other than the governing body? | by) n | | holders, | 7b | | Νo |
| 8 | Did the organization contemporaneously document the meetings held or written action year by the following | ns un | dertaken durıng | g the | | | |
| а | The governing body? | | | [| 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | | | | 8b | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, we organization's mailing address? If "Yes," provide the names and addresses in Schedule $(A, B, B,$ | | | | 9 | | No |
| | ection B. Policies (This Section B requests information about policies not re | equi | red by the Int | ternal | | | |
| | | | • | | | | |
| <u></u> | venue Code.) | | <u> </u> | | | Yes | No |
| | | | <u> </u> | . [| 10a | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | vities | of such chapte | ŀ | 10a | Yes | No No |
| 10a | Did the organization have local chapters, branches, or affiliates? | vities | of such chapte | ŀ | 10a 10b | Yes | |
| 10a b | Did the organization have local chapters, branches, or affiliates? | vities n's ex | of such chapte cempt | rs, | | Yes | |
| 10a b | Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activa ffiliates, and branches to ensure their operations are consistent with the organization purposes? | vities n's ex s gove | of such chapte cempt erning body befo | rs, | 10b | | |
| 10a b 11a | Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the active affiliates, and branches to ensure their operations are consistent with the organization purposes? | vities n's ex gove rm 99 | of such chapte kempt erning body befo | rs, ore filing | 10b | | |
| 10a b 11a b | Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the active affiliates, and branches to ensure their operations are consistent with the organization purposes? | vities n's ex s gove rm 99 | of such chapte kempt erning body before 00 | rs, ore filing | 10b 11a | Yes | |
| 10a b 11a b 12a b | Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the active affiliates, and branches to ensure their operations are consistent with the organization purposes? | vities n's ex s gove rm 99 inter the po | of such chapte cempt erning body before 00 ests that could olicy? If "Yes," of | rs, ore filing · · | 10b 11a 12a | Yes | |
| 10a b 11a b 12a b | Did the organization have local chapters, branches, or affiliates? | vities n's ex s gove rm 99 inter the po | of such chapte cempt erning body before 0 | rs, pre filing give describe | 10b 11a 12a 12b | Yes Yes Yes | |
| 10a b 11a b 12a b | Did the organization have local chapters, branches, or affiliates? | vities n's ex s gove rm 99 inter the po | of such chapte cempt erning body before 00 | rs, pre filing give describe | 10b 11a 12a 12b 12c | Yes Yes Yes | |
| 10a b 11a b 12a b c | Did the organization have local chapters, branches, or affiliates? | vities n's ex s gove rm 99 inter the po | of such chapte cempt erning body before 00 | give | 10b 11a 12a 12b 12c 13 | Yes Yes Yes Yes | |
| 10a b 11a b 12a b c 13 14 15 | Did the organization have local chapters, branches, or affiliates? | vities n's ex n's ex s gove rm 99 inter the po ew and dedelib | of such chapte cempt erning body before 00 | give describe | 10b 11a 12a 12b 12c 13 | Yes Yes Yes Yes | |
| 10a b 11a b 12a b c 13 14 15 | Did the organization have local chapters, branches, or affiliates? | vities n's ex s gove rm 99 inter the po | of such chapte cempt erning body before 00 | give describe | 10b 11a 12a 12b 12c 13 14 | Yes Yes Yes Yes Yes | |
| 10a b 11a b 12a b c 13 14 15 | Did the organization have local chapters, branches, or affiliates? | vities n's ex s gove rm 99 inter the po | of such chapte cempt erning body before 00 | give describe | 10b 11a 12a 12b 12c 13 14 | Yes Yes Yes Yes Yes Yes | |
| 10a b 11a b 12a b c 13 14 15 | Did the organization have local chapters, branches, or affiliates? | vities n's ex n's ex s gove rm 99 inter the po ew and e delib | of such chapte cempt erning body before 00 | give describe | 10b 11a 12a 12b 12c 13 14 | Yes Yes Yes Yes Yes Yes | |
| 10a b 11a b 12a b c 13 14 15 a b | Did the organization have local chapters, branches, or affiliates? | vities n's ex s gove rm 99 inter the po ew and e delib | of such chapte cempt erning body before 00 | give describe | 10b 11a 12a 12b 12c 13 14 | Yes Yes Yes Yes Yes Yes | |
| 10a b 11a b 12a b c 13 14 15 a b | Did the organization have local chapters, branches, or affiliates? | rsimi | of such chapte cempt erning body before of such chapte control of such chapter of such c | give describe cision? | 10b 11a 12a 12b 12c 13 14 15a 15b | Yes Yes Yes Yes Yes Yes | No |

- 17 List the States with which a copy of this Form 990 is required to be filed▶PA , CA
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website Another's website V Upon request

- 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 See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization FINNIFER LUNDY WOODLAND ROAD

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0 in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

| Check this box if neither the or | ganization nor any re | lated o | rgan | ızatı | ons | compe | ensat | ted any current or fo | rmer officer, direc | tor, or trustee |
|----------------------------------|--|-----------------------------------|-----------------------|-----------------------|------------------------|------------------------------|--------|--|--|--|
| (A) Name and Title | (B) A verage hours per week (describe | unles an | on (d e tha | n one son er ar | e bo: is bo nd a | x, oth | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099- | (F) Estimated amount of other compensation from the organization and |
| | hours for related organizations in Schedule O) | Individual trustae or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | MISC) | related organizations |
| See Additional Data Table | | | | | | | | | | |
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| | | | | | | | | | | |

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

| | | , | 1 | | | | | | | | | | | |
|---|---|---|-----------------------------------|-----------------------|-----------------------|-----------------------|------------------------------|-----------------|-------------------------------|---|--|--------------|---|--|
| | (A) Name and Title | (B) A verage hours per week (describe hours | unles an | on (d e thar | n one son er ai | e bo is bo nd a | x, oth) | | Rep comp fro organiz | (D) ortable ensation m the zation (W- 9-MISC) | (E) Reportable compensation from related organizations (W- 2/1099- MISC) | ' | (F) Estima imount o compeni from rganizat relat | ated of other sation the ion and |
| | | for related organizations in Schedule O) | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | | | MISC) | | organiza | |
| See A | dditional Data Table | | | | | | | | | | | + | | |
| | | | | | | | | | | | | + | | |
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| 1b | Sub-Total | | | | | | | <u> </u> ≽- | | | | + | | |
| | Sub-Total | | | | | <u> </u> | | | | | | + | | |
| d | Total (add lines 1b and 1c) . | | | | | | | ► | | 2,895,070 | | 0 | | 569,783 |
| 2 | Total number of individuals (incli \$100,000 of reportable compens | | | | | | above |) who | receive | ed more tha | ın | | | |
| 3 | Did the organization list any forr on line 1a? <i>If</i> "Yes," complete Sch | | | | | | | | | | ated employee | 3 | Yes | No No |
| 4 | For any individual listed on line 1 organization and related organization individual | | | | | | | | | | | 4 | Yes | |
| 5 | Did any person listed on line 1a services rendered to the organiz | | | | | | | | _ | | or individual for • | 5 | | No |
| Se | ction B. Independent Con | tractors | | | | | | | | | | | | |
| 1 | Complete this table for your five \$100,000 of compensation from or within the organization's tax y | the organizatio | | | | | | | | | | | | |
| | Nan | (A) ne and business add | dress | | | | | | | Desci | (B) ription of services | \top | (C Compe | |
| PITTS | X 644091 BURGH, PA 15264 | | | | | | | | | ARCHITECT | | | 2 | 2,792,978 |
| PIER SEATT | HURST DINING SERVICES 56 1201 ALASKAN WAY 200 LE, WA 98101 | | | | | | | | | FOOD SERVI | CE | | | 2,089,210 |
| | HOUSE COMMUNICATIONS SARAH STREET | | | | | | | | | PUBLIC RELA | TIONS | | | 339,462 |
| PITTS | BURGH, PA 15203 | | | | | | | | | | | + | | |
| PITTS HEWL PO BC ATLAN | ETT-PACKARD COMPANY IX 101149 ITA, GA 30392 | | | | | | | | | PRINTING SE | ERVICES | \downarrow | | 311,350 |
| PITTS HEWL PO BO ATLAN CHATI WOOL PITTS | ETT-PACKARD COMPANY X 101149 | | | | | | | | | EDUCATION | AL SERVICE | <u> </u> | | 311,350 307,246 |

| Form 9 | | | <u> </u> | | | | | Page 9 |
|---|----------|---|--|---------------------------------------|----------------------|--|---|---|
| Part | / | Statement o | t Revenue | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512,513,or 514 |
| nts ots | 1a | Federated cam | paigns 1a | | | | | |
| e e | b | Membership du | es 1b | | | | | |
| ts, am | С | | ents 1c | | | | | |
| <u>=</u> | d | Related organiz Government grants | rations 1d | 1,082,159 | | | | |
| Sir Siri | e f | _ | ons, gifts, grants, and 1f | 4,300,663 | ļ | | | |
| Contributions, gifts, grants and other similar amounts | g | sımılar amounts no | ot included above butions included in | .,,550,665 | | | | |
| a Ç | h | Total. Add lines | s 1a-1f | ▶ | 5,382,822 | | | |
| <u> </u> | | | | Business Code | | | | |
| ж | 2a | TUITION AND FEES | S | 900099 | 43,779,987 | 43,779,987 | | |
| Program Serwce Revenue | Ь | AUXILIARY ENTERP | PRISES | 900099 | 4,425,726 | 4,425,726 | | |
| ¥ | C . | | | | | | | |
| Š | d | | | | | | | |
| Ē | e | All other progra | | | | | | |
| ٥ | f | All other progra | am service revenue | | | | | |
| | g | | s 2a – 2f | | 48,205,713 | | | |
| | 3 | | ome (including dividend ar amounts) | | 786,124 | | 37,654 | 748,470 |
| | 4 | | stment of tax-exempt bond p | F | , | | | |
| | 5 | | | · · · · · · · · · · · · · · · · · · · | | | | |
| | | | (ı) Real | (II) Personal | | | | |
| | 6a | Gross rents | 3,191,103 | | | | | |
| | b | Less rental expenses | 5,793,286 | | | | | |
| | С | Rental income or (loss) | -2,602,183 | | | | | |
| | d | Net rental inco | me or (loss) | | -2,602,183 | | 21,935 | -2,624,118 |
| | | Gross amount | (ı) Securities 5,412,737 | (II) Other | | | | |
| | 7a | from sales of assets other | 3,412,737 | | | | | |
| | | than inventory | 5 460 752 | | | | | |
| | b | Less cost or other basis and | 5,468,753 | | | | | |
| | c | sales expenses Gain or (loss) | -56,016 | | | | | |
| | d | Net gain or (los | s) | ► | -56,016 | | | -56,016 |
| in e | 8a | Gross income for events (not included) \$ | | | | | | |
| Other Revenue | | | | | | | | |
| <u> </u> | ь | less directey | a penses b | | | | | |
| ₹ | c | | (loss) from fundraising (| events 🕨 | | | | |
| | 9a | Gross income fi See Part IV, lin | rom gaming activities le 19 | - | | | | |
| | b c | | penses b (loss) from gaming activ | vities▶ | | | | |
| | 10a | Gross sales of returns and allo | inventory, less | | | | | |
| | b c | | oods sold b (loss) from sales of inve | entory ► | | | | |
| | | Miscellaneous | | Business Code | | | | |
| | 11a | | | | İ | | | |
| | ь | | | | | | | |
| | С | | | | | | | |
| | d | All other revenu | ue | | | | | |
| | е | Total. Add lines | s 11a-11d | 🛌 | | | | |
| | 12 | Total revenue. | See Instructions | ▶ | 51,716,460 | 48,205,713 | 59,589 | -1,931,664 |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

| | heck if Schedule O contains a response to any question in this Part IX | <u> </u> | | • • • | |
|----|--|------------------------------|---|---|--|
| | ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to governments and organizations in the United States See Part IV, line 21 | 20,700 | 20,700 | | |
| 2 | Grants and other assistance to individuals in the United States See Part IV, line 22 | 9,600,405 | 9,600,405 | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 | 5,867 | 5,867 | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 1,102,310 | 284,587 | 692,505 | 125,218 |
| 6 | Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ | | | | |
| 7 | Other salaries and wages | 19,529,959 | 13,911,541 | 5,057,092 | 561,326 |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 1,425,518 | 967,827 | 394,584 | 63,107 |
| 9 | Other employee benefits | 2,303,509 | 929,028 | 1,318,213 | 56,268 |
| 10 | Payroll taxes | 1,419,438 | 994,444 | 373,975 | 51,019 |
| 11 | Fees for services (non-employees) | | | | |
| а | Management | | | | |
| b | Legal | 186,113 | | 186,113 | |
| С | Accounting | 117,573 | | 117,573 | |
| d | Lobbying | 60,013 | | 60,013 | |
| e | Professional fundraising See Part IV, line 17 | | | | |
| f | Investment management fees | 180,370 | | 180,370 | |
| g | Other | 3,775,243 | 1,531,489 | 2,133,220 | 110,534 |
| 12 | Advertising and promotion | 1,053,775 | 624,642 | 429,133 | |
| 13 | Office expenses | 626,585 | 466,556 | 140,723 | 19,306 |
| 14 | Information technology | 1,859,703 | | 1,859,703 | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 244,571 | 115,248 | 129,323 | |
| 17 | Travel | 520,458 | 362,648 | 137,602 | 20,208 |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 288,693 | 192,617 | 94,019 | 2,057 |
| 20 | Interest | 672,439 | | 672,439 | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 1,930,396 | 1,622,819 | 307,577 | |
| 23 | Insurance | 742,006 | | 742,006 | |
| 24 | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) | | | | |
| а | OVERHEAD ALLO CATIONS | 2,523,202 | 291,671 | 2,231,531 | |
| b | LOSS ON BOND REFINANCIN | 1,626,575 | | 1,626,575 | |
| С | ACADEMIC DEPT PROGRAMS | 1,255,074 | 1,208,211 | 46,863 | |
| d | OTHER EXPENSES | 867,763 | 518,602 | 344,310 | 4,851 |
| e | | | | | |
| f | All other expenses | 2,083,147 | 891,726 | 1,167,597 | 23,824 |
| 25 | Total functional expenses. Add lines 1 through 24f | 56,021,405 | 34,540,628 | 20,443,059 | 1,037,718 |
| 26 | Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | rm 990 (2011) |

Part X **Balance Sheet** (A) (B) Beginning of year End of year 1 1 6.459.839 2 8.504.970 Savings and temporary cash investments 3 3,110,197 2.975.328 2.919.452 1.669.557 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 879,322 7 886,221 8 9 415,546 9 757,689 Prepaid expenses and deferred charges 143,288,783 Land, buildings, and equipment cost or other basis Complete 10a Part VI of Schedule D 10a 10b 52,603,730 90,685,053 b Less accumulated depreciation 87,921,262 10c 37,998,084 11 34,088,445 11 22,402,802 24,204,262 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 3,857,246 15 3,664,408 15 168,008,881 165,390,802 16 16 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 5,596,409 17 5,470,107 17 Accounts payable and accrued expenses . 18 1.511.474 18 1.511.474 19 3,329,708 19 4,414,261 20 47.058.933 20 47.649.456 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . . . 9.174.846 23 9,387,296 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 3,017,722 25 3,927,693 D 26 69,689,092 26 72,360,287 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 37,691,960 27 33,035,278 Unrestricted net assets 20,801,023 28 18,419,837 28 Temporarily restricted net assets Fund 29 39,826,806 29 41,575,400 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ž 33 98.319.789 33 93.030.515 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 168.008.881 165.390.802

| Ра | Check if Schedule O contains a response to any question in this Part XI | | | .┏ | |
|-----|--|---------|----|------|---------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 51,7 | 16,460 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | 21,405 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | -4,3 | 304,945 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 98,3 | 319,789 |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | | -9 | 84,329 |
| 6 | Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | | 93,0 | 30,515 |
| Pai | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response to any question in this Part XII | | • | 모 | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990 | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | No |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | Yes | |
| c | If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of taudit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | | 2c | Yes | |
| | | | 20 | res | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both | ssuea | | | |
| | Separate basis Consolidated basis Both consolidated and separated basis | | | | |
| За | 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? | e | 3a | Yes | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the readily or audits, explain why in Schedule O and describe any steps taken to undergo such audits | equired | 3b | Yes | |

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

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

Inspection

CHATHAM UNIVERSITY 25-0717890 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches section 170(b)(1)(A)(i). $\overline{\mathbf{v}}$ 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% 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 331/3% 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) 10 An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c Type III - Functionally integrated Type III - Other Type I **b** Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s)

| (i) Name of supported organization | (ii) EIN | | (iv) Is the organization in col (i) listed in your governing document? | | (v) Did you notify the organization in col (i) of your support? | | (vi) Is the organization in col (i) organized in the US? | | (vii) A mount of support? |
|---|-------------|--|--|----|---|----|---|----|---------------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | |

instructions

| Sch | edule A (Form 990 or 99 | 90-EZ)2011 | | | | | | Page 2 |
|--------|---|------------------|-------------------------|---------------------|------------------------|---|---------------------|--------------------|
| | (Complet | e only if you | checked the | box on line 5, | 7, or 8 of Part | (b)(1)(A)(iv) I or if the orgar | nızatıon faıle | d to qualify |
| | | | <u>organızatıon f</u> | fails to qualify ι | <u>under the tests</u> | listed below, pl | <u>lease comple</u> | ete Part III.) |
| | ection A. Public Su | | | | | Т | 1 | |
| Cal | endar year (or fiscal ye in) | ar beginning | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 1 | Gifts, grants, contribut | ions, and | | | | | | |
| | membership fees recei | | | | | | | |
| | ınclude any "unusual | | | | | | | |
| _ | grants ") Tax revenues levied fo | rtho | | | | | | |
| 2 | organization's benefit a | | | | | | | |
| | paid to or expended on | | | | | | | |
| | behalf | | | | | | | |
| 3 | The value of services of | | | | | | | |
| | furnished by a governme the organization withou | | | | | | | |
| 4 | Total. Add lines 1 thro | _ | | | | | | |
| 5 | The portion of total cor | - | | | | | | |
| - | by each person (other | than a | | | | | | |
| | governmental unit or p | • | | | | | | |
| | supported organization line 1 that exceeds 2% | | | | | | | |
| | amount shown on line 1 | | | | | | | |
| | (f) | 21,0014 | | | | | | |
| 6 | Public Support. Subtractine 4 | ct line 5 from | | | | | | |
| S | ection B. Total Sup | port | | | | | | |
| Cal | endar year (or fiscal yea | r beginning | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| _ | ın) | _ | (4) 2007 | (2) 2000 | (4) 2005 | (4) 2020 | (0) 2022 | (1) 1 3 4 4 |
| 7 8 | A mounts from line 4 Gross income from inte | rost – | | | | | | |
| 0 | dividends, payments re | | | | | | | |
| | securities loans, rents | | | | | | | |
| | and income from simila | ır | | | | | | |
| _ | sources | | | | | | | |
| 9 | Net income from unrela business activities, wh | | | | | | | |
| | not the business is reg | | | | | | | |
| | carried on | | | | | | | |
| 10 | Other income (Explain | | | | | | | |
| | IV) Do not include gai from the sale of capital | | | | | | | |
| 11 | Total support (Add line | | | | | | | |
| | through 10) | | | | | | | |
| 12 | Gross receipts from re | lated activities | s, etc (See inst | ructions) | | | 12 | |
| 13 | First Five Years If the | | r the organizati | on's first, second | l, thırd, fourth, or | fıfth tax year as a | 501(c)(3) or | |
| | check this box and sto | p here | | | | | | ▶ □ |
| S | ection C. Computat | ion of Publ | ic Support F | Percentage | | | | |
| 14 | Public Support Percen | tage for 2011 | (line 6 column | (f) dıvıded by lıne | 11 column (f)) | | 14 | |
| 15 | Public Support Percen | tage for 2010 | Schedule A , Pa | rt II, line 14 | | | 15 | |
| 16a | 33 1/3% support test- | | | | | line 14 is 33 1/3% | % or more, che | |
| h | and stop here. The org 33 1/3% support test | | | | | 6a and line 15 is | 33 1/20% or m | ore check this |
| D | box and stop here. The | | | | | oa, and inte 15 IS | 1/3%0 UI M | ore, check this |
| 17a | 10%-facts-and-circum | - | • | | - | ne 13, 16a, or 16 | b and line 14 | ٠, |
| | ıs 10% or more, and ıf | | | | | | | |
| | in Part IV how the orga | anızatıon meet | s the "facts and | d circumstances" | test The organiz | zatıon qualıfıes as | a publicly su | |
| b | organization 10%-facts-and-circum | stances test— | 2010. If the ora | anization did not | check a hov on li | ne 13, 16a 16b | or 17a and lin | ▶ |
| , | 15 is 10% or more, an | | | | | | | - |
| | Explain in Part IV how | the organizati | | | | | | |
| 10 | supported organization Private Foundation If t | | n did not chools | a hov on line 12 | 16a 16h 17a a | or 17h chack this | hov and coc | ► □ |

▶□

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

33 1/3% support tests-2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

| Part IV | Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions). | | | | | | | |
|---------|--|--|--|--|--|--|--|--|
| | | | | | | | | |
| | Facts And Circumstances Test | | | | | | | |
| | | | | | | | | |
| | Explanation | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Schedule A (Form 990 or 990-EZ) 2011

DLN: 93493135019943

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities),

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

| Se Se th | te organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbertion 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Dosection 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-BE organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (election 501(c)(4), (5), or (6) organizations Complete Part III | not co B Do | omplet not co | e Part II-B Implete Part | |
|---------------------------|---|------------------|------------------|-----------------------------|------|
| | | erıde | ntıfıca | ition numbe | er |
| CHATHAM UNIVERSITY 25-071 | | | | | |
| ar | rt I-A Complete if the organization is exempt under section 501(c) or is a section | | | janizatio | n. |
| L | Provide a description of the organization's direct and indirect political campaign activities on behalf of o in opposition to candidates for public office in Part IV | r | | | |
| 2 | Political expenditures | - | \$ | | |
| 3 | Volunteer hours | | _ | | |
| ar | rt I-B Complete if the organization is exempt under section 501(c)(3). | | | | |
| L | Enter the amount of any excise tax incurred by the organization under section 4955 | - | \$ | | |
| 2 | Enter the amount of any excise tax incurred by organization managers under section 4955 | • | \$ | | |
| 3 | If the organization incurred a section 4955 tax, did it file Form 4720 for this year? | | | ☐ Yes | ┌ No |
| 1 a | Was a correction made? | | | ☐ Yes | ┌ No |
| b | If "Yes," describe in Part IV | | | | |
| ar | rt I-C Complete if the organization is exempt under section 501(c) except section | n 50 | 1(c) | (3). | |
| L | Enter the amount directly expended by the filing organization for section 527 exempt function activities | F | \$ | | |
| 2 | Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities | • | \$ <u>_</u> | | |
| 3 | Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b | - | \$ | | |
| 4 | Did the filing organization file Form 1120-POL for this year? | | T — | ┌ Yes | ┌ No |
| 5 | Enter the names, addresses and employer identification number (EIN) of all section 527 political organic organization made payments. For each organization listed, enter the amount paid from the filing organization amount of political contributions received that were promptly delivered to a separate politic | tıon's al org | funds anızat | Also ente | rthe |

separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

| (a) Name | (b) Address | (c) EIN | (d) A mount paid from filing organization's funds If none, enter -0- | (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0- |
|----------|--------------------|----------------|--|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| Sc | Schedule C (Form 990 or 990-EZ) 2011 Page | | | | | | | | |
|-----------|---|----------|--|------------------------------|-------------------------|--|--|--|--|
| Part II-A | | A | Complete if the organization is exempt under section $501(c)(3)$ and fi under section $501(h)$. | led Form 5768 | (election | | | | |
| Ā | Check | Γ | if the filing organization belongs to an affiliated group (and list in Part IV each affiliated groexpenses, and share of excess lobbying expenditures) | oup member's name | , address, EIN | | | | |
| <u>B</u> | Check | <u> </u> | if the filing organization checked box A and "limited control" provisions apply | | | | | | |
| | | | Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | (a) Filing Organization's | (b) Affiliated Group | | | | |

| | Limits on Lobbying E (The term "expenditures" means ar | | O rganization's Totals | Group Totals | | |
|---|---|---|---------------------------|-----------------|--|--|
| a | Total lobbying expenditures to influence public o | ppinion (grass roots lobbying) | | | | |
| b | Total lobbying expenditures to influence a legisl | ative body (direct lobbying) | 60,013 | | | |
| С | Total lobbying expenditures (add lines 1a and 1i | o) | 60,013 | | | |
| d | Other exempt purpose expenditures | | 55,961,392 | | | |
| е | Total exempt purpose expenditures (add lines 1 | c and 1d) | 56,021,405 | | | |
| f | Lobbying nontaxable amount Enter the amount f | 1,000,000 | | | | |
| | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | |
| | Not over \$500,000 | 20% of the amount on line 1e | | | | |
| | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | | | | |
| | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | | | | |
| | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | | | | |
| | Over \$17,000,000 | \$1,000,000 | | | | |
| | | | | | | |
| g | Grassroots nontaxable amount (enter 25% of lin | 250,000 | | | | |
| h | Subtract line 1g from line 1a If zero or less, ent | er -0- | 0 | | | |
| | | | | | | |

i Subtract line 1f from line 1c If zero or less, enter -0-

| j | If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting |
|---|---|
| | section 4911 tax for this year? |

| Γ, | es | ∏ Nα |
|----|----|------|
|----|----|------|

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

| | Lobbying Expendi | tures During | 4-Year Avera | ging Period | | |
|----|--|-----------------|-----------------|-----------------|------------------|-----------|
| | Calendar year (or fiscal year beginning in) | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) Total |
| 2a | Lobbying non-taxable amount | | 1,000,000 | 1,000,000 | 1,000,000 | 3,000,000 |
| b | Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | 4,500,000 |
| _с | Total lobbying expenditures | | 40,980 | 61,032 | 60,013 | 162,025 |
| d | Grassroots non-taxable amount | | 250,000 | 250,000 | 250,000 | 750,000 |
| e | Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 1,125,000 |
| f | Grassroots lobbying expenditures | | | | | |

| _ | edule C (Form 990 or 990-EZ) 2011 | | | | Page 3 |
|-----|--|-------|---------|---------|---------------|
| Pa | rt II-B Complete if the organization is exempt under section 501(c)(3) and has (election under section 501(h)). | NOT f | iled Fo | orm 57 | 768 |
| | | (a) | | (| b) |
| | | Yes | No | Am | ount |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | | | | |
| а | Volunteers? | | | | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | | |
| C | Media advertisements? | | | | |
| d | Mailings to members, legislators, or the public? | | | | |
| е | Publications, or published or broadcast statements? | | | | |
| f | Grants to other organizations for lobbying purposes? | | | | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | | | | |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | | |
| i | O ther activities? If "Yes," describe in Part IV | | | | |
| j | Total lines 1c through 1i | | _ | | |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | | |
| C | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | | |
| Par | t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). | 501(c |)(5), d | or sect | tion |
| | | | _ | Y | es No |
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | | | 1 | |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | L | 2 | |
| 3 | Did the organization agree to carryover lobbying and political expenditures from the prior year? | | | 3 | |
| Par | t III-B Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes". | | | | tion |
| 1 | Dues, assessments and similar amounts from members | 1 | | | |
| 2 | Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | | | | |
| а | Current year | 2a | | | |
| b | Carryover from last year | 2b | | | |
| C | Total | 2c | | | |
| 3 | Aggregate amount reported in section $6033(e)(1)(A)$ notices of nondeductible section $162(e)$ dues | 3 | | | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4 | | | |
| 5 | Taxable amount of lobbying and political expenditures (see instructions) | 5 | | | |

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier | Return Reference | Explanation

DLN: 93493135019943

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Name of the organization

Employer identification number

| CHATHAM UNIVERSITY | | 35 0717800 | |
|---|---|---|------------------------------|
| Part I Organizations Maintaining Donor A organization answered "Yes" to Form 99 | | Funds or Accou | ints. Complete if the |
| | (a) Donor advised funds | (b) Funds a | nd other accounts |
| Total number at end of year | | | |
| Aggregate contributions to (during year) | | | |
| A ggregate grants from (during year) | | | |
| Aggregate value at end of year | | | |
| Did the organization inform all donors and donor adv funds are the organization's property, subject to the | | | ┌ Yes ┌ No |
| 5 Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ber conferring impermissible private benefit | | | ┌ Yes ┌ No |
| Part II Conservation Easements. Complete | ıf the organization answered "Yes | " to Form 990, Pa | rt IV, line 7. |
| Purpose(s) of conservation easements held by the o Preservation of land for public use (e g , recreat Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qual | ion or pleasure) Preservation of Preservation of | a certified historic s | tructure |
| easement on the last day of the tax year | | | |
| Tabal and bar of an arrange to a second | | | the End of the Year |
| a Total number of conservation easements | | 2a | |
| b Total acreage restricted by conservation easements | | 2b | |
| c Number of conservation easements on a certified his | • • | 2c | |
| d Number of conservation easements included in (c) a | | 2d | |
| Number of conservation easements modified, transfe the taxable year • | erred, released, extinguished, or termin | ated by the organiza | tion during |
| Number of states where property subject to conserv | ation easement is located 🛌 | | |
| Does the organization have a written policy regardin enforcement of the conservation easements it holds | | andling of violations, | and Yes No |
| Staff and volunteer hours devoted to monitoring, ins | pecting and enforcing conservation eas | ements during the ye | ear 🕨 |
| A mount of expenses incurred in monitoring, inspecti ► \$ | | | |
| Does each conservation easement reported on line 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? | 2(d) above satisfy the requirements of s | section | ┌ Yes ┌ No |
| In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease | the footnote to the organization's financ | | |
| Organizations Maintaining Collection Complete if the organization answered | ons of Art, Historical Treasure "Yes" to Form 990, Part IV, line 8. | s, or Other Simil | lar Assets. |
| If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fil | 5 116, not to report in its revenue state I for public exhibition, education or rese | ment and balance shearch in furtherance o | |
| b If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these item | public exhibition, education, or researc | | |
| (i) Revenues included in Form 990, Part VIII, line 1 | | ► \$_ | |
| (ii) Assets included in Form 990, Part X | | ▶ \$ | |
| If the organization received or held works of art, hist following amounts required to be reported under SFA | | · · · | rovide the |
| a Revenues included in Form 990, Part VIII, line 1 | | ► \$ | |

Assets included in Form 990, Part X

| Part | •••• Organizations Maintaining Co | llections of Art | <u>, His</u> | torica | al Trea | asures, or O | <u>the</u> | <u>r Similar Asse</u> | ets (c | ontinued) |
|---------|---|------------------------|--------------|--|-------------------------|-----------------------------------|------------|------------------------------|-----------------|------------|
| 3 | Using the organization's accession and othe items (check all that apply) | r records, check any | y of th | ne follo | wing tha | t are a significa | nt u | ise of its collectio | n | |
| а | Public exhibition | | d | Г | oan or | exchange progr | ams | i | | |
| b | Scholarly research | | e | Γ | Other | | | | | |
| c | Preservation for future generations | | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and expla | ın hov | w they | further t | he organization | 's ex | kempt purpose in | | |
| 5 | During the year, did the organization solicit of assets to be sold to raise funds rather than t | | | | | | | | Yes | √ No |
| Par | Escrow and Custodial Arrang Part IV, line 9, or reported an an | ements. Comple | ete ıf | the o | rganıza | tion answere | | es" to Form 99 | 0, | · |
| 1a | Is the organization an agent, trustee, custoc included on Form 990, Part X? | lian or other interme | dıary | for co | ntributio | ns or other ass | ets | | Yes | ┌ No |
| b | If "Yes," explain the arrangement in Part XI | / and complete the | follow | ıng tab | le | Г | | A | | |
| _ | Darwaya balanca | | | | | - | 1.0 | Amo | unt | |
| c d | Beginning balance | | | | | F | 1c 1d | | | |
| | Additions during the year | | | | | | | | | |
| e • | Distributions during the year | | | | | F | 1e 1f | | | |
| f | Ending balance | | | | | L | TL | | | |
| 2a | Did the organization include an amount on Fo | | 217 | | | | | ı | Yes | ☐ No |
| | If "Yes," explain the arrangement in Part XIV | | | | L 115.4 = = 11 | 1. 5 000 | | 1 TV 1 40 | | |
| Pa | rt V Endowment Funds. Complete | (a)Current Year | | Wered Prior Ye | | to Form 990, (c)Two Years Back | | | A) Four | Years Back |
| 1a | Beginning of year balance | 66,141,399 | (D | | 94,515 | 46,955,33 | _ | 61,408,751 | eji oui | Tears back |
| b | Contributions | 1,941,432 | | - | 43,323 | 1,299,70 | - | 554,278 | | |
| c | Investment earnings or losses | -1,836,938 | | | 03,561 | 5,339,47 | - | -15,007,695 | | |
| d | Grants or scholarships | , , | | <u>, </u> | , | · · | | , , | - | |
| e | Other expenditures for facilities and programs | | | | | | | | | |
| f | Administrative expenses | 1,700,000 | | | | | | | | |
| q | End of year balance | 64,545,893 | | 66,1 | 11,399 | 53,594,51 | 5 | 46,955,334 | | |
| 2 | Provide the estimated percentage of the yea | r end balance held a | 15 | | | | | | | |
| a | Board designated or quasi-endowment | 25 510 % | | | | | | | | |
| Ь | Permanent endowment ► 51 540 % | | | | | | | | | |
| | remailent endowment F | | | | | | | | | |
| c 3a | Term endowment ► 22 950 % Are there endowment funds not in the posse | ssion of the organiza | ation | that ar | a hald a | nd administere | l for | the | | |
| Ju | organization by | ssion of the organize | 1011 | ciiac ai | e nera a | na aanimisteret | 1 101 | tile | Yes | No |
| | (i) unrelated organizations | | | | | | | 3a(i) | Yes | |
| | (ii) related organizations | | | | | | | 3a(ii) | | No |
| b | If "Yes" to 3a(II), are the related organization | • | | | | | | 3b | | |
| 4 | Describe in Part XIV the intended uses of th | | | | | | | | | |
| Par | t VI Land, Buildings, and Equipme | ent. See Form 99 | 0, Pa | art X, I | ine 10. | | | · · · · · · | | |
| | Description of property | | | | ost or othe Investme | | | (c) Accumulated depreciation | (d) Bo | ok value |
| 1a | Land | | | | | 9,853 | ,427 | | | 9,853,427 |
| b | Buildings | | | | | 104,331 | ,160 | | 10 | 04,331,160 |
| c | _easehold improvements | | | | | 8,401 | ,293 | | | 8,401,293 |
| d I | Equipment | | | | | 20,702 | ,903 | | | 20,702,903 |
| e | Other | | | | | | | 52,603,730 | - <u>:</u> | 52,603,730 |
| Tota | I. Add lines 1a-1e <i>(Column (d) should equal Fo</i> | orm 990, Part X, colun | nn (B) |), line 1 | 0(c).) . | · | | ► | | 0,685,053 |
| | | | | | | | | Schedule D (| Form 9 | 90) 2011 |

| Investments—Other Securities. See | Form 990, Part X, line 12 | |
|--|---------------------------|--|
| (a) Description of security or category (including name of security) | (b)Book value | (c) Method of valuation Cost or end-of-year market value |
| | | Cost of elid-of-year market value |
| (1)Financial derivatives | | |
| (2)Closely-held equity interests (3)Other | | |
| (A) LIMITED PARTNERSHIPS | 12,262,649 | F |
| | | |
| (B) HEDGE FUNDS | 9,506,917 | F |
| (C) REAL ESTATE INVESTMENT FUND | 2,434,696 | F |
| CONCAC ESTATE INVESTMENT TONS | 2,434,030 | ' |
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| | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 12) | 24,204,262 | |
| Part VIII Investments—Program Related. Se | | |
| (a) Description of investment type | (b) Book value | (c) Method of valuation |
| —————————————————————————————————————— | (b) Book value | Cost or end-of-year market value |
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| Total. (Column (b) should equal Form 990, Part X, col (B) line 13) | | |
| Part IX Other Assets. See Form 990, Part X, I | | T |
| (a) Descri | ption | (b) Book value |
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| Total. (Column (b) should equal Form 990, Part X, col.(B) line | | <u> </u> |
| Part X Other Liabilities. See Form 990, Part (a) Description of Liability | | |
| | (b) A mount | |
| Federal Income Taxes | | |
| FUNDS HELD FOR OTHERS | 19,355 | |
| CAPITAL LEASE OBLIGATION | 3,908,338 | |
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| Total. (Column (b) should equal Form 990, Part X, col (B) line 25) | 3,927,693 | |

| Pai | t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemer | nts | |
|------|--|-------|------------|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 51,716,460 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 56,021,40! |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | -4,304,94! |
| 4 | Net unrealized gains (losses) on investments | 4 | -984,329 |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV) | 8 | |
| 9 | Total adjustments (net) Add lines 4 - 8 | 9 | -984,329 |
| 10 | Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 | 10 | -5,289,274 |
| | t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p | | |
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 46,860,012 |
| 2 | A mounts included on line 1 but not on Form 990, Part VIII, line 12 | | · · · · |
| а | Net unrealized gains on investments | | |
| b | Donated services and use of facilities | | |
| c | Recoveries of prior year grants | | |
| d | Other (Describe in Part XIV) | | |
| e | Add lines 2a through 2d | 2e | 4,808,95 |
| 3 | Subtract line 2e from line 1 | 3 | 42,051,05! |
| 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 65,000 | | |
| b | Other (Describe in Part XIV) 4b 9,600,405 | | |
| c | Add lines 4a and 4b | 4c | 9,665,40! |
| 5 | Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) | 5 | 51,716,460 |
| Part | XIII Reconciliation of Expenses per Audited Financial Statements With Expenses | per R | eturn |
| 1 | Total expenses and losses per audited financial statements | 1 | 52,149,286 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| а | Donated services and use of facilities | | |
| b | Prior year adjustments | | |
| C | Other losses | | |
| d | Other (Describe in Part XIV) | | |
| e | Add lines 2a through 2d | 2e | 5,793,286 |
| 3 | Subtract line 2e from line 1 | 3 | 46,356,000 |
| 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 65,000 | 1 1 | |
| b | Other (Describe in Part XIV) | | |
| c | Add lines 4a and 4b | 4c | 9,665,40! |
| 5 | Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) | 5 | 56,021,40! |

Part XIV Supplemental Information

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

| Identifier | Return Reference | Explanation |
|---|-------------------|--|
| | PART III, LINE 1A | THE UNIVERSITY'S COLLECTIONS INCLUDE PAINTINGS, PRINTS, PHOTOGRAPHS, SCULPTURES, DRAWINGS AND WATERCOLORS, AND DECORATIVE ARTS THESE ITEMS ARE HELD FOR EDUCATIONAL, RESEARCH, SCIENTIFIC AND CURATORIAL PURPOSES EACH OF THE ITEMS IS CATALOGED, PRESERVED AND CARED FOR, AND ACTIVITIES VERIFYING THEIR EXISTENCE AND ASSESSING THEIR CONDITION ARE PERFORMED CONTINUOUSLY PURCHASES OF COLLECTION ITEMS ARE RECORDED AS OPERATING EXPENDITURES IN THE YEAR IN WHICH THE ITEMS ARE ACQUIRED CONTRIBUTED COLLECTION ITEMS ARE NOT REFLECTED IN THE FINANCIAL STATEMENTS |
| | PART III, LINE 4 | THE UNIVERSITY'S COLLECTIONS INCLUDE PAINTINGS, PRINTS, PHOTOGRAPHS, SCULPTURES, DRAWINGS AND WATERCOLORS, AND DECORATIVE ARTS THESE ITEMS ARE HELD FOR EDUCATIONAL, RESEARCH, AND SCIENTIFIC PURPOSES THE UNIVERSITY IS HOME TO THE OLKES COLLECTION OF AFRICAN ART, ONE OF THE MOST SIGNIFICANT COLLECTIONS OF AFRICAN TRIBAL ART IN THE TRI-STATE REGION |
| DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS | PART V, LINE 4 | THE INTENDED USE OF THE ENDOWMENT IS TO SUPPORT THE MISSION OF THE UNIVERSITY ENDOWMENT ASSETS INCLUDE THOSE ASSETS OF DONOR-RESTRICTED FUNDS THAT THE UNIVERSITY MUST HOLD IN PERPETUITY OR FOR A DONOR SPECIFIED PERIOD THE UNIVERSITY'S OBJECTIVE IS TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS HELD IN PERPETUITY, AS WELL AS TO PROVIDE REAL GROWTH THROUGH NEW GIFTS AND INVESTMENT RETURN, WHILE PROVIDING A DEPENDABLE SOURCE OF INCOME FOR THE UNIVERSITY FOR CURRENT OPERATION AS PERMITTED BY ACT 141, THE UNIVERSITY ANNUALLY TRANSFERS BETWEEN 5% AND 7%, BASED ON A THREE-YEAR AVERAGE OF HISTORICAL ENDOWMENT MARKET VALUES TO UNRESTRICTED NET ASSETS, FOR USE IN CURRENT AND FUTURE OPERATIONS IN 2012, THE SPENDABLE RETURN APPROXIMATED \$1,482,000 AND WAS TRANSFERRED TO BOARD-DESIGNATED ENDOWMENT THE UNIVERSITY SATISFIED ITS MUST OR SHALL SPEND PROVISIONS OF INDIVIDUAL ENDOWMENT AGREEMENTS THROUGH THE USE OF UNRESTRICTED OPERATING FUNDS THE UNIVERSITY BELIEVES THAT THIS SPENDING POLICY IS CONSISTENT WITH THE COMMONWEALTH OF PENNSYLVANIA'S GUIDELINES AND WITH THE UNIVERSITY'S OBJECTIVE TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS HELD IN PERPETUITY, AS WELL AS TO PROVIDE ADDITIONAL REAL GROWTH THROUGH NEW GIFTS AND INVESTMENT RETURN |
| PART XII, LINE 2D - OTHER ADJUSTMENTS | | RENTAL EXPENSES 5,793,286 |
| PART XII, LINE 4B - OTHER ADJUSTMENTS | | STUDENT SCHOLARSHIPS 9,600,405 |
| PART XIII, LINE 2D - OTHER ADJUSTMENTS | | RENTAL EXPENSES 5,793,286 |
| PART XIII, LINE 4B - OTHER ADJUSTMENTS | | STUDENT SCHOLARSHIPS 9,600,405 |

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As Filed Data -

DLN: 93493135019943

OMB No 1545-0047

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Schools

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

Name of the organization **Employer identification number** CHATHAM UNIVERSITY 25-0717890 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II 3 Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes 4d Yes d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? Νo 5a **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? Νo 5e f Use of facilities? 5f Νo g Athletic programs? No_ 5g 5h Νo h Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a 6a Does the organization receive any financial aid or assistance from a governmental agency? Yes b Has the organization's right to such aid ever been revoked or suspended? Νo If you answered "Yes" to 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

Yes

Part II Supplemental Information

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

| ldentifier | Return Reference | Explanation |
|---|-------------------------------|--|
| EXPLANATION OF NONDISCRIMINATORY POLICY PUBLICATION | SCHEDULE E, PART I, LINE 3 | THE RACIALLY NONDISCRIMINATORY POLICY IS REFERENCED IN PRINT DOCUMENTS AND IS PROMINENTLY DISCLOSED ON THE UNIVERSITY'S WEB PAGE |
| EXPLANATION OF GOVERNMENT FINANCIAL ASSISTANCE | SCHEDULE E, PART I, LINE 6 | CHATHAM UNIVERSITY RECEIVES VARIOUS GRANTS FROM GOVERNMENTAL AGENCIES TO FUND SCHOLARSHIPS AND EDUCATIONAL PROGRAM DEVELOPMENT IN ADDITION, STUDENTS AT CHATHAM UNIVERSITY RECEIVE FEDERAL AND STATE SPONSORED FINANCIAL AID FOR PAYMENT OF TUITION AND FEES |

Schedule E (Form 990 or 990-EZ) 2011

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As Filed Data -

DLN: 93493135019943

OMB No 1545-0047

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States ► Complete if the organization answered "Yes" to Form 990,

> Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ See separate instructions.

Open to Public **Inspection**

to Part I

c Totals (add lines 3a and 3b)

| | e of the organization | | | | Employer ident | irication number | | | | | | | |
|---------------------------|---|--|--|---|--|--|--|--|--|--|--|--|--|
| СНА | THAM UNIVERSITY | | | | 25-0717890 | | | | | | | | |
| Pa | rt I General Informatio "Yes" to Form 990, Pa | | | he United States. | Complete if the organiz | ation answered | | | | | | | |
| 1 | For grantmakers. Does the assistance, the grantees' elig | gibility for the | grants or assi | stance, and the select | tion criteria used to awa | ard _ | | | | | | | |
| the grants or assistance? | | | | | | | | | | | | | |
| 3 | United States Activites per Region (Use Part V if additional space is needed) | | | | | | | | | | | | |
| | (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region or independent contractors | (d) Activities conducted in region (by type) (e.g., | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region/investments in region | | | | | | | |
| | SOUTH AMERICA | 0 | 0 | CHATHAM STUDY ABROAD PROGRAM | EDUCATIONAL ACTIVITIES | 15,500 | | | | | | | |
| | EAST ASIA AND THE PACIFIC | 0 | 0 | CHATHAM STUDY ABROAD PROGRAM | EDUCATIONAL ACTIVITIES | 1,000 | | | | | | | |
| | EAST ASIA AND THE PACIFIC - | 0 | 0 | SCHOLASTIC AND FINANCIAL AID | EDUCATIONAL ACTIVITIES | 5,867 | | | | | | | |
| | CENTRAL AMERICA AND THE CARIBBEAN | 0 | 0 | INVESTMENTS | | 4,937,839 | | | | | | | |
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| 3= | Sub-total | 0 | 0 | | | 4,960,206 | | | | | | | |
| | Total from continuation sheets | | <u> </u> | | | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | | | |

4,960,206

| Pai | Part IV, | line 15, for any | sistance to Organ recipient who recesspace is needed. | nizations or Entiti erved more than \$5, | es Outside the Ur ,000. Check this box | nited States. Comp x if no one recipient | plete if the organiza received more thai | tion answered "Yes' n \$5,000 | ' to Form 990, ▶ 厂 |
|-----|----------------------------------|---|--|--|--|--|---|--|--|
| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) A mount of cash grant | (f) Manner of cash disbursement | (g) A mount of of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | | | | | | | | |
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| 2 | Enter total nur tax-exempt by | mber of recipie y the IRS, or fo | ent organizations lis or which the grante | ted above that are e or counsel has pro | recognized as chari ovided a section 50 | ties by the foreign of 1(c)(3) equivalency | country, recognized letter | as . • | |
| 3 | Enter total nur | mber of other o | organizations or en | tities | | | | | (Form 990) 2011 |

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

| Use Part V If | <u>additional space is n</u> | | | | T | | |
|------------------------------------|--------------------------------|--------------------------|-----------------------------|------------------------------------|--|--|--|
| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) A mount of non-cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
| SCHOLASTIC AND FINANCIAL AID | EAST ASIA AND THE PACIFIC - | 1 | 5,867 | CHECK | 0 | N/A | N/A |
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Part IV Foreign Forms

| 1 | Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926) | 굣 | Yes | Γ | Νo |
|---|--|---|-----|----------|----|
| 2 | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A) | Γ | Yes | ▽ | Νo |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471) | 굣 | Yes | Г | No |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621) | ি | Yes | Г | No |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865) | F | Yes | Г | No |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713). | Г | Yes | ▽ | Νo |

Schedule F (Form 990) 2011

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

Part V Supplemental Information
Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

| ldentifier | Return Reference | Explanation |
|---|---------------------|--|
| PROCEDURE FOR MONITORING GRANTS OUTSIDE THE U S | | SCHEDULE F, PART I, LINE 2 GRANT AND SCHOLARSHIP AWARDS REPRESENT STUDENT FINANCIAL AID AID MAY ONLY BE USED TO PAY EDUCATIONAL EXPENSES ASSOCIATED WITH ATTENDANCE AT THE UNIVERSITY AND ALL AWARDS ARE POSTED DIRECTLY TO THE STUDENTS REGISTRAR ACCOUNT |

Schedule F (Form 990) 2010

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Schedule I (Form 990)

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

DLN: 93493135019943 OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990

| Name of the organization | | | | | | Employer identilit | cation number |
|--|-------------------------|--|------------------------------|---|---|--|---------------------------------------|
| CHATHAM UNIVERSITY | | | | | | 25-0717890 | |
| Part I General Inforn | nation on Grants a | and Assistance | | | | | |
| Does the organization main the selection criteria used Describe in Part IV the organization | d to award the grants o | rassistance? | | | | | ▼Yes 「۱ |
| Form 990, Part I | V, line 21 for any re | Governments and ecipient that received) if additional space i | more than \$5,000. | Check this box if no | o one recipient rece | ived more than \$5,0 | 00. Use |
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| (1) ALLEGHENY CONFERENCE ON COMMUNITY DEVELOPMENT425 SIXTH AVENUE SUITE 1100 PITTSBURGH, PA 152191811 | 25-0965213 | 501(C)(3) | 15,400 | 0 | N/A | N/A | PROGRAM SUPPORT |
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Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.

| Part III | Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. |
|----------|---|
| | Use Schedule I-1 (Form 990) if additional space is needed. |

| (a)Type of grant or assistance | (b) Number of recipients | (c)A mount of cash grant | (d)A mount of non-cash assistance | (e)Method of valuation (book, FMV, appraisal, other) | (f)Description of non-cash assistance |
|---|----------------------------------|-----------------------------|-----------------------------------|--|---------------------------------------|
| (1) EDUCATIONAL GRANTS AND SCHOLARSHIPS | 693 | 9,600,405 | 0 | N/A | N/A |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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

| Identifier | Return Reference | Explanation |
|------------------------------------|------------------|---|
| PROCEDURE FOR MONITORING GRANTS | 1 ' | SCHEDULE I, PART I, LINE 2 GRANT AWARDS REPRESENT STUDENT FINANCIAL AID SUCH AID MAY ONLY BE USED TO PAY EDUCATIONAL EXPENSES ASSOCIATED WITH ATTENDANCE AT THE UNIVERSITY |
| IN THE U S | | |

Schedule I (Form 990) 2011

DLN: 93493135019943

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

Compensation Information

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

| CHA | CHATHAM UNIVERSITY | 25-0717890 | | | |
|-----|--|------------------------------|----|-----|----|
| Pa | Part I Questions Regarding Compensation | 123 0717030 | | | |
| | | | | Yes | Νo |
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a per 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information req | | | | |
| | First-class or charter travel | | | | |
| | □ Travel for companions □ Payments for business use of | personal residence | | | |
| | | nıtıatıon fees | | | |
| | ☐ Discretionary spending account ☐ Personal services (e g , maid, | chauffeur, chef) | | | |
| b | b If any of the boxes in line 1a are checked, did the organization follow a written policy regard reimbursement orprovision of all the expenses described above? If "No," complete Part III | | 1b | Yes | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurr officers, directors, trustees, and the CEO/Executive Director, regarding the items checked | | 2 | Yes | |
| 3 | Indicate which, if any, of the following the organization uses to establish the compensation organization's CEO/Executive Director Check all that apply Compensation committee Independent compensation consultant Form 990 of other organizations Approval by the board or comp | , | | | |
| 4 | During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respector a related organization | t to the filing organization | | | |
| а | a Receive a severance payment or change-of-control payment? | | 4a | | No |
| b | b Participate in, or receive payment from, a supplemental nonqualified retirement plan? | | 4b | Yes | |
| c | c Participate in, or receive payment from, an equity-based compensation arrangement? | | 4c | | Νo |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each i | tem ın Part III | | | |
| 5 | Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or acc compensation contingent on the revenues of | rue any | | | |
| а | a The organization? | | 5a | | No |
| b | b Any related organization? | | 5b | | Νo |
| | If "Yes," to line 5a or 5b, describe in Part III | | | | |
| 6 | For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or acc compensation contingent on the net earnings of | rue any | | | |
| а | a The organization? | | 6a | | No |
| b | b Any related organization? | | 6b | | No |
| | If "Yes," to line 6a or 6b, describe in Part III | | | | |
| 7 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide are payments not described in lines 5 and 6? If "Yes," describe in Part III | ny non-fixed | 7 | | No |
| 8 | Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract t subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Y in Part III | | 8 | | No |
| 9 | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure des | scribed in Regulations | | | |

section 53 4958-6(c)?

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

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

| (A) Name | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns (B)(ı)-(D) | (F) Compensation reported in prior | |
|------------------------------|-------------------------------|--|---|---|-----------------------------------|---------------------------------|------------------------------------|---|--|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | Dellellis | (6)(1)-(0) | Form 990 or Form 990-EZ | |
| (1) DR ESTHER L BARAZZONE | (I) (II) | 283,839 0 | 0 0 | 1,251,403 0 | 251,500 0 | 25,390 0 | 1,812,132 0 | 1,206,000 0 | |
| (2) WALTER B FO WLER | (I) (II) | 203,124 0 | 0 0 | 148,244 0 | 70,536 0 | 14,731 0 | 436,635 0 | 150,500 0 | |
| (3) LAURA S ARMESTO | (I) (II) | 199,267 0 | 0 0 | 149,131 0 | 69,972 0 | 5,678 0 | 424,048 0 | 150,500 0 | |
| (4) WENDY BECKEMEYER | (I) (II) | 193,907 0 | 0 0 | 1,285 0 | 20,000 0 | 15,596 0 | 230,788 0 | 0 | |
| (5) DAVID HASSENZAHL | (I) (II) | 129,995 0 | 0 0 | 264 0 | 13,500 0 | 13,865 0 | 157,624 0 | 0 | |
| | | | | | | | | | |
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| | Calculute 1 (Farms 2001) 2011 | | | | | | | | |

Part III Supplemental Information

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

| Identifier | Return Reference | Explanation |
|-----------------------------|---------------------|--|
| | 4B | PRESIDENT ESTHER BARAZZONE, VICE PRESIDENT OF FINANCE AND ADMINISTRATION WALTER FOWLER, AND VICE PRESIDENT OF ACADEMIC AFFAIRS/DEAN LAURA ARMESTO PARTICIPATE IN A SECTION 457(F) PLAN DISTRIBUTIONS FROM THE PLAN WERE REPORTED ON THE PARTICIPANT'S 2011 FORM W-2 IN THE RESPECTIVE AMOUNTS OF \$1,222,881, \$145,792 AND \$145,792 DR ESTHER BARAZZONE SERVES CHATHAM UNIVERSITY IN THE CAPACITY OF CHIEF ADMINISTRATIVE AND EXECUTIVE OFFICER WITH THE TITLE OF PRESIDENT DR BARAZZONE HAS SERVED THE UNIVERSITY FOR OVER 21 YEARS DURING HER TENURE, CHATHAM UNIVERSITY HAS ACHIEVED UNIVERSITY STATUS, ADDED 25 GRADUATE PROGRAMS AND FIVE HIGHLY COMPETITIVE DOCTORAL PROGRAMS, AND HAS CONDUCTED SUCCESSFUL CAPITAL CAMPAIGNS THAT HAVE RAISED OVER \$150 MILLION IN TOTAL AND SEEN THE ENDOWMENT GROW FROM \$30 MILLION TO \$63 MILLION IN ADDITION, OPERATING DEFICITS WERE ELIMINATED AND STUDENT ENROLLMENT QUADRUPLED CONSISTENTLY RANKED AMONG THE TOP MASTER'S-LEVEL INSTITUTIONS IN THE NORTHEAST BY US NEWS & WORLD REPORT AND THE PRINCETON REVIEW, CHATHAM UNIVERSITY IS ALSO RANKED IN THE TOP FIVE PERCENT OF GRADUATE-INTENSIVE INSTITUTIONS NATIONALLY MIDDLE STATES COMMISSION ON HIGHER EDUCATION HAS ACCREDITED CHATHAM UNIVERSITY WITH NO EXCEPTIONS THE PRINCETON REVIEW HAS ALSO RECOGNIZED CHATHAM AS ONE OF THE NATION'S GREENEST INSTITUTIONS WITH INCLUSION ON THEIR "GREEN HONOR ROLL" DR BARAZZONE HAS BEEN ABLY ASSISTED BY MR FOWLER AND DR ARMESTO DURING HER TENURE |
| SUPPLEMENTAL INFORMATION | | SCHEDULE J - SUPPLEMENTAL COMPENSATION INFORMATION BASIC EMPLOYEE BENEFITS (INCLUDING HEALTH BENEFITS, LIFE INSURANCE, AND LONG-TERM CARE INSURANCE) PROVIDED TO DR BARAZZONE, MR FOWLER AND DR ARMESTO, ARE REPORTED ON SCHEDULE J, PART II, COLUMN (D) AS A CONDITION OF HER EMPLOYMENT, DR BARAZZONE IS REQUIRED TO RESIDE IN UNIVERSITY HOUSING THE VALUE ATTRIBUTED TO HER PERSONAL SPACE IS ALSO REPORTED ON SCHEDULE J, PART II, COLUMN (D) UNVESTED DEFERRED COMPENSATION ACCRUALS WHICH ARE SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE, AND EMPLOYER CONTRIBUTIONS TO THE UNIVERSITY'S 403(B) PLAN, ARE REPORTED IN COLUMN (C) THE DEFERRED COMPENSATION BENEFITS ARE PART OF A RETIREMENT PROGRAM THAT PROVIDES A MODEST LEVEL OF RETIREMENT INCOME FOR ALL YEARS OF SERVICE THAT THE PRESIDENT PROVIDES TO THE UNIVERSITY BY WAY OF BACKGROUND, PRIOR TO 2004, CHATHAM DID NOT HAVE THE FINANCIAL RESOURCES TO PROVIDE COMPETITIVE EXECUTIVE PACKAGES IN ORDER TO CORRECT THE RETIREMENT SHORTFALL WHICH OCCURRED IN THE EARLY YEARS OF DR BARAZZONE'S PRESIDENCY AND AS A RETENTION TOOL TO ENSURE THAT DR BARAZZONE CONTINUED HER HIGHLY SUCCESSFUL PRESIDENCY, THE CHATHAM BOARD ENGAGED QUATT ASSOCIATES AND LEGAL COUNSEL TO ASSIST IN THE DESIGN AND IMPLEMENTATION OF AN EQUITABLE COMPENSATION PACKAGE WHICH INCLUDED A SUPPLEMENTAL RETIREMENT BENEFIT PROGRAM (SRB) MR FOWLER AND DR ARMESTO WERE ADMITTED TO THE SRB PLAN DURING THE 2008/2009 FISCAL YEAR EFFECTIVE JULY 1, 2011, DEFERRED COMPENSATION BENEFITS THAT HAD ACCRUED TO AND DR BARAZZONE, MR FOWLER, AND DR ARMESTO UNDER THE TERMS OF THE SRB VESTED CONTRIBUTIONS TO THE SRB WERE MADE IN RECOGNITION OF THE RESPECTIVE INDIVIDUAL'S CUMULATIVE YEARS OF SERVICE, TWO DECADES IN DR BARAZZONE'S SITUATION PAYOUTS FROM THE SRB ARE REPORTED ON SCHEDULE J, PART II COLUMN (B)(III) AND WERE REPORTED ON FORM W-2 AS A CONDITION OF THE REMOVED THE SRB PROPERED ON SCHEDULE J, PART II COLUMN (B)(III) AND WERE REPORTED ON FORM W-2 AS A CONDITION OF THE PRESIDENT'S PERSONAL USE OF A UNIVERSITY TO RESIDE ON CAMPUS THE PRESIDENT'S |

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

DLN: 93493135019943

Open to Public **Inspection**

Department of the Treasury Internal Revenue Service

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

Name of the organization CHATHAM UNIVERSITY **Employer identification number**

| CHA | ATHAM UNIVERSITY | | | | | | | | 2 | 5-071 | 7890 | | | |
|---------------|--|----------------------|--------------------|-----------------|----------------|-----------|--------------------------|---------------------------------|---------------|---------------------------------|------|----------|-------------|----|
| P | art I Bond Issues | | | | | | | | | | | | | |
| | (a) Issuer Name | (b) Issuer EIN | (c) CUSIP # | (d) Date Issued | (e) Issue Pric | :e (| f) Description | of Purpose | (g) De | (h) O feased Behalf Issue | | alfof | lf of finan | |
| | | | | | | | | | Yes | No | Yes | No | Yes | No |
| A | MCKEESPORT INDUSTRIAL DEVELOPMENT AUTHORITY | 25-1448115 | | 09-29-2008 | 10,000,0 | | PITAL PURCH. OVATIONS | TAL PURCHASES AND VATIONS | | x | | X | | x |
| В | ALLEGHENY COUNTY HIGHER EDUCATION BUILDING AUTHORITY | | | 03-01-2012 | 35,870,0 | ()() | DESCRIPTIO OLLOWING | DESCRIPTION IN PART OLLOWING | | | | х | | х |
| Pa | Part II Proceeds | | | | | • | _ | | | | | | | |
| | A mount of bonds retired | Α_ | | | В | | С | | D | | | | | |
| 1 2 | Amount of bonds defeased | | | | | | | | | | | <u> </u> | | |
| 3 | Total proceeds of issue | | | | 1.0 | 00,000,0 | \ <u>\</u> | 35,870,000 | | | | + | | |
| $\frac{3}{4}$ | Gross proceeds in reserve fund | | ,000,00 | 2,559,375 | | | | | | | | | | |
| | Capitalized interest from proce | | | | 2,359,375 | | | | + | | | | | |
| 6 | Proceeds in refunding escrow | | | | | | | | | | | | | |
| 7 | Issuance costs from proceeds | | | | | 230,03 | 35 | 230,000 | | | | + | | |
| 8 | Credit enhancement from proce | eeds | | | | 230,03 | 200,000 | | | | | 1 | | |
| 9 | Working capital expenditures fr | rom proceeds | | | | 800,000 | | | | | | | | |
| 10 | Capital expenditures from proc | eeds | | | 9 | 9,200,000 | | | | | | 1 | | |
| 11 | Other spent proceeds | | | | | | | 33,080,625 | | | | | | |
| 12 | O ther unspent proceeds | | | | | | | | | | | | | |
| 13 | Year of substantial completion | | | | 2009 | 9 | | | | | | • | | |
| | | | | | Yes | No | Yes | No | Yes | | No | Yes | | No |
| 14 | Were the bonds issued as part | of a current refundi | ng issue? | | | X | Х | | | | | | | |
| 15 | Were the bonds issued as part | of an advance refur | nding issue? | | | Х | Х | | | | | | | |
| 16 | Has the final allocation of proce | Х | | Х | | | | | | | | | | |
| 17 | Does the organization maintain allocation of proceeds? | port the final | Х | | х | | | | | | | | | |
| Pa | rt IIII Private Business Us | se | | | | | | | | • | | | • | |
| | | | | | A | | | В | | C | | | D | |
| | | | | | Yes | No | Yes | No | Yes | | No | Yes | | No |

property financed by tax-exempt bonds?

financed property?

Was the organization a partner in a partnership, or a member of an LLC, which owned

Are there any lease arrangements that may result in private business use of bond-

Χ

Χ

Χ

Part IIII Private Business Use (Continued) Α В С D Yes No Yes Yes No No Yes No Are there any management or service contracts that may result in private business За Х Χ If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside b counsel to review any management or service contracts relating to the financed property? Are there any research agreements that may result in private business use of bondfinanced property? Х Х If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government Enter the percentage of financed property used in a private business use as a result of 5 unrelated trade or business activity carried on by your organization, another section 0 % 0 % 501(c)(3) organization, or a state or local government

Χ

0 %

Χ

0 %

Part IV Arhitrage

6

7

Total of lines 4 and 5

Has the organization adopted management practices and procedures to ensure the

post-issuance compliance of its tax-exempt bond liabilities?

| Par | t IV Arbitrage | | | | | | | | |
|-----|--|-----|----|-----|----|-----|----|-----|----|
| | | Α | | В | | С | | D | |
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 | Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? | × | | | Х | | | | |
| 2 | Is the bond issue a variable rate issue? | | X | X | | | | | |
| 3a | Has the organization or the governmental issuer entered into a hedge with respect to the bond issue? | | х | | х | | | | |
| ь | Name of provider | | | | | | | | |
| С | Term of hedge | | | | | | | | |
| d | Was the hedge superintegrated? | | | | | | | | |
| e | Was a hedge terminated? | | | | | | | | |
| 4a | Were gross proceeds invested in a GIC? | | Х | | Х | | | | |
| ь | Name of provider | | | | | | | | |
| С | Term of GIC | | | | | | | | |
| d | Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | |
| 5 | Were any gross proceeds invested beyond an available temporary period? | | х | | х | | | | |
| 6 | Did the bond issue qualify for an exception to rebate? | | Х | | Х | | | | |

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary

Part VI Supplemental Information

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

| Identifier | Return Reference | Explanation |
|--|---------------------|--|
| SCHEDULE K, BOND ISSUE, BOND (B) | | ON FEBRUARY 29, 2012, ALLEGHENY COUNTY HIGHER EDUCATION BUILDING AUTHORITY ISSUED \$35,870,000 AGGREGATE PRINCIPAL OF ITS UNIVERSITY REVENUE BONDS SERIES A OF 2012 ON BEHALF OF THE UNIVERSITY FOR THE PURPOSE OF CURRENT REFUNDING OF THE 1998 SERIES A BONDS AND 2002 SERIES A BONDS. THE SERIES A OF 2012 BONDS BEAR INTEREST AT RATES RANGING FROM 20% TO 50% INTEREST PAYMENTS ARE REQUIRED SEMIANNUALLY PRINCIPAL |
| | | PAYMENTS ARE REQUIRED ON SEPTEMBER 1 OF EACH YEAR, WITH THE FINAL PAYMENT DUE ON SEPTEMBER 1, 2035 |

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As Filed Data -

DLN: 93493135019943

Schedule L Tra

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V lines 38a or 40b.

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

OMB No 1545-0047

2011

Open to Public Inspection

| | | E | mployer i | dent if ica | tion numbe | er | | | | | | |
|---|--|-----------|-----------|--------------|-------------------|---------------------------------|-----------|----------------|---------------|------------|------------|----------------|
| D- 12 - | | | /- | | /-\/ 3 \ - | | /-\/A\ | | 5-07178 | | | |
| | xcess Benefit Trar omplete if the organizat | | | | | | | | | | ıne 40b | |
| 1 | (a) Name of disqu | | | | | (b) Desc | | | | | | (c) rected? |
| 2 Enter the amour section 4958. 3 Enter the amour Complete in the amour section 4958. Total | | | | | | | | | | | Yes | No |
| | | | | | | | | | | | | |
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| | the amount of tax impos | | _ | | _ | | | | | r | | |
| | n 4958 | | | | | | | | . • | · | | |
| 3 Entert | the amount of tax, if any | , on line | e 2, abo | ve, reimburs | ed by th | e organization . | | | 🟲 | · \$ | | |
| Part II | Loans to and/or F | rom | Intere | sted Pers | sons. | | | | | | | |
| _ | Complete if the organiz | zation a | nswere | d "Yes" on F | orm 990 | , Part IV, line 26 | , or Fori | n 990-E | | | a | |
| | | (b) L | oan to | | | | (e) : | T n | (f) Approv | | (g)Writt | ·on |
| (a) Name o | f interested person and | | m the | (c)0 rig | | (d)Balance due | defau | | by boar | | agreeme | |
| | purpose | organi | zation? | principal a | amount | | | | commit | | | |
| | | То | From | | | | Yes | No | Yes | No | Yes | No |
| | | | | | | | | - | | | | |
| | | | | | | | | | + | + | + | |
| | | | | | | | | | | | | |
| | | | | | | | | | | + | | |
| | | | | | | | | | | | | |
| Γotal | | | | | ▶ \$ | • | | | | • | | • |
| Part III | Grants or Assistar | | | | | | | | • | | • | |
| | Complete If the orga | nızatı | | | | ' | | 27. | | | | |
| (a) | Name of interested pers | on | | | | en interested per ganization | son | (c) A m | nount of g | rant or ty | pe of assi | stance |
| | | | | u ii | id the or | gamzacion | | | | | | |
| | | | | | | | -+ | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | <u> </u> | | | | | | |

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| Complete ii tile organizatio | ni aliswered Tes Oli | TOTTI 330, Fait IV, III | 16 Z0a, Z0b, 01 Z0c. | | |
|-------------------------------|--|----------------------------|---|---------|-------------------------------|
| (a) Name of Interested person | (b) Relationship between interested person and the | (c) A mount of transaction | (d) Description of transaction | organiz | arıng of zatıon's nues? |
| | organization | | | Yes | No |
| (1) DOLLAR BANK | BOARD MEMBER | | THE PRESIDENT OF THE UNIVERSITY SERVES ON THE BOARD OF DOLLAR BANK THE UNIVERSITY PROCURES BANKING SERVICES, A LINE OF CREDIT AND GENERAL MORTGAGES WITH THE BANK | | No |
| (2) UPMC HEALTH PLAN | BOARD MEMBER | , , | A BOARD MEMBER OF THE UNIVERSITY IS EMPLOYED AS CHIEF EXECUTIVE OFFICER OF UPMC HEALTH PLAN THE UNIVERSITY PURCHASES HEALTH INSURANCE THROUGH UPMC HEALTH PLAN | | No |
| (3) PARKHURST DINING SERVICES | BOARD MEMBER | , , | A BOARD MEMBER OF THE UNIVERSITY HAS A BUSINESS INTEREST IN PARKHURST DINING SERVICES PARKHURST PROVIDES ON CAMPUS DINING SERVICES | | No |
| | | | | | - |
| | | | | | |

Part V **Supplemental Information**

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

Identifier Return Reference Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493135019943

Employer identification number

OMB No 1545-0047

SCHEDULE M (Form 990)

NonCash Contributions

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

| | ne of the organization THAM UNIVERSITY | | | | Employer identificat | ion nu | mber | |
|-----|--|----------------------------------|--|---|------------------------------------|--------|------|--------------|
| | | | | | 25-0717890 | | | |
| Pa | It I Types of Property | | | | | | | |
| | | (a) Check If applicable | (b) Number of Contributions or items contributed | (c) Contribution amounts reported on Form 990, Part VIII, line | (d Method of de contribution | etermı | | |
| 1 | Art—Works of art | | | | | | | |
| | Art—Historical treasures . | | | | | | | |
| 3 | Art—Fractional interests | | | | | | | |
| 4 | Books and publications | | | | | | | |
| 5 | Clothing and household goods | | | | | | | |
| 6 | Cars and other vehicles | | | | | | | |
| 7 | Boats and planes | | | | | | | |
| 8 | Intellectual property | | | | | | | |
| 9 | Securities—Publicly traded . | X | 15 | 345,538 | FAIR MARKET VAL | UE | | |
| 10 | Securities—Closely held stock | | | | | | | |
| 11 | Securities—Partnership, LLC, or trust interests | | | | | | | |
| 12 | Securities—Miscellaneous | | | | | | | |
| 13 | Qualified conservation contribution—Historic structures | | | | | | | |
| 14 | Qualified conservation contribution—Other | | | | | | | |
| 15 | Real estate—Residential . | | | | | | | |
| 16 | Real estate—Commercial | | | | | | | |
| 17 | Real estate—Other | | | | | | | |
| 18 | Collectibles | | | | | | | |
| 19 | Food inventory | | | | | | | |
| 20 | Drugs and medical supplies . | | | | | | | |
| 21 | Taxıdermy | | | | | | | |
| | Historical artifacts | | | | | | | |
| | Scientific specimens | | | | | | | |
| 24 | Archeological artifacts | | | | | | | |
| 25 | O ther ► () | | | | | | | |
| 26 | O ther ▶() | | | | | | | |
| 27 | O ther ▶() | | | | | | | |
| 28 | O ther ▶ () | | | | | | | |
| 29 | Number of Forms 8283 received for which the organization complete. | | | | 29 | | | 0 |
| | B | | | | 4 20 11 11 | | Yes | No |
| 30a | During the year, did the organiza | | | | | | | |
| | must hold for at least three year | | | | ed to be used | | | |
| | for exempt purposes for the enti | | | | | 30a | | No |
| b | If "Yes," describe the arrangem | | | | | | | <u> </u> |
| 31 | Does the organization have a gif | | | | | 31 | Yes | <u> </u> |
| 32a | Does the organization hire or us contributions? | | | | non-cash | 32a | | No |
| ь | If "Yes," describe in Part II | | | | | | | |
| 33 | If the organization did not report | t revenues | ın column (c) for a type of p | roperty for which column (a | a) is checked, | | | 1 |

describe in Part II

Page 2

Part II

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

Identifier Return Reference Explanation

Schedule M (Form 990) 2011

efile GRAPHIC print - DO NOT PROCESS

SCHEDULE O

As Filed Data -

DLN: 93493135019943

OMB No 1545-0047

Open to Public Inspection

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury
Internal Revenue Service

(Form 990 or 990-EZ)

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

▶ Attach to Form 990 or 990-EZ.

Name of the organization
CHATHAM UNIVERSITY

Employer identification number
25-0717890

| Identifier | Return Reference | Explanation | | | | | | |
|------------|---|--|--|--|--|--|--|--|
| | FORM 990, PART VI, SECTION B, LINE 11 | THE FORM 990 IS REVIEWED BY SENIOR FINANCIAL MANAGEMENT AND THE PRESIDENT IN DETAIL THE FORM IS THEN DISCUSSED AND REVIEWED BY THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES FOLLOWING COMMITTEE LEVEL REVIEW, THE APPROVED DOCUMENT IS PROVIDED TO THE FULL MEMBERSHIP OF THE BOARD BEFORE ELECTRONIC SUBMISSION TO THE INTERNAL REVENUE SERVICE | | | | | | |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data SCHEDULE R | Related Or

DLN: 93493135019943

Related Organizations and Unrelated Partnerships

22 24 25 26 27

Employer identification number

2011

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization CHATHAM UNIVERSITY

(Form 990)

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

► Attach to Form 990. ► See separate instructions.

| | | | | 25-071789 | 90 | | |
|--|---|---|-----------------------------|---|--|----------------|---|
| Part I Identification of Disregarded Entities (Comp | lete if the organization | n answered "Yes" | on Form 990, Pa | art IV, line 33.) | | | |
| (a) Name, address, and EIN of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity | | |
| | | | | | | | |
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| | | | | | | | |
| Part II Identification of Related Tax-Exempt Organ or more related tax-exempt organizations during | | the organization | answered "Yes" | on Form 990, Pa | art IV, line 34 becaus | e it had | one |
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity statu (if section 501(c)(3 | s Direct controlling)) entity | Section 5 cont | g) 512(b)(13 trolled nization |
| (1) THE DIETRICH FOUNDATION | | | | | | Yes | No |
| 600 GRANT STR SUITE 5360 PITTSBURGH, PA 15219 36-4711746 | SUPPORT, BENEFIT, PERFORM THE FUNCTIONS OF AND CARRY OUT PURPOSES OF C U | РА | 501(C)(3) | ТҮРЕ | ΞΙ N/A | | No |
| | | | | | | | |
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| For Privacy Act and Paperwork Reduction Act Notice, see the Instruct | ions for Form 990. | Cat No 50 | 135Y | | Schedule R (I | orm 990) | 2011 |

| Part III | Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line | e 34 |
|----------|--|------|
| | because it had one or more related organizations treated as a partnership during the tax year.) | |

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | , | (e) Predominant income (related, unrelated, excluded from tax under sections 512- 514) | (f) Share of total income | (g) Share of end-of- year assets | (h Disprop allocat | rtionate | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j Gene mana parti | ral or nging | (k) Percentage ownership |
|---|--------------------------------|--|---|--|--|---|--------------------------|----------|---|-----------------------------|-----------------|---------------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

| (a) Name, address, and EIN of related organization | (b) Рптагу activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total Income | (g) Share of end-of-year assets | (h) Percentage ownership |
|---|-------------------------------|--|-------------------------------------|--|--|--|---------------------------------------|
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| Part | | s" on Form 990, Par | T IV, line 34, 35, 3 | 35A, Or 36.) | Yes | No |
|------------|--|--|------------------------|--|-----|----------|
| | lote. Complete line 1 if any entity is listed in Parts II, III or IV | | TT TV2 | | res | NO |
| | ing the tax year, did the orgranization engage in any of the following transactions with one or more related organ | nizations listed in Parts | S 11-1V / | 4- | | NI- |
| | Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity | | | 1a 1b | 1 | No No |
| | Gift, grant, or capital contribution to related organization(s) | | | 1b 1c | | No |
| | Sift, grant, or capital contribution from related organization(s) | | | 1d | | No |
| | oans or loan guarantees to or for related organization(s) | | | 1u 1e | _ | No |
| e L | oans or loan guarantees by related organization(s) | | | 16 | + | 110 |
| f S | ale of assets to related organization(s) | | | 1f | | No |
| | curchase of assets from related organization(s) | | | 1g | | No |
| | exchange of assets with related organization(s) | | | 1h | | No |
| | ease of facilities, equipment, or other assets to related organization(s) | | | 1i | | No |
| | ouse of facilities, equipment, of earlier describes to foliated organization(e) | | | | | |
| j L | ease of facilities, equipment, or other assets from related organization(s) | | | 1 <u>j</u> | | No |
| _ | erformance of services or membership or fundraising solicitations for related organization(s) | | | 1k | | No |
| | erformance of services or membership or fundraising solicitations by related organization(s) | | | 11 | | No |
| m S | haring of facilities, equipment, mailing lists, or other assets with related organization(s) | | | 1m | , | No |
| n S | sharing of paid employees with related organization(s) | | | 1n | | No |
| o F | teimbursement paid to related organization(s) for expenses | | | 10 | | No |
| p F | Reimbursement paid by related organization(s) for expenses | | | 1 p | | No |
| q | Other transfer of cash or property to related organization(s) | | | 1 q | | No |
| r C | ther transfer of cash or property from related organization(s) | | | 1r | | No |
| 2 I | f the answer to any of the above is "Yes," see the instructions for information on who must complete this line, in | ncluding covered relati | onships and transact | cion thresholds | | |
| | (a) Name of other organization | (b) Transaction type(a-r) | (c) Amount involved | (d) Method of determing Involved | | unt |
| 1) 2) | | | | | | |
| 2) | | | | | | |
| 3) | | | | | | |
| 4) | | | | | | |
| 5) | | | | | | |
| | | | | | | |
| 6) | | 1 | | I | | |

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

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

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income(related, unrelated, excluded from tax under sections 512- 514) | (e) Are all partners section 501(c)(3) organizations? | | (f) Share of total income | (g) Share of end-of-year assets | | (h) Disproprtionate allocations? | | (i) (j) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | |) (k) |
|---|--------------------------------|---|---|---|----|--|--|-----|--|--|---|----|-------|
| | | | , | Yes | No | | | Yes | No | | Yes | No | |
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Schedule R (Form 990) 2011

Part VII Supplemental Information

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

Identifier Return Reference Explanation

Schedule R (Form 990) 2011

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

| (A) Name and Title | (B) Average hours | | (ition that | | | ıII | | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of other |
|---|-------------------------|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|--|---|--|
| | per week | Individual trustaa or diisetor | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | from the organization (W- 2/1099-MISC) | from related organizations (W- 2/1099- MISC) | compensation from the organization and related organizations |
| MARGARET WHITFORD TRUSTEE | 2 20 | Х | | | | | | 0 | 0 | 0 |
| S MURRAY RUST III CHAIR | 3 50 | х | | х | | | | 0 | 0 | 0 |
| SIGO FALK VICE CHAIR | 2 80 | Х | | х | | | | 0 | 0 | 0 |
| DIANE P HOLDER TREASURER | 2 20 | Х | | х | | | | 0 | 0 | 0 |
| WILLIAM DUFF MCCRADY SECRETARY | 2 80 | Х | | х | | | | 0 | 0 | 0 |
| DR ESTHER L BARAZZONE PRESIDENT | 70 00 | Х | | х | | | | 1,535,242 | 0 | 276,890 |
| WALTER B FOWLER VP-FINANCE & ADMIN | 60 00 | | | х | | | | 351,368 | 0 | 85,267 |
| LAURA S ARMESTO VP ACADEMIC AFFAIRS | 60 00 | | | | Х | | | 348,398 | 0 | 75,650 |
| WENDY BECKEMEYER VP ENROLLMENT MANAGEMENT | 50 00 | | | | | Х | | 195,192 | 0 | 35,596 |
| DAVID HASSENZAHL DEAN, SCHOOL OF SSE | 50 00 | | | | | Х | | 130,259 | 0 | 27,365 |
| PATRICIA A DOWNEY PROFESSOR/DIR PHYSICAL THE | 50 00 | | | | | Х | | 114,602 | 0 | 23,141 |
| ANTHONY GORECZNY PROFESSOR/PRINCIPAL INVESTIGATOR | 50 00 | | | | | х | | 110,305 | 0 | 23,726 |
| ZAUYAH WAITE VP OF STUDENT AFFAIRS | 50 00 | | | | | Х | | 109,704 | 0 | 22,148 |

Software ID: Software Version:

EIN: 25-0717890

Name: CHATHAM UNIVERSITY

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

| Compensated Employees, and Independent Contractors | | | | | | | | | | |
|--|--------------------------------|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|--|--|--|
| (A) Name and Title | (B) Average hours per | | that | | y) | | | (D) Reportable compensation from the | (E) Reportable compensation from related | (F) Estimated amount of other compensation |
| | week | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | organization (W- 2/1099-MISC) | organizations (W- 2/1099- MISC) | from the organization and related organizations |
| G NICHOLAS BECKWITH III TRUSTEE | 2 80 | Х | | | | | | 0 | 0 | 0 |
| BROOKS BROADHURST TRUSTEE (ENTERED 10/13/11) | 2 20 | Х | | | | | | 0 | 0 | 0 |
| LOUISE R BROWN TRUSTEE | 2 20 | Х | | | | | | 0 | 0 | 0 |
| JANE BURGER TRUSTEE | 2 20 | Х | | | | | | 0 | 0 | 0 |
| ALAN E CALEGARI TRUSTEE | 2 20 | Х | | | | | | 0 | 0 | 0 |
| ANNETTE CALGARO TRUSTEE | 2 20 | Х | | | | | | 0 | 0 | 0 |
| MARTHA H CARSON TRUSTEE | 2 20 | Х | | | | | | 0 | 0 | 0 |
| EDITH S CHAMP TRUSTEE (EXITED 9/14/11) | 2 20 | Х | | | | | | 0 | 0 | 0 |
| LYNETTE D CHARITY MD TRUSTEE | 2 20 | Х | | | | | | 0 | 0 | 0 |
| TERRI P DEAN TRUSTEE (ENTERED 2/10/12) | 2 20 | Х | | | | | | 0 | 0 | 0 |
| WILLIAM S DIETRICH II TRUSTEE (THRU 10/6/11) | 2 20 | Х | | | | | | 0 | 0 | 0 |
| GAIL EMERY TRUSTEE (ENTERED 6/1/12) | 2 20 | Х | | | | | | 0 | 0 | 0 |
| FREDDIE FU MD TRUSTEE | 2 20 | Х | | | | | | 0 | 0 | 0 |
| GRETCHEN E HART TRUSTEE | 4 40 | Х | | | | | | 0 | 0 | 0 |
| CORDELIA SURAN JACOBS TRUSTEE | 2 20 | Х | | | | | | 0 | 0 | 0 |
| JOANNE LAIPSON TRUSTEE | 2 20 | Х | | | | | | 0 | 0 | 0 |
| BRENDA MARSH TRUSTEE | 2 20 | Х | | | | | | 0 | 0 | 0 |
| KENT MCELHATTAN TRUSTEE (ENTERED 10/13/11) | 2 20 | Х | | | | | | 0 | 0 | 0 |
| KATHRYN MELLON TRUSTEE | 2 20 | Х | | | | | | 0 | 0 | 0 |
| JANE G MURPHY TRUSTEE | 2 20 | Х | | | | | | 0 | 0 | 0 |
| HENRY J SIMONDS TRUSTEE | 2 20 | Х | | | | | | 0 | 0 | 0 |
| MARY B TEMPLETON ESQ TRUSTEE | 2 20 | Х | | | | | | 0 | 0 | 0 |
| BONNIE W VANKIRK TRUSTEE | 2 20 | Х | | | | | | 0 | 0 | 0 |
| JENNIFER POTTER WINTON TRUSTEE | 2 20 | Х | | | | | | 0 | 0 | 0 |
| NANCY F WAICHLER TRUSTEE | 2 20 | Х | | | | | | 0 | 0 | 0 |

| Identifier | Return Reference | Explanation |
|------------|---|---|
| | FORM 990, PART VI, SECTION B, LINE 12C | ALL TRUSTEES SHALL DISCLOSE TO THE BOARD OF TRUSTEES ANY POSSIBLE CONFLICT OF INTEREST AT THE EARLIEST PRACTICAL TIME FURTHERMORE, THE TRUSTEE SHALL ABSENT HERSELF OR HIMSELF FROM DISCUSSIONS OF, AND ABSTAIN FROM VOTING ON, SUCH MATTERS UNDER CONSIDERATION BY THE BOARD OF TRUSTEES OR ITS COMMITTEES THE MINUTES OF SUCH MEETING SHALL REFLECT THAT A DISCLOSURE WAS MADE AND THAT THE TRUSTEE HAVING A CONFLICT, OR POSSIBLE CONFLICT, ABSTAINED FROM VOTING ANY TRUSTEE WHO IS UNCERTAIN WHETHER A CONFLICT OF INTEREST MAY EXIST IN ANY MANNER MAY REQUEST THE BOARD OF TRUSTEES OR COMMITTEE TO RESOLVE THE QUESTION IN HER OR HIS ABSENCE BY MAJORITY VOTE ANNUALLY, BOARD MEMBERS AND KEY EMPLOYEES SIGN A CONFLICT OF INTEREST DISCLOSURE FORM PROVIDED BY THE SECRETARY OF THE BOARD THE SIGNED FORM IS THEN FORWARDED TO THE PRESIDENT'S OFFICE AND THE FINANCE DEPARTMENT TO BE LOGGED AND FILED FOR REFERENCE. ANY IDENTIFIED CONFLICTS ARE IMMEDIATELY BROUGHT TO THE ATTENTION OF THE EXECUTIVE COMMITTEE OF THE BOARD. |

| Identifier | Return Reference | Explanation |
|------------|--|---|
| | FORM 990, PART VI, SECTION B, LINE 15 | COMPENSATION IS DETERMINED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES THE EXECUTIVE COMMITTEE UTILIZES AN APPROPRIATE MIX OF COMPARABLE DATA, EXPERTISE FROM OUTSIDE CONSULTANTS AND SPECIFIC INSTITUTIONAL FACTORS IN MAKING A DETERMINATION OF COMPENSATION FOR THE PRESIDENT AND KEY EMPLOYEES BOTH IN TERMS OF DOLLAR AMOUNT AND STRUCTURE OF COMPENSATION AND BENEFITS COMPENSATION DECISIONS ARE CONTEMPORANEOUSLY DOCUMENTED BY AN INDEPENDENT BOARD AND COMPLY WITH THE PROVISIONS OF IRC SECTION 4958 |

| Identifier | Return Reference Explanation | | | | | |
|------------|--|--|--|--|--|--|
| | FORM 990, PART VI, SECTION C, LINE 19 | POLICIES, ORGANIZATIONAL DOCUMENTS AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST | | | | |

| ldentifier | Return Reference | Explanation |
|--|---------------------------|---|
| CHANGES IN NET ASSETS OR FUND BALANCES | FORM 990, PART XI, LINE 5 | NET UNREALIZED LOSSES ON INVESTMENTS -984,329 |

| ldentifier | Return Reference | Explanation |
|--|-----------------------------------|---|
| FINANCIAL STATEMENTS AND REPORTING | FORM 990, PART XII, LINE 2C | THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS APPROVES THE APPOINTMENT OF THE INDEPENDENT ACCOUNTING FIRM ENGAGED TO AUDIT THE UNIVERSITY'S FINANCIAL STATEMENTS ON AN ANNUAL BASIS IN ADDITION, THE AUDIT COMMITTEE REVIEWS DRAFT FINANCIAL STATEMENTS AND RECEIVES A REPORT ON THE RESULTS OF THE AUDIT FROM THE INDEPENDENT ACCOUNTANT THE AUDIT COMMITTEE IS ALSO UPDATED REGARDING THE AUDIT BY THE VICE PRESIDENT OF FINANCE AND BUSINESS ADMINISTRATION AND BY THE ASSISTANT VICE PRESIDENT OF FINANCE AND BUSINESS ADMINISTRATION |