efile GRAPHIC print - DO NOT PROCESS As Filed Data -

Return of Organization Exempt From Income Tax

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

DLN: 93493134071579 OMB No 1545-0047

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Dep	artn	ient	of.	the	Trea	s١

Do not enter social security numbers on this form as it may be made public Open to Public ▶ Information about Form 990 and its instructions is at www IRS gov/form990 Inspection calendar year, or tax year beginning 07-01-2017 , and ending 06-30-2018 C Name of organization CHATHAM UNIVERSITY D Employer identification number □ Address change 25-0717890 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated Number and street (or P O $\,$ box if mail is not delivered to street address) WOODLAND ROAD E Telephone number ☐ Amended return ☐ Application pending (412) 365-1100 City or town, state or province, country, and ZIP or foreign postal code PITTSBURGH, PA 15232 G Gross receipts \$ 92,597,838 F Name and address of principal officer H(a) Is this a group return for DR DAVID L FINEGOLD ☐Yes ☑No subordinates? WOODLAND ROAD H(b) Are all subordinates PITTSBURGH, PA 15232 ☐ Yes ☐No included? Tax-exempt status **✓** 501(c)(3) 4947(a)(1) or 501(c) () **◀** (insert no) If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW CHATHAM EDU L Year of formation 1869 M State of legal domicile PA Summary 1 Briefly describe the organization's mission or most significant activities PROVÍSION 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) . . . 3 Number of independent voting members of the governing body (Part VI, line 1b) 27 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 1,634 Total number of volunteers (estimate if necessary) . . . 6 500 37,722 7a Total unrelated business revenue from Part VIII, column (C), line 12 . **7**b **b** Net unrelated business taxable income from Form 990-T, line 34 -21,821 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 5,225,831 6,796,339 **9** Program service revenue (Part VIII, line 2g) . . . 58,377,849 66,295,757 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 2,926,806 4,608,678 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -106,296 -234,656 66,424,190 77,466,118 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13,875,299 Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . 18,495,179 14 Benefits paid to or for members (Part IX, column (A), line 4) . 33,547,309 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 34,330,819 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶1,360,771 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . 26,829,517 28,026,135 74,252,125 80,852,133 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) -3,386,015 19 Revenue less expenses Subtract line 18 from line 12 . -7,827,935 Assets or d Balances **Beginning of Current Year End of Year** 221,154,903 20 Total assets (Part X, line 16) . 219,918,347 21 Total liabilities (Part X, line 26) 86.880.245 86.661.132 134,493,771 133,038,102 22 Net assets or fund balances Subtract line 21 from line 20 . Part III Signature Block 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 <u>any knowle</u>dge 2019-05-10 Signature of officer Sign Here WALTER FOWLER SENIOR VP FINANCE & ADMIN

Paid **Preparer** Use Only

Print/Type preparer's name SUSAN M KIRSCH Preparer's signature SUSAN M KIRSCH Date PTIN Check | If P00341397 self-employed Firm's name SCHNEIDER DOWNS & CO INC Firm's EIN ► 25-1408703 Firm's address ► ONE PPG PLACE SUITE 1700 Phone no (412) 261-3644 PITTSBURGH, PA 15222 May the IRS discuss this return with the preparer shown above? (see instructions) . ✓ Yes 🗆 No

Type or print name and title

Form	990 (2	2017)					Page 2
Par	t III	Statement of	of Program Service	e Accomplis	hments		
		Check If Schedi	ule O contains a respo	onse or note to	any line in this Part III		🗹
1	Briefly	describe the or	ganızatıon's mıssıon				
ADD: AN II	TION T NFORME	O APPROPRIATE ED AND ENGAGE	PROFESSIONAL SKIL	LS AND LIBERA COMMUNITIES,	L ARTS LEARNING, CHA	IVES OF PURPOSE AND VALUE AI ATHAM BELIEVES THAT WORLD R ESPECTING DIVERSITY OF CULTU	EADINESS MEANS BEING
2		-	ndertake any significa 990-EZ?		<i>-</i> ,	hich were not listed on	 □ Yes ☑ No
	•		e new services on Sch				La les La No
3		•			changes in how it cond	ucts, any program	
_	servic	es [?]	e changes on Schedul				☐ Yes 🗹 No
4	Section	on 501(c)(3) and		ons are required	to report the amount of	largest program services, as me of grants and allocations to other	
4a	(Code See Ac	dditional Data) (Expenses \$	52,978,578	including grants of \$	18,495,179) (Revenue \$	59,032,257)
4b	(Code See Ac	dditional Data) (Expenses \$	3,005,175	including grants of \$) (Revenue \$	7,263,500)
4 c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4d	Other	program service	es (Describe in Schedi	,			
	(Expe	nses \$	ıncl	uding grants of	\$) (Revenue \$)
4e	Total	program servi	ce expenses >	55,983,7	53		

or X as applicable

Section 501(c)(3) organizations.

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

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

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏

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 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII.

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "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

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

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 🛸 🔒 Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 💆

for public office? If "Yes," complete Schedule C, Part I 💆

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

b Was the organization included in consolidated, independent audited financial statements for the tax year?

assessments, or similar amounts as defined in Revenue Procedure 98-19?

Page 3

Nο

Nο

No

No

Nο

No

Nο

Nο

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Nο

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Form **990** (2017)

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No

Νo

	. ,				
Par	t IV Checklist of Required Schedules (continued)				
			Yes	No	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes		
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's		Yes		

current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes, 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of

the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . 🔀

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

23 Yes

24a

24b

24c

24d

25a

25b

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28b

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34

35a

35b

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Yes

Yes

Yes

Yes

Yes

Form 990 (2017)

orm	990 (2017)			Page
Par				
	Check if Schedule O contains a response or note to any line in this Part V			Ш
4 -	Enterthe words and a Rev 2 of Fermi 1000 February of first conduction and the last conduction and the		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 2,910 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
h	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)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country ►CJ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	30		
·	If res, to fine 3a of 3b, did the organization me Form 8680-17	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	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 year 12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	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		

orm	990 (2	2017)					Page 6
Par	t VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Sched	lule O	See instructions	" respo	nse to li	
		Check if Schedule O contains a response or note to any line in this Part VI $$. $$.					✓
Se	ction	A. Governing Body and Management					
1a	Enter	the number of voting members of the governing body at the end of the tax year	١.]		Yes	No
	2	the number of today members of the governing you, at the thic that the tax year	1a	29			
	body,	re are material differences in voting rights among members of the governing or if the governing body delegated broad authority to an executive committee or ir committee, explain in Schedule O					
b		the number of voting members included in line 1a, above, who are independent	1b	27			
2		ny officer, director, trustee, or key employee have a family relationship or a busine r, director, trustee, or key employee?			2	Yes	
3		ne organization delegate control over management duties customarily performed b icers, directors or trustees, or key employees to a management company or other			3		No
4		ne organization make any significant changes to its governing documents since the			4		No
5	Did th	· · · · · · · · · · · · · · · · · · ·	 nizatio	n'e accete?	5		No
6		ne organization have members or stockholders?	ilizatio	113 033613.	6		No
		ne organization have members, stockholders, or other persons who had the power	to elec	t or appoint one or more	۳		110
<i>,</i> a		bers of the governing body?		· · · · ·	7a		No
b		ny governance decisions of the organization reserved to (or subject to approval by ns other than the governing body?			7b		No
8	Did th	ne organization contemporaneously document the meetings held or written actions ollowing					
а	The g	overning body?			8a	Yes	
b	Each	committee with authority to act on behalf of the governing body?			8 b	Yes	
9		ere any officer, director, trustee, or key employee listed in Part VII, Section A, who dization's mailing address? <i>If "Yes," provide the names and addresses in Schedule</i> (9		No
Se	ction	B. Policies (This Section B requests information about policies not requ	ured b	y the Internal Revenue	e Code	∍.)	
						Yes	No
10a	Did th	ne organization have local chapters, branches, or affiliates?			10a		No
b		s," did the organization have written policies and procedures governing the activiti Franches to ensure their operations are consistent with the organization's exempt p			10b		
11a	Has tl form?	he organization provided a complete copy of this Form 990 to all members of its go	vernin	g body before filing the	11a	Yes	
b	Descr	ribe in Schedule O the process, if any, used by the organization to review this Form	990				
12a	Did th	ne organization have a written conflict of interest policy? If "No," go to line 13 .			12a	Yes	
b	Were	officers, directors, or trustees, and key employees required to disclose annually in cts?	terests	that could give rise to	12b	Yes	
c		ne organization regularly and consistently monitor and enforce compliance with the			12c	Yes	
13		ne organization have a written whistleblower policy?			13	Yes	
14		ne organization have a written document retention and destruction policy?			14	Yes	
15	Did th	ne process for determining compensation of the following persons include a review ins, comparability data, and contemporaneous substantiation of the deliberation an	and ap	proval by independent			
а	•	rganization's CEO, Executive Director, or top management official			15a	Yes	
		officers or key employees of the organization			15b	Yes	
	If "Ye	is" to line 15a or 15b, describe the process in Schedule O (see instructions)					
16a		ne organization invest in, contribute assets to, or participate in a joint venture or si le entity during the year?		arrangement with a	16a	Yes	
b	If "Ye	s," did the organization follow a written policy or procedure requiring the organizat	on to				
	status	nt venture arrangements under applicable federal tax law, and take steps to safegus s with respect to such arrangements?	•	e organization's exempt	16b	Yes	
Se	ction	C. Disclosure					
17	List th	ne States with which a copy of this Form 990 is required to be filed PA , CA					
18	Section availa	on 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 99 able for public inspection. Indicate how you made these available. Check all that ap	0, and ply	990-T (501(c)(3)s only)			
	☑ (Own website 🔲 Another's website 🗹 Upon request 🔲 Other (explain in S	chedul	e O)			
19	Descr	ibe in Schedule O whether (and if so, how) the organization made its governing do , and financial statements available to the public during the tax year	cumen	its, conflict of interest			
20	State	the name, address, and telephone number of the person who possesses the organ NIFER HOERSTER WOODLAND ROAD PITTSBURGH, PA 15232 (412) 365-1145	ızatıon	's books and records			

compensated employees, and former such persons

Part VII

 $\overline{\mathbf{V}}$

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax

- year • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee" • List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)
- who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

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

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

- 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

(A) (C) (F) (B) (D) (E) Name and Title Position (do not check more Reportable Reportable Estimated Average than one how unless nerson amount of other

	hours per week (list any hours for related	1		n of or/t	ficer rust	and a		compensation from the organization (W- 2/1099-MISC)	compensation from related organizations (W- 2/1099-	amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee Individual trustee or director		Key employee	Highest compensated employee	Former	2/1033-MI3C)	(W- 2/1099- MISC)	organization and related organizations
See Additional Data Table										
										Form 990 (2017)

PO BOX 97806 PITTSBURGH, PA 15227

compensation from the organization ▶ 32

Form 990 (2017)													Page 8
Part VII Section A. Officers, Direct	ors, Trustees	, Key l	Empl	loye	es,	and	High	nest Com	pensat	ed Employees	cont	inued)	
(A) Name and Title	than o	one bo	ox, u an off tor/ti	ot che unles fficer truste	 	rson a	Report comper from organiza	rtable nsation n the ation (W- 9-MISC)	(E) Reportable compensation from related organizations () 2/1099-MISC	w-	Estima amount of compen from organizat	ated of other sation the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1000		2/10/5 11450	,	relat organiza	ed
See Additional Data Table													
			<u> </u>	igdash	<u> </u>	-	igert	-					
		<u> </u>	 	\vdash	\vdash		+			1			
					\Box					1			
1b Sub-Total			<u> </u>	<u>.</u> 	<u>—</u>	<u> </u>	<u></u>					_	
c Total from continuation sheets to Pad Total (add lines 1b and 1c)	art VII, Section	nΑ.			•	▶	_	2,6	45,159	15,00	0		442,329
Total number of individuals (including of reportable compensation from the compensation)	but not limited	to thos				 ∍) who) rece	eived more	e than \$	100,000			
D. Jake exceptation list any former of	C director	tenet	k				hi	hast com	to	'leves on		Yes	No
3 Did the organization list any former of line 1a? If "Yes," complete Schedule J			tee, ke		npic		or my	gnest com	pensace.	d employee on	3		No
For any individual listed on line 1a, is organization and related organizations individual										m the	4	Yes	
5 Did any person listed on line 1a receiv services rendered to the organization?											5		No
Section B. Independent Contractor			_	_	_		_						140
Complete this table for your five higher from the organization. Report compensation.	est compensate										npen	sation	
Name a	(A) and business addre			_	_	_	_		Des	(B) cription of services		(C Comper	nsation
PARKHURST DINING SERVICES								F	OOD SER				,442,340
PO BOX 644091 PITTSBURGH, PA 15264 MOSITES CONSTRUCTION COMPANY									FNERAL (CONTRACTOR		1	,971,862
4839 CAMPBELLS RUN ROAD PITTSBURGH, PA 15205	839 CAMPBELLS RUN ROAD												
INSIGHT INVESTMENTS LLC													
260 N CHARLES LINDGERG SALT LAKE CITY, UT 84116 ROTHSCHILD DOYNG ARCHITECTS									DCUITEC.	CURAL CERVICES			110 500
2847 PENN AVENUE	THSCHILD DOYNO ARCHITECTS 448,590 47 PENN AVENUE												
PITTSBURGH, PA 15222 SPLASH MEDIA LLC						-			ADVERTISI	ING			425,069

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

Part \	<u> </u>					العداد المداد	h.a Dawt 1/III					
		Check II Schedul	e O contains	a respo	onse or note to any	(,	A) revenue	(E Relat exe fund	ed or mpt ction	(C) Unrelat busine revenu	ed ss	(D) Revenue excluded from tax under sections
	1 <i>a</i>	Federated campaign	ns	1a	1			reve	enue			512-514
nts ints		b Membership dues		1b	<u> </u>							
3ra nou	١,	c Fundraising events		1c	<u> </u>							
IS. (d Related organizatio		1d	238,666							
<u>a</u> ≝		e Government grants (co		1e	1,040,570							
ıs,		F All other contributions,			<u> </u>							
Contributions, Gifts, Grants and Other Similar Amounts		and similar amounts no above Noncash contribution	ot included	1f	5,517,103							
		ın lınes 1a-1f \$		439	<u>,814</u>							
<u>ة</u> ك	_h	Total.Add lines 1a-1	.f				,796,339					
					Business							
15.	_	TUITION AND FEES	_			900099		32,257 53,500	59,032 7,263			
ıΣ	D	AUXILIARY ENTERPRISE	:5			900099	7,2	33,300	7,203	,300		
3	c			_								
황	d											
ran	e f	All other program se	rvice revenue									
Program Service Revenue		Total.Add lines 2a-2f			66,	295,757						
		Investment income (ii			Interest and other	1			I			1
	S	similar amounts) .			•	•	1,511,209				54,143	1,457,066
		Income from investme				-						
	5	Royalties			· · · •	<u> </u>						
	62	Gross rents	(I) Rea	I	(II) Personal	4						
	(i) Real (ii) 6a Gross rents 2,692,599											
	b	2,692,599 b Less rental expenses 2,927,255										
	c Rental income or -234,656				-							
	Ĭ	(loss)		,,								
	d	Net rental income o					-234,656				-16,421	-218,235
	7 -	Gross amount	(ı) Securi	ties	(II) Other	4						
	<i>7</i> a	from sales of assets other	13,2	228,934	2,073,00	0						
		than inventory										
	b	Less cost or				1						
		other basis and sales expenses	11,8	379,945		╛						
		Gain or (loss)		348,989	1,748,48	<u> </u>						
		Net gain or (loss) .			<u> </u>	<u> </u>	3,097,469					3,097,469
	oa	Gross income from fo (not including \$	_	ents of								
ne ∣		contributions reporte See Part IV, line 18		. a]							
ev.	h	Less direct expense		b		-						
<u>بر</u>		: Net income or (loss)				_						
Other Revenue	9a	Gross income from g		ies		1						
0		See Part IV, line 19		а								
	b	Less direct expense	c	b		-						
		: Net income or (loss)			Les	_						
		Gross sales of invent	ory, less			1						
		returns and allowand	ces	a	}							
	b	Less cost of goods s	sold	b		-						
		: Net income or (loss)				_						
İ		Miscellaneous			Business Code							
	11	а				1						
								<u> </u>				
	b)										
	c	:										
	d	All other revenue .										
	е	Total. Add lines 11a	-11d									
	12	Total revenue. See	Instructions				77 /66 110		66 205 757		רכד דג	4 226 200
							//,466,118	l	66,295,757		31,122	4,336,300 Form 990 (2017)

Form 990 (2017)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	olumns All other orga	anizations must comp	lete column (A)	
Check if Schedule O contains a response or note to any	_	·		🗆
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	16,175	16,175		
2 Grants and other assistance to domestic individuals See Part IV, line 22	18,089,344	18,089,344		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	389,660	389,660		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,923,673	1,288,404	571,342	63,927
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	315,716	211,656	93,533	10,527
7 Other salaries and wages	26,019,175	17,356,200	7,804,691	858,284
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,782,475	1,284,112	426,959	71,404
9 Other employee benefits	2,324,346	1,435,745	835,247	53,354
10 Payroll taxes	1,965,434	1,351,948	546,555	66,931
11 Fees for services (non-employees)				
a Management				
b Legal	189,234		189,234	
c Accounting	80,135		80,135	
d Lobbying	47,534	47,534		
e Professional fundraising services See Part IV, line 17				
f Investment management fees	206,592		206,592	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	6,782,290	2,421,135	4,323,440	37,715
12 Advertising and promotion	1,355,568	1,155,894	199,674	
13 Office expenses	638,626	367,234	213,376	58,016
14 Information technology				
15 Royalties				
16 Occupancy	2,959,727	56,442	2,903,285	
17 Travel	1,309,577	944,573	277,465	87,539
18 Payments of travel or entertainment expenses for any federal, state, or local public officials •				
19 Conferences, conventions, and meetings	98,946	30,783	67,764	399
20 Interest	2,308,484		2,308,484	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	6,365,189	5,954,418	410,771	
23 Insurance	756,588	56,087	700,501	
24 Other expenses Itemize expenses not covered above (List				

2,405,756

1,066,833

509,660

484,286

461,110

80,852,133

2,274,032

552,069

406,891

293,417

55,983,753

131,724

505,168

76,504

190,869

444,296

23,507,609

9,596

26,265

16,814

1,360,771

Form **990** (2017)

miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e

25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

expenses on Schedule O)

c INTERNAL FOOD SERVICE

b RENTAL EXPENSE

d SUPPLIES EXPENSE

e All other expenses

a ACADEMIC DEPT PROGRAMS

11

12

13

14

15

16

32

33

34

Net

122,747,209

47.309.483

25.961.723

4.433.310

221,154,903

134,493,771

221.154.903

Form **990** (2017)

Page **11**

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

b Less accumulated depreciation

Investments—publicly traded securities .

Intangible assets

Other assets See Part IV, line 11 .

Investments—other securities See Part IV, line 11 .

Total assets.Add lines 1 through 15 (must equal line 34) . . .

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances .

Investments—program-related See Part IV, line 11

		Beginning of year		End of y
1	Cash-non-interest-bearing		1	
2	Savings and temporary cash investments	11,384,420	2	

13.832.178 2 3,060,184 3 Pledges and grants receivable, net . . 1,549,968 2.699.903 4 Accounts receivable, net . Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part 5 II of Schedule L

2,743,133 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) 6 voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Assets 613.011 578.163 Notes and loans receivable, net . . Inventories for sale or use . 8 682.664 9 489.520 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 209,086,862 10a basis Complete Part VI of Schedule D

10b

86.339.653

125.508.956

47.648.509

25.535.131

4.295.785

219,918,347

10c

11

12

13

14

15

16

32

33

34

133,038,102

219.918.347

- 6,619,064 17 Accounts payable and accrued expenses 6,862,023 17 18 Grants payable . . . 1,253,872 18 1,177,147 19 5,505,625 19 6,230,234 Deferred revenue . . . Tax-exempt bond liabilities 20 59,574,182 20 57,848,400 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Liabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . 22 6.348.095 5.572.297 23 23 Secured mortgages and notes payable to unrelated third parties . . . 24 24 Unsecured notes and loans payable to unrelated third parties . 7.336.448 25 9.213.990 25
- Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 26 86,880,245 Total liabilities. Add lines 17 through 25 . 26 86,661,132
- Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and complete lines 27 through 29, and lines 33 and 34. 27 38.837.446 27 33,944,433 Unrestricted net assets
- 28 33,581,343 28 38,416,698 Temporarily restricted net assets 60.619.313 29
- Fund Balances 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958),
- 62,132,640 check here

 and complete lines 30 through 34. Assets or 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building or equipment fund . . . 31

☐ Cash ☑ Accrual ☐ Other

☐ Both consolidated and separate basis

☐ Both consolidated and separate basis

Page **12**

4.841.684

134,493,771

Yes

Yes

Yes

Yes

Yes Form 990 (2017)

2a

2b

2c

3a

3b

~

No

Nο

7

8

9

10

•	Total expenses (mast equal rate 1x, column (x), me 25)	_	
3	Revenue less expenses Subtract line 2 from line 1	3	
ŀ	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	
5	Net unrealized gains (losses) on investments	5	
5	Donated services and use of facilities	6	

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))

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

If the organization changed its method of accounting from a prior year or checked "Other," explain in

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

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

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

✓ Consolidated basis

Form 990 (2017)

Part XII

Schedule O

Investment expenses . Prior period adjustments .

Other changes in net assets or fund balances (explain in Schedule O) .

Financial Statements and Reporting

1 Accounting method used to prepare the Form 990

separate basis, consolidated basis, or both

Separate basis

consolidated basis, or both

Audit Act and OMB Circular A-133?

Separate basis

Additional Data

Software ID:

Software Version:

EIN: 25-0717890

Name: CHATHAM UNIVERSITY

Form 990 (2017)

Form 990, Part III, Line 4a:

ACADEMIC AND INSTRUCTIONAL EDUCATION SEE SCHEDULE OACADEMIC AND INSTRUCTIONAL EDUCATION ACCREDITED BY THE MIDDLE STATES COMMISSION ON HIGHER EDUCATION, CHATHAM UNIVERSITY IS A COED INSTITUTION THAT GRANTS BACHELOR, MASTER AND DOCTORATE LEVEL DEGREES THROUGH FOUR DISTINCTIVE SCHOOLS AND COLLEGES. THE FALK SCHOOL OF SUSTAINABILITY & ENVIRONMENT (HOUSED WITHIN OUR EDEN HALL CAMPUS, THE WORLD'S FIRST ACADEMIC COMMUNITY BUILT FROM THE GROUND UP FOR THE STUDY AND PRACTICE OF SUSTAINABLE LIVING), THE SCHOOL OF HEALTH SCIENCES, THE SCHOOL OF ARTS, SCIENCE AND BUSINESS AND THE SCHOOL OF CONTINUING AND PROFESSIONAL STUDIES STUDENTS CAN CHOOSE FROM OVER 40 UNDERGRADUATE MAJORS AND OVER 20 MASTERS AND DOCTORAL PROGRAMS, AND ONLINE COURSES OF STUDY THE UNIVERSITY'S TOTAL ENROLLMENT AS OF FALL 2018 WAS 2,193 STUDENTS STUDENT AND COMMUNITY SERVICES CHATHAM UNIVERSITY STRIVES TO DEVELOP THE WHOLE STUDENT - BOTH IN AND OUTSIDE THE CLASSROOM WE OFFER ON AND OFF-CAMPUS OPPORTUNITIES FOR PROFESSIONAL SKILL-BUILDING AND EXPERIENTIAL LEARNING. INTERNSHIPS AND MENTORSHIPS OFFER SUPPORT AND OUR INNOVATIVE FOUR PHASES TO YOUR FUTURE WORKS WITH STUDENTS STARTING IN THEIR FIRST YEAR TO EXPLORE THEIR INTERESTS AND PURSUE THEIR GOALS STUDENT AFFAIRS PLAY AN INTEGRAL ROLE IN HELPING OUR STUDENTS ENHANCE THEIR PHYSICAL, MENTAL, AND SOCIAL WELL-BEING STUDENTS HAVE A VARIETY OF OPPORTUNITIES HIGHLIGHTED IN THE ANNUAL ACTIVITIES CALENDAR FEATURING OVER 300 EVENTS AND HAPPENINGS THROUGHOUT THE YEAR. CHATHAM OFFERS A NOAA DIVISION III ATHLETIC PROGRAM FEATURING TWENTY VARSITY SPORTS (TEN WOMEN'S, NINE MEN'S AND ONE CO-ED), ANCHORED OUT OF OUR IMPRESSIVE 78,000 SQUARE FOOT ATHLETIC AND FITNESS CENTER STUDENTS LIVING ON CAMPUS ARE WELCOMED INTO A LIVING AND LEARNING ENVIRONMENT WHERE WELLNESS AND A STRONG SENSE OF COMMUNITY PREVAIL CHATHAM HAS BEEN SELECTED AS ONE OF ONLY 26 UNIVERSITIES FOR THE 2019 PRINCETON REVIEW'S GREEN HONOR ROLL, WHICH RECOGNIZES THE MOST ENVIRONMENTALLY RESPONSIBLE COLLEGES ACROSS THE UNITED STATES CHATHAM EARNED A PERFECT GREEN RATING SCORE 99 OUT OF 99, WHICH MEASURES "A SCHOOL'S PERFORMANCE AS AN ENVIRONMENTALLY AWARE AND PREPARED INSTITUTION"CHATHAM UNIVERSITY HAS BEEN ADMITTED TO THE PRESIDENT'S HIGHER EDUCATION COMMUNITY SERVICE HONOR ROLL FOR ENGAGING ITS STUDENTS, FACULTY, AND STAFF IN MEANINGFUL SERVICE THAT ACHIEVES MEASURABLE RESULTS IN THE COMMUNITY. A HEALTH AND COUNSELING CENTER ASSISTS STUDENTS IN NEED AND PROVIDES AN OPPORTUNITY FOR STUDENTS TO BETTER THEMSELVES THROUGH MANY PROGRAMS AND SERVICES LIBRARY SERVICES THE JENNIE KING MELLON LIBRARY HAS ADDED NEW RESOURCES THAT SUPPORT THE LEARNING AND TEACHING MISSION OF CHATHAM UNIVERSITY, INCLUDING A NUMBER OF FULL-TEXT JOURNAL DATABASES THE LIBRARY STAFF CONTINUES TO DEVOTE SIGNIFICANT AMOUNTS OF TIME TORESEARCH CONSULTATIONS. THE ARCHIVE COLLECTION HAS BENEFITTED FROM ENDOWED SUPPORT AND INCREASED STAFF HOURS TO AID IN DOCUMENTATION, ORGANIZATION, AND PRESERVATION

Form 990, Part III, Line 4b: AUXILIARY SERVICES SEE SCHEDULE OIN MAY 2008, THE UNIVERSITY RECEIVED THE 388-ACRE EDEN HALL FARM CAMPUS AS A GIFT FROM THE EDEN HALL

THE ACADEMIC YEAR THAT ARE FREE AND OPEN TO THE PUBLIC

HALL CAMPUS IS HOME TO OUR FALK SCHOOL OF SUSTAINABILITY & ENVIRONMENT, AND OFFERS UNDERGRADUATE AND GRADUATE DEGREE PROGRAMS AS WELL AS PROGRAMMING FOR THE SURROUNDING COMMUNITIES THE UNIVERSITY OWNS THE OLDEST CIVIL WAR-ERA HOME ON FIFTH AVENUE, THE HOWE-CHILDS GATE HOUSE, WHICH NOW SERVES AS A GUEST HOUSE FOR UNIVERSITY VISITORS AS WELL AS HEADQUARTERS FOR THE CAMPUS ARBORETUM. THE UNIVERSITY IS HOME TO THE OLKES COLLECTION OF AFRICAN ART, ONE OF THE MOST SIGNIFICANT COLLECTIONS OF AFRICAN TRIBAL ART IN THE TRISTATE REGION THE UNIVERSITY HOSTS

FOUNDATION LOCATED NORTH OF PITTSBURGH IN RICHLAND TOWNSHIP AND APPROXIMATELY 45 MINUTES FROM CHATHAM'S HISTORIC SHADYSIDE CAMPUS, EDEN

NUMEROUS EVENTS ON CAMPUS INCLUDING PROGRAMS FOR WOMEN IN BUSINESS AND POLITICS SPONSORED BY THE CENTER FOR WOMEN'S ENTREPRENEURSHIP AND

PENNSYLVANIA CENTER FOR WOMEN IN POLITICS. A NUMBER OF GLOBAL FOCUS EVENTS, AND VARIOUS PERFORMING AND VISUAL ARTS EVENTS HELD THROUGHOUT

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation compensation amount of other hours per person is both an officer week (list from the from related compensation

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

and Independent Contractors

CARLA CASTAGNERO

MICHELE RONE COOPER

KATHI ELLIOT DNP

TRUSTEE

TRUSTEE

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	any hours	and	a dır	ecto	r/tr	ustee))	organization	organizations	from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
G NICHOLAS BECKWITH III	3 00	×						0	15,000	0
TRUSTEE	1 00								,	
PAMELA BRADLEY	3 00	x						0	0	0
TRUSTEE (EXITED 6/2018)	0 00							Ŭ	0	
BROOKS BROADHURST	3 00	x						0	0	0

FAMILIA DIVADLET		l x			0	0	
TRUSTEE (EXITED 6/2018)	0 00	''				3	
BROOKS BROADHURST	3 00	l 🗸			0	0	
TRUSTEE	0 00	_ ^				0	
LOUISE R BROWN	3 00	l 🗸			0	0	
TRUSTEE	0 00	^				0	
	2.00				1	l	1

BROOKS BROADHORST		Ιx			ſ	0	
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JANE BURGER	3 00	¥			0	0	0
TRUSTEE	0 00	^				0	0
ANNETTE CALGARO	3 00				_		_

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JANE BURGER	3 00	×					0	0	0
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ANNETTE CALGARO	3 00	¥					0	0	0
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ANNETTE CALGARO	3 00	×			0	0	0
TRUSTEE	0 00	,			Ĭ	J	
MARTHA H CARSON	3 00	v			0	0	
TRUSTEE	0.00	^			l	U	

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(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated amount of other than one box, unless hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

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

		for voluted						(14, 3/1000	(14) 2/4000	organization and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
SIGO FALK	3 00										
		×						0	0	0	
TRUSTEE	0 00										
HEIDI FENTON	3 00										
TRUCTES (EVITED (1994))		×						0	0	0	
TRUSTEE (EXITED 6/2018)	0 00										
LAURA FISHER	3 00										
TDUCTEE		×						0	0	0	
TRUSTEE	0 00	_									
FREDDIE FU MD DSC HON	3 00	l									
TRUSTEE		X						0	0	0	
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TRUSTEE	0 00
FREDDIE FU MD DSC HON	3 00
TRUSTEE	0 00
STEPHEN H GREER	3 00
TRUSTEE	0.00

DAVID M HALL

SARAH JUGOVIC

JOANNE LAIPSON

W DUFF MCCRADY

JANE G MURPHY PHD

TRUSTEE (AS OF 06/2018)

TRUSTEE

TRUSTEE

....... **TRUSTEE**

TRUSTEE (ENTERED 10/2017)

and Independent Contractors

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

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

	d,	uu u, u,						(11, 2,4,000	(11/ 2/4000		
	for related organizations below dotted line)		Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
STEPHANIE NOVOSEL TRUSTEE (ENTERED 10/2017)	3 00	×						0	0	0	
SANDRA RADER DNP TRUSTEE (ENTERED 10/2017)	3 00	×						0	0	0	
HENRY J SIMONDS TRUSTEE	3 00	×						0	0	0	
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HENRY J SIMONDS
TRUSTEE
MARY B TEMPLETON ESQ
TRUSTEE
NANCY FOLLETT WAICHLER

......

TRUSTEE

CHAIR

VICE CHAIR

VICE CHAIR

TREASURER

JENNIFER POTTER WINTON

ARADHNA OLIPHANT

S MURRAY RUST III

KENT MCELHATTAN

BONNIE WESTBROOK VANKIRK

SECRETARY (AS OF 06/2018)

and Independent Contractors

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

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

and Independent Contractors

VP FOR ENROLLMENT MANAGEMENT

DEAN, SCHOOL OF HEALTH SCIENCES

VP FOR UNIVERSITY ADVANCEMENT

VP MARKETING & COMMUNICATION

DR ESTHER L BARAZZONE

PRESIDENT EMERITA

WILLIAM T CAMPBELL

PATRICIA DOWNEY

CAREY MILLER

	for related							(W- 2/1099-	(W- 2/1099-	organization and	
	organizations below dotted line)		Institutional Trustee	10	key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations	
DAVID FINEGOLD	70 00										
		x		X				379,228	0	82,459	
PRESIDENT	0 00										
SEAN COLEMAN	60 00										
	•••••			x				131,530	0	19,950	
VP OF PLANNING & ASSISTANT SECRETARY	0 00										
WALTER B FOWLER	60 00										
				x				259,052	0	44,159	
SR VP-FINANCE & ADMIN	0 10										
DARLENE G MOTLEY	60 00										
					×			196,703	0	38,036	
DEAN, SCHOOL OF ARTS, SCIENCES	l 0.00	l	l	l l	I	1 1					

WALTER DIOWLER			χl			259,052	
SR VP-FINANCE & ADMIN	0 10					233,032	
DARLENE G MOTLEY	60 00						
	•••••			Х		196,703	
DEAN, SCHOOL OF ARTS, SCIENCES	0 00						
JENNA TEMPLETON	60 00						
				Х		192,952	
VP OF ACADEMIC AFFAIRS	0 00					,	

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DARLENE G MOTLEY				_v		196,703	0	
DEAN, SCHOOL OF ARTS, SCIENCES	0 00					190,703	0	,
JENNA TEMPLETON	60 00			v		192,952	0	
VP OF ACADEMIC AFFAIRS	0 00					132,332	3	,
AMY BECHER	60 00							
				l x l		164.064	0	

Х

Х

Х

37,409

22,653

24,100

19,504

29,668

34,753

0

0

156,220

160,922

337,139

171,005

and Independent Contractors (A) Name and Title

PAUL D STEINHAUS

PETER WALKER

CIO, DIRECTOR OF INFO TECH

ZAUYAH WAITE VP OF STUDENT

AFFAIRS & DEAN OF STUDENTS

DEAN, FALK SCHOOL FOR SUSTAINABILITY

hours per week (list any hours for related organizations below dotted line)
60 00
0 00
60 00
0 00
60 00

................

0 00

(B)

Average

and	a d
Individual trustee or director	Institutional Trustee

than one box, unless person is both an office and a director/trustee)								
indradual trustee	Institutional Trustee	Officer	Key employee	Highest compensated employee				
				х				
				Х				
				Х				

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

(C)

Position (do not check more

office ustee Higher
st compensated Nee
Х
х

Former

(D Report compen from organiz (W- 2/: MIS	table Isation the Zation 1099-
	143,036
	210,371
	142,937

(E)

Reportable

compensation

from related

organizations

(W- 2/1099-

MISC)

(F)

Estimated

amount of other

compensation

from the

organization and

related

organizations

31,249

38,679

19,710

efile	GR/	APHIC prii	nt - DO NOT PROC	CESS	As Filed Data -			DLN: 9	3493134071579
SCH	łFD	ULE A	Duk	ilio (Sharity Statu	c and Dul	alic Supp	ort	OMB No 1545-0047
	m 990				Charity Statu				2017
990E	(Z)				- 4947(a)(1) nonexe	mpt charitable	trust.		401 /
Denarti	nent of	the Treasury	► Informatio	n about	Attach to Form ! t Schedule A (Form			ıctions is at	Open to Public
nterna	Reven	ue Service ne organiza	tion		<u>www.irs.g</u>	ov/form990.		Employer identific	Inspection
		IVERSITY	LIOII						ation number
Pai	4.7	Poscon	for Bublic Charity	Ctatu	ıs (All organization	s must sample	to this part \ G	25-0717890	
					it is (For lines 1 thro			bee mstructions.	
1		A church, c	onvention of churches	s, or ass	sociation of churches	described in sec	tion 170(b)(1)	(A)(i).	
2	<u>√</u>	A school de	scribed in section 17	70(b)(1	.)(A)(ii). (Attach Sch	nedule E (Form 9	90 or 990-EZ))		
3		A hospital o	or a cooperative hospi	tal serv	ice organization desci	ribed in section	170(b)(1)(A)(iii).	
4		·			-			, 170(b)(1)(A)(iii). E	nter the hospital's
	Ш	name, city,	and state	•		•			<u> </u>
5		(b)(1)(A)	(iv). (Complete Part I	Ι)	-	,		ernmental unit descri	bed in section 170
6		A federal, s	tate, or local governn	nent or	governmental unit de	scribed in sectio	on 170(b)(1)(A	\)(v).	
7		section 17	0(b)(1)(A)(vi). (Co	mplete	Part II)			init or from the gener	al public described in
8		A communi	ty trust described in s	ection	170(b)(1)(A)(vi)	(Complete Part I	I)		
9					scribed in 170(b)(1) e instructions Enter				ege or university or a
10		from activit	ies related to its exer	npt fund d busine	ctions—subject to cert ess taxable income (le	tain exceptions,	and (2) no more	ns, membership fees, than 331/3% of its su sses acquired by the c	
11	П		= = =		exclusively to test for	r public safety S	ee section 509	(a)(4).	
12		more public	ly supported organiza	ations d	escribed in section 5	09(a)(1) or sec	ction 509(a)(2	s of, or to carry out th	
a			-		the type of supporting	-	•	s 12e, 12f, and 12g zation(s), typically by	giving the supported
_	Ц	organizatio		ularİy a _l				of the supporting orga	
b		manageme		rganıza	tion vested in the san			organization(s), by ha ge the supported orga	
С		Type III f	inctionally integrat	ed. A si				nd functionally integra	ited with, its
d		functionally	integrated The orga	nization		fy a distribution	requirement and	th its supported orgar I an attentiveness req	
e		Check this	box if the organization	n receiv	•	nation from the I		pe I, Type II, Type II	I functionally
f	Enter		of supported organiz	•		-			
g	Provid	de the follow	ing information about	the sup	oported organization(T '			
	(i) N	lame of supp organizatior		≣IN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the org in your govern	anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
			I						
Total			tion Act Notice, see		_	Cat No 11285		 Schedule A (Form 9	

(Complete only if you checked the box on line 3, 7, 6, of 3 of Fart 1 of it the organization laned to quality under Fart								
III. If the organization fails to qualify under the tests listed below, please complete Part III.)								
Section A. Public Support								
Calendar year	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total		

S	Section A. Public Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")	22,562,049	6,271,722	6,855,135	5,079,922	6,796,339	47,565,167
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						_
4	Total. Add lines 1 through 3	22,562,049	6,271,722	6,855,135	5,079,922	6,796,339	47,565,167
5	The portion of total contributions by each person (other than a governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						13,902,714
6	Public support. Subtract line 5 from line 4						33,662,453
S	Section B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a)2013	(b) 2014	(c)2015	(d)2016	(e) 2017	(f)Total
7	Amounts from line 4	22,562,049	6,271,722	6,855,135	5,079,922	6,796,339	47,565,167
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,291,087	4,621,083	4,465,123	3,720,966	4,087,476	21,185,735
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						68,750,902

	from line 4							33,002,133
	Section B. Total Support						•	
	Calendar year (or fiscal year beginning in) ▶	(a)2013	(b) 2014	(c)2015	(d) 2016	(e)2	.017	(f)Total
7	Amounts from line 4	22,562,049	6,271,722	6,855,135	5,079,922		5,796,339	47,565,167
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,291,087	4,621,083	4,465,123	3,720,966		4,087,476	21,185,735
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)							
11	Total support. Add lines 7 through 10							68,750,902
12	Gross receipts from related activities,	etc (see instruction	ons)			12		283,741,958
13	First five years. If the Form 990 is for	or the organization	, ,		,	^	c)(3) orga	nızatıon,

58 check this box and stop here . Section C. Computation of Public Support Percentage 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14 48 960 % 15 Public support percentage for 2016 Schedule A, Part II, line 14 15 45 000 % 16a 33 1/3% support test-2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box ightharpoonupand stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test-2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test-2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Р	Support Schedule for						
	(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)						
Se	ection A. Public Support	quality under t	ine tests listed i	below, please co	ompiete Part II.,)	
	Calendar year	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
_	(or fiscal year beginning in) ▶	(a) 2013	(0) 2014	(6) 2015	(4) 2016	(e) 2017	(I) Iotai
1	Gifts, grants, contributions, and membership fees received (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513 Tax revenues levied for the						
-	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
S	from line 6) ection B. Total Support						
	Calendar year						
	(or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9							
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
ь	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c,						
14	11, and 12) First five years. If the Form 990 is for	l r the organization	l 's first, second, th	L urd, fourth, or fift	l lax vear as a sec	ction 501(c)(3) o	l rganization.
	check this box and stop here			,,	,		▶ □
Se	ection C. Computation of Public S	Support Perce	ntage				
15	Public support percentage for 2017 (lin			column (f))		15	
16						16	
Se	ction D. Computation of Investr	nent Income	Percentage				
17	Investment income percentage for 201	7 (line 10c, colur	nn (f) divided by	lıne 13, column (f	·))	17	
18	Investment income percentage from 20	016 Schedule A, I	Part III, line 17			18	
	331/3% support tests—2017. If the	organization did n	ot check the box	on line 14, and lir	ne 15 is more than		e 17 is not
	more than 33 1/3%, check this box and s						ightharpoons
	33 1/3% support tests—2016. If the						. —
_	not more than 33 1/3%, check this box	-			· ·		ightharpoons
20	Private foundation. If the organization	-	-				ightharpoons

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V) Section A. All Supporting Organizations

Yes

5b

5c

7

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2017

No

1	all of the organization's supported organizations listed by name in the organization's governing documents? No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,			
	describe the designation If historic and continuing relationship, explain	1	İ	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)			
	in section 309(a)(1) or (2)	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)			
	below			
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the			
	determination	3b		

b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination			
If "Yes," explain in Part VI what controls the organization put in place to ensure such use				
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b in Part I, answer (b) and (c) below			
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			

				3.			
c	Did the organization ensure that all support to such organizations was used exclusively for section $170(c)(2)(B)$ purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use						
		3с					
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you						
	checked 12a or 12b ın Part I, answer (b) and (c) below						
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported						
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or		$\overline{}$				
	supervised by or in connection with its supported organizations	4b					
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections						
	501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support						
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes		$\overline{}$				
		4c					
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and						

			, ,				
4a	/as any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you						
	checked 12a or 12b in Part I, answer (b) and (c) below	4a					
b							
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b					
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support						
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes						
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the						
	organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)						

6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing						
	organization's supported organizations? If "Yes," provide detail in Part VI.						
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a						
	substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)						

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

Substitutions only. Was the substitution the result of an event beyond the organization's control?

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

organization's organizing document?

10a

answer line 10b below

organization had an interest? If "Yes," provide detail in Part VI.

the organization had excess business holdings)

8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"		
	complete Part I of Schedule L (Form 990 or 990-EZ)	8	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as		i

```
defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"
provide detail in Part VI.
```

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

```
9a
Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
```

Pa	rt IV Supporting Organizations (continued)			-9			
			Yes	No			
11	Has the organization accepted a gift or contribution from any of the following persons?						
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a					
b	A family member of a person described in (a) above?	11b					
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c					
	ection B. Type I Supporting Organizations						
			Yes	No			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year						
_		1					
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization						
5	ection C. Type II Supporting Organizations						
	cetion c. Type 11 Supporting Organizations		Yes	No			
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the						
	supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1					
S	ection D. All Type III Supporting Organizations						
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		Yes	No			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)						
		2					
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3					
s	ection E. Type III Functionally-Integrated Supporting Organizations						
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct The organization satisfied the Activities Test. Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see		ctions)				
2	Activities Test Answer (a) and (b) below.		Yes	No			
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a					
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b					
3	Parent of Supported Organizations Answer (a) and (b) below.						
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a					
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI.</i> the role played by the organization in this regard	3b					

Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional)

Page 6

Schedule A (Form 990 or 990-F7) 2017

1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3 Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross 6 income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions)

Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year) a Average monthly value of securities 1a **b** Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI)

2 2 Acquisition indebtedness applicable to non-exempt use assets 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see 4 instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 6 Multiply line 5 by 035 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 8

Section C - Distributable Amount **Current Year** Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 4 5 Income tax imposed in prior year 6

2 4 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

details in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 (ii) (iii)

10 Line 8 amount divided by Line 9 amount Section E - Distribution Allocations (see (i) Underdistributions Distributable instructions) **Excess Distributions** Pre-2017 Amount for 2017 1 Distributable amount for 2017 from Section C, line

2 Underdistributions, if any, for years prior to 2017

(reasonable cause required-- explain in Part VI)

See instructions		
3 Excess distributions carryover, if any, to 2017		
a		
b From 2013		
c From 2014		
d From 2015		
e From 2016		
f Total of lines 3a through e		
g Applied to underdistributions of prior years		
h Applied to 2017 distributable amount		
 Carryover from 2012 not applied (see instructions) 		
j Remainder Subtract lines 3g, 3h, and 3i from 3f		
4 Distributions for 2017 from Section D, line 7		
<u> \$ </u>		
Applied to underdistributions of prior years		

b Applied to 2017 distributable amount c Remainder Subtract lines 4a and 4b from 4

Schedule A (Form 990 or 990-EZ) (2017)

5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2018. Add lines

c Excess from 2015.

See instructions

d Excess from 2016. Excess from 2017.

31 and 4c 8 Breakdown of line 7 a Excess from 2013. **b** Excess from 2014.

Additional Data

Software ID: Software Version:

EIN: 25-0717890

Name: CHATHAM UNIVERSITY

Schedule A (Form 990 or 990-E2) 2017 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

SCHEDULE C

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Open to Public

OMB No 1545-0047

DLN: 93493134071579

Department of the Treasury Internal Revenue Service

EZ)

(Form 990 or 990-

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

Inspection

• 8 • 8 f the • 8 • 8 f the	Section Sectin Section Section Section Section Section Section Section Section	501(c) (other than section 5 527 organizations Complet ization answered "Yes" on 501(c)(3) organizations that 501(c)(3) organizations that	I Form 990, Part IV, Line 4, or Form shave filed Form 5768 (election under have NOT filed Form 5768 (election under Form 990, Part IV, Line 5 (Proxy Tas), then	ts I-A and C below 990-EZ, Part VI, III section 501(h)) Counder section 501(h	ne 47 (Lobb omplete Par n)) Complet	· ying Actıv t II-A Do no e Part II-B	ities) ot com Do no	nplete Part II-l ot complete Pa	art II-A
Nar	ne of th	e organization NIVERSITY	•			Employer i	dent	ification nun	nber
СПА	THAP OF	NIVERSIII			;	25-0717890)		
Par	t I-A	Complete if the organ	nization is exempt under section	on 501(c) or is	a section	527 org	aniza	ation.	
1		e a description of the organ cal campaign activities")	ization's direct and indirect political ca	mpaign activities ir	n Part IV (se	e instructio	ns fo	r definition of	
2	Politica	al campaign activity expend	itures (see instructions)			>	\$		
3			aign activities (see instructions)	504(-)(2)					
	t I-B		nization is exempt under section						
1		,	x incurred by the organization under s			•	\$		
2 3		,	x incurred by organization managers to ion 4955 tax, did it file Form 4720 for				Þ		
			1011 4955 tax, aid it file 10111 4720 101	uns year				☐ Yes —	∐ No —
4a	Was a	correction made?						☐ Yes	☐ No
	If "Yes	Complete if the organ	nization is exempt under section	on F01/a) over	ont costio	n F01/c\	/21		
			ed by the filing organization for section		-				
1 2		, ,	ed by the filing organization for section anization's funds contributed to other (· ·			\$		
2		on activities	anization's funds contributed to other o	organizations for Se	ection 527 e	xempt ▶	\$		
3	Total e	exempt function expenditure	es Add lines 1 and 2 Enter here and c	on Form 1120-POL,	line 17b	•	\$		
4	Did the	e filing organization file For	m 1120-POL for this year?					☐ Yes	□ No
5	organı of poli	zation made payments For tical contributions received t	mployer identification number (EIN) o each organization listed, enter the am that were promptly and directly delive e (PAC) If additional space is needed	ount paid from the red to a separate p	e filing orgar political orga	nization's fu nization, su	nds /	Also enter the	
		(a) Name	(b) Address	(c) EIN	filing or	unt paid fro ganization's f none, ente -0-	5	(e) Amount contribution: and promp directly delive separate programmers organization enter	s received otly and vered to a political i If none,
L									
2									
3									
1									
5									
5									
D		k Podustion Ast Notice see t	he instructions for Form 000 or 000-F7			Calcadad			0 57) 2017

columns	Take following casic in soci	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	
Grassroots nontaxable amount (enter 25% of line 1f)	250,000
Subtract line 1g from line 1a If zero or less, enter -)-	0
Subtract line 1f from line 1c If zero or less, enter -0	0	
If there is an amount other than zero on either line : section 4911 tax for this year?	Lh or line 1i, did the organization file Form 472	0 reporting Yes No

columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period

(a) 2014

1,000,000

1,078

250,000

(b) 2015

1,000,000

46,111

250,000

(c) 2016

1,000,000

60,000

250,000

(d) 2017

1,000,000

47,534

250,000

Schedule C (Form 990 or 990-EZ) 2017

(e) Total

4,000,000

6,000,000

154,723

1,000,000

1,500,000

Calendar year (or fiscal year

beginning in)

Lobbying nontaxable amount

(150% of line 2a, column(e))

Total lobbying expenditures

Grassroots ceiling amount

Grassroots nontaxable amount

(150% of line 2d, column (e))

Grassroots lobbying expenditures

Lobbying ceiling amount

2a

Schedule C (Form 990 or 990-EZ) 2017

Return Reference

activity

(b)

Amount

(a)

No

Yes

During the year, did the filing organization attempt to influence foreign, national, state or local legislation, 1 including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b Carryover from last year С Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 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) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Explanation

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

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

Supplemental Financial Statements

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

2017

DLN: 93493134071579OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990)

► Attach to Form 990.

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

Open to Public Inspection

	HAM UNIVERSITY				Employer ide	enuncation	пишьег
					25-0717890		
Par					r Accounts.		
	Complete if the organization answered "Ye			IV, line 6. sed funds	(b)Eund	s and other	accounts
	Total number at end of year	(a) Done	n auvi	seu Turius	(b) und	s and other	accounts
	Aggregate value of contributions to (during year)						
	· · · · ·						
	Aggregate value of grants from (during year)						
	Aggregate value at end of year						
	Did the organization inform all donors and donor advisor organization's property, subject to the organization's expension informs all grantees denotes and denotes	xclusive legal contr	ol?				Yes 🗌 No
,	Did the organization inform all grantees, donors, and d charitable purposes and not for the benefit of the dono private benefit?					missible	Yes 🗌 No
Par	Conservation Easements. Complete if t	he organization a	inswe	red "Yes" on Forr	n 990, Part IV	, line 7.	
	$\label{eq:purpose} \mbox{Purpose(s) of conservation easements held by the organization} \\$	nızatıon (check all	that a _l	pply)			
	Preservation of land for public use (e g , recreation	n or education)		Preservation of an	historically imp	ortant land a	area
	Protection of natural habitat			Preservation of a	certified historic	structure	
	Preservation of open space						
!	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conserva	tion co	ntribution in the for		ation at the End o	of the Vear
а	Total number of conservation easements				2a	it the Life t	i tile real
	Total acreage restricted by conservation easements				2b		
	Number of conservation easements on a certified histor	ıc structure ınclude	d ın (a)	2c		
d	Number of conservation easements included in (c) acqu structure listed in the National Register		•	•	2d		
:	Number of conservation easements modified, transferred tax year ▶	ed, released, exting	uished	, or terminated by	the organization	during the	
	Number of states where property subject to conservation	on easement is loca	ted ►				
i	Does the organization have a written policy regarding t and enforcement of the conservation easements it hold		ıng, ır	spection, handling	of violations,	☐ Yes	□ No
;	Staff and volunteer hours devoted to monitoring, inspe	cting, handling of v	iolatio	ns, and enforcing co	onservation ease	ements durir	ng the year
,	Amount of expenses incurred in monitoring, inspecting.	. handling of violati	ons, a	nd enforcing conser	vation easemen	ts during the	e year
ı	Does each conservation easement reported on line 2(d) above satisfy the	require	ements of section 1	70(h)(4)(B)(ı)		
	and section 170(h)(4)(B)(II)?	,,,,			, -(,(.,(-,(.,	☐ Yes	□ No
ı	In Part XIII, describe how the organization reports con- balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the or				and	
art	Organizations Maintaining Collections Complete if the organization answered "Ye	of Art, Historic			er Similar As	sets.	
.a	If the organization elected, as permitted under SFAS 1 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its final	public exhibition, o	ducat	on, or research in f			
b	If the organization elected, as permitted under SFAS 1 historical treasures, or other similar assets held for put following amounts relating to these items	16 (ASC 958), to re	port ir	ıts revenue statem			
(i	Revenue included on Form 990, Part VIII, line 1				▶ \$		
(ii)Assets included in Form 990, Part X				-		
	If the organization received or held works of art, histor following amounts required to be reported under SFAS						
а	Revenue included on Form 990, Part VIII, line 1	- (▶ \$		
_					· +		
<u>ь</u>	Assets included in Form 990, Part X				P \$ _		

Par	t III	Organizations Ma	<u>aintaining</u> Col	<u>lections</u> o	f Art, H	<u>istori</u>	<u>cal</u> Tı	reası	ires, o	<u>r Oth</u> er	<u>Simi</u> lar	<u>Assets</u>	(conti	nued)	
3		ig the organization's acq ns (check all that apply)													
а	✓	Public exhibition				d		Loan	or exch	ange prog	rams				
b	✓	Scholarly research				e		Othe	r						
c	✓	Preservation for future	e generations												
4		vide a description of the	organızatıon's col	lections and	explain h	ow the	y furth	ner the	e organız	zation's ex	empt pu	rpose in			
5		ing the year, did the org ets to be sold to raise fur									ular		íes	☑ N	o
Pai	rt IV	Escrow and Cust Complete if the or X, line 21.			" on Forn	n 990	, Part	IV, lı	ne 9, o	r reporte	d an an	nount on	Form	990,	Part
1a		ne organization an agent uded on Form 990, Part I		an or other I	intermedia	ary for	contril	bution	s or oth	er assets	not		íes	□ N	o
b	If "N	res," explain the arrange	ement in Part XIII	and comple	te the foll	lowing	table					Amoun	t		_
c		inning balance	inche in Fure XIII	and comple	ite the foll	oming	cabic			1c		7			_
d	_	itions during the year								1d					_
е		ributions during the year	r							1e					_
f		ing balance								1f					_
2 a		the organization include	an amount on Fo	rm 990, Par	t X, line 2	1, for e	escrow	or cu	ıstodıal a	account lia	bility?	□ 1	⁄es	N	0
b	If "Y	es," explain the arrange							<u>'</u>					Ш	
Pa	rt V	Endowment Fund	ds. Complete ıf										,		
1_	Dagin	ning of very balance		(a)Curren	t year ,976,069	(b) Pr	or year 79,022	-		ears back 38,198,856		years back 89,076,11		our yea	rs back 237,881
	-	ining of year balance .			,375,802),819		773,289		390,75			727,198
		ibutions			,856,311		7,704			-408,649		2,691,61			161,031
		nvestment earnings, gair	·		,036,747		1,028			995,378		928,22			151,271
		s or scholarships		1,	,030,747		1,020	5,704		333,376		920,22	1	Τ,	131,2/1
е		expenditures for facilitions programs	es	3,	,974,618		4,407	7,788		8,408,212		2,880,72	0	1,	668,318
f	Admıı	nistrative expenses .			281,592		255	5,053		137,880		150,68	5		230,411
g	End o	f year balance		84,	,915,225		81,976	,069		79,022,026		88,198,85	6	89,	076,110
a b c	Boar Perr Tem	vide the estimated perce rd designated or quasi-e manent endowment porarily restricted endown percentages on lines 2a	ndowment ► 63 380 % wment ► 25 8	10 800 %		(line 1g	ı, coluı	mn (a)) held a	ıs					
За		there endowment funds	not in the posses	sion of the o	organizatio	on that	are h	eld an	ıd admın	istered fo	r the				
	_	inization by										Г	3a(i)	Yes Yes	No
		unrelated organizations related organizations .					•					<u> </u>	3a(ii) 3a(ii)	165	No
b	. ,	'es" on 3a(II), are the re			equired or	n Sche	• • dule R	· .	• •			. 1	3b		
4	Des	cribe in Part XIII the inte	ended uses of the	organization	n's endow	ment f	unds					L			
Pai	rt VI														
		Complete if the or													
	Desc	ription of property	(a) Cost or oth (investme		(b) Cost o	r other	basis (d	other)	(c) Acc	umulated o	lepreciatio	n	(a) B	ook valu	e
1a	Land						10,05	59,927						10	0,059,927
b	Buıldı	ngs					163,05	56,255						163	3,056,255
c	Lease	ehold improvements					4,43	31,534						4	1,431,534
d	Equip	ment					31,53	39,146						31	1,539,146
e	Other										86,339,6	53		-86	5,339,653

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

122,747,209

Schedule D (Form 990) 2017			Page 3
Part VII Investments—Other Securities. Complete if See Form 990, Part X, line 12.	the organization ans	wered "Yes" on Form !	990, Part IV, line 11b.
(a) Description of security or category (including name of security)	(b) Book value		hod of valuation -of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(A) LIMITED PARTNERSHIPS	14,180,615		<u> </u>
(B) HEDGE FUNDS	4,013,042		<u> </u>
(C) REAL ESTATE INVESTMENT FUND (D)	7,768,066	i	
(E)			
(F)			
(G)			
(H)			
	25.044.50		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIIII Investments—Program Related.	25,961,723	<u>i </u>	
Complete if the organization answered 'Yes' on (a) Description of investment	Form 990, Part IV, (b) Book value		0, Part X, line 13.
	(B) Book value		of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	•		
Part IX Other Assets. Complete if the organization answere (a) Description		art IV, line 11d See Forn	n 990, Part X, line 15 (b) Book value
(1)			(2) 2200
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)			. •
Part X Other Liabilities. Complete if the organization		orm 990, Part IV, line	
See Form 990, Part X, line 25. 1. (a) Description of liability	(b)	Book value	
(1) Federal income taxes			
CAPITAL LEASE OBLIGATION (2)		9,213,990	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	•	9,213,990	
2. Liability for uncertain tax positions In Part XIII, provide the text organization's liability for uncertain tax positions under FIN 48 (ASC			
organization a nability for uncertain tax positions under FIN 48 (ASC	, TO, Check here if the	ceat of the footbote has	peen provided in Part AIII

Page 4

66,756,053

65,300,384

2,927,255

62,373,129

18.479.004

80,852,133

Schedule D (Form 990) 2017

1

2d 2.927.255 2e

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

Total revenue, gains, and other support per audited financial statements . . .

d 7,768,939 Amounts included on Form 990, Part VIII, line 12, but not on line 1

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

58,987,114 3 4 Investment expenses not included on Form 990, Part VIII, line 7b. b 4b 18,479,004

4c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

18,479,004 5 77,466,118 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

2a

2b 2c

2d

4a

4b

Explanation

2,927,255

18,479,004

2e

3

4c

Amounts included on line 1 but not on Form 990, Part IX, line 25

3 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4

Investment expenses not included on Form 990, Part VIII, line 7b . . .

Schedule D (Form 990) 2017

Part XI

1

1 2

а

5

Add lines 4a and 4b . .

c

Return Reference

See Additional Data Table

Part XIII **Supplemental Information**

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part

Page 5		Schedule D (Form 990) 2017	
	ormation (continued)	Part XIII Supplemental Info	
	Explanation	Return Reference	

Schedule D (Form 990) 2017

Additional Data

Software Version: **EIN:** 25-0717890

Name: CHATHAM UNIVERSITY

S VERIFYING THEIR EXISTENCE AND ASSESSING THEIR CONDITION ARE PERFORMED CONTINUOUSLY

Supplemental Information

Return Reference Explanation

PART III, LINE 1A

Software ID:

THE UNIVERSITY'S COLLECTIONS INCLUDE PAINTINGS, PRINTS, PHOTOGRAPHS, SCULPTURES, DRAWINGS AND WATERCOLORS, AND DECORATIVE ARTS THESE ITEMS ARE HELD FOR EDUCATIONAL, RESEARCH AND S CIENTIFIC PURPOSES EACH OF THE ITEMS IS CATALOGED, PRESERVED AND CARED FOR, AND ACTIVITIE

Supplemental Information	
Return Reference	Explanation
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 S CIENTIFIC PURPOSES EACH OF THE ITEMS IS CATALOGED, PRESERVED AND CARED FOR, AND ACTIVITIE S VERIFYING THEIR EXISTENCE AND ASSESSING THEIR CONDITION ARE PERFORMED CONTINUOUSLY PURC HASES OF COLLECTION ITEMS ARE RECORDED AS OPERATING EXPENDITURES IN THE YEAR IN WHICH THE ITEMS ARE ACQUIRED CONTRIBUTED COLLECTION ITEMS MAINTAINED AND HELD BY THE UNIVERSITY ARE NOT REFLECTED IN THE CONSOLIDATED FINANCIAL STATEMENTS

Supplemental Information	
Return Reference	Explanation
PART V, LINE 4	THE UNIVERSITY'S ENDOWMENT CONSISTS OF VARIOUS INVESTMENT FUNDS ESTABLISHED PRIMARILY FOR THE SUPPORT OF ITS MISSION AS REQUIRED BY GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, NET A SSETS ASSOCIATED WITH ENDOWMENT FUNDS ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE O R ABSENCE OF DONOR-IMPOSED RESTRICTIONS THE BOARD OF TRUSTEES HAS ELECTED TO BE GOVERNED BY THE COMMONWEALTH OF PENNSYLVANIA'S ACT 141 (ACT 141) ACT 141 PERMITS ELECTION OF A TOT AL RETURN POLICY THAT ALLOWS A NONPROFIT TO CHOOSE TO TREAT A PERCENTAGE OF THE AVERAGE MA RKET VALUE OF THE ENDOWMENT'S PERMANENTLY RESTRICTED INVESTMENTS AS INCOME EACH YEAR HOWE VER, THE LONG-TERM PRESERVATION OF THE REAL VALUE OF THE ASSETS MUST BE TAKEN INTO CONSIDE RATION WHEN THE BOARD ELECTS THE AMOUNT ON AN ANNUAL BASIS, THE BOARD OF TRUSTEES MUST ELECT, IN WRITING, A SPENDING RATE OF BETWEEN 2% AND 7% FOR THE YEAR ENDED JUNE 30, 2018, THE UNIVERSITY UTILIZED A 7 0% SPENDING RATE, BASED ON A THREE-YEAR AVERAGE OF HISTORICAL ENDOWMENT MARKET VALUES THE LAST FISCAL YEAR ENDED JUNE 30, 2017 THE UNIVERSITY CLASSIFIES AS PERMANENTLY RESTRICTED NET ASSETS THE ORIGINAL VALUE OF GIFTS DONATED TO THE ENDOWMENT AND THE ORIGINAL VALUE OF SUBSEQUENT GIFTS TO THE ENDOWMENT THE UNDISTRIBUTED AMOUNTS EARNED ARE INCLUDED IN TEMPORARILY RESTRICTED NET ASSETS IN ACCORDANCE WITH ACT 141, THE UNIVERSITY HAS ADOPTED A WRITTEN INVESTMENT POLICY, OF WHICH A SECTION SPECIFICALLY RELATE S TO THE ENDOWMENT THE UNIVERSITY CONSIDERS THE FOLLOWING FACTORS IN MAKING A DETERMINATI ON TO SET A SPENDING RATE 1 PROTECTING THE CORPUS OF THE ENDOWMENT FUND 2 PRESERVING THE SPENDING POWER OF THE ASSETS 3 OBTAINING MAXIMUM INVESTMENT RETURN WITH REASONABLE RISK AND OPERATIONAL CONSIDERATION 4 COMPLYING WITH APPLICABLE LAWS

Supplemental Information	
Return Reference	Explanation
PART X, LINE 2	THE UNIVERSITY IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE IRC AND HAS FURTHER BEEN DETERMINED TO BE A NONPRIVATE FOUNDATION UNDER SECTIONS 509(A)(1) AND 170 (B)(1)(A)(II) OF THE IRC ACCORDINGLY, NO PROVISION FOR TAXES HAS BEEN MADE IN THE ACCOMPA NYING CONSOLIDATED FINANCIAL STATEMENTS THE UNIVERSITY IS ALSO EXEMPT FROM STATE INCOME T AX UNDER APPLICABLE STATE STATUTES CHATHAM INVESTMENTS LLC HAS BEEN ORGANIZED AS AN LLC, WHICH IS NOT SUBJECT TO FEDERAL OR STATE INCOME TAXES HOWEVER, THE TAXABLE INCOME OR LOSS FROM THE RENEWABLE ENERGY MANAGEMENT ACTIVITIES OF CHATHAM INVESTMENTS LLC IS INCLUDED IN THE INCOME TAX RETURN OF THE UNIVERSITY ACCORDINGLY, ANY INCOME FROM CHATHAM INVESTMENTS LLC THAT IS UNRELATED TO THE EXEMPT PURPOSES OF THE UNIVERSITY IS TREATED AS UNRELATED BU SINESS INCOME ON THE UNIVERSITY'S TAX RETURN THE UNIVERSITY FOLLOWS THE CODIFICATION TOPI C ON INCOME TAXES THE TOPIC PRESCRIBES A MINIMUM RECOGNITION THRESHOLD AND MEASUREMENT ME THODOLOGY THAT A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN IS REQUIRED TO MEET BEFORE BEING RECOGNIZED IN CONSOLIDATED FINANCIAL STATEMENTS THE UNIVERSITY'S CONSO LIDATED STATEMENTS OF FINANCIAL POSITION AT JUNE 30, 2018 AND 2017 DO NOT INCLUDE ANY LIAB ILLTIES ASSOCIATED WITH UNCERTAIN TAX POSITIONS, FURTHER, THE UNIVERSITY HAS NO UNRECOGNIZ ED TAX BENEFITS THE UNIVERSITY IS NO LONGER SUBJECT TO EXAMINATION OF ITS TAX RETURNS FOR YEARS BEFORE 2015

- -

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	RENTAL EXPENSES 2,927,255

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	STUDENT SCHOLARSHIPS/FINANCIAL AID 18,479,004

S

upplemental Information							
Return Reference	Explanation						
PART XII, LINE 2D - OTHER ADJUSTMENTS	RENTAL EXPENSES 2,927,255						

Supplemental Information							
Return Reference	Explanation						
PART XII, LINE 4B - OTHER ADJUSTMENTS	STUDENT SCHOLARSHIPS/FINANCIAL AID 18,479,004						

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493134071579 OMB No 1545-0047 SCHEDULE E **Schools** (Form 990 or 990-▶ Complete if the organization answered "Yes" on Form 990, EZ) Part IV, line 13, or Form 990-EZ, Part VI, line 48. ▶ Attach to Form 990 or Form 990-EZ. Open to Public ▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection Department of the Treasury Namel & the corporation **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 basis? 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 d Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes 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? 5a Nο b Admissions policies? 5b Nο c Employment of faculty or administrative staff? 5c Nο d Scholarships or other financial assistance? 5d Nο e Educational policies? 5e No f Use of facilities? 5f Νo g Athletic programs? 5g Nο h Other extracurricular activities? 5h Nο If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Yes b Has the organization's right to such aid ever been revoked or suspended? 6b No 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 Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Schedule E (Form 990 or 990-EZ) (2017)

Schedule E (Form 990 or 990EZ) (2017)						
Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable Also provide any other additional information (see instructions)						
Return Reference	Explanation					
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					
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 F (Form 990 or 990-FZ) (2017)

efile GRAPHIC prin	t - DO NOT F	PROCESS	As Filed Data	- DLN: 93493134071579				
SCHEDULE F (Form 990)		ement of	Activities (Outside the United States OMB No. 1545-004				
(1 omi 330)	► Compl	ete if the organi	Yes" to Form 990, Part IV, line 14b, 15, or 16. to Form 990.					
Department of the Treasury Internal Revenue Service	▶ Informa	tion about Schee	dule F (Form 990) :	and its instructions is at wv	vw.irs.gov/foi	m990.	Open to Public Inspection	
Name of the organization	ì				En	nployer ident	tification number	
CHATHAM UNIVERSITY					25	-0717890		
	Information , Part IV, line		Outside the U	Jnited States. Comple	te if the org	janization ar	nswered "Yes" to	
_		-		substantiate the amount	_			
to award the gra	-					-	✓ Yes □ No	
2 For grantmaker outside the Unite		Part V the org	anızatıon's proce	dures for monitoring the	use of its g	ants and oth	er assistance	
3 Activites per Regio	n (The followin	g Part I, line 3	table can be dupli	cated if additional space is	needed)			
(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	program ser specific	sted in (d) is a vice, describe type of in region	(f) Total expenditures for and investments in region	
(1) See Add'l Data								
(2)								
(3)								
(4)								
(5)								
3a Sub-total b Total from continua Part I	ition sheets to		0 0				5,538,834 234,950	
c Totals (add lines 3			o c for Form 990		No 50082W	Echadul	5,773,784 e F (Form 990) 2017	

(1)				
(2)				
(3)				

(4)

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

Schedule F (Form 990) 2017

Schedule F (Form 990) 2017

Part III can be	e duplicated if additio	onal space is n	ieeded.				
(a) Type of grant or assistance	e (b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
SCHOLARSHIP	EUROPE (INCLUDING ICELAND & GREENLAND)	40	154,710	STUDENT ACCOUNT		N/A	N/A
	CENTRAL AMERICA AND THE CARIBBEAN	16	55,510	STUDENT ACCOUNT		N/A	N/A
	EAST ASIA AND THE PACIFIC	33	148,959	STUDENT ACCOUNT		N/A	N/A
SCHOLARSHIP	SOUTH AMERICA	11	30,481	STUDENT ACCOUNT		N/A	N/A
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(7)			· · · · · · · · · · · · · · · · · · ·	!			
(8)			·	1			
(9)			· · · · · · · · · · · · · · · · · · ·	1			
(10)			· · · · · · · · · · · · · · · · · · ·	1			
(11)			· · · · · · · · · · · · · · · · · · ·	1			
(12)			·	'			
(13)			·	'			

(14) (15)

(16) (17)

(18)

Sche	dule F (Form 990) 2017		Page 4
Par	t IV Foreign Forms		
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	✓ Yes	□No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)	Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)	✓ Yes	□No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	✓ Yes	□No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	✓ Yes	□No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)	☐Yes	☑ No

Schedule F (Fo	orm 990) 2017 Page 5
	Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).
Return Reference	Explanation
PART I, LINE 2	THE OFFICES OF ENROLLMENT MANAGEMENT AND FINANCIAL AID OVERSEE THE AWARDING OF BOTH NEED-BASED FINANCIAL AID AND MERIT-BASED SCHOLARSHIPS ONCE A STUDENT HAS COMPLETED THE FINANCIAL AID APPLICATION PROCESS AND IS FOUND ELIGIBLE FOR NEED-BASED AND/OR MERIT BASED AID, THE STUDENT WILL RECEIVE A FINANCIAL AID PACKAGE DETAILING THE COMBINATION OF SOURCES USED TO PROVIDE FINANCIAL ASSISTANCE GRANT FUNDS AWARDED TO STUDENTS ARE APPLIED DIRECTLY TO THEIR STUDENT ACCOUNTS

USAGE IS MONITORED BY VIRTUE OF DIRECT ACCOUNT POSTING

Additional Data

(a) Bearen

EUROPE (INCLUDING ICELAND

ANDORRA, AUSTRIA, BELGIUM

& GREENLAND) - ALBANIA,

Software ID: Software Version:

EIN: 25-0717890

Name: CHATHAM UNIVERSITY

(b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures

EDUCATIONAL ACTIVITIES

38,181

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

(a) Region	offices in the region	employees or agents in region	in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	is a program service, describe specific type of service(s) in region	for region
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	INVESTMENTS	N/A	5,100,499

0 CHATHAM STUDY

(GREECE)

ABROAD PROGRAM

(a) Region (b) Number of (c) Number of (d) Activities conducted (f) Total expenditures (e) If activity listed in (d) offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) CENTRAL AMERICA AND THE 0 ICHATHAM STUDY EDUCATIONAL ACTIVITIES 36.730 CARIBBEAN IABROAD PROGRAM (COSTA RICA) EUROPE (INCLUDING ICELAND 0 ICHATHAM STUDY EDUCATIONAL ACTIVITIES 72,124 & GREENLAND) - ALBANIA. ABROAD PROGRAM ANDORRA, AUSTRIA, BELGIUM (GERMANY/BELGIUM)

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

(a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) EAST ASIA AND THE PACIFIC EDUCATIONAL ACTIVITIES 64.018 0 ICHATHAM STUDY IABROAD PROGRAM (INDONESIA) SOUTH AMERICA -0 OT FIELD EXPERIENCE IEDUCATIONAL ACTIVITIES 33,000 ARGENTINA, BOLIVIA, BRAZIL, (ECUADOR) CHILE, COLUMBIA, ECUADOR.

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

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or ın region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) EAST ASIA AND THE PACIFIC 0 MFA FIELD SEMINAR EDUCATIONAL ACTIVITIES 39.572 EUROPE (INCLUDING ICELAND 0 SCHOLARSHIP FOR EDUCATIONAL ACTIVITIES 154,710 & GREENLAND) ISTUDY ABROAD

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) CENTRAL AMERICA AND THE 0 ISCHOLARSHIP FOR EDUCATIONAL ACTIVITIES 55.510 CARIBBEAN ISTUDY ABROAD EAST ASIA AND THE PACIFIC 0 SCHOLARSHIP FOR EDUCATIONAL ACTIVITIES 148.959 ISTUDY ABROAD

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (e) If activity listed in (d) (d) Activities conducted (f) Total expenditures offices in the employees or ın region (by type) (i e , is a program service, for region describe specific type of agents in fundraising, program region services, grants to service(s) in region region recipients located in the region) EDUCATIONAL ACTIVITIES 30.481 SOUTH AMERICA 0 ISCHOLARSHIP FOR ISTUDY ABROAD

efile GRAPHIC prin	t - DO NOT PROCESS	As Filed Data -					D	LN: 9349313407	1579
Grants and Other Assistance to Organizations, Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Department of the Treasury Internal Revenue Service Grants and Other Assistance to Organizations, Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990. Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.								OMB No 1545-0047 2017 Open to Public Inspection	
Name of the organization CHATHAM UNIVERSITY							Employer identif	fication number	
Part I General I	Information on Grants	and Assistance					25-0717890		
the selection criter Describe in Part IV	ion maintain records to sub- ia used to award the grants the organization's procedur Other Assistance to Dom	or assistance?	e of grant funds in the Un	ited States		ŕ	n 990 Part IV Jir	✓ Yes	□ No
	d more than \$5,000 Part II			ints: Complete in the of	gamzation answered Tes		1 990, Fait IV, III	le 21, for any recipier	
(a) Name and addres organization or government	ss of (b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		Description of ash assistance	(h) Purpose of g or assistance	grant
(1) ALLEGHENY CONFEREN COMMUNITY DEVELOPM 425 SIXTH AVENUE SU 1100 PITTSBURGH, PA 1521	MENT ITE	501(C)(3)	15,875	0	N/A	N/A		PROGRAM SUPPO	DRT
2 Enter total number	of section 501(c)(3) and go	overnment organizations	listed in the line 1 table .				•		1
3 Enter total number	of other organizations lister	d in the line 1 table					▶		0
For Paperwork Reduction	Act Notice, see the Instructio	ns for Form 990.		Cat No 50055	iP.		Sc	chedule I (Form 990) 2	2017

Schedule I (Form 990) 2017					Page 2
			inization answered "Yes"	" on Form 990, Part IV, line 22	
(a) Type of grant or assistance	f additional space is needed (b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) EDUCATIONAL GRANTS AND SCHOLAR	936 RSHIPS	18,089,344	0	N/A	N/A
(2)			<u> </u>		
(3)					
(4)					
(5)					
(6)					
(7)				1	
Part IV Supplemental Info	rmation. Provide the inf	formation required in F	Part I, line 2; Part III	, column (b); and any other a	additional information.
Return Reference Exp	planation				
'					SED FINANCIAL AID AND MERIT-BASED D ELIGIBLE FOR NEED-BASED AND/OR MERIT BASED

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Dat	a -	DLN: 934	9313	34071	.579				
Sch	edule J	Со	mpensati	ion Information	ОМ	B No	1545-0	0047				
(For	n 990)	For certain Officer	s, Directors, T	rustees, Key Employees, and High	est							
		➤ Complete if the orga		ated Employees vered "Yes" on Form 990, Part IV,	line 23.	2(1	17	7				
_		_	▶ Attach	to Form 990.		Open to Public						
•	tment of the Treasury al Revenue Service	► Information abo		(Form 990) and its instructions is gov/form990.	s at		ectio					
	ne of the organiza THAM UNIVERSITY	ation		[1	Employer identificat	ion nu	ımber					
СПА	THAM UNIVERSITY			:	25-0717890							
Pa	rt I Questi	ons Regarding Compensat	ion									
					_		Yes	No				
1a				the following to or for a person listed y relevant information regarding these								
		or charter travel	lacksquare	Housing allowance or residence for p								
	_	companions		Payments for business use of person								
		nification and gross-up payments ary spending account		Health or social club dues or initiation Personal services (e g , maid, chauffe								
	Discretion	ary spending account	Ш	reisonal services (e.g., maid, chaum	eur, cher)							
b		kes in line 1a are checked, did the Il of the expenses described abov		ollow a written policy regarding payme iplete Part III to explain	ent or reimbursement	1 b	Yes					
2				or allowing expenses incurred by all r, regarding the items checked in line	152	2	Yes					
	directors, truste	es, officers, including the CEO/EX	recutive Directo	r, regarding the items checked in line	ıa.							
3				ed to establish the compensation of the not check any boxes for methods	e							
				CEO/Executive Director, but explain in	Part III							
	✓ Compensa	ation committee	✓	Written employment contract								
		ent compensation consultant	\rightarrow	Compensation survey or study								
		of other organizations	\checkmark	Approval by the board or compensati	ion committee							
4	During the year related organiza		90, Part VII, Se	ction A, line 1a, with respect to the fili	ing organization or a							
_	_	ance payment or change-of-contr	ral naumant?			4a		No				
a b		r receive payment from, a supple		ified retirement plan?		4a 4b		No				
c	•	receive payment from, a supple receive payment from, an equit	•	· ·		4c		No				
				olicable amounts for each item in Part	III							
_), 501(c)(4), and 501(c)(29)	_	-								
5		ontingent on the revenues of		the organization pay or accrue any								
а	The organization	17				5a		No				
b	Any related orga					5b		No				
	If "Yes," on line	5a or 5b, describe in Part III										
6		ed on Form 990, Part VII, Section ontingent on the net earnings of	A, line 1a, did	the organization pay or accrue any								
а	The organization	۶۱۶				6 a		No				
b	Any related orga					6b		No				
	•	6a or 6b, describe in Part III										
7		ed on Form 990, Part VII, Section escribed in lines 5 and 6? If "Yes,		the organization provide any nonfixed rt III		7	Yes					
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," des	scribe	8		No				
9	If "Yes" on line 5 53 4958-6(c)?	3, did the organization also follow	the rebuttable	presumption procedure described in F	Regulations section	9		140				
For I	Danarwark Badı	ction Act Notice, see the Inst	ructions for Ec	vrm 990 Cat No 50	0053T Schedule 1	/Eorn	990)	2017				

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual (A) Name and Title (C) Retirement (D) Nontaxable (B) Breakdown of W-2 and/or 1099-MISC (E) Total of (F) and other benefits columns compensation Compensation in

		compensation		deferred	Bellettes	(0)(1)(0)	Compensation in
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
See Additional Data Table							
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		1	Schedule J (Fo	orm 990) 2017

Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information Return Reference Explanation BASIC EMPLOYEE BENEFITS (INCLUDING HEALTH BENEFITS, LIFE INSURANCE, AND LONG-TERM CARE INSURANCE) ARE REPORTED ON SCHEDULE J, PART II, PART I, LINE 1A COLUMN (D) AS A CONDITION OF HIS EMPLOYMENT, DR FINEGOLD IS REQUIRED TO RESIDE IN UNIVERSITY HOUSING THE VALUE ATTRIBUTED TO HIS PERSONAL SPACE IS ALSO REPORTED ON SCHEDULE J. PART II. COLUMN (D) EMPLOYER CONTRIBUTIONS TO THE UNIVERSITY'S 403(B) PLAN, ARE REPORTED IN COLUMN (C) AMOUNTS REPORTED IN COLUMN (B)(III) ALSO INCLUDE INTERNAL REVENUE CODE SECTION 132 BENEFITS PROVIDED BY THE UNIVERSITY TO THE PRESIDENT THE UNIVERSITY DOES NOT PROVIDE THE PRESIDENT WITH AN EXPENSE ACCOUNT FOR PERSONAL USE SPOUSAL TRAVEL IS LIMITED BY THE ITERMS OF THE PRESIDENT'S EMPLOYMENT AGREEMENT CLUB MEMBERSHIPS IN ORDER THAT THE PRESIDENT MAY ENTERTAIN POTENTIAL DONORS AND OTHER IBUSINESS ASSOCIATES OF THE UNIVERSITY. THE UNIVERSITY PAYS OR REIMBURSES THE PRESIDENT FOR. THE PERIODIC DUES FOR MEMBERSHIP IN THE

Page 3

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

DUQUESNE CLUB AND PITTSBURGH GOLF CLUB DIRECT EXPENSES FOR UTILIZATION OF THE CLUBS ARE THE PRESIDENT'S RESPONSIBILITY, EXCEPT WHEN

ATTRIBUTABLE TO UNIVERSITY BUSINESS

PART I, LINE 7 IDR ESTHER BARAZZONE - \$60,000 OF BONUS COMPENSATION WAS REPORTED ON THE 2016 FORM 990 THIS AMOUNT WAS APPROVED IN 2016 BUT PAID AND

INCLUDED IN REPORTABLE COMPENSATION IN 2017 JENNA K TEMPLETON - \$10,000

Software ID:

154,852

160,664

242,667

169,886

141,771

207,388

141,712

(i) Base Compensation

Software Version:

(ii)

Bonus & incentive

compensation

EIN: 25-0717890

(iii)

Other reportable

compensation

Name: CHATHAM UNIVERSITY

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable

60,000

1DAVID FINEGOLD PRESIDENT		359,399	0	19,829	47,000	35,459	461,687	0
	(11)	0	0	0	0	0	0	0
1SEAN COLEMAN VP OF PLANNING &	(1)	131,087	0	443	13,182	6,768	151,480	0
ASSISTANT SECRETARY		0	0	0	0	0	0	0
2 WALTER B FOWLER SR VP-FINANCE & ADMIN	(1)	254,143	0	4,909	26,038	18,121	303,211	0
	(11)	0	0	0	0	0	0	0
3 DARLENE G MOTLEY DEAN, SCHOOL OF ARTS,	(1)	194,880	0	1,823	20,163	17,873	234,739	0
SCIENCES	(11)	0	0	0	0	0	0	0
4 JENNA TEMPLETON VP OF ACADEMIC AFFAIRS	(1)	181,262	10,000	1,690	19,743	17,666	230,361	0
	(11)	0	0	0	0	0	0	0
5AMY BECHER	(1)	162,862	0	1,202	16,320	6,333	186,717	0

1,368

258

34,472

1,119

1,265

2,983

1,225

other deferred

compensation

15,759

16,260

27,000

17,566

14,756

21,328

13,858

benefits

8,341

3,244

2,668

17,187

16,493

17,351

5,852

(E) Total of columns

(B)(i)-(D)

180,320

180,426

366,807

205,758

174,285

249,050

162,647

(F) Compensation in

column (B)

reported as deferred on

prior Form 990

60,000

0

0

(A) Name and Title 1 DAVID EINECOLD

VP FOR ENROLLMENT MANAGEMENT

6PATRICIA DOWNEY

VP FOR UNIVERSITY ADVANCEMENT

PRESIDENT EMERITA

9WILLIAM T CAMPBELL

10PAUL D STEINHAUS

11PETER WALKER

CIO, DIRECTOR OF INFO

DEAN, FALK SCHOOL FOR SUSTAINABILITY

ZAUYAH WAITE VP OF

VP MARKETING & COMMUNICATION

TECH

12

STUDENT AFFAIRS & DEAN OF STUDENTS

SCIENCES 7CAREY MILLER

DEAN, SCHOOL OF HEALTH

8DR ESTHER L BARAZZONE

(III)

(1)

(1)

(1)

(III)

(1)

(1)

(11)

(1)

ef	ile GRAPHIC print	t - DO NOT	PROCESS As	Filed Data -									DLN: 9	3493:	L3407	1579		
	hedule K orm 990)			 e organization ans	Information of the swered "Yes" to Form and any additional	990, Part 1	۷, line	24a.	. Provide des	criptions,			омв	No 154	5-0047 7			
	artment of the Treasury			•	► Attach to Form 99	0.						Open to Public						
	rnal Revenue Service		▶Informatio	n about Schedule	K (Form 990) and its	instruction	s is at <u>i</u>	www.	v.irs.gov/fori	<u>11990</u> .	Emple	yer iden		nspecti numbe				
	ATHAM UNIVERSITY										1 -	717890			-			
P	art I Bond Issu	ues									125 0.							
	(a) Issuer nar		(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	orice	Π	(f) Description	n of purpose	(g) D	Defeased (I		(h) On		Pool		
	. ,				`	. ,								alf of uer	finai	ncing		
											Yes	No	Yes	No	Yes	No		
A	MCKEESPORT INDUS DEVELOPMENT AUTH		25-1448115		09-29-2008	10,000,000 CAPITAL PURCHASES AND RENOVATIONS			Х		Х		Х					
В	ALLEGHENY COUNTY EDUCATION BUILDIN AUTHORITY		25-1650137		02-29-2012	35,8	570,000 SEE DESCRIPTION IN PART VI FOLLOWING			X		Х		Х				
С	ALLEGHENY COUNTY EDUCATION BUILDIN AUTHORITY		25-1650137		07-16-2014	18,0	8,000,000 PHASE 1B CONSTRUCTION AT EDEN HALL CAMPUS				Х		Х		Х			
Pā	art III Proceeds																	
1	Amount of bonds r	etired					A		B	+		1 310	222		D			
			ed							5,535,000		1,319	,232					
<u>-</u>							10,00	0.000		35,870,000		18,000	000					
- 4			· · · · · ·				10,00	0,000	1	2,559,375		10,000,	,000					
<u>-</u>			eds							2,333,373			-					
6																		
7							23	0,035	5	230,000		367	.054					
8			eds					0,000		230,000		307						
9	Working capital exp	penditures fro	om proceeds				80	0,000										
10	Capital expenditure	es from proce	eds					0,000				10,815	.860					
11	Other spent procee	eds								33,080,625								
12	Other unspent prod	ceeds										6,817	,086					
13	Year of substantial	completion .				20	009											
						Yes	N	0	Yes	No	Yes	No		Yes		No		
14	Were the bonds iss	sued as part o	of a current refunding	gıssue [?]	•		X		X			Х						
15	Were the bonds iss	sued as part o	of an advance refund	ing issue?			X		X			X						
16	Has the final alloca	ition of proce	eds been made? .			Х			X			X						
17			adequate books and		he final allocation of	х			Х		Х							
Pa	rt IIII Private B																	
							Ą		В			3			D			
1	Was the organization	on a nartner	in a partnership, or	member of an IIC	which owned property	Yes	N ₄	0	Yes	No	Yes	No		Yes		No		
_	financed by tax-ex	empt bonds?	<u> </u>	<u>.</u>	<u> </u>		X			Х		Х						
2			nts that may result in		e of bond-financed		Х			X		×						
For	Panerwork Peducti	on Act Notic	ce, see the Instruc	tions for Form 990	1	Ca	t No 5	n193F	F			S	chedul	K (For	m 990)) 2017		

5

9

c

Part IV

Arbitrage

Page 2

D

C

Х

Х

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Yes

Schedule K (Form 990) 2017

No

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No

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Χ

Χ

Χ

Χ

Χ

C

Χ

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Yes

Yes Nο Yes No Yes No Yes Are there any management or service contracts that may result in private business use of За Х Χ Χ If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside

Χ

Χ

Χ

Yes

Χ

Χ

No

Χ

Χ

Χ

Χ

Χ

Χ

No

Χ

Х

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 bond-financed property?......... 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 as a result of

organization, or a state or local government

Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were

Does the bond issue meet the private security or payment test? . . .

Penalty in Lieu of Arbitrage Rebate? If "No" to line 1, did the following apply?

Rebate not due yet?

hedge with respect to the bond issue?

Exception to rebate?

No rebate due?

If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed Is the bond issue a variable rate issue?

Was the hedge superintegrated? Was the hedge terminated?

the issue are remediated in accordance with the requirements under

Regulations sections 1 141-12 and 1 145-2?

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

unrelated trade or business activity carried on by your organization, another section 501(c)(3)

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

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

Α

Yes

Χ

Χ

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Χ

Χ

Page 3

No

D

D

No

Yes

Yes

Χ

C

No

Χ

Yes

Ь	Name of provider			
С	Term of GIC			
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?			
6	Were any gross proceeds invested beyond an available temporary	.,	V	

Has the organization established written procedures to monitor the Х Х requirements of section 148? . . . P

Schedule K (Form 990) 2017

(GIC)?

period?

Part VI

BOND (B)

Return Reference

SCHEDULE K, BOND ISSUE,

Arbitrage (Continued)

if self-remediation is not available under applicable regulations?

SEPTEMBER 1, 2035

Part V Procedures To Undertake Corrective Action					
		4		В	Γ
	Yes	No	Yes	No	Γ
Has the organization established written procedures to ensure that violations of federal tax					Γ

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

CURRENT AND ADVANCE REFUNDING OF THE 2002 SERIES A BONDS THE SERIES A OF 2012 BONDS BEAR

INTEREST AT RATES RANGING FROM 2 0% TO 5 0% INTEREST PAYMENTS ARE REQUIRED SEMIANNUALLY PRINCIPAL PAYMENTS ARE REQUIRED ON SEPTEMBER 1 OF EACH YEAR, WITH THE FINAL PAYMENT DUE ON

Explanation 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, AND THE

Part V	Procedures To Undertake Corrective Action						
				4		3	Ξ
			 Yes	No	Yes	No	Γ
Hac	the organization established written procedures to ensure that violations of fed	eral tav					-

efile GRAPHI	C print - DO NO	T PROCES	S As Fi	led Data -					DI	LN: 93	4931	340	71579
Schedule L (Form 990 or 990	Comple	te if the orga 27, 28a,	nization a 28b, or 28 ▶ Attac	nswered "Yes c, or Form 99 h to Form 99	Interested Persons Tes" on Form 990, Part IV, lines 25a, 25b, 26, 290-EZ, Part V, line 38a or 40b. 290 or Form 990-EZ.						мв No 2 (
Department of the Trea Internal Revenue Serv	asurv	ormation abo	out Schedu	ıle L (Form 99 <u>www.irs.gov</u>) and its inst	ructio	ns is	at	(pen		ıblic
Name of the org CHATHAM UNIVERS								•	•	entifica	tion r	umb	er
Part I Exce	ss Benefit Trar	nsactions (s	ection 501(c)(3), section !	501(c)(4), and	501(c)(29) o			7890 s onlv)				
Comp	lete if the organiza	ition answered											
1 (a) Name of disquali	fied person	(b)	Relationship be		lified person a	nd		escrip				rected?
					organization			tr	ansact	ion	Y	es	No
											_		
											+		
Cor rep (a) Name of	nplete if the organ orted an amount o	n amount on Form 990, P elationship (c) Purpose	red "Yes" or Part X, line ! (d) Loan !	d "Yes" on Form 990-EZ, rt X, line 5, 6, or 22		38a, or Form 9	90, Par (g) defa	In	n (h)		(janiza i)Writ jreem	ten
			То	From	1		Yes	No	Yes	No	Yes		No
							-						
Total					\$								
	ints or Assistar					line 27							
	rested person (b		between n and the	(c) Amount		(d) Type	of assı	stanc	e	(e) Pu	rpose	of assi	stance
									\perp				
									+				
									\dashv				
For Danerwork Red													

Complete if the organization			28h or 28c		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sh o organiz reven	f :atıon's
				Yes	No
(1) PARKHURST DINING SERVICES	BOARD MEMBER	, ,	A BOARD MEMBER OF THE UNIVERSITY HAS A BUSINESS INTEREST IN AND IS EMPLOYED BY PARKHURST DINING SERVICES PARKHURST PROVIDES ON CAMPUS DINING SERVICES		No

Explanation

Schedule L (Form 990 or 990-EZ) 2017

Return Reference

Supplemental Information

Part V

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

efil	e GRAPHIC pr	rint - DO NOT PR	OCESS	As Filed Data -		DLN:	9349313	4071	579
SCH	EDULE M			loncash Contri	hutione		OMB No 1	.545-0	047
(For	m 990)		1	oncasii Contii	Dutions		20	1 /	7
		▶Complete if the	organizati	ons answered "Yes" on F	orm 990, Part IV, lines 2	9 or 30.	20	1/	
		► Attach to Form							
•	tment of the Treasury al Revenue Service	▶Information abo	ut Schedu	lle M (Form 990) and its i	nstructions is at <u>www.ir</u> .		Open to Inspe	ection	
Name	e of the organizat HAM UNIVERSITY	ion				Employer identi	fication n	umbe	r
CHAII	IAM ONIVERSITI					25-0717890			
Pa	rt I Types	of Property							
			(a) Check ıf applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method noncash cor	(d) of determin ntribution a		:S
1	Art—Works of art	t							
2	Art—Historical tr	easures .							
3	Art—Fractional in	nterests							
4	Books and public	ations							
5	Clothing and hou								
6	goods Cars and other v		<u> </u>						
7	Boats and planes								
	Intellectual prope								
	Securities—Public	•	X	18	439.81	4 FAIR MARKET VA	LUE		
	Securities—Close								
11	Securities—Partr								-
12	Securities—Misce	ellaneous							
13	Qualified conserve contribution—Histructures	ıstorıc							
14	Qualified conserve contribution—Of								
	Real estate—Res								
16	Real estate—Cor								
17	Real estate—Oth								
18	Collectibles								
19	Food inventory								
20 21	Drugs and medic	ai supplies .							
	Historical artifact	• • • • • ts							
	Scientific specim								
	Archeological art								
	Other ► (
	Other ▶ ()							
27	Other ► ()							
28	Other ▶ ()							
29				ation during the tax year for 3, Part IV, Donee Acknowled		29			0
	D	al al alice e						Yes	No
30a	must hold for at	least three years fr	om the date	y contribution any property is of the initial contribution, a	and which is not required to	be used for exem	pt 30a		l _{No}
b	If "Yes," describ	e the arrangement i	n Part II						1
31	Does the organi	zation have a gift ac	ceptance p	olicy that requires the review	v of any nonstandard contr	ibutions?	31	Yes	
32a				or related organizations to s		ash · · · ·	32a		No
b	If "Yes," describ	e in Part II							
33	If the organizati		amount in	column (c) for a type of pro	perty for which column (a)	ıs checked,			
For D		on Act Notice, see the	Instruction	es for Form 990	Cat No. 512271	Schadi	ıle M (Form	000)	(2017)

chedule M (Form 990) (2017)	Page 2
Part II Supplementa	I Information.
I, column (b),	formation required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part the number of contributions, the number of items received, or a combination of both. Also complete by additional information.
Return Reference	Explanation
ART I, COLUMN (B)	THE NUMBER SHOWN IN COLUMN (B) REPRESENTS THE NUMBER OF THE CONTRIBUTIONS CHATHAM UNIVERSITY RECEVIED FOR EACH TYPE OF PROPERTY FOR THE YEAR ENDED JUNE 30, 2018
	Schedule M (Form 990) (2017)

efile GRAPH	IC prin	t - DO NOT PROCESS	As Filed Data -		DLN	: 93493134071579			
SCHEDULE O (Form 990 or 990- EZ) Department of the Treasury		Complete to pro Form 990 c ▶ Information about	vide information for or 990-EZ or to prov ▶ Attach to Form : Schedule O (Form	pation to Form 990 or 990-EZ ion for responses to specific questions on provide any additional information. o Form 990 or 990-EZ. Form 990 or 990-EZ) and its instructions is at irs.qov/form990.					
Name of the org		1			Employer iden 25-0717890	ification number			
990 Schedule	e O, Su	pplemental Informatio	n						
Return Reference				Explanation					
FORM 990, PART VI, SECTION A, LINE 1	RS EXC BOARD BOARD TER, C 10%) O ONE PI OF DEC NOT BI ALS, TI	CEPT FOR THE FOLLOWIND OF TRUSTEES DIRECTS OFFICER SELECTION, CHEANGES TO THE BYLAWS OF THE COLLEGE'S NET WOERCENT (1%) OF THE COLLEGES IN ADDITION TO ITE DEFERRED TO THE BOAHE BOARD'S RESPONSIBIL	G WHICH SHALL BE OTHERWISE) PRES IANGES IN INSTITUT , INCURRING OF CO DRTH, SALE OF COL LEGE'S NET WORTH S AUTHORITY TO TA RD'S NEXT SCHEDU ITY TO SUPPORT TE	TY TO ACT FOR THE BOARD RESERVED FOR THE BOARD IDENTIAL SELECTION AND TE TONAL MISSION AND PURPOR REGERMANT OF THE ANNUAL AND ACTION OF THE ANNUAL AND MEETING, PROCESS OF THE PRESIDENT AND ASSESSION AND CONDITIONS OF EM	OF TRUSTEES (ERMINATION, TR SES, CHANGES IN EXCESS OF TE IN PROPERTY IN E IN BUDGET, AND, HICH CANNOT OF THE PROGRESS ON THE OR HIS PER	UNLESS THE USTEE AND TO THE CHA N PERCENT (XCESS OF CONFERRAL R SHOULD PLANNING GO			

Return Explanation Reference

FORM 990,	THE FOLLOWING INDIVIDUALS HAVE A BUSINESS RELATIONSHIP BY VIRTUE OF EMPLOYMENT BY OR CO-ME
PART VI,	MBERSHIP ON THE BOARD OF DIRECTORS OF AN ENTITY (OR ENTITIES) UNRELATED TO CHATHAM UNIVERS
SECTION A,	ITY W DUFF MCCRADY, G NICHOLAS BECKWITH III, FREDDIE FU, M D , BROOKS BROADHURST, DAVID

LINE 2 FINEGOLD

990 Schedule O, Supplemental Information

Return Explanation

FORM 990,
PART VI,
SECTION B,
LINE 11B

THE FORM 990 IS REVIEWED BY SENIOR FINANCE MANAGEMENT AND THE PRESIDENT IN DETAIL THE FOR
MISTHEN DISCUSSED AND REVIEWED BY THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES FOLLOWIN
SECTION B,
LINE 11B

BOARD BEFORE ELECTRONIC SUBMISSION TO THE INTERNAL REVENUE SERVICE

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 DISCLOSUR E WAS MADE AND THAT THE TRUSTEE HAVING A CONFLICT, OR POSSIBLE CONFLICT, ABSTAINED FROM VO TING 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 ABSEN CE 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	Return Reference	Explanation
	PART VI, SECTION B,	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 DISCLOSUR E WAS MADE AND THAT THE TRUSTEE HAVING A CONFLICT, OR POSSIBLE CONFLICT, ABSTAINED FROM VO TING 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 ABSEN CE 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 COMMI

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE PRESIDENT'S COMPENSATION IS ESTABLISHED BY THE BOARD OF TRUSTEES THROUGH THE EXECUTIVE OR COMPENSATION COMMITTEE USING INDEPENDENT CONSULTANTS AND DATA FROM PEER INSTITUTIONS COMPENSATION IS DOCUMENTED IN THE BOARD MINUTES AND IN A WRITTEN EMPLOYMENT CONTRACT COMPENSATION LEVELS OF ALL EMPLOYEES, INCLUDING DIRECT REPORTS TO THE PRESIDENT, ARE MONITORED BY THE HUMAN RESOURCE DEPARTMENT, THE SENIOR VICE PRESIDENT OF FINANCE AND ADMINISTRATION , VICE PRESIDENT OF ACADEMIC AFFAIRS, AND THE PRESIDENT USING CUPA PEER INSTITUTION COMPAR ATIVE DATA ON AN ANNUAL BASIS COMPENSATION INCREASES FOR DIRECT REPORTS TO THE PRESIDENT ARE GENERALLY INCLUDED IN THE ANNUAL MERIT BUDGET INCREASE POOL APPROVED BY THE BOARD OF TRUSTEES FROM TIME TO TIME, THERE ARE EXTRAORDINARY COMPENSATION ISSUES RELATED TO DIRECT REPORTS TO THE PRESIDENTS AND IN THESE CASES, THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES APPROVES ANY RELATED INCREASES, CONTRACTS, AGREEMENT SIDE LETTERS, OR SPECIAL CONSIDE RATIONS

Return Explanation
Reference

FORM 990, PART VI, LABLE UPON REQUEST FINANCIAL STATEMENTS ARE ALSO AVAILABLE ON THE UNIVERSITY'S WEBSITE SECTION C, LINE 19

Return Explanation
Reference

FORM 990, PART VII, D COMMITTEES, BUT SHALL HAVE NO VOTING RIGHTS CORDELIA SURAN JACOBS, NANCY FOLLETT WAICHL ER (AS OF JUNE 2018)

Return Reference	Explanation
FORM 990, PART XII, LINE 2C, FINANCIAL STATEMENTS AND REPORTING	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 SENIOR VICE PRESIDENT OF FINANCE FOR FINANCE AND ADMINI STRATION AND BY THE ASSISTANT VICE PRESIDENT FOR FINANCE AND ADMINISTRATION

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493134071579 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** (Form 990) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Department of the Treasury Inspection Internal Revenue Service **Employer identification number** Name of the organization CHATHAM UNIVERSITY 25-0717890 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (e) (f) Name, address, and EIN (if applicable) of disregarded entity Legal domicile (state Total income End-of-year assets Direct controlling Primary activity or foreign country) entity (1) CHATHAM INVESTMENTS LLC TO HOLD OWNERSHIP IN A PA 0 859,393 CHATHAM UNIVERSITY WOODLAND ROAD SOLAR PV PROJECT PITTSBURGH, PA 15232 90-1022878

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (b) (c) (d) (e) (g) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes No (1) THE DIETRICH FOUNDATION SUPPORT, BENEFIT, PA 501(C)(3) TYPE I No 600 GRANT STREET SUITE 5360 PERFORM THE FUNCTIONS OF AND CARRY OUT N/A PITTSBURGH, PA 15219 PURPOSES OF C U 36-4711746 Schedule R (Form 990) 2017 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50135Y

(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income		Disprop alloca	tions?	(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr	ral or Figing ((k) Percent owners
								Yes	No		Yes	No	
												\perp	
												\top	
												+	
												\perp	
Identification of Related Organizates because it had one or more related o						ation answ	vered "Yes	" on Fo	orm 99	90, Part IV,	line .	34	
(a) Name, address, and EIN of related organization	(b) Primary activity	L	(c) egal micile or foreign	Direct	(d) controlling Type entity (C co	(e) e of entity rp, S corp, r trust)	(f) Share of total Income		(g) of end-o year assets	of- Percei owne	ntage	[(13	(ı) tion 5) cont entity
												l v	es
		со	untry)									<u>_</u>	
		Со	untry)										
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Schedule R (Form 990) 2017			Pa	ge 3
Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 3	35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity		 1a		No
b Gift, grant, or capital contribution to related organization(s)		 1b		No
c Gift, grant, or capital contribution from related organization(s)		1c	Yes	
d Loans or loan guarantees to or for related organization(s)		1d		No
e Loans or loan guarantees by related organization(s)		1e		No
f Dividends from related organization(s)		1f		No
g Sale of assets to related organization(s)		1 g		No
h Purchase of assets from related organization(s)		1h		No
i Exchange of assets with related organization(s)		1 i		No
j Lease of facilities, equipment, or other assets to related organization(s)		1 j		No
k Lease of facilities, equipment, or other assets from related organization(s)		1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)		. 11	<u> </u>	No
m Performance of services or membership or fundraising solicitations by related organization(s)		1m	 	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		1n	<u> </u>	No
o Sharing of paid employees with related organization(s)		10		No
p Reimbursement paid to related organization(s) for expenses		 1p		No

k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
1 1	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n s	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o	Sharing of paid employees with related organization(s)	10		No
р	Reimbursement paid to related organization(s) for expenses	1 p		No
q	Reimbursement paid by related organization(s) for expenses	1 q		No
		Ш		
r	Other transfer of cash or property to related organization(s)	1r	1 1	No

 Other transfer of cash or property to related organization(s) 1s No 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds (a) Name of related organization (b) Transaction type (a-s) (d) Method of determining amount involved (c) Amount involved

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

was not a related organization. See instructions regarding exclusion for certain investment partiterships													
(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?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
	Schedule R (Form 990) 2017												0) 2017

Schedule R (Form 990) 2017 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Schedule R (Form 990) 2017