

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2007

Open to Public Inspection

Form 990

Department of the Treasury
Internal Revenue Service

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

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

A For the 2007 calendar year, or tax year beginning **JUL 1, 2007** and ending **JUN 30, 2008**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization CHATHAM UNIVERSITY		D Employer identification number 25-0717890
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite WOODLAND ROAD		E Telephone number 412-365-1100
		City or town, state or country, and ZIP + 4 PITTSBURGH, PA 15232		F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates ▶ **N/A**

H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number ▶ **N/A**

G Website: ▶ **WWW.CHATHAM.EDU**

J Organization type (check only one) ▶ 501(c) (**3**) ◀ (insert no.) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **70,272,908.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1 Contributions, gifts, grants, and similar amounts received:				
	a Contributions to donor advised funds	1a			
	b Direct public support (not included on line 1a)	1b	11,044,656.		
	c Indirect public support (not included on line 1a)	1c			
	d Government contributions (grants) (not included on line 1a)	1d	1,565,187.		
	e Total (add lines 1a through 1d) (cash \$ 4,066,230. noncash \$ 8,543,613.)	1e			12,609,843.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			35,875,097.
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4			
	5 Dividends and interest from securities	5			2,129,433.
	6 a Gross rents SEE STATEMENT 1	6a	778,132.		
	b Less: rental expenses SEE STATEMENT 2	6b	709,336.		
c Net rental income or (loss). Subtract line 6b from line 6a	6c			68,796.	
7 Other investment income (describe ▶ PARTNERSHIP INCOME)	7			188,990.	
8 a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
	18,691,413.	8a			
	b Less: cost or other basis and sales expenses	8b			
	19,428,236.	8b			
c Gain or (loss) (attach schedule)	8c	-736,823.			
d Net gain or (loss). Combine line 8c, columns (A) and (B) STMT 3	8d			-736,823.	
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	a Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a			
	b Less: direct expenses other than fundraising expenses	9b			
	c Net income or (loss) from special events. Subtract line 9b from line 9a	9c			
10 a Gross sales of inventory, less returns and allowances	10a				
	b Less: cost of goods sold	10b			
	c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c			
11 Other revenue (from Part VII, line 103)	11				
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12			50,135,336.	
Expenses	13 Program services (from line 44, column (B))	13		31,865,627.	
	14 Management and general (from line 44, column (C))	14		14,676,334.	
	15 Fundraising (from line 44, column (D))	15		946,973.	
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses. Add lines 16 and 44, column (A)	17			47,488,934.
18 Excess or (deficit) for the year. Subtract line 17 from line 12	18			2,646,402.	
Net Assets	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		97,083,575.	
	20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 4	20		-1,876,541.	
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21			97,853,436.

723001
12-27-07

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2007)

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ▶
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ▶

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization CHATHAM UNIVERSITY	Employer identification number 25-0717890
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. WOODLAND ROAD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PITTSBURGH, PA 15232	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **JENNIFER LUNDY**
Telephone No. ▶ **(412) 365-1145** FAX No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box ▶
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2009**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2007**, and ending **JUN 30, 2008**.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II	Additional (Not Automatic) 3-Month Extension of Time. You must file original and one copy.	
Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization CHATHAM UNIVERSITY	Employer identification number 25-0717890
	Number, street, and room or suite no. If a P.O. box, see instructions. WOODLAND ROAD	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PITTSBURGH, PA 15232	

Check type of return to be filed (File a separate application for each return):

- | | | | | | |
|--|--------------------------------------|---|--------------------------------------|------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 5227 | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 6069 | |

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **JENNIFER LUNDY**
Telephone No. **(412) 365-1145** FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **MAY 15, 2009**.

5 For calendar year _____, or other tax year beginning **JUL 1, 2007**, and ending **JUN 30, 2008**.

6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO GATHER THE DATA NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **Jennifer Lundy CPA** Title **CPA** Date **7-3-2009**

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ 0, noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ 7,820,150, noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	7,820,150.	7,820,150.	STATEMENT 6	
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	961,776.	186,769.	647,532.	127,475.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	14,033,692.	10,168,221.	3,321,920.	543,551.
27 Pension plan contributions not included on lines 25a, b, and c	1,057,915.	754,841.	246,060.	57,014.
28 Employee benefits not included on lines 25a - 27	909,720.	693,338.	216,382.	
29 Payroll taxes	1,050,508.	753,196.	252,978.	44,334.
30 Professional fundraising fees				
31 Accounting fees	69,360.		69,360.	
32 Legal fees	136,187.		136,187.	
33 Supplies	1,019,055.	726,950.	284,614.	7,491.
34 Telephone	5,866.	5,817.		49.
35 Postage and shipping	250,989.	165,849.	62,872.	22,268.
36 Occupancy	25,004.	25,004.		
37 Equipment rental and maintenance	616,680.	163,485.	450,292.	2,903.
38 Printing and publications	308,716.	273,813.		34,903.
39 Travel	757,461.	632,643.	101,803.	23,015.
40 Conferences, conventions, and meetings				
41 Interest	2,250,185.		2,250,185.	
42 Depreciation, depletion, etc. (attach schedule)	3,120,122.	2,729,551.	390,571.	
43 Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 5	13,095,548.	6,766,000.	6,245,578.	83,970.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	47,488,934.	31,865,627.	14,676,334.	946,973.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;

(iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► SEE STATEMENT 11	Program Service Expenses
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a SEE STATEMENT 7	
(Grants and allocations \$ 7,820,150.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	19,637,303.
b SEE STATEMENT 8	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	9,539,345.
c SEE STATEMENT 9	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	1,374,372.
d SEE STATEMENT 10	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	1,314,607.
e Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	31,865,627.
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	31,865,627.

Form 990 (2007)

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year	
Assets	45	Cash - non-interest-bearing	9,673,902.	45	9,364,703.
	46	Savings and temporary cash investments	364,664.	46	2,336,312.
	47 a	Accounts receivable	3,360,051.		
		b Less: allowance for doubtful accounts	490,262.	47c	2,869,789.
	48 a	Pledges receivable	1,159,913.		
		b Less: allowance for doubtful accounts	467,692.	48c	692,221.
	49	Grants receivable		49	
	50 a	Receivables from current and former officers, directors, trustees, and key employees		50a	
		b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b	
	51 a	Other notes and loans receivable	893,691.		
		b Less: allowance for doubtful accounts	107,606.	51c	786,085.
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges	386,747.	53	529,936.
	54 a	Investments - publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a	
		b Investments - other securities STMT 16 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	61,740,655.	54b	54,649,134.
55 a	Investments - land, buildings, and equipment: basis				
	b Less: accumulated depreciation		55c		
56	Investments - other		56		
57 a	Land, buildings, and equipment: basis STMT 12	110,497,752.			
	b Less: accumulated depreciation STMT 12	37,662,709.	57c	72,835,043.	
58	Other assets, including program-related investments (describe ASSETS HELD IN TRUST BY OTHERS)	4,976,740.	58	4,423,305.	
59	Total assets (must equal line 74). Add lines 45 through 58	145,263,895.	59	148,486,528.	
Liabilities	60	Accounts payable and accrued expenses	3,119,468.	60	4,036,402.
	61	Grants payable	1,511,474.	61	1,511,474.
	62	Deferred revenue	985,746.	62	1,567,430.
	63	Loans from officers, directors, trustees, and key employees		63	
	64 a	Tax-exempt bond liabilities STMT 13	39,463,734.	64a	38,908,784.
		b Mortgages and other notes payable STMT 14		64b	1,705,687.
	65	Other liabilities (describe SEE STATEMENT 15)	3,099,898.	65	2,903,315.
66	Total liabilities. Add lines 60 through 65	48,180,320.	66	50,633,092.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67	Unrestricted	43,130,632.	67	39,913,790.
	68	Temporarily restricted	26,790,753.	68	22,444,087.
	69	Permanently restricted	27,162,190.	69	35,495,559.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70	Capital stock, trust principal, or current funds		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
	72	Retained earnings, endowment, accumulated income, or other funds		72	
	73	Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	97,083,575.	73	97,853,436.
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73	145,263,895.	74	148,486,528.

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements		a	41042213.
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1	-1876541.	
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify): STUDENT SCHOLARSHIPS	b4	-7805125.	
	Add lines b1 through b4			b -9681666.
c	Subtract line b from line a			c 50723879.
d	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify): SEE STATEMENT 17	d2	-588,543.	
	Add lines d1 and d2			d -588,543.
e	Total revenue (Part I, line 12). Add lines c and d			e 50135336.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements		a	40272352.
b	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify): RENTAL EXPENSES	b4	709,336.	
	Add lines b1 through b4			b 709,336.
c	Subtract line b from line a			c 39563016.
d	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify): SEE STATEMENT 18	d2	7,925,918.	
	Add lines d1 and d2			d 7,925,918.
e	Total expenses (Part I, line 17). Add lines c and d			e 47488934.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 19		610,281.	342709.	8,786.

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued) Yes No

75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 26
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) 75b X
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." 75c X
d Does the organization have a written conflict of interest policy? 75d X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation (if not paid, enter -0-), (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. Row 1: NONE

Part VI Other Information (See the instructions.) Yes No

76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change 76 X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? 77 X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78a X
b If "Yes," has it filed a tax return on Form 990-T for this year? 78b X
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement 79 X
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? 80a X
b If "Yes," enter the name of the organization PITTSBURGH COUNCIL ON HIGHER EDUCATION and check whether it is [X] exempt or [] nonexempt
81 a Enter direct and indirect political expenditures. (See line 81 instructions.) 81a 0
b Did the organization file Form 1120-POL for this year? 81b X

Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	X	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83 b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84 b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		
85 b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
85 c	Dues, assessments, and similar amounts from members		
85 d	Section 162(e) lobbying and political expenditures		
85 e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85 f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85 g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
85 h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 b Gross receipts, included on line 12, for public use of club facilities		
87	501(c)(12) organizations. Enter: a 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.)		
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
88 b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911: 0.; section 4912: 0.; section 4955: 0.		
89 b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
89 c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
89 d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
89 e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89 f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89 g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
90 a	List the states with which a copy of this return is filed PA		
90 b	Number of employees employed in the pay period that includes March 12, 2007		589
91 a	The books are in care of JENNIFER LUNDY Telephone no. (412) 365-1145 Located at WOODLAND ROAD, PITTSBURGH, PA ZIP + 4 15232		
91 b	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)? If "Yes," enter the name of the foreign country N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X

Part VI Other Information (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c
 If "Yes," enter the name of the foreign country ▶ N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a TUITION AND FEES					32,478,730.
b AUXILIARY ENTERPRISES					3,396,367.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	2,129,433.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property	531190	-36,484.	16	105,280.	
98 Net rental income or (loss) from personal property					
99 Other investment income	523000	188,990.			
100 Gain or (loss) from sales of assets other than inventory			18	-736,823.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		152,506.		1,497,890.	35,875,097.
105 Total (add line 104, columns (B), (D), and (E))					37,525,493.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	SEE STATEMENT 20

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). **N/A**

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a	----- ----- -----					
b	----- ----- -----					
c	----- ----- -----					
Totals						

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a	----- ----- -----					
b	----- ----- -----					
c	----- ----- -----					
Totals						

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

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

Please Sign Here: *Walter Fowler* Signature of officer, Date: *5/15/09*

WALTER FOWLER, VP FINANCE AND ADMIN Type or print name and title

Paid Preparer's Use Only: Preparer's signature: *Dmlanson*, Date: *5/15/09*, Check if self-employed: , Preparer's SSN or PTIN (See Gen. Inst. X): _____

Firm's name (or yours if self-employed), address, and ZIP + 4: **SCHNEIDER DOWNS & CO., INC.**
1133 PENN AVENUE
PITTSBURGH, PA 15222

EIN: _____ Phone no.: **(412) 261-3644**

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

2007

Supplementary Information-(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Department of the Treasury
Internal Revenue Service

Name of the organization

CHATHAM UNIVERSITY

Employer identification number

25 0717890

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<u>CAROL PATTON</u> WOODLAND ROAD, PITTSBURGH, PA 15232	PROF. DIR OF NURSING 40.00	146,760.	19,152.	0.
<u>LARRY A. VIEHLAND</u> WOODLAND ROAD, PITTSBURGH, PA 15232	PROF. CHEMISTRY 40.00	114,736.	20,345.	0.
<u>MARY RIEBE</u> WOODLAND ROAD, PITTSBURGH, PA 15232	PROF. BUSINESS 40.00	111,007.	16,347.	0.
<u>MICHAEL POLL</u> WOODLAND ROAD, PITTSBURGH, PA 15232	VP ADMISSIONS 40.00	107,031.	17,996.	0.
<u>JANET LITRELL</u> WOODLAND ROAD, PITTSBURGH, PA 15232	DEAN OF CCPS 40.00	104,652.	19,713.	0.
Total number of other employees paid over \$50,000	▶ 99			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>RED HOUSE COMMUNICATIONS</u> 1908 SARAH STREET, PITTSBURGH, PA 15203	MARKETING CONSULTANT	865,034.
<u>DUANE MORRIS LLP</u> 30 SOUTH 17TH STREET, PHILADELPHIA, PA 19103	LEGAL	122,820.
<u>REED SMITH LLP</u> PO BOX 360074M, PITTSBURGH, PA 15251-6074	LEGAL	99,961.
<u>EINHORN YAFFEE PRESCOTT ARCHITECTS</u> PO BOX 617, ALBANY, NY 12201-0617	ARCHITECTURAL	76,344.
<u>WILSHIRE ASSOCIATES INC</u> 1299 OCEAN AVE SUITE 700, SANTA MONICA, CA 90401	INVESTMENT CONSULTANT	75,000.
Total number of others receiving over \$50,000 for professional services	▶ 6	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>PARKHURST DINING SERVICES</u> PO BOX 644091, PITTSBURGH, PA 15264	FOOD SERVICE	1,467,757.
<u>MOSITES CONSTRUCTION CO</u> 4839 CAMPBELLS RUN ROAD, PITTSBURGH, PA 15205	GENERAL CONTRACTOR	815,341.
<u>IKON FINANCIAL SERVICES</u> PO BOX 41564, PHILADELPHIA, PA 19101	PRINTING POSTAL SVCS	500,555.
<u>P&P FLOORING LLC</u> PO BOX 109, MARS, PA 16046-0109	FLOORING INSTALLATION	135,503.
<u>NAS RECRUITMENT COMMUNICATIONS</u> PO BOX 710215, CINCINNATI, OH 45271-0215	RECRUITMENT COMMUNICATIONS	121,438.
Total number of other contractors receiving over \$50,000 for other services	▶ 9	

Part III Statements About Activities (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ <u>1,120.</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) VI-B, LINE I Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	2d	X
e Transfer of any part of its income or assets?	2e	X
3 a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a	X
b Did the organization have a section 403(b) annuity plan for its employees?	3b	X
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c	X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4 a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a	X
b Did the organization make any taxable distributions under section 4966?	4b	N/A
c Did the organization make a distribution to a donor, donor advisor, or related person?	4c	N/A
d Enter the total number of donor advised funds owned at the end of the tax year		0
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		0.
f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts		0.
g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year		0.

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					▶

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting. **N/A**
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	0.	0.	0.	0.	0.
24 Line 23 minus line 17					
25 Enter 1% of line 23					

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	26a	N/A
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	26b	N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)	26c	N/A
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____	26d	N/A
e Public support (line 26c minus line 26d total)	26e	N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f	N/A %

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:
 (2006) _____ (2005) _____ (2004) _____ (2003) _____

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:
 (2006) _____ (2005) _____ (2004) _____ (2003) _____

c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____	27c	N/A
d Add: Line 27a total _____ and line 27b total _____	27d	N/A
e Public support (line 27c total minus line 27d total)	27e	N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)	27f	N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g	N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h	N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 9 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	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?	X	
30	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?	X	
31	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?	X	
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
LOCAL NEWSPAPER ADVERTISEMENT WHICH ANNOUNCES PROGRAMS OFFERED INCLUDE A NON-DISCRIMINATORY POLICY SUMMARY STATEMENT. ALSO REGISTRANTS ARE DIRECTED TO THE UNIVERSITY'S POLICY ON ALL PAGES OF ITS WEBSITE.			
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	X	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	X	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	X	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	X	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		X
b	Admissions policies?		X
c	Employment of faculty or administrative staff?		X
d	Scholarships or other financial assistance?		X
e	Educational policies?		X
f	Use of facilities?		X
g	Athletic programs?		X
h	Other extracurricular activities?		X
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	X	
b	Has the organization's right to such aid ever been revoked or suspended?		X
If you answered "Yes" to either 34a or b, please explain using an attached statement. SEE STATEMENT 25			
35	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," attach an explanation	X	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)

N/A

(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is - Not over \$500,000 20% of the amount on line 40 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	41	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A (e) Total
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes	X		1,120.
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h.)			1,120.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

SEE STATEMENT 26

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 14 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

Table with 3 columns: Question, Yes, No. Rows include 51a(i) Cash, a(ii) Other assets, b(i) Other transactions, b(ii) Sales or exchanges of assets, b(iii) Purchases of assets, b(iv) Rental of facilities, b(v) Reimbursement arrangements, b(vi) Loans or loan guarantees, c Sharing of facilities.

b Other transactions:

- (i) Sales or exchanges of assets with a noncharitable exempt organization
(ii) Purchases of assets from a noncharitable exempt organization
(iii) Rental of facilities, equipment, or other assets
(iv) Reimbursement arrangements
(v) Loans or loan guarantees
(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

N/A

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements.

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule: N/A

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2007

Name of organization

CHATHAM UNIVERSITY

Employer identification number

25-0717890

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule-see instructions.)

General Rule-

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules-

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ► \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization

Employer identification number

CHATHAM UNIVERSITY

25-0717890

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 6,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 10,050.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 24,305.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 9,580.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

CHATHAM UNIVERSITY

25-0717890

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10		\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization CHATHAM UNIVERSITY	Employer identification number 25-0717890
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Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13		\$ 450,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14		\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16		\$ 67,666.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18		\$ 29,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

CHATHAM UNIVERSITY

25-0717890

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20		\$ 415,188.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22		\$ 7,755.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23		\$ 16,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24		\$ 10,127.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

CHATHAM UNIVERSITY

25-0717890

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26		\$ 65,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27		\$ 11,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28		\$ 34,903.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30		\$ 12,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

CHATHAM UNIVERSITY

25-0717890

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
31		\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34		\$ 8,185.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36		\$ 15,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

TAX RETURN FILING INSTRUCTIONS

** FORM 990 PUBLIC DISCLOSURE COPY **

FOR THE YEAR ENDING

..... JUNE 30, 2008

Prepared for	CHATHAM UNIVERSITY WOODLAND ROAD PITTSBURGH, PA 15232
Prepared by	SCHNEIDER DOWNS & CO., INC. 1133 PENN AVENUE PITTSBURGH, PA 15222
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS COPY OF THE RETURN IS PROVIDED ONLY FOR PUBLIC DISCLOSURE PURPOSES. ANY CONFIDENTIAL INFORMATION REGARDING LARGE DONORS HAS BEEN REMOVED.

Name of organization

Employer identification number

CHATHAM UNIVERSITY

25-0717890

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
37		\$ 11,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
38		\$ 22,654.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
39		\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
40		\$ 23,378.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
41		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
42		\$ 6,869.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

CHATHAM UNIVERSITY

25-0717890

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
43		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
44		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
45		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
46		\$ 14,974.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
47		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
48		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

CHATHAM UNIVERSITY

25-0717890

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
49		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
50		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
51		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
52		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
53		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
54		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

CHATHAM UNIVERSITY

25-0717890

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
55		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
56		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
57		\$ 77,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
58		\$ 17,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
59		\$ 33,334.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
60		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

CHATHAM UNIVERSITY

25-0717890

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
61		\$ 34,354.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
62		\$ 16,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
63		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
64		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
65		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
66		\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

CHATHAM UNIVERSITY

25-0717890

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
67		\$ 10,113.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
68		\$ 190,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
69		\$ 5,411.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
70		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
71		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
72		\$ 12,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

CHATHAM UNIVERSITY

25-0717890

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
73		\$ 48,719.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
74		\$ 50,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
75		\$ 13,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
76		\$ 6,947.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
77		\$ 8,310,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
78		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

CHATHAM UNIVERSITY

25-0717890

Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	116 SHS EXXON MOBILE	\$ 10,050.	07/18/07
4	150 SHS GOLDMAN SACHS GROUP	\$ 24,305.	03/13/08
16	250 SHS ALTRIA GROUP; 110 SHS APPLE; 42 SHS METLIFE; 25 SHS MONSANTO COMPANY	\$ 67,666.	12/20/07
24	STOCKS	\$ 10,127.	10/26/07
28	860 SHS GRACO INC.	\$ 34,903.	05/29/08
38	326 SHS COGNOS INC.; 79 SHS COGNOS INC.	\$ 22,654.	10/17/07

Name of organization

Employer identification number

CHATHAM UNIVERSITY

25-0717890

Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
67	120 SHS EXXON MOBILE	\$ 10,113.	03/25/08
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
69	50 SHS SCHLUMBERGER	\$ 5,411.	06/24/08
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
77	387.40 ACRES OF LAND IMPROVED WITH BUILDINGS	\$ 8,310,000.	05/31/08
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction

FORM 990 RENTAL INCOME STATEMENT 1

KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
RENTAL INCOME		
GATEHOUSE RESERVATIONS	1	732,803.
	2	45,329.
TOTAL TO FORM 990, PART I, LINE 6A		778,132.

FORM 990 RENTAL EXPENSES STATEMENT 2

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
RENTAL EXPENSES			
- SUBTOTAL -	1	627,523.	627,523.
GATEHOUSE RENTAL EXPENSES			
- SUBTOTAL -	2	81,813.	81,813.
TOTAL TO FORM 990, PART I, LINE 6B			709,336.

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 3

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
	18,691,413.	19,428,236.	0.	-736,823.
TO FORM 990, PART I, LINE 8	18,691,413.	19,428,236.	0.	-736,823.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 4

DESCRIPTION	AMOUNT
UNREALIZED LOSS ON INVESTMENT SECURITIES	-1,876,541.
TOTAL TO FORM 990, PART I, LINE 20	-1,876,541.

FORM 990

OTHER EXPENSES

STATEMENT 5

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
FOOD SERVICE	260,712.	179,754.	77,438.	3,520.
OVERHEAD ALLOCATIONS	5,020,032.	4,370,313.	649,719.	
BANK FEES	80,970.		80,970.	
RECRUITMENT	96,336.	26,144.	69,195.	997.
PAYMENTS TO ANNUITANTS	297,663.		297,663.	
ADVERTISING	759,840.	39,286.	720,554.	
ACADEMIC PROGRAMMING	153,949.	74,307.	79,642.	
INSURANCE	582,124.	678.	581,446.	
BAD DEBT/COLLECTIONS	648,070.		648,070.	
ENTERTAINMENT	68,141.	15,292.	48,786.	4,063.
DUES AND SUBSCRIPTIONS	246,636.	96,218.	149,478.	940.
ANCILLARY STUDENT SERVICES	91,198.	91,198.		
INVESTMENT EXPENSES	131,932.		131,932.	
SERVICE CONTRACTS	2,619,748.	1,197,498.	1,422,250.	
PROFESSIONAL DEVELOPMENT	67,335.	32,268.	35,067.	
GRANTS/ALLOCATIONS	18,835.		18,835.	
CONSULTING	413,594.	85,484.	293,266.	34,844.
EQUIPMENT	118,011.	51,095.	66,916.	
TUITION REMISSION	415,754.		415,754.	
TAXES	192,534.		192,534.	
OTHER SERVICES	764,192.	456,083.	283,029.	25,080.
TEMPORARY STAFFING	14,526.			14,526.
INDIRECT COSTS	50,382.	50,382.		
OTHER BENEFITS	-14,143.		-14,143.	
PRINTING/PUBLICATION	-2,823.		-2,823.	
TOTAL TO FM 990, LN 43	13,095,548.	6,766,000.	6,245,578.	83,970.

FORM 990

CASH GRANTS AND ALLOCATIONS
TO OTHERS

STATEMENT 6

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS

AMOUNT

EDUCATIONAL

GRANTS AND SCHOLARSHIPS

7,805,125.

RESEARCH SUPPORT

INSTITUTE FOR WOMEN'S POLICY RESEARCH
1707 L STREET NW, SUITE 750
WASHINGTON, DC 20036

75.

SPONSOR SUPPORT

PITTSBURGH ITALIAN SCHOLARSHIP FUND
60 S. 24TH & WHARTON STREET
PITTSBURGH, PA 15201

700.

SPONSOR SUPPORT

PITTSBURGH HISTORY & LANDMARKS FOUNDATION
100 WEST STATION SQUARE DRIVE, SUITE 450
PITTSBURGH, PA 15219-1134

250.

CHARITABLE

ALLEGHENY CONFERENCE ON COMMUNITY DEVELOPMENT
425 SIXTH AVENUE, SUITE 1100
PITTSBURGH, PA 15219-1811

14,000.

TOTAL INCLUDED ON FORM 990, PART II, LINE 22B

7,820,150.

DESCRIPTION OF PROGRAM SERVICE ONE

ACADEMIC AND INSTRUCTIONAL EDUCATION: ACCREDITED BY THE MIDDLE STATES COMMISSION ON HIGHER EDUCATION, CHATHAM UNIVERSITY GRANTS BACHELOR, MASTER AND DOCTORATE LEVEL DEGREES THROUGH THREE DISTINCTIVE COLLEGES INCLUDING CHATHAM COLLEGE FOR WOMEN, ONE OF THE OLDEST WOMEN'S COLLEGES IN THE U.S. MAJORS ARE OFFERED IN PROGRAMS IN ARTS, LANDSCAPE ARCHITECTURE, INTERIOR DESIGN, ACCOUNTING, BUSINESS, INTERNATIONAL, GLOBAL, AND PUBLIC POLICY STUDIES, PHYSICIAN ASSISTANT STUDIES, NURSING, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, PSYCHOLOGY, SOCIAL WORK, EDUCATION, SCIENCES, WRITING, LITERATURE, LANGUAGES, CULTURAL STUDIES, AND MANY OTHER FIELDS. THE UNIVERSITY NOW OFFERS 25 GRADUATE PROGRAMS IN VARIOUS FIELDS OF STUDY THROUGH THE COLLEGE FOR GRADUATE STUDIES AND HAS ESTABLISHED THE COLLEGE FOR CONTINUING AND PROFESSIONAL EDUCATION WHICH PROVIDES ON-LINE COURSES OF STUDY. THE UNIVERSITY'S FTE AS OF FALL 2008 WAS 1,610 STUDENTS.

TO FORM 990, PART III, LINE A

GRANTS	EXPENSES
7,820,150.	19,637,303.

DESCRIPTION OF PROGRAM SERVICE TWO

STUDENT AND COMMUNITY SERVICES: CHATHAM UNIVERSITY STRIVES TO DEVELOP THE WHOLE STUDENT - BOTH IN AND OUTSIDE THE CLASSROOM. STUDENT AFFAIRS PLAY AN INTEGRAL ROLE IN HELPING OUR STUDENTS ENHANCE THEIR PHYSICAL, MENTAL, SOCIAL AND PHILANTHROPIC WELLBEING. STUDENTS HAVE A VARIETY OF OPPORTUNITIES HIGHLIGHTED IN THE ANNUAL ACTIVITIES CALENDAR FEATURING OVER 300 EVENTS AND HAPPENINGS THROUGHOUT THE YEAR. CHATHAM OFFERS A NCAA DIVISION III ATHLETIC PROGRAM FEATURING NINE VARSITY SPORTS ANCHORED OUT OF OUR IMPRESSIVE 78,000 SQUARE FOOT ATHLETIC AND FITNESS CENTER. STUDENTS LIVING ON CAMPUS IN ONE OF OUR 9 RESIDENTIAL FACILITIES ARE WELCOMED INTO A LIVING AND LEARNING ENVIRONMENT WHERE WELLNESS AND A STRONG SENSE OF COMMUNITY PREVAIL. GIVING BACK TO THE COMMUNITY IS ONE OUR CORE VALUES AND THE CHATHAM COMMUNITY HAS RAISED THOUSANDS OF DOLLARS ANNUALLY TO SUPPORT PHILANTHROPIC INITIATIVES WORLDWIDE. A HEALTH AND COUNSELING CENTER ASSISTS STUDENTS IN NEED AND PROVIDES AN OPPORTUNITY FOR STUDENTS TO BETTER THEMSELVES THROUGH MANY PROGRAMS AND SERVICES.

TO FORM 990, PART III, LINE B

GRANTS	EXPENSES
	9,539,345.

FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT 9

DESCRIPTION OF PROGRAM SERVICE THREE

LIBRARY SERVICES: THE JENNIE KING MELLON LIBRARY HAD ADDED NEW RESOURCES THAT SUPPORT THE LEARNING AND TEACHING MISSION OF CHATHAM UNIVERSITY. NEARLY TEN NEW DATABASES WERE ADDED; MOST OF WHICH HAVE A SIGNIFICANT AMOUNT OF FULL-TEXT JOURNAL COVERAGE. THE NUMBER OF HOURS DEVOTED TO RESEARCH CONSULTATIONS HAS INCREASED OVER 200% FROM THE PRIOR YEAR. THE ARCHIVE COLLECTION HAS BENEFITED FROM ENDOWED SUPPORT AND INCREASED STAFF HOURS TO AID IN DOCUMENTATION, ORGANIZATION, AND PRESERVATION.

TO FORM 990, PART III, LINE C

GRANTS	EXPENSES
_____	_____
_____	1,374,372.
_____	_____

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 10

DESCRIPTION OF PROGRAM SERVICE FOUR

AUXILIARY SERVICES: IN MAY 2008 THE UNIVERSITY RECEIVED THE 388-ACRE EDEN HALL FARM CAMPUS AS A GIFT FROM THE EDEN HALL FOUNDATION. LOCATED NORTH OF PITTSBURGH IN RICHLAND TOWNSHIP AND APPROXIMATELY 45 MINUTES FROM CHATHAM'S HISTORIC SHADYSIDE CAMPUS, EDEN HALL FARM CAMPUS IS A LIVING LABORATORY FOR UNDERGRADUATE AND GRADUATE STUDENTS AS WELL AS FOR THE SURROUNDING COMMUNITIES. AMENITIES ON THE 388-ACRE CAMPUS INCLUDE A WORKING CONFERENCE AND RETREAT CENTER, THE SEBASTIAN MUELLER HOUSE, SWIMMING POOL, BOWLING ALLEY, AND TRAILS.

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 TRI-STATE REGION.

THE UNIVERSITY HOSTS NUMEROUS EVENTS ON CAMPUS INCLUDING: ENTREPRENEURSHIP PROGRAMS FOR WOMEN, SPONSORED BY THE CENTER FOR WOMEN'S ENTREPRENEURSHIP; NATIONAL GIRLS AND WOMEN IN SPORTS DAY; HILLMAN DISTINGUISHED LECTURE SERIES; RACHEL CARSON DAY FOR STUDENTS GRADES 6-12; READY TO BE HEARD: ADVOCACY TRAINING FOR WOMEN; WESTERN PENNSYLVANIA GARDENING AND LANDSCAPING SYMPOSIUM; WESTERN PA UNDERGRADUATE PSYCHOLOGY CONFERENCE; AND A NUMBER OF GLOBAL FOCUS EVENTS. VARIOUS PERFORMING AND VISUAL ARTS EVENTS HELD THROUGHOUT THE ACADEMIC YEAR ARE FREE AND OPEN TO THE PUBLIC.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE D		1,314,607.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 11 PART III

EXPLANATION

PROVISION OF UNDERGRADUATE AND GRADUATE EDUCATION BUILT UPON ACADEMICS, PUBLIC LEADERSHIP AND GLOBAL AWARENESS.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 12

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND	8,802,095.	0.	8,802,095.
BUILDINGS AND IMPROVEMENTS	81,459,582.	37,532,204.	43,927,378.
EQUIPMENT, FURNITURE AND VEHICLES	15,921,956.	12,590.	15,909,366.
CONSTRUCTION IN PROGRESS	1,169,713.	0.	1,169,713.
BUILDING UNDER CAPITAL LEASE	3,144,406.	117,915.	3,026,491.
TOTAL TO FORM 990, PART IV, LN 57	<u>110,497,752.</u>	<u>37,662,709.</u>	<u>72,835,043.</u>

FORM 990 TAX-EXEMPT BOND LIABILITIES OUTSTANDING STATEMENT 13

PURPOSE OF ISSUE

SERIES A OF 1998-CAPITAL FACILITIES ACQUISITION LOAN

USE BY THIRD PARTY	UNEXPENDED BOND PROCEEDS	AMOUNT OF ISSUE OUTSTANDING
NO	0.	10,058,177.

PURPOSE OF ISSUE

SERIES A OF 2002-CONSTRUCTION AND CAPITAL FACILITIES ACQUISITION COSTS

USE BY THIRD PARTY	UNEXPENDED BOND PROCEEDS	AMOUNT OF ISSUE OUTSTANDING
NO	0.	5,665,662.

PURPOSE OF ISSUE

SERIES B OF 2002-FUNDING VARIOUS CAPITAL PROJECTS

USE BY THIRD PARTY	UNEXPENDED BOND PROCEEDS	AMOUNT OF ISSUE OUTSTANDING
NO	0.	23,184,945.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64A		38,908,784.
---	--	-------------

FORM 990

OTHER NOTES AND LOANS PAYABLE

STATEMENT 14

LENDER'S NAME TERMS OF REPAYMENT

PNC BANK LINE OF CREDIT

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
10/27/04		0.	3.15%

SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN

MARKETABLE SECURITIES/INVESTMENTS

RELATIONSHIP OF LENDER

NONE

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
	0.	900,000.

LENDER'S NAME TERMS OF REPAYMENT

DOLLAR BANK LINE OF CREDIT

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
06/30/08		0.	5.00%

SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN

REAL PROPERTY

RELATIONSHIP OF LENDER

NONE

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
	0.	805,687.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B 1,705,687.

FORM 990 OTHER LIABILITIES STATEMENT 15

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
FUNDS HELD FOR OTHERS	6,892.	15,909.
CAPITAL LEASE OBLIGATION	3,093,006.	2,887,406.
TOTAL TO FORM 990, PART IV, LINE 65	3,099,898.	2,903,315.

FORM 990 OTHER SECURITIES STATEMENT 16

SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES
EQUITY SECURITIES	FMV	13,895,185.
ALTERNATIVE INVESTMENTS	FMV	5,926,886.
HEDGE FUNDS	FMV	12,312,480.
INTERNATIONAL FUND	FMV	10,872,990.
FIXED INCOME	FMV	8,741,936.
COMMODITIES	FMV	2,899,657.
TO FORM 990, LINE 54B, COL B		54,649,134.

FORM 990 OTHER REVENUE INCLUDED ON FORM 990 STATEMENT 17

DESCRIPTION	AMOUNT
INVESTMENT EXPENSES	120,793.
RENTAL EXPENSES	-709,336.
TOTAL TO FORM 990, PART IV-A	-588,543.

FORM 990 OTHER EXPENSES INCLUDED ON FORM 990 STATEMENT 18

DESCRIPTION	AMOUNT
STUDENT SCHOLARSHIPS	7,805,125.
INVESTMENT EXPENSES	120,793.
TOTAL TO FORM 990, PART IV-B	7,925,918.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 19

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
DR. ESTHER L. BARAZZONE WOODLAND ROAD PITTSBURGH, PA 15232	PRESIDENT 60.00	299,026.	280417.	8,786.
WALTER B. FOWLER WOODLAND ROAD PITTSBURGH, PA 15232	VP-FINANCE & ADMIN 50.00	151,838.	25,110.	0.
LAURA S. ARMESTO WOODLAND ROAD PITTSBURGH, PA 15232	VP ACADEMIC AFFAIRS DEAN 50.00	159,417.	37,182.	0.
S. MURRAY RUST III WOODLAND ROAD PITTSBURGH, PA 15232	CHAIR 2.50	0.	0.	0.
JOAN GULLEY WOODLAND ROAD PITTSBURGH, PA 15232	VICE CHAIR 1.80	0.	0.	0.
SIGO FALK WOODLAND ROAD PITTSBURGH, PA 15232	VICE CHAIR 1.80	0.	0.	0.
W. DUFF MCCRADY WOODLAND ROAD PITTSBURGH, PA 15232	TREASURER 1.80	0.	0.	0.
LOUISE R. BROWN WOODLAND ROAD PITTSBURGH, PA 15232	TRUSTEE 1.20	0.	0.	0.
CYNTHIA BUNTON WOODLAND ROAD PITTSBURGH, PA 15232	TRUSTEE 1.20	0.	0.	0.
JANE BURGER WOODLAND ROAD PITTSBURGH, PA 15232	TRUSTEE 1.20	0.	0.	0.
KAREN LAKE BUTTREY WOODLAND ROAD PITTSBURGH, PA 15232	TRUSTEE 1.20	0.	0.	0.

ANNETTE CALGARO (ENTERED 6/07) WOODLAND ROAD PITTSBURGH, PA 15232	TRUSTEE 1.20	0.	0.	0.
MARTHA H. CARSON WOODLAND ROAD PITTSBURGH, PA 15232	TRUSTEE 1.20	0.	0.	0.
EDITH S. CHAMP WOODLAND ROAD PITTSBURGH, PA 15232	TRUSTEE 1.20	0.	0.	0.
LYNETTE CHARITY, M.D. WOODLAND ROAD PITTSBURGH, PA 15232	TRUSTEE 1.20	0.	0.	0.
WILLIAM S. DIETRICH II WOODLAND ROAD PITTSBURGH, PA 15232	TRUSTEE 1.20	0.	0.	0.
KIMBERLY FRANCIS (EXITED 6/08) WOODLAND ROAD PITTSBURGH, PA 15232	TRUSTEE 1.20	0.	0.	0.
LENA G. GOLDBERG, ESQ. WOODLAND ROAD PITTSBURGH, PA 15232	TRUSTEE 1.20	0.	0.	0.
GRETCHEN E. HART (ENTERED 6/08) WOODLAND ROAD PITTSBURGH, PA 15232	TRUSTEE 1.20	0.	0.	0.
BARBARA S. HEFFER (ENTERED 6/08) WOODLAND ROAD PITTSBURGH, PA 15232	TRUSTEE 1.20	0.	0.	0.
CORDELIA SURAN JACOBS WOODLAND ROAD PITTSBURGH, PA 15232	TRUSTEE 1.20	0.	0.	0.
JANE MURPHY WOODLAND ROAD PITTSBURGH, PA 15232	TRUSTEE 1.20	0.	0.	0.
DIANE PETERSON WOODLAND ROAD PITTSBURGH, PA 15232	TRUSTEE 1.20	0.	0.	0.
JOSEPH SANFILIPPO (ENTERED 6/07) WOODLAND ROAD PITTSBURGH, PA 15232	TRUSTEE 1.20	0.	0.	0.

ANDREW STOCKEY WOODLAND ROAD PITTSBURGH, PA 15232	TRUSTEE 1.20	0.	0.	0.
MARY B. TEMPLETON ESQ. WOODLAND ROAD PITTSBURGH, PA 15232	TRUSTEE 1.20	0.	0.	0.
BONNIE WESTBROOK VANKIRK WOODLAND ROAD PITTSBURGH, PA 15232	TRUSTEE 1.20	0.	0.	0.
NANCY FOLLETT WAICHLER WOODLAND ROAD PITTSBURGH, PA 15232	TRUSTEE 1.20	0.	0.	0.
G. NICHOLAS BECKWITH III WOODLAND ROAD PITTSBURGH, PA 15232	TRUSTEE 1.80	0.	0.	0.
THOMAS J. HILLIARD WOODLAND ROAD PITTSBURGH, PA 15232	TRUSTEE EMERITI 1.20	0.	0.	0.
HANNAH H. KAMIN WOODLAND ROAD PITTSBURGH, PA 15232	TRUSTEE EMERITI 1.20	0.	0.	0.
ROBERT C. TODD, JR. (EXITED 6/08) WOODLAND ROAD PITTSBURGH, PA 15232	TRUSTEE EMERITI 1.20	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		<u>610,281.</u>	<u>342709.</u>	<u>8,786.</u>

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 20
 ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	TUITION REVENUE ENABLES THE COLLEGE TO PROVIDE STUDENTS WITH INSTRUCTION NECESSARY TO ALLOW THEM TO ACHIEVE THEIR EDUCATIONAL AND CAREER GOALS.
93B	REVENUES RECEIVED RELATED TO PROVISION OF DINING AND RESIDENCE HALLS, BOOKS AND SUPPLIES, AND DAY CAMPS IN FURTHERANCE OF THE COLLEGE'S EXEMPT PURPOSES.

GENERAL EXPLANATION
FORM AND LINE REFERENCES

STATEMENT 21

FORM/LINE IDENTIFIER

DESCRIPTION/RETURN REFERENCE

FORM 990, PART V-A, COLUMNS D AND E

DETAIL OF COMPENSATION

GENERAL EXPLANATION

STATEMENT 22

DR. ESTHER BARAZZONE SERVES CHATHAM UNIVERSITY IN THE CAPACITY OF CHIEF ADMINISTRATIVE AND EXECUTIVE OFFICER WITH THE TITLE OF PRESIDENT. DR. BARAZZONE HAS SERVED THE UNIVERSITY FOR OVER 15 YEARS.

THE UNIVERSITY PROVIDES THE PRESIDENT WITH A PERSONAL RESIDENCE ON THE CAMPUS, FOR THE CONVENIENCE OF THE UNIVERSITY, AND REQUIRES THE PRESIDENT TO USE THIS PERSONAL RESIDENCE AS A CONDITION OF HER EMPLOYMENT. AS PROVIDED UNDER FEDERAL INCOME TAX LAW, NO AMOUNT OF TAXABLE INCOME IS REPORTED FOR THIS BENEFIT, AND NO AMOUNT IS REQUIRED TO BE REPORTED IN THE 990 FOR THIS BENEFIT.

IN ADDITION TO BASIC EMPLOYEE BENEFITS (SUCH AS HEALTH BENEFITS, LIFE INSURANCE, AND LONG-TERM CARE INSURANCE) REPORTED IN COLUMN (D), THE PRESIDENT WAS CREDITED WITH CONTRIBUTIONS FROM THE UNIVERSITY TO TWO NONQUALIFIED DEFERRED COMPENSATION PLANS. THESE CONTRIBUTIONS, WHICH ARE INCLUDED IN THE AGGREGATE AMOUNT REPORTED IN COLUMN (D), WERE \$15,500 TO A SECTION 457(B) PLAN AND \$197,000 TO A SECTION 457(F) PLAN. IT SHOULD BE NOTED THAT THE AMOUNT CONTRIBUTED TO THE SECTION 457(F) PLAN IS SUBJECT TO SUBSTANTIAL RESTRICTIONS AND WILL BE PAID TO THE PRESIDENT, IF AT ALL, ONLY IF THE PRESIDENT MEETS SUBSTANTIAL FUTURE SERVICE REQUIREMENTS. UNTIL THOSE REQUIREMENTS ARE SATISFIED, IF EVER, THE PRESIDENT IS NOT ENTITLED TO THIS AMOUNT. IT SHOULD ALSO BE NOTED THAT THESE SUPPLEMENTAL RETIREMENT BENEFITS ARE PART OF A RETIREMENT PROGRAM THAT PROVIDES A MODEST LEVEL OF RETIREMENT INCOME FOR ALL YEARS OF SERVICE THAT THE PRESIDENT PROVIDES TO THE UNIVERSITY. ANY RETIREMENT BENEFITS THAT ARE EVENTUALLY PAID SHOULD BE VIEWED AS APPLYING TO THE ENTIRE LENGTH OF THE PRESIDENT'S SERVICE TO THE UNIVERSITY.

AMOUNTS REPORTED IN COLUMN (E) ARE INTERNAL REVENUE CODE SECTION 132 BENEFITS PROVIDED BY THE UNIVERSITY TO THE PRESIDENT, CONSISTING OF THE VALUE OF PERSONAL USE OF A UNIVERSITY-PROVIDED AUTOMOBILE, FINANCIAL CONSULTING SERVICES AND MINOR BENEFITS. THE UNIVERSITY DOES NOT PROVIDE THE PRESIDENT WITH AN "EXPENSE ACCOUNT" FOR PERSONAL USE.

SCHEDULE A

EXPLANATION OF TRANSACTIONS
PART III, LINE 2C

STATEMENT 23

THE UNIVERSITY PROCURES HEALTH INSURANCE FROM AN UNRELATED THIRD PARTY AT MARKET RATES. TWO MEMBERS OF THE UNIVERSITY'S BOARD OF TRUSTEES SERVE ON THE BOARD OF THE HEALTH INSURER SUBSIDIARY'S PARENT ORGANIZATION.

THE UNIVERSITY PROCURES BANKING SERVICES FROM A FINANCIAL INSTITUTION. A MEMBER OF THE UNIVERSITY'S BOARD OF TRUSTEES IS AN OFFICER OF THE FINANCIAL INSTITUTION.

ALL TRANSACTIONS ARE CONDUCTED AT ARM'S LENGTH IN THE NORMAL COURSE OF BUSINESS IN ACCORDANCE WITH THE ORGANIZATION'S STANDARD PURCHASING PROCEDURES AND CONFLICT OF INTEREST POLICY.

SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS STATEMENT 24
PART III, LINE 3A

THE COLLEGE AWARDS SCHOLARSHIPS BASED ON SUPERIOR ACADEMIC ACHIEVEMENT AND FINANCIAL NEED. ALL SCHOLARSHIPS AND STUDENT LOANS ARE REVIEWED AND APPROVED BY CHATHAM'S FINANCIAL AID OFFICE.

SCHEDULE A

GOVERNMENT FINANCIAL ASSISTANCE STATEMENT
PART V, LINE 34

STATEMENT 25

MONETARY GRANTS WERE RECEIVED FROM FEDERAL AND STATE AGENCIES TO
PROVIDE ASSISTANCE TO STUDENTS ATTENDING THE UNIVERSITY.

SCHEDULE A STATEMENT OF LOBBYING ACTIVITIES - PART VI-B STATEMENT 26

CHATHAM UNIVERSITY INDIRECTLY INCURRED LOBBYING EXPENSE THROUGH A PAYMENT MADE TO THE ALLEGHENY CONFERENCE ON COMMUNITY DEVELOPMENT ("ACCD"). ACCD ADVOCATES ON BEHALF OF ITS REGIONAL INVESTORS. ACCD'S EFFORTS ARE FOCUSED ON RESOURCES AND LEGISLATIVE CHANGES NEEDED TO IMPROVE THE REGION'S BUSINESS CLIMATE.

SCHEDULE A GENERAL EXPLANATION STATEMENT 27
FORM AND LINE REFERENCES

FORM/LINE IDENTIFIER	DESCRIPTION/RETURN REFERENCE
SCHEDULE A, PART I	EXPLANATION OF ADDITIONAL COMPENSATION

SCHEDULE A GENERAL EXPLANATION STATEMENT 28

MS. PATTON IS COMPENSATED FOR HER SERVICES AS DIRECTOR OF NURSING PROGRAMS IN ADDITION TO COMPENSATION FOR TEACHING OVERLOAD COURSES.

IN ADDITION FOR TEACHING SERVICES, MR. VIEHLAND RECEIVED COMPENSATION FOR SERVICES PERFORMED AS THE CHAIR OF THE SCIENCE DIVISION, SERVICES PERFORMED IN CONJUNCTION WITH AN NSF GRANT, AND FOR SERVICES PERFORMED IN CONNECTION WITH TEACHING AN OVERLOAD COURSE.

MS. RIEBE IS COMPENSATED FOR HER SERVICES AS EXECUTIVE DIRECTOR OF BUSINESS PROGRAMS AND DIRECTOR OF THE CENTER FOR WOMEN ENTREPRENEURS.

MS. LITRELL IS COMPENSATED FOR HER SERVICES AS THE DEAN OF CCPS IN ADDITION TO COMPENSATION FOR TEACHING AN OVERLOAD COURSE.

TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

JUNE 30, 2008

Prepared for	CHATHAM UNIVERSITY WOODLAND ROAD PITTSBURGH, PA 15232
Prepared by	SCHNEIDER DOWNS & CO., INC. 1133 PENN AVENUE PITTSBURGH, PA 15222
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS COPY OF THE RETURN IS PROVIDED ONLY FOR PUBLIC DISCLOSURE PURPOSES.

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No. 1545-0687

2007

Department of the Treasury Internal Revenue Service (77)

For calendar year 2007 or other tax year beginning JUL 1, 2007, and ending JUN 30, 2008

Open to Public Inspection for 501(c)(3) Organizations Only

A Check box if address changed

Name of organization (Check box if name changed and see instructions.)

D Employer identification number (Employees' trust, see instructions for Block D on page 9.)

B Exempt under section 501(c)(3) 408(e) 408A 529(a)

Print or Type

CHATHAM UNIVERSITY WOODLAND ROAD PITTSBURGH, PA 15232

25-0717890

E Unrelated business activity codes (See instructions for Block E on page 9.)

523000

C Book value of all assets at end of year 148,486,528.

F Group exemption number (see instructions for Block F.)

G Check organization type 501(c) corporation 501(c) trust 401(a) trust Other trust

H Describe the organization's primary unrelated business activity. INVESTMENT IN PARTNERSHIPS

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? No

J The books are in care of JENNIFER LUNDY Telephone number (412) 365-1145

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts, Capital gain, Income from partnerships, and Total.

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include Compensation of officers, Charitable contributions, and Total deductions.

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization CHATHAM UNIVERSITY	Employer identification number 25-0717890
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. WOODLAND ROAD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PITTSBURGH, PA 15232	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--------------------------------------|---|------------------------------------|
| <input type="checkbox"/> Form 990 | <input checked="" type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **JENNIFER LUNDY**
Telephone No. ▶ **(412) 365-1145** FAX No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **MAY 15, 2009**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2007**, and ending **JUN 30, 2008**.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:		
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____		
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____		
c Income tax on the amount on line 34	35c	21,207.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	36	
37 Proxy tax. See instructions	37	
38 Alternative minimum tax	38	
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies	39	21,207.

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	40a		
b Other credits (see instructions)	40b		
c General business credit. Check here and indicate which forms are attached: <input type="checkbox"/> Form 3800 <input type="checkbox"/> Form(s) (specify) _____	40c		
d Credit for prior year minimum tax (attach Form 8801 or 8827)	40d		
e Total credits. Add lines 40a through 40d	40e		
41 Subtract line 40e from line 39	41	21,207.	
42 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	42		
43 Total tax. Add lines 41 and 42	43	21,207.	
44a Payments: A 2006 overpayment credited to 2007	44a	6,756.	
b 2007 estimated tax payments	44b	16,000.	
c Tax deposited with Form 8868	44c		
d Foreign organizations: Tax paid or withheld at source (see instructions)	44d		
e Backup withholding (see instructions)	44e		
f Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	44f		
45 Total payments. Add lines 44a through 44f	45	22,756.	
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	46		
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed	47		
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	48	1,549.	
49 Enter the amount of line 48 you want: Credited to 2008 estimated tax 1,549. Refunded 0.	49		

Part V Statements Regarding Certain Activities and Other Information (See instructions on page 18)

1 At any time during the 2007 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1. If YES, enter the name of the foreign country here	Yes	No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$		

Schedule A - Cost of Goods Sold. Enter method of inventory valuation N/A

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a Additional section 263A costs	4a				X
b Other costs (attach schedule)	4b				
5 Total. Add lines 1 through 4b	5				

Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer: *[Signature]* Date: 5/15/09 Title: VP FINANCE AND ADMIN

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed Preparer's SSN or PTIN: P00341397
Firm's name (or yours if self-employed), address, and ZIP code: SCHNEIDER DOWNS & CO., INC., 1133 PENN AVENUE, PITTSBURGH, PA 15222
EIN: 25-1408703 Phone no.: (412) 261-3644

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)(see instr. on pg 20)

1 Description of property

Table with 4 rows for property description (1-4).

2 Rent received or accrued

Table with 3 columns: (a) From personal property, (b) From real and personal property, and 3 Deductions directly connected with the income.

Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) 0. Total deductions. Enter here and on page 1, Part I, line 6, column (B) 0.

Schedule E - Unrelated Debt-Financed Income (See instructions on page 20)

Table with 4 columns: 1 Description of debt-financed property, 2 Gross income from or allocable to debt-financed property, 3(a) Straight line depreciation, 3(b) Other deductions.

Table with 5 columns: 4 Amount of average acquisition debt, 5 Average adjusted basis, 6 Column 4 divided by column 5, 7 Gross income reportable, 8 Allocable deductions.

Totals ... Total dividends-received deductions included in column 8 ...

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (See instructions on page 21)

Table for Exempt Controlled Organizations with 6 columns: 1 Name of Controlled Organization, 2 Employer Identification Number, 3 Net unrelated income, 4 Total of specified payments made, 5 Part of column 4 that is included in the controlling organization's gross income, 6 Deductions directly connected with income.

Nonexempt Controlled Organizations

Table for Nonexempt Controlled Organizations with 5 columns: 7 Taxable Income, 8 Net unrelated income (loss), 9 Total of specified payments made, 10 Part of column 9 that is included in the controlling organization's gross income, 11 Deductions directly connected with income.

Totals ... Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization
(see instructions on page 22)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals		Enter here and on page 1, Part I, line 9, column (A). 0.		Enter here and on page 1, Part I, line 9, column (B). 0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income
(see instructions on page 22)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals		Enter here and on page 1, Part I, line 10, col. (A). 0.	Enter here and on page 1, Part I, line 10, col. (B). 0.			Enter here and on page 1, Part II, line 26. 0.

Schedule J - Advertising Income (see instructions on page 22)

Part I Income From Periodicals Reported on a Consolidated Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))		0.	0.			0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)		Enter here and on page 1, Part I, line 11, col. (A). 0.	Enter here and on page 1, Part I, line 11, col. (B). 0.			Enter here and on page 1, Part II, line 27. 0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions on page 23)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
			%
			%
			%
			%
Total. Enter here and on page 1, Part II, line 14			0.

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS STATEMENT 29

DESCRIPTION	AMOUNT
ARCHSTONE PARTNERS L.P.	28,621.
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS V LP	15,578.
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VI LP	2,979.
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII LP	-2.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS VII LP	-323.
COMMONFUND CAPITAL INTERNATIONAL PARTNERS V LP	-62.
COMMONFUND CAPITAL VENTURE PARTNERS VI LP	84.
COMMONFUND CAPITAL VENTURE PARTNERS VII LP	-231.
ENDOWMENT VENTURE PARTNERS V LP	-92.
ENDOWMENT VENTURE PARTNERS IV LP	7.
ENDOWMENT VENTURE PARTNERS III LP	-2.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	46,557.

FORM 990-T OTHER INCOME STATEMENT 30

DESCRIPTION	AMOUNT
GATEHOUSE ACTIVITY	45,329.
TOTAL TO FORM 990-T, PAGE 1, LINE 12	45,329.

FORM 990-T CONTRIBUTIONS STATEMENT 31

DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
CONTRIBUTION CARRYOVER FROM 2006	N/A	11,204.
FROM 6/30/06	N/A	1,812.
FROM 6/30/08	N/A	15,025.
TOTAL TO FORM 990-T, PAGE 1, LINE 20		28,041.

FORM 990-T

OTHER DEDUCTIONS

STATEMENT 32

DESCRIPTION

AMOUNT

INVESTMENT ADVISORY EXPENSES

37,500.

GATEHOUSE ACTIVITY DIRECT EXPENSES

81,813.

TOTAL TO FORM 990-T, PAGE 1, LINE 28

119,313.

**SCHEDULE D
(Form 1120)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

▶ See separate instructions.

OMB No. 1545-0123

2007

Name **CHATHAM UNIVERSITY** Employer identification number **25-0717890**

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

(a) Description of property (Example: 100 shares of Z Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price (see instructions)	(e) Cost or other basis (see instructions)	(f) Gain or (loss) (Subtract (e) from (d))
1 COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS V LP					
ARCHSTONE PARTNERS L.P.			140.		140.
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VI LP			74,396.		74,396.
			7.		7.

2 Short-term capital gain from installment sales from Form 6252, line 26 or 37	2	
3 Short-term gain or (loss) from like-kind exchanges from Form 8824	3	
4 Unused capital loss carryover (attach computation)	4	()
5 Net short-term capital gain or (loss). Combine lines 1 through 4	5	74,543.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

6		

7 Enter gain from Form 4797, line 7 or 9	7	
8 Long-term capital gain from installment sales from Form 6252, line 26 or 37	8	
9 Long-term gain or (loss) from like-kind exchanges from Form 8824	9	
10 Capital gain distributions (see instructions)	10	67,890.
11 Net long-term capital gain or (loss). Combine lines 6 through 10	11	67,890.

Part III Summary of Parts I and II

12 Enter excess of net short-term capital gain (line 5) over net long-term capital loss (line 11)	12	74,543.
13 Net capital gain. Enter excess of net long-term capital gain (line 11) over net short-term capital loss (line 5)	13	67,890.
14 Add lines 12 and 13. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns	14	142,433.

Note. If losses exceed gains, see Capital losses in the instructions.