

TAX RETURN FILING INSTRUCTIONS

** FORM 990 PUBLIC DISCLOSURE COPY **

FOR THE YEAR ENDING

JUNE 30, 2009

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.

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2008 calendar year, or tax year beginning **JUL 1, 2008** and ending **JUN 30, 2009**

B Check if applicable:
 Address change
 Name change
 Initial return
 Termination
 Amended return
 Application pending

Please use IRS label or print or type.
 See Specific Instructions.

C Name of organization
CHATHAM UNIVERSITY
 Doing Business As
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
WOODLAND ROAD
 City or town, state or country, and ZIP + 4
PITTSBURGH, PA 15232

D Employer identification number
25-0717890

E Telephone number
412-365-1100

G Gross receipts \$ **68,519,769.**

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

F Name and address of principal officer: **DR. ESTHER L. BARAZZONE**
SAME AS C ABOVE

I Tax-exempt status: 501(c) (**3**) ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.CHATHAM.EDU**

K Type of organization: Corporation Trust Association Other ▶

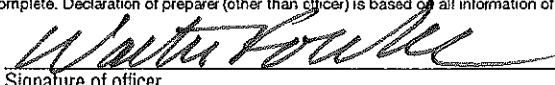
L Year of formation: **1869** **M** State of legal domicile: **PA**

Part I Summary

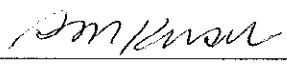
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PROVISION OF UNDERGRADUATE AND GRADUATE EDUCATION.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	28
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	27
	5 Total number of employees (Part V, line 2a)	5	1544
	6 Total number of volunteers (estimate if necessary)	6	50
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	-81,414.
b Net unrelated business taxable income from Form 990-T, line 34	7b	-135,420.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 12,609,843.	Current Year 4,455,604.
	9 Program service revenue (Part VIII, line 2g)	35,875,097.	42,099,709.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,581,600.	575,992.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	68,796.	62,325.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	50,135,336.	47,193,630.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,820,150.	8,905,554.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	16,963,103.	19,281,306.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,009,365.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	22,705,681.	22,108,541.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	47,488,934.	50,295,401.	
19 Revenue less expenses. Subtract line 18 from line 12	2,646,402.	-3,101,771.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year 148,486,528.	End of Year 150,732,876.
	21 Total liabilities (Part X, line 26)	50,633,092.	69,817,984.
	22 Net assets or fund balances. Subtract line 21 from line 20	97,853,436.	80,914,892.

Part II Signature Block

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

Sign Here ▶  **Date** **5/14/10**
 Signature of officer
WALTER FOWLER, VICE PRESIDENT FINANCE & ADMIN
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature  Date **5/10/10** Check if self-employed Preparer's identifying number (see instructions)

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**

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

- 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. Only file the original (no copies needed).		
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):

Form 990
 Form 990-EZ
 Form 990-T (sec. 401(a) or 408(a) trust)
 Form 1041-A
 Form 5227
 Form 8870
 Form 990-BL
 Form 990-PF
 Form 990-T (trust other than above)
 Form 4720
 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.

JENNIFER LUNDY

- The books are in the care of **WOODLAND ROAD - PITTSBURGH, PA 15232**
 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.

- I request an additional 3-month extension of time until **MAY 15, 2010**
- For calendar year _____, or other tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**
- If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- State in detail why you need the extension

ADDITIONAL TIME IS REQUIRED TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE 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 **2/2/2010**

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 File by the due date for filing your 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	
	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 |

JENNIFER LUNDY

• The books are in the care of ▶ **WOODLAND ROAD - PITTSBURGH, PA 15232**
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, 2010**, 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, 2008**, and ending **JUN 30, 2009**.

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.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION CHATHAM UNIVERSITY PREPARES ITS STUDENTS, BACHELORS THROUGH DOCTORAL LEVEL, ON CAMPUS AND AROUND THE WORLD, TO EXCEL IN THEIR PROFESSIONS AND TO BE ENGAGED, ENVIRONMENTALLY RESPONSIBLE, GLOBALLY CONSCIOUS, LIFE-LONG LEARNERS, AND CITIZEN LEADERS FOR DEMOCRACY. CHATHAM COLLEGE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes", describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes", describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses \$ 33269518. including grants of \$ 8,905,554.) (Revenue \$ 38174818.) 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 THE COLLEGE FOR CONTINUING AND PROFESSIONAL STUDIES WHICH

4b (Code:) (Expenses \$ 2,870,651. including grants of \$ 0.) (Revenue \$ 3,924,891.) 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.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 36,140,169. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	<input checked="" type="checkbox"/>	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	<input checked="" type="checkbox"/>	
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<input checked="" type="checkbox"/>	
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		<input checked="" type="checkbox"/>
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input checked="" type="checkbox"/>	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	<input checked="" type="checkbox"/>	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	<input checked="" type="checkbox"/>	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input checked="" type="checkbox"/>	
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>	<input checked="" type="checkbox"/>	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>	<input checked="" type="checkbox"/>	
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		<input checked="" type="checkbox"/>
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		<input checked="" type="checkbox"/>
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		<input checked="" type="checkbox"/>
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	<input checked="" type="checkbox"/>	
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	<input checked="" type="checkbox"/>	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>	<input checked="" type="checkbox"/>	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		<input checked="" type="checkbox"/>
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		<input checked="" type="checkbox"/>
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		<input checked="" type="checkbox"/>
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		<input checked="" type="checkbox"/>
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		<input checked="" type="checkbox"/>
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		<input checked="" type="checkbox"/>
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		<input checked="" type="checkbox"/>

Form 990 (2008)

Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a	X
b Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b	X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	X

Form 990 (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
1a	2595		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2a	1544		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
b	If "Yes," enter the name of the foreign country: CAYMAN ISLANDS See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
d	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
a	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
b	9b		
10	Section 501(c)(7) organizations. Enter: N/A		
a	Initiation fees and capital contributions included on Part VIII, line 12		
a	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
b	10b		
11	Section 501(c)(12) organizations. Enter: N/A		
a	Gross income from members or shareholders		
a	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
b	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
a	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A		
b	12b		

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

	Yes	No
<i>For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.</i>		
1a Enter the number of voting members of the governing body	28	
b Enter the number of voting members that are independent	27	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9a Does the organization have local chapters, branches, or affiliates?		X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a The organization's CEO, Executive Director, or top management official?	X	
b Other officers or key employees of the organization?	X	
Describe the process in Schedule O. (see instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed	PA
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.	
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:	JENNIFER LUNDY - (412)365-1145 WOODLAND ROAD, PITTSBURGH, PA 15232

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
G. NICHOLAS BECKWITH III TRUSTEE	2.80	X					0.	0.	0.	
LOUISE R. BROWN TRUSTEE	2.20	X					0.	0.	0.	
CYNTHIA BUNTON TRUSTEE	2.20	X					0.	0.	0.	
JANE BURGER TRUSTEE	2.20	X					0.	0.	0.	
KAREN LAKE BUTTREY TRUSTEE	2.20	X					0.	0.	0.	
ANNETTE CALGARO TRUSTEE	2.20	X					0.	0.	0.	
MARTHA H. CARSON TRUSTEE	2.20	X					0.	0.	0.	
EDITH S. CHAMP TRUSTEE	2.20	X					0.	0.	0.	
LYNETTE CHARITY, M.D. TRUSTEE	2.20	X					0.	0.	0.	
WILLIAM S. DIETRICH II TRUSTEE	2.20	X					0.	0.	0.	
FREDDIE FU -ENT 2/13/09 TRUSTEE	2.20	X					0.	0.	0.	
LENA G. GOLDBERG, ESQ. TRUSTEE	2.20	X					0.	0.	0.	
JOAN GULLEY (EXITED 10/08) TRUSTEE	2.80	X					0.	0.	0.	
GRETCHEN E. HART TRUSTEE	2.20	X					0.	0.	0.	
BARBARA S. HEFFER TRUSTEE	2.20	X					0.	0.	0.	
DIANE HOLDER (ENT 6/13/08) TRUSTEE	2.20	X					0.	0.	0.	
CORDELIA SURAN JACOBS TRUSTEE	2.20	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JOANNE LAIPSON (ENT 10/24/08) TRUSTEE	2.20	X						0.	0.	0.
JANE MURPHY TRUSTEE	2.20	X						0.	0.	0.
DIANE PETERSON TRUSTEE	2.20	X						0.	0.	0.
JOSEPH SANFILIPPO TRUSTEE	2.20	X						0.	0.	0.
ANDREW STOCKEY (EXITED 8/11/09) TRUSTEE	2.20	X						0.	0.	0.
BONNIE WESTBROOK VANKIRK TRUSTEE	2.20	X						0.	0.	0.
NANCY FOLLETT WAICHLER TRUSTEE	2.20	X						0.	0.	0.
MARGARET WHITFORD (ENT 6/12/09) TRUSTEE	2.20	X						0.	0.	0.
S. MURRAY RUST III CHAIR	3.50	X		X				0.	0.	0.
SIGO FALK VICE CHAIR	2.80	X		X				0.	0.	0.
1b Total								1,275,358.	0.	542,801.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 8

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
PARKHURST DINING SERVICES PO BOX 644091, PITTSBURGH, PA 15264	FOOD SERVICE	1,574,517.
RED HOUSE COMMUNICATIONS INC. 19080 SARAH STREET, PITTSBURGH, PA 15203	ADVERTISING	481,710.
IKON FINANCIAL SERVICES PO BOX 41564, PHILADELPHIA, PA 19101	PRINTING/POSTAL SERVICES	472,918.
ROTHSCHILD DOYNO ARCHITECTS 2847 PENN AVENUE, PITTSBURGH, PA 15222	ARCHITECTURAL SERVICES	330,050.
ST. MORITZ BUILDING SERVICES PO BOX 280, INDIANA, PA 15701	SECURITY/MAINTENANCE SERVICES	224,039.

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization 34

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	1,699,124.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,756,480.				
	g	Noncash contributions included in lines 1a-1f: \$		89,844.				
	h	Total. Add lines 1a-1f		4455604.				
	Program Service Revenue	2 a	TUITION AND FEES	Business Code 900099	38,174,818.	38,174,818.		
b		AUXILIARY ENTERPRISES	900099	3924891.	3924891.			
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f		42,099,709.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		2115103.		-50,146.	2,165,249.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	(ii) Personal				
			2,456,332.					
			b	Less: rental expenses	2,394,007.			
			c	Rental income or (loss)	62,325.			
	d	Net rental income or (loss)			62,325.	-31,268.	93,593.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			17,393,021.					
			b	Less: cost or other basis and sales expenses	18,932,132.			
			c	Gain or (loss)	-1,539,111.			
	d	Net gain or (loss)			-1,539,111.		-1,539,111.	
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
	b	Less: direct expenses	b					
c	Net income or (loss) from fundraising events							
9 a	Gross income from gaming activities. See Part IV, line 19	a						
		b	Less: direct expenses	b				
		c	Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances	a						
		b	Less: cost of goods sold	b				
		c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue			Business Code					
11 a								
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d							
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			47,193,630.	42,099,709.	-81,414.	719,731.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	8,905,554.	8,905,554.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	733,900.	186,417.	467,964.	79,519.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	14,930,109.	11,327,151.	3,004,806.	598,152.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,105,443.	775,964.	273,376.	56,103.
9 Other employee benefits	1,386,421.	767,245.	574,145.	45,031.
10 Payroll taxes	1,125,433.	845,248.	232,310.	47,875.
11 Fees for services (non-employees):				
a Management				
b Legal	104,288.		104,288.	
c Accounting	103,070.		103,070.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	118,351.		118,351.	
g Other	1,159,294.	686,135.	393,335.	79,824.
12 Advertising and promotion	595,224.	34,465.	560,758.	1.
13 Office expenses	2,402,709.	1,324,605.	1,021,068.	57,036.
14 Information technology	1,102,263.	973,569.	128,694.	
15 Royalties				
16 Occupancy	138,101.	138,101.		
17 Travel	865,733.	735,902.	97,133.	32,698.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	2,118,949.		2,118,949.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,325,881.	3,073,717.	252,164.	
23 Insurance	532,223.	693.	531,530.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a OVERHEAD ALLOCATION	4,694,601.	4,201,730.	492,871.	
b SERVICE CONTRACTS	2,582,330.	1,257,597.	1,323,235.	1,498.
c TUITION REMISSION	418,850.		418,850.	
d DUES AND SUBSCRIPTIONS	261,961.	119,370.	136,647.	5,944.
e FOOD SERVICE	241,803.	166,367.	72,568.	2,868.
f All other expenses	1,342,910.	620,339.	719,755.	2,816.
25 Total functional expenses. Add lines 1 through 24f	50,295,401.	36,140,169.	13,145,867.	1,009,365.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	9,364,703.	1 7,374,457.
	2	Savings and temporary cash investments	2,336,312.	2 2,433,909.
	3	Pledges and grants receivable, net	692,221.	3 1,303,561.
	4	Accounts receivable, net	2,869,789.	4 2,896,094.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6
	7	Notes and loans receivable, net	786,085.	7 774,475.
	8	Inventories for sale or use		8
	9	Prepaid expenses and deferred charges	529,936.	9 709,677.
	10a	Land, buildings, and equipment: cost basis ...	10a 131,954,311.	
	b	Less: accumulated depreciation. Complete Part VI of Schedule D	10b 41,235,033.	10c 90,719,278.
	11	Investments - publicly traded securities	36,409,768.	11 25,737,030.
	12	Investments - other securities. See Part IV, line 11	18,239,366.	12 15,362,756.
	13	Investments - program-related. See Part IV, line 11		13
	14	Intangible assets		14
	15	Other assets. See Part IV, line 11	4,423,305.	15 3,421,639.
16	Total assets. Add lines 1 through 15 (must equal line 34)	148,486,528.	16 150,732,876.	
Liabilities	17	Accounts payable and accrued expenses	4,036,402.	17 6,551,444.
	18	Grants payable	1,511,474.	18 1,511,474.
	19	Deferred revenue	1,567,430.	19 1,882,621.
	20	Tax-exempt bond liabilities	38,908,784.	20 57,178,390.
	21	Escrow account liability. Complete Part IV of Schedule D		21
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22
	23	Secured mortgages and notes payable to unrelated third parties	1,705,687.	23
	24	Unsecured notes and loans payable		24
	25	Other liabilities. Complete Part X of Schedule D	2,903,315.	25 2,694,055.
	26	Total liabilities. Add lines 17 through 25	50,633,092.	26 69,817,984.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	39,913,790.	27 36,547,759.
	28	Temporarily restricted net assets	22,444,087.	28 9,318,962.
	29	Permanently restricted net assets	35,495,559.	29 35,048,171.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30
	31	Paid-in or capital surplus, or land, building, or equipment fund		31
	32	Retained earnings, endowment, accumulated income, or other funds		32
33	Total net assets or fund balances	97,853,436.	33 80,914,892.	
34	Total liabilities and net assets/fund balances	148,486,528.	34 150,732,876.	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b	If "Yes," did the organization undergo the required audit or audits?	X	

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

2008
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization CHATHAM UNIVERSITY	Employer identification number 25-0717890
--	--

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only one organization.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete the Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i)		
(ii) A family member of a person described in (i) above? 11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii)		
- h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 - 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

Name of the 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 (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. 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 answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their 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 Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization

Employer identification number

CHATHAM UNIVERSITY

25-0717890

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 124,985.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 105,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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

2008
Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

▶ To be completed by organizations described below.
▶ Attach to Form 990 or Form 990-EZ.

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

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

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization CHATHAM UNIVERSITY	Employer identification number 25-0717890
---	---

Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.

See the instructions for Schedule C for details.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

Part I-B To be completed by all organizations exempt under section 501(c)(3).

See the instructions for Schedule C for details.

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3).

See the instructions for Schedule C for details.

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

- A Check if the filing organization belongs to an affiliated group.
 B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. Enter -0- if line g is more than line a														
i	Subtract line 1f from line 1c. Enter -0- if line f is more than line c														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a	Lobbying non-taxable amount				
b	Lobbying ceiling amount (150% of line 2a, column(e))				
c	Total lobbying expenditures				
d	Grassroots non-taxable amount				
e	Grassroots ceiling amount (150% of line 2d, column (e))				
f	Grassroots lobbying expenditures				

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1j)? ..		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	
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 Other activities? If "Yes," describe in Part IV	X		1,120.
j Total lines 1c through 1i			1,120.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details.

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details.

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5	

Part IV Supplemental Information

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

PART II-B, LINE 1(I), OTHER LOBBYING ACTIVITIES:

CHATHAM UNIVERSITY INDIRECTLY INCURRED LOBBYING EXPENSE THROUGH A
 PAYMENT MADE TO AN ORGANIZATION THAT ADVOCATES IN SUPPORT OF LOCAL
 ECONOMIC DEVELOPMENT. EFFORTS ARE FOCUSED ON RESOURCES AND LEGISLATIVE
 CHANGES NEEDED TO IMPROVE THE BUSINESS CLIMATE OF THE CITY OF
 PITTSBURGH. THE UNIVERSITY DOES NOT ENGAGE IN ANY DIRECT LOBBYING

Part IV Supplemental Information *(continued)*

ACTIVITY.

Lined area for supplemental information.

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization **CHATHAM UNIVERSITY** Employer identification number **25-0717890**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	
- Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____
- Number of states where property subject to conservation easement is located ▶ _____
- Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?
- Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____
- Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ _____
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
- In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
 - If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	61,408,751.				
b Contributions	554,278.				
c Investment earnings or losses	-15,007,695.				
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	46,955,334.				

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment 25.00 %
 - b Permanent endowment 56.00 %
 - c Term endowment 19.00 %

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-------------------------------------|-------------------------------------|
| (i) unrelated organizations | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/> |

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		9,565,195.		9,565,195.
b Buildings		99,560,390.		99,560,390.
c Leasehold improvements		5,765,055.		5,765,055.
d Equipment		17,063,671.		17,063,671.
e Other			41,235,033.	-41235033.
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				90,719,278.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
ALTERNATIVE INVESTMENTS	5,650,873.	END-OF-YEAR MARKET VALUE
HEDGE FUNDS	9,410,833.	END-OF-YEAR MARKET VALUE
REAL ESTATE INVESTMENT FUND	301,050.	END-OF-YEAR MARKET VALUE
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.) ▶	15,362,756.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
Federal income taxes	
FUNDS HELD FOR OTHERS	12,249.
CAPITAL LEASE OBLIGATION	2,681,806.
Total. (Column (b) should equal Form 990, Part X, col (B) line 25.) ▶	2,694,055.

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	47,193,630.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	50,295,401.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-3,101,771.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-13,836,773.
9	Total adjustments (net). Add lines 4-8	9	-13,836,773.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-16,938,544.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	26,863,640.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-13836773.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	-13836773.
3	Subtract line 2e from line 1	3	40,700,413.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	6,493,217.
c	Add lines 4a and 4b	4c	6,493,217.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	47,193,630.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	43,802,184.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	2,394,007.
e	Add lines 2a through 2d	2e	2,394,007.
3	Subtract line 2e from line 1	3	41,408,177.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	8,887,224.
c	Add lines 4a and 4b	4c	8,887,224.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	50,295,401.

Part XIV Supplemental Information

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

PART III, LINE 1A: COLLECTIONS - THE UNIVERSITY'S COLLECTIONS INCLUDE

PAINTINGS, PRINTS, PHOTOGRAPHS, SCULPTURES, DRAWINGS AND WATERCOLORS, AND

DECORATIVE ARTS. THESE ITEMS ARE HELD FOR EDUCATIONAL, RESEARCH,

SCIENTIFIC AND CURATORIAL PURPOSES. EACH OF THE ITEMS IS CATALOGED,

PRESERVED AND CARED FOR, AND ACTIVITIES VERIFYING THEIR EXISTENCE AND

ASSESSING THEIR CONDITION ARE PERFORMED CONTINUOUSLY. PURCHASES OF

COLLECTION ITEMS ARE RECORDED AS OPERATING EXPENDITURES IN THE YEAR IN

WHICH THE ITEMS ARE ACQUIRED. CONTRIBUTED COLLECTION ITEMS ARE NOT

Part XIV Supplemental Information (continued)

REFLECTED IN THE FINANCIAL STATEMENTS.

PART III, LINE 4: THE UNIVERSITY'S COLLECTIONS INCLUDE PAINTINGS, PRINTS, PHOTOGRAPHS, SCULPTURES, DRAWINGS AND WATERCOLORS, AND DECORATIVE ARTS. THESE ITEMS ARE HELD FOR EDUCATIONAL, RESEARCH, SCIENTIFIC AND CURATORIAL PURPOSES. THE UNIVERSITY IS HOME TO THE OLKES COLLECTION OF AFRICAN ART, ONE OF THE MOST SIGNIFICANT COLLECTIONS OF AFRICAN TRIBAL ART IN THE TRI-STATE REGION.

PART V, LINE 4: THE INTENDED USE OF THE ENDOWMENT IS TO SUPPORT THE MISSION OF THE UNIVERSITY. ENDOWMENT ASSETS INCLUDE THOSE ASSETS OF DONOR-RESTRICTED FUNDS THAT THE UNIVERSITY MUST HOLD IN PERPETUITY OR FOR A DONOR SPECIFIED PERIOD. THE UNIVERSITY'S OBJECTIVE IS TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS HELD IN PERPETUITY, AS WELL AS TO PROVIDE REAL GROWTH THROUGH NEW GIFTS AND INVESTMENT RETURN, WHILE PROVIDING A DEPENDABLE SOURCE OF INCOME FOR THE UNIVERSITY FOR CURRENT OPERATION.

PART X: IN 2006, THE FASB ISSUED INTERPRETATION NO. 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES: AN INTERPRETATION OF FASB STATEMENT NO. 109 (FIN 48), WHICH CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS IN ACCORDANCE WITH FASB STATEMENT NO. 109, ACCOUNTING FOR INCOME TAXES. FIN 48 PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT PRINCIPLES FOR FINANCIAL STATEMENT DISCLOSURE OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN. FIN 48 IS EFFECTIVE FOR FISCAL YEARS BEGINNING AFTER DECEMBER 15, 2008. THE UNIVERSITY HAS ADOPTED FIN 48 WITHOUT MATERIAL IMPACT TO THE FINANCIAL STATEMENTS.

Part XIV Supplemental Information (continued)

PART XI, LINE 8 - OTHER ADJUSTMENTS:

UNREALIZED LOSS ON INVESTMENT SECURITIES - (\$13,836,773)

PART XII, LINE 4B - OTHER ADJUSTMENTS:

RENTAL EXPENSES (\$2,394,007)

STUDENT SCHOLARSHIPS \$8,887,224

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES \$2,394,007

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

STUDENT SCHOLARSHIPS \$8,887,224

SCHEDULE E
(Form 990 or 990-EZ)

Schools

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

▶ To be completed by organizations that
answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

▶ Attach to Form 990 or Form 990-EZ.

2008

Open to Public
Inspection

Name of the organization **CHATHAM UNIVERSITY** Employer identification number **25-0717890**

		YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	X	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	X	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain	X	
<u>THE NONDISCRIMINATORY POLICY IS REFERENCED IN PRINT DOCUMENTS AND IS PROMINENTLY DISCLOSED ON THE UNIVERSITY'S WEB PAGE.</u>			
4	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.)			
5	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.)			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	X	
6b	Has the organization's right to such aid ever been revoked or suspended?		X
If you answered "Yes" to either line 6a or line 6b, please explain using an attached statement. STATEMENT 1			
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	X	

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

Schedule E (Form 990 or 990-EZ) 2008

**Schedule F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990. Complete if the organization answered "Yes" to
Form 990, Part IV, line 14b, line 15, or line 16.

Name of the organization

Employer identification number

CHATHAM UNIVERSITY

25-0717890

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.
- 3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	CHATHAM STUDY ABROAD PROGRAM	EDUCATIONAL ACTIVITIES	83,566.
SOUTH AMERICA	0	0	CHATHAM STUDY ABROAD PROGRAM	EDUCATIONAL ACTIVITIES	55,702.
EUROPE	0	0	STUDENT STUDY ABROAD PROGRAM	EDUCATIONAL ACTIVITIES	35,725.
Totals					174,993.

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Use Schedule F-1 (Form 990) if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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

3 Enter total number of other organizations or entities

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

Use Schedule F-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
SCHOLASTIC AND FINANCIAL AID	EUROPE	5	35,725.		0.		

Part IV Supplemental Information

Complete this part to provide the information required by Part I, line 2, and any other additional information.

SCHEDULE F, PART I, LINE 2: GRANT AND SCHOLARSHIP AWARDS REPRESENT
STUDENT FINANCIAL AID. AID MAY ONLY BE USED TO PAY EDUCATIONAL EXPENSES
ASSOCIATED WITH ATTENDANCE AT THE UNIVERSITY AND ALL AWARDS ARE POSTED
DIRECTLY TO THE STUDENTS REGISTRAR ACCOUNT.

Lined area for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.
▶ Attach to Form 990.**

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

CHATHAM UNIVERSITY

Part I General Information on Grants and Assistance

Employer identification number
25-0717890

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ▶

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALLEGHENY CONFERENCE ON COMMUNITY DEVELOPMENT - 425 SIXTH AVENUE, SUITE 1100 - PITTSBURGH, PA 152191811	25-0965213	501(C)(3)	11,200.	0.	COMPARABLE SALES VIA INTERNET	55 COMPUTERS AND MONITORS	PROGRAM SUPPORT
LATROBE FOUNDATION P.O. BOX 110 LATROBE, PA 15650	25-1124522	501(C)(3)	0.	16,500.	AUCTION SITE	IN NEED	PROVIDE EQUIPMENT TO CHARITABLE ORGANIZATION

2 Enter total number of section 501(c)(3) and government organizations **2.**

3 Enter total number of other organizations **0.**

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) 2008

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
GRANTS AND SCHOLARSHIPS	747	8,905,554.	0.		

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

SCHEDULE I, PART I, LINE 2: GRANT AND SCHOLARSHIP AWARDS REPRESENT STUDENT FINANCIAL AID. SUCH AID MAY ONLY BE USED TO PAY EDUCATIONAL EXPENSES ASSOCIATED WITH ATTENDANCE AT THE UNIVERSITY AND ALL AWARDS ARE POSTED DIRECTLY TO THE STUDENTS REGISTRAR ACCOUNT.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Name of the organization

CHATHAM UNIVERSITY

Employer identification number

25-0717890

Part I Questions Regarding Compensation

	Yes	No
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <p> <input type="checkbox"/> First-class or charter travel <input checked="" type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Travel for companions <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Discretionary spending account <input checked="" type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </p>		
<p>b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	X	
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</p>	X	
<p>3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.</p> <p> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Approval by the board or compensation committee </p>		
<p>4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:</p>		
<p>a Receive a severance payment or change of control payment?</p>		X
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	X	
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>		X
<p>Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.</p>		
<p>5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p>		
<p>a The organization?</p>		X
<p>b Any related organization?</p> <p>If "Yes," to line 5a or 5b, describe in Part III.</p>		X
<p>6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p>		
<p>a The organization?</p>		X
<p>b Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>		X
<p>7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>		X
<p>8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>		X

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

Schedule J (Form 990) 2008

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

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
DR. ESTHER L. BARAZZONE	(i) 272,431.	(ii) 0.	(iii) 38,212.	235,500.	25,595.	571,738.	0.
	(ii) 0.	(iii) 0.	0.	0.	0.	0.	0.
WALTER B. FOWLER	(i) 149,953.	(ii) 0.	(iii) 9,520.	66,218.	12,453.	238,144.	0.
	(ii) 0.	(iii) 0.	0.	0.	0.	0.	0.
LAURA S. ARMESTO	(i) 134,968.	(ii) 0.	(iii) 23,474.	82,636.	14,833.	255,911.	0.
	(ii) 0.	(iii) 0.	0.	0.	0.	0.	0.
CAROL PATTON	(i) 130,663.	(ii) 0.	(iii) 18,106.	10,762.	15,346.	174,877.	0.
	(ii) 0.	(iii) 0.	0.	0.	0.	0.	0.
SHEILA GORGONIO	(i) 124,767.	(ii) 0.	(iii) 16,323.	14,025.	1,666.	156,781.	0.
	(ii) 0.	(iii) 0.	0.	0.	0.	0.	0.
	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.

Part III Supplemental Information

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

PART I, LINE 1A: CERTAIN TAXABLE FRINGE BENEFITS HAVE BEEN GROSSED-UP AND PROPERLY REPORTED ON THE PRESIDENT'S FORM W-2.

PART I, LINE 4B: THE UNIVERSITY PRESIDENT ESTHER BARAZZONE, THE UNIVERSITY'S VICE PRESIDENT OF FINANCE AND ADMINISTRATION WALTER FOWLER, AND THE UNIVERSITY'S VICE PRESIDENT OF ACADEMIC AFFAIRS/DEAN LAURA ARMESTO, ALL PARTICIPATE IN A SECTION 457(F) PLAN.

SCHEDULE J: SUPPLEMENTAL COMPENSATION INFORMATION

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 16 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

Part III Supplemental Information

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

REPORTED FOR THIS BENEFIT. THE ANNUAL RENTAL VALUE OF THE PROPERTY IS \$49,111. THE UNIVERSITY HAS DISCLOSED THE PORTION OF THE PROPERTY'S RENTAL VALUE USED FOR PERSONAL LIVING PURPOSES IN SCHEDULE J, COLUMN D.

IN ADDITION TO BASIC EMPLOYEE BENEFITS (SUCH AS HEALTH BENEFITS, LIFE INSURANCE, AND LONG-TERM CARE INSURANCE) REPORTED ON SCHEDULE J, PART II, 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 (C), 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

Part III Supplemental Information

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

OF THE PRESIDENT'S SERVICE TO THE UNIVERSITY.

AMOUNTS REPORTED IN COLUMN (B)(III) INCLUDE 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 AS WELL AS THE PRESIDENT'S ELECTIVE
DEFERRALS TO THE 403(B) PLAN. THE UNIVERSITY DOES NOT PROVIDE THE PRESIDENT
WITH AN EXPENSE ACCOUNT FOR PERSONAL USE.

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.

Continuation Sheet for Form 990

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization

CHATHAM UNIVERSITY

Employer Identification number
25-0717890

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MARY B. TEMPLETON ESQ. TREASURER	2.20	X		X			0.	0.	0.	
W. DUFF MCCRADY SECRETARY	2.80	X		X			0.	0.	0.	
DR. ESTHER L. BARAZZONE PRESIDENT	70.00	X		X			310,643.	0.	261,095.	
WALTER B. FOWLER VP-FINANCE & ADMIN	60.00			X			159,473.	0.	78,671.	
LAURA S. ARMESTO VP ACADEMIC AFFAIRS	60.00				X		158,442.	0.	97,469.	
CAROL PATTON DIR NURSING PROGRAMS	40.00				X		148,769.	0.	26,108.	
LARRY A. VIEHLAND CHAIR SCIENCE DIV	40.00				X		120,707.	0.	26,096.	
MARY RIEBE DIR WOMENS ENT/DIR BUS	40.00				X		119,814.	0.	17,297.	
PATRICIA A. DOWNEY PROF/DIR PHY THERAPY	50.00				X		116,420.	0.	20,374.	
SHEILA GORGONIO VP OF UNIV ADVANCEMT	60.00				X		141,090.	0.	15,691.	

SCHEDULE K
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental information on Tax-Exempt Bonds

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).

OMB No. 1545-0047

2008
Open to Public
Inspection

Name of the organization

CHATHAM UNIVERSITY

Employer identification number
25-0717890

Part I Bond Issues (Required for 2008) SEE SCHEDULE O FOR COLUMN (F) CONTINUATIONS

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Deceased		(h) On behalf of issuer	
						Yes	No	Yes	No
MCKEESPORT INDUSTRIAL DEVELOPMENT AUTHORITY	25-1448115	NONEAVAIL	09/29/08	10,000,000	PURCHASE AND RENOVATION OF CERTA			X	X
MCKEESPORT INDUSTRIAL DEVELOPMENT AUTHORITY	25-1448115	NONEAVAIL	09/29/08	10,000,000	PURCHASE AND RENOVATION OF CERTA			X	X
C									
D									
E									

Part II Proceeds (Optional for 2008)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Total proceeds of issue										
2 Gross proceeds in reserve funds										
3 Proceeds in refunding or defeasance escrows										
4 Other unspent proceeds										
5 Issuance costs from proceeds										
6 Working capital expenditures from proceeds										
7 Capital expenditures from proceeds										
8 Year of substantial completion										

9 Were the bonds issued as part of a current refunding issue?										
10 Were the bonds issued as part of an advance refunding issue?										
11 Has the final allocation of proceeds been made?										
12 Does the organization maintain adequate books and records to support the final allocation of proceeds?										

Part III Private Business Use (Optional for 2008)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?										
2 Are there any lease arrangements with respect to the financed property which may result in private business use?										

12-16-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

**SCHEDULE M
(Form 990)**

NonCash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

▶ To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 29 or 30.

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▶ Attach to Form 990.

Name of the organization **CHATHAM UNIVERSITY** Employer identification number **25-0717890**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	18	89,844	AVG MKT VALUE AT GIFT
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution (historic structures)				
14	Qualified conservation contribution (other) ...				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (_____)				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment **29** **0**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2008

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

SCHEDULE M, LINE 32B: THE UNIVERSITY USES AN UNRELATED THIRD PARTY
FINANCIAL SERVICES BROKERAGE FIRM TO SELL PUBLICLY TRADED SECURITIES.

Multiple horizontal lines for supplemental information.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

CHATHAM UNIVERSITY

Employer identification number

25-0717890

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FOR WOMEN OFFERS SUPERB CAREER PREPARATION INFORMED BY THE LIBERAL ARTS. CHATHAM COLLEGE FOR GRADUATE STUDIES AND CHATHAM COLLEGE FOR CONTINUING AND PROFESSIONAL STUDIES PROVIDE MEN AND WOMEN WITH UNDERGRADUATE, GRADUATE, PROFESSIONAL, AND CONTINUING EDUCATION OF THE HIGHEST QUALITY WITH PRIMARY EMPHASIS ON PREPARATION FOR WORK AND THE PROFESSIONS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS

PROVIDES ON-LINE COURSES OF STUDY. THE UNIVERSITY'S FTE AS OF FALL 2009 WAS 1,676 STUDENTS.

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

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

Schedule O (Form 990) 2008

832211
12-18-08

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

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Open to Public Inspection

Name of the organization

CHATHAM UNIVERSITY

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25-0717890

PROVIDES AN OPPORTUNITY FOR STUDENTS TO BETTER THEMSELVES THROUGH MANY PROGRAMS AND SERVICES.

LIBRARY SERVICES: THE JENNIE KING MELLON LIBRARY HAS ADDED NEW RESOURCES THAT SUPPORT THE LEARNING AND TEACHING MISSION OF CHATHAM UNIVERSITY, INCLUDING A NUMBER OF FULL-TEXT JOURNAL DATABASES. THE LIBRARY STAFF CONTINUES TO DEVOTE SIGNIFICANT AMOUNTS OF TIME TO RESEARCH CONSULTATIONS. THE ARCHIVE COLLECTION HAS BENEFITED FROM ENDOWED SUPPORT AND INCREASED STAFF HOURS TO AID IN DOCUMENTATION, ORGANIZATION, AND PRESERVATION.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS 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.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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Name of the organization

CHATHAM UNIVERSITY

Employer identification number

25-0717890

FORM 990, PART VI, SECTION A, LINE 7A: THE PRESIDENT OF THE ALUMNI ASSOCIATION SHALL SERVE AS A TRUSTEE ON THE BOARD OF TRUSTEES. THIS INDIVIDUAL IS ELECTED AS PRESIDENT OF THE ALUMNI ASSOCIATION BY THE MEMBERS OF THE ALUMNI ASSOCIATION. THEREFORE, THE MEMBERS OF THE ALUMNI ASSOCIATION HAVE THE ABILITY TO APPOINT ONE TRUSTEE TO THE BOARD OF TRUSTEES.

FORM 990, PART VI, SECTION A, LINE 10: THE FORM 990 IS REVIEWED BY SENIOR FINANCIAL MANAGEMENT AND THE PRESIDENT IN DETAIL. THE FORM IS THEN DISCUSSED AND REVIEWED BY THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES. FOLLOWING COMMITTEE LEVEL REVIEW, THE APPROVED FILING DOCUMENT IS PROVIDED TO THE FULL MEMBERSHIP OF THE BOARD BEFORE ELECTRONIC SUBMISSION TO THE INTERNAL REVENUE SERVICE.

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

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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CHATHAM UNIVERSITY

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REFERENCE. ANY IDENTIFIED CONFLICTS ARE IMMEDIATELY BROUGHT TO THE ATTENTION OF THE EXECUTIVE COMMITTEE OF THE BOARD.

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

FORM 990, PART VI, SECTION C, LINE 19: POLICIES, ORGANIZATIONAL DOCUMENTS AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST.

OVERSIGHT OF FINANCIAL STATEMENT AUDIT

THE UNIVERSITY HAS A COMMITTEE THAT ASSUMES THE RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND ITS SELECTION OF THE INDEPENDENT ACCOUNTANT. THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME: MCKEESPORT INDUSTRIAL DEVELOPMENT AUTHORITY

(F) DESCRIPTION OF PURPOSE:

PURCHASE AND RENOVATION OF CERTAIN REAL PROPERTY

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

Schedule O (Form 990) 2008

832211
12-18-08

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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Name of the organization

CHATHAM UNIVERSITY

Employer identification number

25-0717890

(A) ISSUER NAME: MCKEESPORT INDUSTRIAL DEVELOPMENT AUTHORITY

(F) DESCRIPTION OF PURPOSE:

PURCHASE AND RENOVATION OF CERTAIN REAL PROPERTY

SCHEDULE R
(Form 990)
Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047
2008
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Related Organizations and Unrelated Partnerships
 Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
 See separate instructions.

Name of the organization

CHATHAM UNIVERSITY

Employer identification number
25-0717890

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
PITTSBURGH COUNCIL ON HIGHER EDUCATION - 23-7303727, 201 WOOD STREET, BOX 647, PITTSBURGH, PA 15222	PROVIDES A MEANS FOR SHARING RESOURCES, INSIGHTS, AND INFORMATION.	PENNSYLVANIA	501(C)(3)	509(A)(3)	N/A

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

Schedule R (Form 990) 2008

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations?		(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?
							Yes	No		

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership

Part V Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III, or IV.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to other organization(s)		X
c Gift, grant, or capital contribution from other organization(s)		X
d Loans or loan guarantees to or for other organization(s)		X
e Loans or loan guarantees by other organization(s)		X
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)		X
k Performance of services or membership or fundraising solicitations for other organization(s)		X
l Performance of services or membership or fundraising solicitations by other organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets		X
n Sharing of paid employees		X
o Reimbursement paid to other organization for expenses		X
p Reimbursement paid by other organization for expenses		X
q Other transfer of cash or property to other organization(s)		X
r Other transfer of cash or property from other organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership

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

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners Section 501(c)(3) organizations?		(E) Share of end-of- year assets	(F) Dispropor- tionate allocations?		(G) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

SCHEDULE E	GOVERNMENT FINANCIAL ASSISTANCE STATEMENT	STATEMENT	1
	LINE 6		

THE UNIVERSITY RECEIVE FEDERAL, STATE AND LOCAL AID FOR STUDENTS TO COVER TUITION AND FEES AS WELL AS VARIOUS CONTRACTS WITH GOVERNMENT AGENCIES FOR THE PROVISION OF SPECIFIC SERVICES SUCH AS RESEARCH AND MH/MR MONITORING SERVICES.