

# 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

# 2007

Open to Public Inspection

# Form 990

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

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

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

H and I are not applicable to section 527 organizations.

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

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

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

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

I Group Exemption Number ▶ **N/A**

**G** Website: ▶ **WWW.CHATHAM.EDU**

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

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

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

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

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

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

723001 12-27-07

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

Form 990 (2007)

# Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box  **X**
  - 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](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

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

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

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

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

**1** I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2009**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year \_\_\_\_\_ or

▶  tax year beginning **JUL 1, 2007**, and ending **JUN 30, 2008**.

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

<b>3a</b> 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.	<b>3a</b>	\$	
<b>b</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.	<b>3b</b>	\$	
<b>c</b> <b>Balance Due.</b> 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.	<b>3c</b>	\$	<b>N/A</b>

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

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

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

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

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

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

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

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

• The books are in the care of **JENNIFER LUNDY**  
 Telephone No. **(412) 365-1145** FAX No. \_\_\_\_\_

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

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

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

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

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

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	
c <b>Balance Due.</b> 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	\$	<b>N/A</b>

**Signature and Verification**

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

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

**Part II Statement of Functional Expenses**

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

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

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

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

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

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



**Part IV Balance Sheets** (See the instructions.)

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

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





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

**Part VI Other Information** (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c  Yes  No  
 If "Yes," enter the name of the foreign country N/A

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

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

*Note: Enter gross amounts unless otherwise indicated.*

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

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

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

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

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

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

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

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

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

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

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

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

	Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
<b>Totals</b>				

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

	Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
<b>Totals</b>				

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

	Yes	No

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

Please Sign Here

Signature of officer: *Walter Fowler* Date: 5/15/09

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

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Paid Preparer's Use Only

Preparer's signature: *D. M. ...* Date: 5/15/09 Check if self-employed:

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

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

**Organization Exempt Under Section 501(c)(3)**

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

**2007**

**Supplementary Information-(See separate instructions.)**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**CHATHAM UNIVERSITY**

Employer identification number

**25 0717890**

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

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

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

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

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

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

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

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

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