** PUBLIC DISCLOSURE COPY **

Form **990**

Return of Organization Exempt From Income Tax

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

2021

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

2022 A For the 2021 calendar year, or tax year beginning JUL 1, 2021 and ending JUN 30, Check if applicable: C Name of organization D Employer identification number Address change CHATHAM UNIVERSITY Name change 25-0717890 Doing business as Initial return E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Final return/ termin-ated 412-365-1100 WOODLAND ROAD 98,441,398. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return PITTSBURGH, PA 15232 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: DR . DAVID L. for subordinates? Yes X No SAME AS C ABOVE __Yes **H(b)** Are all subordinates included? Tax-exempt status: X = 501(c)(3) = 501(c)4947(a)(1) or 527) ◀ (insert no.) If "No," attach a list. See instructions J Website: ► WWW.CHATHAM.EDU **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > L Year of formation: 1869 M State of legal domicile: PA Part I Summary Briefly describe the organization's mission or most significant activities: PROVISION OF UNDERGRADUATE AND Activities & Governance GRADUATE EDUCATION. if the organization discontinued its operations or disposed of more than 25% of its net assets. 29 3 Number of voting members of the governing body (Part VI, line 1a) 27 Number of independent voting members of the governing body (Part VI, line 1b) 4 1534 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 310 Total number of volunteers (estimate if necessary) 6 118,567. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 12,557,663. 8,311,639. Contributions and grants (Part VIII, line 1h) 8 73,486,304. 78,986,910. Program service revenue (Part VIII, line 2g) 8,417,493. 3,621,604. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 43,036. -234,071. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 94,227,389. 90,963,189. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 24,052,327. 28,184,222. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 36,068,063. 38,107,483. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 27,849,865. 30,262,668. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 87,970,255. 96,554,373. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -5,591,184. 6,257,134. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 235,663,568. 215,872,395. 20 Total assets (Part X, line 16) 84,663,743. 83,949,422. 21 Total liabilities (Part X, line 26) 三年 150,999,825. 131,922,973 22 Net assets or fund balances. Subtract line 21 from line 20 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. Signature of officer Date Sign JENNIFER HOERSTER, VP FINANCE & ADMIN/CFO Here Type or print name and title Date PTIN Preparer's signature Print/Type preparer's name SUSAN M. KIRSCH P00341397 SUSAN M. KIRSCH Paid self-employed Firm's name SCHNEIDER DOWNS & CO., INC. Firm's EIN ▶ 25-1408703 Preparer Firm's address NONE PPG PLACE, SUITE Use Only Phone no. 412-261-3644 PITTSBURGH, PA 15222

X Yes

May the IRS discuss this return with the preparer shown above? See instructions

Pai	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	CHATHAM UNIVERSITY PREPARES WOMEN AND MEN TO BE WORLD READY: TO BUILD LIVES OF PURPOSE AND VALUE AND FULFILLING WORK. IN ADDITION TO
	APPROPRIATE PROFESSIONAL SKILLS AND LIBERAL ARTS LEARNING, CHATHAM
	BELIEVES THAT WORLD READINESS MEANS BEING AN INFORMED AND ENGAGED
_	
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
	prior Form 990 or 990-EZ? 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
3	
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
4	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$
4a	ACADEMIC AND INSTRUCTIONAL EDUCATION: SEE SCHEDULE O
	ACADEMIC AND INDIRECTIONAL EDUCATION: DEE DESIEDUE C
1h	(Code:) (Expenses \$6, 154, 879. including grants of \$) (Revenue \$7, 233, 245.
4b	(Code:) (Expenses \$6, 154, 879. including grants of \$) (Revenue \$7, 233, 245.) AUXILIARY SERVICES: SEE SCHEDULE O
	AONIDIANI DENVICED: DEE DONEDOUE O
40	(Out) (Figure 6)
4c	(Code:) (Expenses \$
1 d	Other program convices (Describe on Schodule O.)
4U	Other program services (Describe on Schedule O.)
<u>4e</u>	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ► 83,176,764.
TU	

Form 990 (2021) CHATHAM UNIVERSITY 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)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7		-		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		37	
	Schedule D, Part III	8	_X_	_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			l
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	- 1.2		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
А	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
u		11d		x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	1
		1 IE	- 21	\vdash
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		Х	
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		\vdash
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
_	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		7.7	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	⊢—
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	X	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	L	Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
4 I	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21	Х	
	domocio government orti artix, comuniti (1), mie 1: II 11es. Complete Schedule I, Parts I and II	41	- 42	

Form 990 (2021) CHATHAM UNIVERSITY
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a	Х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		Х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	Х	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а		28a		х
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		
·		28c	х	
29	"Yes," complete Schedule L, Part IV	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
30		30		Х
31	contributions? If "Yes," complete Schedule M	31		X
32	Did the organization required, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part 1	31		
32	,	32		Х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33		33	х	
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	21	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34	Х	
35.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-22	X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	JJa		- 43
b		25h		
36	within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
30		36		х
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		- 43
31		37		х
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	31		-22
30		38	Х	
Pai	Note: All Form 990 filers are required to complete Schedule O † V Statements Regarding Other IRS Filings and Tax Compliance	30	41	
	Check if Schedule O contains a response or note to any line in this Part V			
	Shook if SoftStatio Statistical a response of note to any line in this fact v		Vcc	Na
4	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 3077			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C		10	Х	
	(gambling) winnings to prize winners?	1c		(2021)

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O21) CHATHAM UNIVERSITY
Statements Regarding Other IRS Filings and Tax Compliance (continued) 25-0717890 Page **5** Form 990 (2021) Part V

			Yes	No
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 15	34		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	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)?	4a		X
b	If "Yes," enter the name of the foreign country	_		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	, , , , , , , , , , , , , , , , , , , ,			X
b	, , , , , , , , , , , , , , , , , , , ,		_	X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>	-	-
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			1,7
_	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	<u>6b</u>		
7	Organizations that may receive deductible contributions under section 170(c).			Х
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the pay			+^
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		1
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	70		x
4	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c		1
d e		7e		х
f	Did the second state of the second se			X
g	If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		N/	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-0		3.7	_
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7.		
	sponsoring organization have excess business holdings at any time during the year? N/A	8 4		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11				
а	Gross income from members or shareholders N/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.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	1	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? N/A	. 40		
а	•	13a	1	
_	Note: See the instructions for additional information the organization must report on Schedule O.			
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
_		\dashv		
		14a		Х
	If IIV as II has it filed a Farm 700 to separately assessed to separate or sep	441		+
15	If "Yes," has it filled a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		\top	
	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A	17		
	If "Yes." complete Form 6069.			

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25-0717890 Form 990 (2021) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 29 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 27 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, 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 on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes " describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? Х The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization Х 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶PA, CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Upon request Another's website ___ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records

Form **990** (2021)

15232

JENNIFER HOERSTER - (412)365-1145

WOODLAND ROAD, PITTSBURGH,

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

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

X

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization n	or any related	orga	niza	tion	con	npen	sate	ed any current officer, di	rector, or trustee.			
(A)	(B)				C)			(D)	(E)	(F)		
Name and title	Average	(do	box, unless perso officer and a direc		neck more than one			Reportable	Reportable	Estimated		
	hours per				ox, unless person is both an officer and a director/trustee)					compensation	compensation	amount of
	week				<u> </u>		,	from the	from related organizations	other compensation		
	(list any hours for	direct				_		organization	(W-2/1099-MISC/	from the		
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization		
	organizations	Individual trustee or director	Institutional trustee		oyee	n be		1099-NEC)	,	and related		
	below	idual	tutior	er	Key employee	est co	ner			organizations		
	line)	lndj	Insti	Officer	Key	Highest compensated employee	Former					
(1) DAVID FINEGOLD	70.00											
PRESIDENT	0.00	Х		X				431,887.	0.	162,293.		
(2) WALTER B. FOWLER	60.00											
SR. VP-FINANCE & ADMIN	0.10			Х				274,297.	0.	31,241.		
(3) DARLENE G. MOTLEY	60.00											
DEAN, SCHOOL OF ARTS, SCIE	0.00	L	L		Х	L	L	208,329.	0.	28,607.		
(4) JENNA TEMPLETON	60.00											
VP FOR ACADEMIC AFFAIRS	0.00				Х			208,311.	0.	26,827.		
(5) CAREY MILLER	60.00									-		
VP FOR UNIVERSITY ADVANCEM	0.00				Х			198,419.	0.	12,767.		
(6) WILLIAM T. CAMPBELL	60.00							·		•		
VP MARKETING & COMMUNICATI	0.00					x		178,997.	0.	26,247.		
(7) PATRICIA DOWNEY	60.00							,		•		
DEAN, SCHOOL OF HEALTH SCI	0.00	•			х			185,874.	0.	16,230.		
(8) LOUIS G LEONARD	60.00							,		•		
DEAN, FALK SCHOOL FOR SUSTAINABILITY	0.00				х			184,823.	0.	15,142.		
(9) AMY BECHER	60.00									-		
VP FOR ENROLLMENT MANAGEME	0.00				Х			184,799.	0.	14,799.		
(10) PAUL D. STEINHAUS	60.00									-		
CIO, DIRECTOR OF INFO TECH	0.00					X		157,887.	0.	24,439.		
(11) JENNIFER HOERSTER	60.00									•		
ASSOC. VP, FINANCE & ADMIN	0.00					X		149,146.	0.	22,348.		
(12) ANTHONY GORECZNY	60.00									•		
PROFESSOR OF HEALTH SCIENC	0.00					x		137,823.	0.	22,716.		
(13) SEAN COLEMAN - VP OF PLANNING	60.00							,	-	,		
& ASSISTANT SECRETARY	0.00			Х				138,620.	0.	13,678.		
(14) ALICE JULIER	40.00											
PROFFESOR, FOOD STUDIES	0.00	•				x		135,538.	0.	533.		
(15) DAVID M. HALL	3.50					† 						
CHAIR	0.00	х		х				0.	0.	0.		
(16) KENT MCELHATTAN	3.50	<u></u>		<u></u>								
VICE CHAIR	0.00	х		х				0.	0.	0.		
(17) SNEHAL DESAI	3.50								•	•		
TREASURER	0.00	Х		х				0.	0.	0.		
	, 0.00								<u>.</u>	Form 990 (2021)		

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25-0717890

Form 990 (2021) CITATITAL	OTATARKST	<u></u>							25-0717	090 Page 0
Part VII Section A. Officers, Directors, Trus	stees, Key Emp	oloy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do			ition		one	Reportable	Reportable	Estimated
	hours per	box	(do not check more box, unless person officer and a direct			n is both an		compensation	compensation	amount of
	week		cer an	d a d	irecto	r/trus	tee)	from	from related	other
	(list any hours for	recto						the	organizations	compensation
	related	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	organizations	ustee	trust		9	Suedi		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	ual tr	tional		ploye	t con		1099-NEC)		organizations
	line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			organizations
(18) ARADHNA OLIPHANT	3.50									
SECRETARY	0.00	Х		Х				0.	0.	0.
(19) KEVIN ACKLIN	3.00									
TRUSTEE	0.00	Х						0.	0.	0.
(20) G. NICHOLAS BECKWITH III	3.00									
TRUSTEE	1.00	Х						0.	0.	0.
(21) LISA BIRMINGHAM	3.00									
TRUSTEE (EXITED 08/21)	0.00	Х						0.	0.	0.
(22) BROOKS BROADHURST	3.00									
TRUSTEE	0.00	Х						0.	0.	0.
(23) LOUISE R. BROWN	3.00									
TRUSTEE	0.00	Х						0.	0.	0.
(24) JANE BURGER	3.00									
TRUSTEE	0.00	Х						0.	0.	0.
(25) ANNETTE CALGARO	3.00									
TRUSTEE	0.00	Х						0.	0.	0.
(26) CARLA CASTAGNERO	3.00									
TRUSTEE	0.00	Х						0.	0.	0.
1b Subtotal								2,774,750.	0.	417,867.
c Total from continuation sheets to Part V	II, Section A						ightharpoons	0.	0.	0.
d Total (add lines 1b and 1c)								2,774,750.	0.	417,867.
2 Total number of individuals (including but i	not limited to the	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	
compensation from the organization										14

compensation from the organization

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

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C)
Name and business address	Description of services	Compensation
PARKHURST DINING SERVICES		
P.O. BOX 644091, PITTSBURGH, PA 15264	FOOD SERVICE	2,576,922.
EAB GLOBAL INC (AKA ROYALL)		
PO BOX 603519, CHARLOTTE, NC 28260	ENROLLMENT SERVICES	775,636.
REGIS UNIVERSITY (AKA OCICU)		
3333 REGIS BLVD, C24, DENVER, CO 80221	ACADEMIC PROGRAMMING	619,400.
UPMC SHADYSIDE SCHOOL OF NURSING		
5230 CENTRE AVE, PITTSBURGH, PA 15232	ACADEMIC PROGRAMMING	294,660.
CERIDIAN, 3311 EAST OLD SHAKOPEE ROAD,		
MINNEAPOLIS, MN 55425	PAYROLL/HR SERVICES	238,179.
2 Total number of independent contractors (including but not limited to those list		
\$100,000 of compensation from the organization 27		

\$100,000 of compensation from the organization
SEE PART VII, SECTION A CONTINUATION SHEETS

	M UNIVERSI	.T. X							25-071	7890
Part VII Section A. Officers, Director	s, Trustees, Key En	nplo	yee	s, an	nd H	lighe	est	Compensated Employe	es (continued)	
(A)	(B)			(C				(D)	(E)	(F)
Name and title	Average							Reportable	Reportable	Estimated
	hours	(cl		all that apply)				compensation	compensation	amount of
	per							from	from related	other
	week	_				oyee		the	organizations	compensation
	(list any	recto				empl		organization	(W-2/1099-MISC)	from the
	hours for related	ord	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	Individual trustee or director	Institutional trustee		ee/	Highest compensated employee				organizations
	below	dualt	utiona	<u></u>	Key employee	stco	er			organizations
	line)	Indivi	Institu	Officer	Key e	Highe	Former			
(27) LYNETTE CHARITY	3.00									
TRUSTEE	0.00	Х						0.	0.	0.
(28) KATHI ELLIOTT	3.00									
TRUSTEE (ENTERED 06/21)	0.00	Х						0.	0.	0.
(29) SIGO FALK	3.00									
TRUSTEE	0.00	Х						0.	0.	0.
(30) JOANNE FIEDLER	3.00									
TRUSTEE	0.00	Х						0.	0.	0.
(31) LAURA FISHER	3.00									
TRUSTEE (EXITED 05/22)	0.00	Х						0.	0.	0.
(32) JOANNE LAIPSON	3.00									
TRUSTEE	0.00	Х						0.	0.	0.
(33) SCHAZZ LEE	3.00									
TRUSTEE (ENTERED 02/22)	0.00	Х						0.	0.	0.
(34) REBECCA LUCORE	3.00									
TRUSTEE	0.00	Х						0.	0.	0.
(35) W. DUFF MCCRADY	3.00									
TRUSTEE	0.00	Х						0.	0.	0.
(36) JANE G. MURPHY, PH.D.	3.00									
TRUSTEE (EXITED 06/22)	0.00	Х						0.	0.	0.
(37) STEPHANIE NOVOSEL	3.00									
TRUSTEE	0.00	Х						0.	0.	0.
(38) SANDRA RADER, DNP	3.00									
TRUSTEE	0.00	Х						0.	0.	0.
(39) S. MURRAY RUST III	3.50									
TRUSTEE		Х						0.	0.	0.
(40) HENRY J. SIMONDS	3.00									
TRUSTEE	0.00	Х						0.	0.	0.
(41) MARY B. TEMPLETON ESQ.	3.00									
TRUSTEE	0.00	Х						0.	0.	0.
(42) BONNIE W. VANKIRK	3.00								_	_
TRUSTEE	0.00	Х						0.	0.	0.
(43) JENNIFER P. WINTON	3.50									_
TRUSTEE	0.00	Х						0.	0.	0.
(44) CIERA YOUNG	3.00									_
TRUSTEE	0.00	Х		\sqcup				0.	0.	0.
			\vdash	$\vdash \vdash$						
		l								
		<u> </u>								
Total to Part VII, Section A, line 1c										

25-0717890

Form 990 (2021) CHATHAM
Part VIII Statement of Revenue

			Check if Schedule O c	onta	ains a respo	nse (or note to any lin	e in this Part VIII			
								(A)	(B)	(C)	(D)
								Total revenue	Related or exempt	Unrelated	Revenue excluded
									function revenue	business revenue	from tax under sections 512 - 514
					1.1						30000013 3 12 3 14
nts			Federated campaigns								
3ra Iou			Membership dues								
S, (Fundraising events								
aif		d	Related organizations		1d		425,839.				
Contributions, Gifts, Grants and Other Similar Amounts			Government grants (contri				1,093,235.				
ion		f	All other contributions, gifts,	grant	s, and						
the			similar amounts not included	abov	e 1f		6,792,565.				
Öţ		g	Noncash contributions included in I	ines 1	a-1f 1g	\$	432,295.				
Col		h	Total. Add lines 1a-1f					8,311,639.			
							Business Code				
•	2	а	TUITION AND FEES				900099	71,753,665.	71753665.		
Š	_		AUXILIARY ENTERPRISE	:s			900099	7,233,245.	7,233,245.		
Ser		-						, , = , = =	, , = , = =		
m S		C									
gra Re		d									
Program Service Revenue		e	All II								
			All other program service					70 006 010			
		g	Total. Add lines 2a-2f					78,986,910.			
	3		Investment income (includ					1 000 616		141 010	1155406
			other similar amounts)					1,298,616.		141,210.	1157406.
	4		Income from investment o		=	-					
	5		Royalties								
					(i) Rea	l	(ii) Personal				
	6	а	Gross rents	6a	2,773,	364.					
		b	Less: rental expenses	6b	2,730,	328.					
		С	Rental income or (loss)	6с	43,	036.					
		d	Net rental income or (loss)				>	43,036.		-22,643.	65,679.
	7	а	Gross amount from sales of		(i) Securi	ties	(ii) Other				
			assets other than inventory	7a	7,069,	369.	1,500.				
		b	Less: cost or other basis								
ē			and sales expenses	7b	4,747,	881.	0.				
eur		c	Gain or (loss)				1,500.				
ě			Net gain or (loss)					2,322,988.			2322988.
her Revenue			Gross income from fundraisir					, , ,			
Ğ.	Ü	u	including \$	•	•						
			contributions reported on								
			Part IV, line 18		•	8a					
		h	Less: direct expenses			8b					
			Net income or (loss) from			_					
			Gross income from gaming								
	9	а		-							
			Part IV, line 19			9a					
			Less: direct expenses								
			Net income or (loss) from			s	············ P				
	10	а	Gross sales of inventory, le								
			and allowances			10a					
			Less: cost of goods sold			10b					
\rightarrow		С	Net income or (loss) from	sales	of invento	ry					
S							Business Code				
Miscellaneous Revenue	11										
lan en		b									
3ev		С									
Mis T			All other revenue								
		е	Total. Add lines 11a-11d					00.063.400	E0000010	110 565	2546052
	12		Total revenue. See instruction	ns				90,963,189.	78986910.	118,567.	3546073.

132009 12-09-21

Form 990 (2021) CHATHAM UNIVERSITY Part IX | Statement of Functional Expenses

Pai	Part IX Statement of Functional Expenses										
Secti	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).										
	Check if Schedule O contains a response or note to any line in this Part IX										
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	$\label{prop:continuous} \mbox{Grants and other assistance to domestic organizations}$		25 222								
	and domestic governments. See Part IV, line 21	25,802.	25,802.								
2	Grants and other assistance to domestic	00 104 006	00 104 006								
	individuals. See Part IV, line 22	28,104,276.	28,104,276.								
3	Grants and other assistance to foreign										
	organizations, foreign governments, and foreign	F 4 1 4 4	F4 144								
	individuals. See Part IV, lines 15 and 16	54,144.	54,144.								
4	Benefits paid to or for members										
5	Compensation of current officers, directors,	2 000 050	1 606 200	226 570	66 000						
_	trustees, and key employees	2,089,859.	1,686,398.	336,579.	66,882.						
6	Compensation not included above to disqualified										
	persons (as defined under section 4958(f)(1)) and										
_	persons described in section 4958(c)(3)(B)	29,476,821.	23,878,096.	4,655,568.	943,157.						
7 8	Other salaries and wages Pension plan accruals and contributions (include	27, ±10,041•	23,010,030•	- ,000,000	J=J, 1J/•						
o	section 401(k) and 403(b) employer contributions)	1 619 946	1,308,581.	252,180.	59,185.						
9	Other employee benefits	2,708,732.	1,945,119.	698,724.	64,889.						
10	Payroll taxes	2,212,125.		333,193.	71,508.						
11	Fees for services (nonemployees):	2,212,123	1/00//1210	333,1331	7273001						
	Management										
	Legal	51,063.		51,063.							
	Accounting	13,524.		13,524.							
	Lobbying	19,495.		,							
	Professional fundraising services. See Part IV, line 17	-									
f	Investment management fees	398,317.		398,317.							
g	Other. (If line 11g amount exceeds 10% of line 25,										
	column (A), amount, list line 11g expenses on Sch 0.)	7,707,365.		4,349,976.	69,094.						
12	Advertising and promotion	2,649,165.	2,632,817.	16,348.							
13	Office expenses	998,100.	938,270.		59,830.						
14	Information technology										
15	Royalties	1 22 1 1 1		1.10.0-0							
16	Occupancy	1,894,647.	1,732,911.	160,953.	783.						
17	Travel	1,648,667.	1,600,866.		47,801.						
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials	109,731.	86,439.	22,242.	1,050.						
19	Conferences, conventions, and meetings	2,045,105.	2,045,105.	22,242.	1,030.						
20	Interest	2,043,103.	2,043,103.								
21 22	Payments to affiliates Depreciation, depletion, and amortization	7,576,794.	7,269,473.	307,321.							
23	Insurance	204,567.	84,341.	120,226.							
24	Other expenses. Itemize expenses not covered	202/00/1	01/0111	220,2200							
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),										
а	amount, list line 24e expenses on Schedule 0.) ACADEMIC DEPT PROGRAMS	2,264,046.	2,186,806.	77,240.							
a b	SUPPLIES EXPENSE	2,124,530.	2,085,195.	26,590.	12,745.						
ņ	INTERNAL FOOD SERVICE	415,059.	396,911.	20,350.	18,148.						
d	TAXES	110,344.	33073111	110,344.	10/1101						
	All other expenses	32,149.		32,149.							
25	Total functional expenses. Add lines 1 through 24e	96,554,373.	83,176,764.	11,962,537.	1,415,072.						
26	Joint costs. Complete this line only if the organization	, ,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , , , , , ,	, ,,,,,,,,						
٠	reported in column (B) joint costs from a combined										
	educational campaign and fundraising solicitation.										
	Check here if following SOP 98-2 (ASC 958-720)										
					Carra 990 (0001)						

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	10,563,434.	2	7,496,290.
	3	Pledges and grants receivable, net	5,319,555.	3	1,938,976.
	4	Accounts receivable, net	2,924,034.	4	1,300,368.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	125,000.	5	375,000.
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	24 7 222	6	222 222
ţ	7	Notes and loans receivable, net	317,883.	7	239,332.
Assets	8	Inventories for sale or use	604 506	8	E42 40E
⋖	9	Prepaid expenses and deferred charges	601,506.	9	743,127.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D Less: accumulated depreciation 10a 231,788,323. 10b 117,370,377.	116,460,623.		114 417 046
	1			10c	
	11	Investments - publicly traded securities	74,508,943. 19,676,897.	11	64,510,699.
	12	Investments - other securities. See Part IV, line 11	13,070,037.	12	20,700,002.
	13 14	Investments - program-related. See Part IV, line 11		13	
	15	Intangible assets Other assets. See Part IV, line 11	5,165,693.	14 15	4,064,575.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	235,663,568.	16	215,872,395.
	17	Accounts payable and accrued expenses	10,471,278.	17	9,359,270.
	18	Grants payable	1,005,765.	18	927,478.
	19	Deferred revenue	4,593,398.	19	4,322,834.
	20	Tax-exempt bond liabilities	56,459,981.	20	54,217,703.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	-	21	
S	22	Loans and other payables to any current or former officer, director,			
<u>i</u> tie		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
Ξ	23	Secured mortgages and notes payable to unrelated third parties	2,919,698.	23	2,125,440.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	9,213,623.	25	12,996,697.
	26	Total liabilities. Add lines 17 through 25	84,663,743.	26	83,949,422.
w		Organizations that follow FASB ASC 958, check here X			
Š		and complete lines 27, 28, 32, and 33.	00 115 422		20 256 100
alar	27	Net assets without donor restrictions	28,115,433. 122,884,392.	27	20,356,189. 111,566,784.
Ä	28	Net assets with donor restrictions	122,004,392.	28	111,300,704.
Ë		Organizations that do not follow FASB ASC 958, check here			
P	200	and complete lines 29 through 33.		20	
ets	29	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund		30	
\SS(30	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	150,999,825.	32	131,922,973.
Ž	33	Total liabilities and net assets/fund balances	235,663,568.	33	215,872,395.
	1 00	rotal naphitios and not assocs/fully palatiogs		_ 55	Farm 990 (2001)

Pa	rt XI Reconciliation of Net Assets				•		
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1			3,1		
2	Total expenses (must equal Part IX, column (A), line 25)	2	96	<u>, 55</u>	4,3	<u>73.</u>	
3	Revenue less expenses. Subtract line 2 from line 1	3	-5	, 59	1,1	84.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	150	,99	9,8	25.	
5	Net unrealized gains (losses) on investments	5	-13	, 48	5,6	<u>68.</u>	
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	131	,92	2,9'	<u>73.</u>	
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII					X	
					Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.						
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			2b	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	Separate basis X Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X		
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Aud	it				
	Act and OMB Circular A-133?			3a	X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required		t				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	X		
				Form	990 ((2021)	

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public

Inspection

Employer identification number

Name of the organization CHATHAM UNIVERSITY 25-0717890 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 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 Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	6796339.	7880781.	7825681.	12557663.	8311639.	43372103.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	6796339.	7880781.	7825681.	12557663.	8311639.	43372103.
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)						
	Public support. Subtract line 5 from line 4.						43372103.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	6796339.	7880781.	7825681.	12557663.	8311639.	43372103.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	4087476.	4031834.	3720719.	3760579.	3884691.	19485299.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on					105,106.	105,106.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						62962508.
12	Gross receipts from related activities,	,	,				,157,064.
13	First 5 years. If the Form 990 is for the	-					
	organization, check this box and stor	here	······				>
Sec	ction C. Computation of Publi					14	60.00
14	11 1 3 () () () () () () () () () (68.89 %
15	Public support percentage from 2020					15	67.15 %
16a	33 1/3% support test - 2021. If the c						
	stop here. The organization qualifies as a publicly supported organization						
b	b 33 1/3% support test - 2020. 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 qual	•	• •				
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization						
_	meets the facts-and-circumstances te	•	•				
b	10% -facts-and-circumstances test	_					10% or
	more, and if the organization meets the		•		• •		
	organization meets the facts-and-circu						>
<u>18</u>	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	s ▶ <u> </u>

Schedule A (Form 990) 2021

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	, , , , , , , , , , , , , , , , , , , ,					
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
C	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		Т	Т	Т	T	1
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on 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 VI.)	_			-	1	ļ
	Total support. (Add lines 9, 10c, 11, and 12.)					1	
14	First 5 years. If the Form 990 is for th	-			•		
S	check this box and stop here ction C. Computation of Publi						P
	Public support percentage for 2021 (li			actume (f)		45	0/
			•	.,,		15	<u>%</u>
	Public support percentage from 2020 ction D. Computation of Inves					16	%
	Investment income percentage for 20			ne 13 column (fl)		17	%
	Investment income percentage from 2			ne 13, column (I))		18	
	33 1/3% support tests - 2021. If the						
136	more than 33 1/3%, check this box ar						. —
ŀ	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

 If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
_		
За		
- Ou		
Ol-		
3b		
_		
3c		
4a		
4b		
4c		
F		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
30		
40-		
10a		
46.		
10b		L

132024 01-04-21

rai	Supporting Organi	zations (continued)			
				Yes	No
11	Has the organization accepted	a gift or contribution from any of the following persons?			
а	A person who directly or indirect	tly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body	of a supported organization?	11a		
b	A family member of a person de	escribed on line 11a above?	11b		
С	A 35% controlled entity of a per	son described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.		11c		
Sect	ction B. Type I Supporting	Organizations			
				Yes	No
1	Did the governing body, member	ers of the governing body, officers acting in their official capacity, or membership of one or			
		nave the power to regularly appoint or elect at least a majority of the organization's officers,			
		s during the tax year? If "No," describe in Part VI how the supported organization(s)			
		, or controlled the organization's activities. If the organization had more than one supported			
		powers to appoint and/or remove officers, directors, or trustees were allocated among the lat conditions or restrictions, if any, applied to such powers during the tax year.	1		
		the benefit of any supported organization other than the supported			
	•	upervised, or controlled the supporting organization? If "Yes," explain in			
		efit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the su		2		
Sect	ction C. Type II Supporting	g Organizations			
		-		Yes	No
1	Were a majority of the organization	tion's directors or trustees during the tax year also a majority of the directors		100	110
		ization's supported organization(s)? If "No," describe in Part VI how control			
		ng organization was vested in the same persons that controlled or managed			
	- · · · · · · · · · · · · · · · · · · ·	ig organization was vested in the same persons that controlled or managed	1		
Sect	the supported organization(s).	rting Organizations	•		
				Yes	No
1	Did the organization provide to	each of its supported organizations, by the last day of the fifth month of the		100	110
		ten notice describing the type and amount of support provided during the prior tax			
		that was most recently filed as of the date of notification, and (iii) copies of the			
		nents in effect on the date of notification, to the extent not previously provided?	1		
		officers, directors, or trustees either (i) appointed or elected by the supported			
		the governing body of a supported organization? If "No," explain in Part VI how			
		, ,	2		
	•	ose and continuous working relationship with the supported organization(s). scribed on line 2, above, did the organization's supported organizations have a			
		tion's investment policies and in directing the use of the organization's			
	•	ring the tax year? If "Yes," describe in Part VI the role the organization's			
		•	3		
Sect	supported organizations played ction E. Type III Functiona	Illy Integrated Supporting Organizations			
1		od that the organization used to satisfy the Integral Part Test during the year (see instructions).			
· a		the Activities Test. Complete line 2 below.			
b		arent of each of its supported organizations. Complete line 3 below.			
c		ed a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction	o)	
2	Activities Test. Answer lines 2		struction	Yes	No
		nization's activities during the tax year directly further the exempt purposes of		100	110
	•	which the organization was responsive? If "Yes," then in Part VI identify			
		s and explain how these activities directly furthered their exempt purposes,			
		nsive to those supported organizations, and how the organization determined			
	that these activities constituted		2a		
b		ine 2a, above, constitute activities that, but for the organization's involvement,			
		's supported organization(s) would have been engaged in? If "Yes," explain in			
		• •			
		nization's position that its supported organization(s) would have engaged in	2b		
3	these activities but for the organ	ons. Answer lines 3a and 3b below.	ZU		
	• • • • •				
		ower to regularly appoint or elect a majority of the officers, directors, or	3a		
		ed organizations? If "Yes" or "No" provide details in Part VI. substantial degree of direction over the policies, programs, and activities of each	Ja		
IJ			3b		
	or its supported organizations?	If "Yes." describe in Part VI the role played by the organization in this regard.	3ม		

Schedule A (Form 990) 2021

5

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Income tax imposed in prior year

instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

5

6

Schedule A (Form 990) 2021

e Excess from 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization Employer identification number

CHATHAM UNIVERSITY 25-0717890

Organization type (check one):						
Filers of:		Section:				
Form 990	or 990-EZ	X 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				
	y a section 501(c)(covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General F	Ruie					
	•	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special R	ules					
s	X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
c li	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
y is F	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
answer "N	Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).					

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 217,955.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>275,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$350,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>425,839</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$541,232.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

25-0717890

CHATHAM UNIVERSITY

Schedule B (Form 990) (2021)

Name of organization

CHATHAM UNIVERSITY

Employer identification number

25-0717890

Part I			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Dana **3**

Name of organization

Employer identification number

CHATHAM UNIVERSITY

25-0717890

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	0717050
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	10,970 SHARES OF FIDELITY ADVISOR BALANCED FUND CLASS Z	\$ 298,624.	03/04/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Page 4 Name of organization **Employer identification number** CHATHAM UNIVERSITY 25-0717890 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift

Schedule B (Form 990) (2021) 123454 11-11-21

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

➤ Complete if the organization is described below.
➤ Attach to Form 990 or Form 990-EZ. Open to Public ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, 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," on 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," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

	Section 501(c)(4), (5), or (6) organizat	ions: Complete Part III.			
Nan	ne of organization			Empl	oyer identification number
		UNIVERSITY			25-0717890
Pa	art I-A Complete if the org	anization is exempt und	ler section 501(c)	or is a section 527 or	ganization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures		> \$	
Pa	art I-B Complete if the org	anization is exempt und	ler section 501(c)(3).	
1	Enter the amount of any excise tax	incurred by the organization und	der section 4955	▶ \$	
	Enter the amount of any excise tax				
3	If the organization incurred a sectio	n 4955 tax, did it file Form 4720	for this year?		Yes No
	Was a correction made?				Yes No
b	If "Yes," describe in Part IV.				\(0\)
	art I-C Complete if the org	•		<u> </u>	· · ·
	Enter the amount directly expended	, , ,	•	***************************************	
2	Enter the amount of the filing organ				
•	exempt function activities				
3	Total exempt function expenditures			•	
4	line 17b Did the filing organization file Form				
5	Enter the names, addresses and en				
Ŭ	made payments. For each organiza		•	-	
	contributions received that were pro	•	0 0		•
	political action committee (PAC). If	additional space is needed, prov	vide 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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990) 2021

LHA

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chedule C (Form 990) 2021 CHATHAM UNIVERSITY 25-0717890 Page 2							
Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under							
section 501(h)).							
A Check 🕨 🔲 if the filing organiza	Check Fig. if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN,						
expenses, and share	re of excess lobbying	expenditures).					
B Check 🕨 🔲 if the filing organiza	ation checked box A a	nd "limited control" pro	visions apply.		-		
	its on Lobbying Expe	nditures ınts paid or incurred.)		(a) Filing organization's	(b) Affiliated group totals		
(me term expen	untareo meano amo	anto para or mourrou.,		totals			
1a Total lobbying expenditures to influ	uence public opinion (grassroots lobbying)					
b Total lobbying expenditures to influ	uence a legislative boo	dy (direct lobbying)		19,495.			
c Total lobbying expenditures (add li	nes 1a and 1b)			19,495.			
d Other exempt purpose expenditure	es			99,265,206.			
e Total exempt purpose expenditure	es (add lines 1c and 1c	d)		99,284,701.			
f Lobbying nontaxable amount. Ente	er the amount from the	e following table in both	n columns.	1,000,000.			
If the amount on line 1e, column (a) o	or (b) is: The lok	bying nontaxable am	ount is:				
Not over \$500,000	20% of	the amount on line 1e.					
Over \$500,000 but not over \$1,000	0,000 \$100,0	00 plus 15% of the exc	ess over \$500,000.				
Over \$1,000,000 but not over \$1,5	500,000 \$175,0	00 plus 10% of the exc	ess over \$1,000,000.				
Over \$1,500,000 but not over \$17,	,000,000 \$225,0	00 plus 5% of the exces	ss over \$1,500,000.				
Over \$17,000,000	\$1,000	,000.					
			-				
g Grassroots nontaxable amount (en	iter 25% of line 1f)			250,000.			
h Subtract line 1g from line 1a. If zer	o or less, enter -0-			0.			
i Subtract line 1f from line 1c. If zero				0.			
j If there is an amount other than ze							
reporting section 4911 tax for this	year?				Yes No		
-		eraging Period Under					
(Some organizations t				of the five columns be	low.		
	See the separ	ate instructions for lir	nes 2a through 2f.)				
	Lobbying Expe	nditures During 4-Yea	r Averaging Period				
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total		
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.		
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.		
c Total lobbying expenditures	43,633.	43,212.	22,305.	19,495.	128,645.		
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.		
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.		

Schedule C (Form 990) 2021

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description			(a)		(b)	
of the	e lobbying activity.	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:					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
С	Media advertisements?					
	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total. Add lines 1c through 1i					
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
<u>d</u>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(4)	n 501(c)(5	, or se	ction		
	501(c)(6).					
				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?					
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?					
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section	e prior year?	3			
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'answered "Yes."	'No" OR (I	b) Part	III-A, line	3, is	
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	al				
	expenses for which the section 527(f) tax was paid).					
а	Current year		. 2a			
b	Carryover from last year		. 2b			
С	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 exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the e	ess				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical				
	expenditure next year?		. 4			
5	Taxable amount of lobbying and political expenditures. See instructions		5			
Par	t IV Supplemental Information					
Prov	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A	, lines 1 a	and 2 (See		
instrı	actions); and Part II-B, line 1. Also, complete this part for any additional information.					

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Inspection

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

Pai		Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		imilar Funds or A	Accounts. Complete if the
		organization answered Tes Off Offi 990, Part IV, line	(a) Donor advise	ed funds	(b) Funds and other accounts
1	Total ni	umber at end of year	()		
2		ate value of contributions to (during year)			
3		ate value of grants from (during year)			
4		ate value at end of year			
5		organization inform all donors and donor advisors in wr	riting that the assets he	eld in donor advised fu	nds
Ŭ		organization's property, subject to the organization's ex	-		
6		organization inform all grantees, donors, and donor adv			
Ū		ritable purposes and not for the benefit of the donor or o			-
		issible private benefit?		• •	
Pai		Conservation Easements. Complete if the orga			
1		e(s) of conservation easements held by the organization			.,
		reservation of land for public use (for example, recreation		Preservation of a his	storically important land area
		Protection of natural habitat		_	rtified historic structure
		reservation of open space			remod motorio otraotaro
2		ete lines 2a through 2d if the organization held a qualifie	d conservation contrib	ution in the form of a c	conservation easement on the last
_		he tax year.	a concervation continu		Held at the End of the Tax Year
а					2a
b					
c		r of conservation easements on a certified historic struc			
d		r of conservation easements included in (c) acquired aft			
_		the National Register	•		2d
3		r of conservation easements modified, transferred, relea			
	year >		3	, 3	3
4	•	r of states where property subject to conservation ease.	ment is located		
5		ne organization have a written policy regarding the perio		tion, handling of	
		ns, and enforcement of the conservation easements it h			Yes No
6	Staff ar	nd volunteer hours devoted to monitoring, inspecting, ha			
	•				
7	Amoun	t of expenses incurred in monitoring, inspecting, handlir	ng of violations, and en	forcing conservation e	asements during the year
	▶\$				
8	Does e	ach conservation easement reported on line 2(d) above	satisfy the requirement	s of section 170(h)(4)(l	3)(i)
	and sec	ction 170(h)(4)(B)(ii)?			Yes No
9		XIII, describe how the organization reports conservation			
	balance	e sheet, and include, if applicable, the text of the footno	te to the organization's	financial statements t	hat describes the
	organiz	ation's accounting for conservation easements.			
Pai		Organizations Maintaining Collections of A		asures, or Other	Similar Assets.
		Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.		
1a	If the o	ganization elected, as permitted under FASB ASC 958,	, not to report in its rev	enue statement and ba	alance sheet works
	of art, h	istorical treasures, or other similar assets held for public	c exhibition, education	, or research in further	ance of public
	service	, provide in Part XIII the text of the footnote to its financ	ial statements that des	cribes these items.	
b		ganization elected, as permitted under FASB ASC 958,			
	art, hist	orical treasures, or other similar assets held for public e	exhibition, education, o	r research in furtheran	ce of public service,
		the following amounts relating to these items:			
	(i) Rev	venue included on Form 990, Part VIII, line 1			• \$
	(ii) Ass	sets included in Form 990, Part X			• \$
2		ganization received or held works of art, historical treas			, provide
	the follo	owing amounts required to be reported under FASB AS	C 958 relating to these	items:	
а	Revenu	e included on Form 990, Part VIII, line 1			• \$
b		included in Form 990, Part X			▶ \$
LHA	For Pa	perwork Reduction Act Notice, see the Instructions f	for Form 990.		Schedule D (Form 990) 2021

132051 10-28-21

► 114,417,946. Schedule D (Form 990) 2021

-117370377.

e Other

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

117,370,377.

Schedule D (Form 990) 2021 CHATHAM UNIX	VERSITY	25	-0717890 Page 3
Part VII Investments - Other Securities. Complete if the organization answered "Yes"	on Form 990 Part IV line 1	1h See Form 990 Part Y line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value
	(b) Dook talks	(2,	a or your market raide
(O) Olerah hald a with interests			
(2) Closely held equity interests (3) Other			
(A) LIMITED PARTNERSHIPS	17,380,037.	END-OF-YEAR MARKET	VALUE
(B) REAL ESTATE INVESTMENT			
(C) FUND	3,406,045.	END-OF-YEAR MARKET	VALUE
(D)	., ,		-
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	20,786,082.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
<u>(5)</u>			
(6)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)	_	
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			10 005 55=
(2) CAPITAL LEASE OBLIGATION			12,996,697.
(3)			
(4)			
(F)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2021

(6) (7) (8)

Par	t XI Reconciliation of Revenue per Audited Financial Statemen	ts Wit	h Revenue per Re	turn.	•		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.						
1	Total revenue, gains, and other support per audited financial statements			1	52,024,429.		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains (losses) on investments	2a	<u>-13,485,668.</u>				
b	Donated services and use of facilities	2b					
С	Recoveries of prior year grants	2c					
d	Other (Describe in Part XIII.)	2d	-28,183,420.				
е	Add lines 2a through 2d			2e	-41,669,088.		
3	Subtract line 2e from line 1			3	93,693,517.		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIII.)	4b	-2,730,328.				
С	Add lines 4a and 4b			4c	-2,730,328.		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5			
Par	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) TXII Reconciliation of Expenses per Audited Financial Statement	nts Wi	th Expenses per F	≀etur	'n.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.						
1	Total expenses and losses per audited financial statements			1	71,101,281.		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:						
а	Donated services and use of facilities	2a					
b	Prior year adjustments	2b					
С	Other losses	2c					
d	Other (Describe in Part XIII.)	2d	2,730,328.				
е	Add lines 2a through 2d			2e	2,730,328.		
3	Subtract line 2e from line 1			3	68,370,953.		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIII.)		28,183,420.				
	Add lines 4a and 4b			4c	28,183,420.		
	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	96,554,373.		
Par	t XIII Supplemental Information.				, _ , ,		
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	/ lines 1	1b and 2b: Part V line 4	Part	X line 2: Part XI		
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additi			, , , ,	7, mo 2, r are 71,		
111100	24 and 45, and 1 arrivin, into 24 and 45.7 100 complete this part to provide any additi	ionai iini	orritation.				
PAF	RT III, LINE 1A:						
	·,						
тня	UNIVERSITY'S COLLECTIONS INCLUDE PAINTINGS	S. P	RINTS, PHOTO	GRA	PHS.		
		- ,					
SCI	JLPTURES, DRAWINGS AND WATERCOLORS, AND DECO	ОВАТ	TVE ARTS. T	HES	E TTEMS		
<u> </u>	Elitotely blanched into millercolone, into bloc	<u> </u>					
ARE	HELD FOR EDUCATIONAL, RESEARCH AND SCIENT	TETC	PHRPOSES.	EAC	н Ог тиг		
	1 On Doomiloning, Mademon into belling.		- 0111 0010		01 11111		
ттъ	MS IS CATALOGED, PRESERVED AND CARED FOR, A	מאב	ACTIVITES V	ERT	FYING		
	ELD ID CATALOGED, INDUBRYED AND CARED FOR, A		CICITATITED A		1 1 1110		
THEIR EXISTENCE AND ASSESSING THEIR CONDITION ARE PERFORMED CONTINUOUSLY.							

PART III, LINE 4:

Schedule D (Form 990) 2021

PURCHASES OF COLLECTION ITEMS ARE RECORDED AS OPERATING EXPENDITURES IN

THE YEAR IN WHICH THE ITEMS ARE ACQUIRED. CONTRIBUTED COLLECTION ITEMS

MAINTAINED AND HELD BY THE UNIVERSITY ARE NOT REFLECTED IN THE

CONSOLIDATED FINANCIAL STATEMENTS.

Part XIII Supplemental Information (continued)

THE UNIVERSITY'S COLLECTIONS INCLUDE PAINTINGS, PRINTS, PHOTOGRAPHS,

SCULPTURES, DRAWINGS AND WATERCOLORS, AND DECORATIVE ARTS. THESE ITEMS

ARE HELD FOR EDUCATIONAL, RESEARCH AND SCIENTIFIC PURPOSES.

PART V, LINE 4:

THE UNIVERSITY'S ENDOWMENT CONSISTS OF VARIOUS INVESTMENT FUNDS

ESTABLISHED PRIMARILY FOR THE SUPPORT OF ITS MISSION. AS REQUIRED BY

GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, NET ASSETS ASSOCIATED WITH

ENDOWMENT FUNDS ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR

ABSENCE OF DONOR-IMPOSED RESTRICTIONS.

INTERPRETATION OF RELEVANT LAW - THE BOARD OF TRUSTEES HAS ELECTED TO BE

GOVERNED BY THE COMMONWEALTH OF PENNSYLVANIA'S ACT 141 (ACT 141). ACT 141

PERMITS ELECTION OF A TOTAL RETURN POLICY THAT ALLOWS A NONPROFIT TO

CHOOSE TO TREAT A PERCENTAGE OF THE AVERAGE MARKET VALUE OF THE

ENDOWMENT'S INVESTMENTS WITH DONOR RESTRICTIONS AS INCOME EACH YEAR.

HOWEVER, THE LONG-TERM PRESERVATION OF THE REAL VALUE OF THE ASSETS MUST

BE TAKEN INTO CONSIDERATION WHEN THE BOARD ELECTS THE AMOUNT. ON AN

ANNUAL BASIS, THE BOARD OF TRUSTEES MUST ELECT, IN WRITING, A SPENDING

RATE OF BETWEEN 2% AND 7%. FOR THE YEARS ENDED JUNE 30, 2021 AND 2020,

THE UNIVERSITY UTILIZED A 10% SPENDING RATE BASED ON A THREE-YEAR AVERAGE

OF HISTORICAL ENDOWMENT MARKET VALUES. THE LAST FISCAL YEAR USED TO

DETERMINE THE TRANSFER FOR THE FISCAL YEAR ENDED JUNE 30, 2021 WAS THE

FISCAL YEAR ENDED JUNE 30, 2020.

SPENDING POLICY AND INVESTMENT OBJECTIVES RELATED TO SPENDING POLICY - AS

PERMITTED BY ACT 141, THE UNIVERSITY TYPICALLY TRANSFERS BETWEEN 5% AND

7%, BASED ON A THREE-YEAR AVERAGE OF HISTORICAL ENDOWMENT MARKET VALUES TO

Schedule D (Form 990) 2021

Part XIII | Supplemental Information (continued)

NET ASSETS WITHOUT DONOR RESTRICTIONS, FOR USE IN CURRENT AND FUTURE OPERATIONS. HOWEVER, DUE TO THE COVID-19 PANDEMIC, THERE HAVE BEEN CHANGES TO ACT 141 THAT HAVE ALLOWED FOR LARGER TRANSFERS TO HELP ORGANIZATIONS FACED WITH CHALLENGES FROM THE PANDEMIC. DUE TO THIS, THE UNIVERSITY ELECTED TO TRANSFER 10% AS OF JUNE 30, 2021 AND 2020. IN 2021 AND 2020, THE SPENDABLE RETURN APPROXIMATED \$5,991,881 AND \$6,055,828, RESPECTIVELY, AND WAS TRANSFERRED TO BOARD-DESIGNATED ENDOWMENT. THE UNIVERSITY SATISFIED ITS SPENDING PROVISIONS OF INDIVIDUAL ENDOWMENT AGREEMENTS INCLUDING "MUST" OR "SHALL" PROVISIONS, THROUGH THE USE OF OPERATING FUNDS WITHOUT DONOR RESTRICTIONS IN THE YEARS ASSETS APPROPRIATED WERE NOT THE UNIVERSITY BELIEVES THAT THIS SPENDING POLICY IS CONSISTENT DRAWN. WITH THE COMMONWEALTH OF PENNSYLVANIA'S GUIDELINES AND WITH THE UNIVERSITY'S OBJECTIVE TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS HELD IN PERPETUITY, AS WELL AS TO PROVIDE ADDITIONAL REAL GROWTH THROUGH NEW GIFTS AND INVESTMENT RETURN.

THE UNIVERSITY CLASSIFIES AS NET ASSETS WITH DONOR RESTRICTIONS THE

ORIGINAL VALUE OF GIFTS DONATED TO THE ENDOWMENT AND THE ORIGINAL VALUE OF

SUBSEQUENT GIFTS TO THE ENDOWMENT. THE UNDISTRIBUTED AMOUNTS EARNED ARE

INCLUDED IN NET ASSETS WITH DONOR RESTRICTIONS. IN ACCORDANCE WITH ACT

141, THE UNIVERSITY HAS ADOPTED A WRITTEN INVESTMENT POLICY, OF WHICH A

SECTION SPECIFICALLY RELATES TO THE ENDOWMENT.

THE UNIVERSITY CONSIDERS THE FOLLOWING FACTORS IN MAKING A DETERMINATION

TO SET A SPENDING RATE:

1. PROTECTING THE CORPUS OF THE ENDOWMENT FUND

Schedule D (Form 990) 2021

Part XIII | Supplemental Information (continued)

- 2. PRESERVING THE SPENDING POWER OF THE ASSETS
- 3. OBTAINING MAXIMUM INVESTMENT RETURN WITH REASONABLE RISK AND OPERATIONAL CONSIDERATION
- 4. COMPLYING WITH APPLICABLE LAWS

PART X, LINE 2:

THE UNIVERSITY IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3)

OF THE IRC AND HAS FURTHER BEEN DETERMINED TO BE A NONPRIVATE FOUNDATION

UNDER SECTIONS 509(A)(1) AND 170(B)(1)(A)(II) OF THE IRC. ACCORDINGLY, NO

PROVISION FOR TAXES HAS BEEN MADE IN THE ACCOMPANYING CONSOLIDATED

FINANCIAL STATEMENTS. THE UNIVERSITY IS ALSO EXEMPT FROM STATE INCOME TAX

UNDER APPLICABLE STATE STATUTES.

CHATHAM INVESTMENTS LLC HAS BEEN ORGANIZED AS AN LLC, WHICH IS NOT SUBJECT

TO FEDERAL OR STATE INCOME TAXES. HOWEVER, THE TAXABLE INCOME OR LOSS

FROM THE RENEWABLE ENERGY MANAGEMENT ACTIVITIES OF CHATHAM INVESTMENTS LLC

IS INCLUDED IN THE INCOME TAX RETURN OF THE UNIVERSITY. ACCORDINGLY, ANY

INCOME FROM CHATHAM INVESTMENTS LLC THAT IS UNRELATED TO THE EXEMPT

PURPOSES OF THE UNIVERSITY IS TREATED AS UNRELATED BUSINESS INCOME ON THE

UNIVERSITY'S TAX RETURN.

THE UNIVERSITY FOLLOWS THE FASB CODIFICATION TOPIC ON INCOME TAXES. THE

TOPIC PRESCRIBES A MINIMUM RECOGNITION THRESHOLD AND MEASUREMENT

METHODOLOGY THAT A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX

RETURN IS REQUIRED TO MEET BEFORE BEING RECOGNIZED IN CONSOLIDATED

FINANCIAL STATEMENTS. THE UNIVERSITY'S CONSOLIDATED STATEMENTS OF

Schedule D (Form 990) 2021

Part XIII Supplemental Information (continued)	23-0717030 Page 5
Continued)	
FINANCIAL POSITION AT JUNE 30, 2022 AND 2021 DO NOT I	INCLUDE ANY
LIABILITIES ASSOCIATED WITH UNCERTAIN TAX POSITIONS;	FURTHER, THE
UNIVERSITY HAS NO UNRECOGNIZED TAX BENEFITS. THE UNI	VERSITY IS NO LONGER
SUBJECT TO EXAMINATION OF ITS TAX RETURNS FOR YEARS E	BEFORE 2019.
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
STUDENT SCHOLARSHIPS/FINANCIAL AID	-28,175,432.
GRANT RECLASS	-7,988.
	-28,183,420.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
RENTAL EXPENSES	-2,730,328.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
RENTAL EXPENSES	2,730,328.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
STUDENT SCHOLARSHIPS/FINANCIAL AID	28,175,432.
GRANT RECLASS	7,988.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	28,183,420.

SCHEDULE E

(Form 990)

Part I

Department of the Treasury Internal Revenue Service

Schools

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

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

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?	1	Х	
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?	2	Х	
3	Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet			
	homepage at all times during its taxable year in a manner reasonably expected to be noticed by visitors to the			
	homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the			
	registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general			
	community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	3	Х	
	THE RACIALLY NONDISCRIMINATORY POLICY IS REFERENCED IN PRINT			
	DOCUMENTS AND IS PROMINENTLY DISCLOSED ON THE UNIVERSITY'S			
	WEB PAGE.			
_				
4	Does the organization maintain the following?	4-	Х	
a	7, 7,	4a	X	
b	, , , , , , , , , , , , , , , , , , , ,	4b	^	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	1.	х	
. ا	with student admissions, programs, and scholarships? Copies of all material used by the organization or on its behalf to solicit contributions?	4c 4d	X	
a	If you answered "No" to any of the above, please explain. If you need more space, use Part II.	40	Δ	
	if you allowered. No to any of the above, please explain. If you need more space, use Fart II.			
5	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	5a		Х
	Admissions policies?	5b		X
С	Employment of faculty or administrative staff?	5с		X
	Scholarships or other financial assistance?	5d		X
	Educational policies?	5e		X
	Use of facilities?	5f		X
g	Athletic programs?	5g		X
	Other extracurricular activities?	5h		X
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Х	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		<u>X</u>
	If you answered "Yes" on either line 6a or line 6b, explain on Part II.			
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through			
	4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	7	Х	

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

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

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

➤ Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2021
Open to Public Inspection

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" on Form 990, Part IV, line 14b.

For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? _____X Yes ____ No

For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

United States.					
3 Activities per Region. (I	(b) Number of offices in the region		(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service,	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND					
THE CARIBBEAN -					
ANTIGUA & BARBUDA,					0 405 640
ARUBA, BAHAMAS,	0	0	INVESTMENTS	N/A	2,487,642.
CENTRAL AMERICA AND			COSTA RICAN CHATHAM ABROAD		
THE CARIBBEAN	0	0	TRIP	EDUCATIONAL TRAVEL	43,541.
EAST ASIA AND THE					
PACIFIC	0	0	TAIWAN CHATHAM ABROAD TRIP	EDUCATIONAL TRAVEL	8,120.
CENTRAL AMERICA AND			SCHOLARSHIP FOR STUDY		
THE CARIBBEAN	0	0	ABROAD	EDUCATIONAL TRAVEL	34,344.
EAST ASIA AND THE			SCHOLARSHIP FOR STUDY		
PACIFIC	0	0	ABROAD	EDUCATIONAL TRAVEL	10,800.
EUROPE (INCLUDING			SCHOLARSHIP FOR STUDY		
ICELAND & GREENLAND)	0	0	ABROAD	EDUCATIONAL TRAVEL	6,000.
					, ,
MIDDLE EAST AND			SCHOLARSHIP FOR STUDY		
NORTH AFRICA	0	0	ABROAD	EDUCATIONAL TRAVEL	3,000.
3 a Subtotal	0	0			2,593,447.
b Total from continuation	0	0			0.
sheets to Part I c Totals (add lines 3a					- 0.
and 3b)	0	0			2,593,447.
A	I .	I.			_ , ,

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

Schedule F (Form 990) 2021 CHATHAM UNIVERSITY

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

(i) Method of valuation (book, FMV, appraisal, other)						Schedule F (Form 990) 2021
(h) Description of noncash assistance						Sched
(g) Amount of noncash assistance					A	
(f) Manner of cash disbursement					ecognized as a tax ivalency letter	
(e) Amount of cash grant					oreign country, r ion 501(c)(3) equ	
(d) Purpose of grant					Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	
(c) Region					s listed above that are re r for which the grantee o	entities
(b) IRS code section and EIN (if applicable)					recipient organization nization by the IRS, or	other organizations or
1 (a) Name of organization						3 Enter total number of other organizations or entities

CHATHAM UNIVERSITY

Schedule F (Form 990) 2021 CHATHAM UNIVERSITY

Schedule F (Form 990) 2021 CHATHAM UNIVERSITY

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

Part III can be duplicated if additional space is needed.

d of n 1V, ther)							
(h) Method of valuation (book, FMV, appraisal, other)	N/A	N/A	N/A	N/A			
(g) Description of noncash assistance	N/A	N/A	/A	N/A			
(f) Amount of noncash assistance	0.N	N.0	0.N/A	N.0			
(e) Manner of cash disbursement	APPLIED TO STUDENT ACCOUNT	APPLIED TO STUDENT ACCOUNT	APPLIED TO STUDENT ACCOUNT	APPLIED TO STUDENT 3,000. ACCOUNT			
(d) Amount of cash grant	APPLIED 34,344.ACCOUNT	APPLIED 10,800.ACCOUNT	APPLIED 6,000.ACCOUNT	3,000,8			
(c) Number of recipients	13	8	5	2			
	CENTRAL AMERICA AND THE CARIBBEAN	EAST ASIA AND THE PACIFIC	EUROPE (INCLUDING ICELAND AND GREENLAND)	MIDDLE EAST AND NORTH AFRICA			
(a) Type of grant or assistance (b) Region	SCHOLARSHIP FUNDS FOR STUDY ABROAD	SCHOLARSHIP FUNDS FOR STUDY ABROAD	SCHOLARSHIP FUNDS FOR STUDY ABROAD	SCHOLARSHIP FUNDS FOR STUDY ABROAD			

Schedule F (Form 990) 2021 Part IV Foreign Forms

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

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

Open to Public

Inspection

OMB No. 1545-0047

0 **≗ Employer identification number** 25-0717890 (h) Purpose of grant or assistance X Yes PROGRAM SUPPORT Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any 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 (g) Description of noncash assistance N/A (f) Method of valuation (book, FMV, appraisal, other) 0. N/A (e) Amount of assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant 25,000, Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501(C)(3) Enter total number of other organizations listed in the line 1 table 25-0965213 CHATHAM UNIVERSITY General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization ALLEGHENY CONFERENCE ON COMMUNITY DEVELOPMENT - 425 SIXTH AVENUE, SUITE 1100 - PITTSBURGH, PA or government Name of the organization 15219-1811 Part I Part II

Page 2

Schedule I (Form 990) 2021 CHATHAM UNIVERSITY

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated 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 noncash assistance
EDUCATIONAL GRANTS AND SCHOLARSHIPS	1832	28,104,276.	.0	N/A	N/A
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	uired in Part I, lin	e 2; Part III, column	(b); and any other ad	ditional information.	
PART I, LINE 2:					
THE OFFICES OF ENROLLMENT MANAGEMENT AND FINANCIAL AID OVERSEE THE AWARDING	NT AND FI	NANCIAL AI	D OVERSEE	THE AWARDING	
OF BOTH NEED-BASED FINANCIAL AID AN	AND MERIT-BASED		SCHOLARSHIPS.	ONCE A	
STUDENT HAS COMPLETED THE FINANCIAL	AID	APPLICATION PROCESS	ROCESS AND	IS FOUND	
ELIGIBLE FOR NEED-BASED AND/OR MERIT BA	SED	AID, THE S	STUDENT WILL RECEIVE	L RECEIVE A	
FINANCIAL AID PACKAGE DETAILING THE	E COMBINATION	OF	SOURCES USED	TO PROVIDE	
FINANCIAL ASSISTANCE. GRANT FUNDS	AWARDED TO		S ARE APPL	STUDENTS ARE APPLIED DIRECTLY	
TO THEIR STUDENT ACCOUNTS. USAGE I	IS MONITORED	RED BY VIR	TUE OF DIR	BY VIRTUE OF DIRECT ACCOUNT	
POSTING.					

SCHEDULE J (Form 990)

Compensation Information

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

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

QUZ I
Open to Public

OMB No. 1545-0047

Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

► Go to www.irs.gov/Form990 for instructions and the latest information.

CHATHAM UNIVERSITY

Employer identification number 25-0717890

Pa	art I Questions Regarding Compensation			
			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel X Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are 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	1b	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	X	
_				
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
7	organization or a related organization:			
а		4a		х
h	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	Х	
c	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
•	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	то т			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		77	
	not described on lines 5 and 6? If "Yes," describe in Part III	7	X	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			77
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2021

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII. Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

(1) DAVID FINEGOLD (ii)		compensation		other deferred	benefits	(B)(i)-(D)	in column (B)
D FINEGOLD	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
	406,625.	0	25,262.	120,031.	42,262.	594,180.	0
	• 0	• 0	• 0	• 0	0 •	0 • 0	0
(2) WALTER B. FOWLER (i)	265,558.	0	8,739.	12,766.	18,475.	305,538.	0.
SR. VP-FINANCE & ADMIN	0.	0.		0.	0.	0.	0.
(3) DARLENE G. MOTLEY (i)	205,366.	0.	2,963.	9,886.	18,721.	236,936.	0.
DEAN, SCHOOL OF ARTS, SCIE (ii)		0					0
(4) JENNA TEMPLETON (i)	205,491.	0	2,820.	9,893.	16,934.	235,138.	0.
VP FOR ACADEMIC AFFAIRS (ii)	0.	0.	0.	0.	0.	0.	0.
(5) CAREY MILLER (i)	197,159.	0.	1,260.	9,333.	3,434.	211,186.	0.
VP FOR UNIVERSITY ADVANCEM	• 0	• 0	• 0	• 0		0 •	0
(6) WILLIAM T. CAMPBELL (i)	177,646.	0.	1,351.	8,612.	17,635.	205,244.	0
VP MARKETING & COMMUNICATI	• 0	• 0	• 0	• 0	0 •	0 •	0
(7) PATRICIA DOWNEY (i)	183,340.	0.	2,534.	8,633.	7,597.	202,104.	0
DEAN, SCHOOL OF HEALTH SCI	0.	0.	0	• 0	0.	0	0
(8) LOUIS G LEONARD (i)	184,247.	0.	576.	8,633.	6,509.	199,965.	0.
DEAN, FALK SCHOOL FOR SUSTAINABILITY (ii)	0.	0.	0.	0.	0.	0.	0.
(9) AMY BECHER (i)	183,476.	0	1,323.	8,964.	5,835.	199,598.	0.
VP FOR ENROLLMENT MANAGEME (ii)		0	0			- 1	0.
(10) PAUL D. STEINHAUS (i)	155,820.	0	2,067.	7,235.	17,204.	182,326.	0.
CIO, DIRECTOR OF INFO TECH	0.	0.	0.	0.	0.	0.	0.
(11) JENNIFER HOERSTER (i)	148,696.	0	450.	7,120.	15,228.	171,494.	0.
ASSOC. VP, FINANCE & ADMIN	0.	0.	0.	0.	0.	0.	0.
(12) ANTHONY GORECZNY (i)	135,427.	0	2,396.	4,687.	18,029.	160,539.	0.
PROFESSOR OF HEALTH SCIENC	0.	0.	0.	0.	0.	0.	0
(13) SEAN COLEMAN - VP OF PLANNING (i)	136,241.	0.	2,379.	6,463.	7,215.	152,298.	0.
& ASSISTANT SECRETARY	0.	0.	0.	0.	0.	0.	0
(1)							
(ii)							
(i)							
(ii)							
(E)							
(ii)							

Schedule J (Form 990) 2021

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A:

BASIC EMPLOYEE BENEFITS (INCLUDING HEALTH BENEFITS, LIFE INSURANCE, AND

LONG-TERM CARE INSURANCE) ARE REPORTED ON SCHEDULE J, PART II, COLUMN (D).

CONDITION OF EMPLOYMENT, DR. FINEGOLD IS REQUIRED TO RESIDE AS A THE VALUE ATTRIBUTED TO THEIR PERSONAL SPACE IS ALSO UNIVERSITY HOUSING.

REPORTED ON SCHEDULE J, PART II, COLUMN (D).

ARE REPORTED IN PLAN, 403(B) EMPLOYER CONTRIBUTIONS TO THE UNIVERSITY'S

COLUMN (C)

AMOUNTS REPORTED IN COLUMN (B)(III) ALSO INCLUDE INTERNAL REVENUE CODE

THE SECTION 132 BENEFITS PROVIDED BY THE UNIVERSITY TO THE PRESIDENT.

EXPENSE ACCOUNT FOR THE PRESIDENT WITH AN UNIVERSITY DOES NOT PROVIDE THE TERMS OF THE PRESIDENT'S SPOUSAL TRAVEL IS LIMITED BY PERSONAL USE.

EMPLOYMENT AGREEMENT

IN ORDER THAT THE PRESIDENT MAY ENTERTAIN POTENTIAL CLUB MEMBERSHIPS: DONORS AND OTHER BUSINESS ASSOCIATES OF THE UNIVERSITY, THE UNIVERSITY PAYS

OR REIMBURSES THE PRESIDENT FOR, THE PERIODIC DUES FOR MEMBERSHIP IN THE

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ental Info
Supplem
Part III

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art I, lines 1a, 1b, 3, 4a, 4b, 4c,
r Part I, lines 1a, 1b, 3, 4a, 4b, 4c,
for Part I, lines 1a, 1b, 3, 4a, 4b, 4c,
r Part I, lines 1a, 1b, 3, 4a, 4b, 4c,
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iptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c,
scriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c,
criptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c,
scriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c,
r descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c,
ion, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c,
ation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c,
anation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c,
nation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c,
lanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c,
n, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c,
ion, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c,
nation, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c,
rmation, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c,
nation, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c,
formation, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c,
the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c,
de the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c,
le the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a,

SCHEDULE K

Department of the Treasury Internal Revenue Service (Form 990)

Name of the organization

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, Supplemental Information on Tax-Exempt Bonds

Open to Public Inspection

Employer identification number

OMB No. 1545-0047

explanations, and any additional information in Part VI.

Go to www.irs.gov/Form990 for instructions and the latest information. ► Attach to Form 990.

Schedule K (Form 990) 2021 (i) Pooled ž financing × × × Yes ŝ **(g)** Defeased**(h)** On behalf 25-0717890 Yes × × × ۵ of issuer Yes ŝ × × × 18,000,000. 17,632,946. Yes 4,190,122 367,054 × × ŝ CAPITAL PURCHASES 闰 IN PART VI FOLLOW (f) Description of purpose AND RENOVATIONS CONSTRUCTION AT SEE DESCRIPTION Yes × × PHASE 1B 35,870,000. 2,559,375. 230,000. CONTINUATIONS 10,140,000 33,080,625 £ Ω 18000000. Yes 35870000 × × × × 10000000 (e) Issue price 230,035. 10,000,000 800,000 200,000 (E) × × ŝ 2009 AND 09/29/08 07/16/14 ⋖ (d) Date issued 02/29/12 ი, Yes × × (A) FOR COLUMNS (c) CUSIP# NONE NONE NONE Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Does the organization maintain adequate books and records to support the Were the bonds issued as part of a refunding issue of taxable bonds (or, if 25-1448115 25-1650137 C EDUCATION BUILDING AUTHO 25-1650137 (b) Issuer EIN UNIVERSITY SEE PART issued prior to 2018, an advance refunding issue)? if issued prior to 2018, a current refunding issue)? Has the final allocation of proceeds been made? BUILDING AUTHO Working capital expenditures from proceeds ALLEGHENY COUNTY HIGHER ALLEGHENY COUNTY HIGHER MCKEESPORT INDUSTRIAL DEVELOPMENT AUTHORITY CHATHAM Capital expenditures from proceeds Credit enhancement from proceeds Capitalized interest from proceeds Amount of bonds legally defeased Gross proceeds in reserve funds Proceeds in refunding escrows Year of substantial completion Issuance costs from proceeds final allocation of proceeds? (a) Issuer name Amount of bonds retired Other unspent proceeds Total proceeds of issue Other spent proceeds **Bond Issues** EDUCATION Proceeds Part II Partl 9 2 ო 4 ω Q 0 우 42 5 5 9 4 4

Schedule K (Form 990) 2021 CHATHAM UNIVERSITY Part III Private Business Use			25-(-0717890				Page 2
	4			8		C		
1 Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
which owned property financed by tax-exempt bonds?		×		×		×		
2 Are there any lease arrangements that may result in private business use of		þ		ļ		ļ		
bond-financed property?		4		≺		∢		
3a Are there any management or service contracts that may result in private		;		;		;		
business use of bond-financed property?		×		×		×		
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of								
bond-financed property?		×		×		×		
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other								
outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities								
other than a section 501(c)(3) organization or a state or local government		% 00.	•	00 %		.00 %		%
5 Enter the percentage of financed property used in a private business use as a								
result of unrelated trade or business activity carried on by your organization,								
another section 501(c)(3) organization, or a state or local government ▶		% 00.		% 00		% 00.		%
6 Total of lines 4 and 5		% 00.	•	00 %		* 00.		%
7 Does the bond issue meet the private security or payment test?		×		×		×		
8a Has there been a sale or disposition of any of the bond-financed property to a non-								
governmental person other than a 501(c)(3) organization since the bonds were issued?		×		X		×		
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or								
disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations								
sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all								
nonqualified bonds of the issue are remediated in accordance with the								
requirements under Regulations sections 1.141-12 and 1.145-2?	×		×		×			
Part IV Arbitrage		٠						
	V			В		O.		٥
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
Penalty in Lieu of Arbitrage Rebate?	X			×		×		
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?				×		×		
b Exception to rebate?				×		×		
c No rebate due?				×		×		
If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
performed								
3 Is the bond issue a variable rate issue?		×	×			×		
132122 10-08-21						Sch	edule K (For	Schedule K (Form 990) 2021

25-0717890

Page 3

	A	1	Ш	В	C		D	
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?		X		X		X		
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		×		X		X		
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7 Has the organization established written procedures to monitor the								
requirements of section 148?		×		×		×		
Part V Procedures To Undertake Corrective Action								
	A		8	3	S		D	
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
of federal tax requirements are timely identified and corrected through the								
voluntary closing agreement program if self-remediation isn't available under								
applicable regulations?		X		×		X		
Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.	on Schedule	K. See instru	ictions.					
SCHEDIII K DART I BOND ISSIIES.								

ISSUER NAME: ALLEGHENY COUNTY HIGHER EDUCATION BUILDING AUTHORITY DESCRIPTION OF PURPOSE: SEE DESCRIPTION IN PART VI FOLLOWING (A) (년

ISSUER NAME: ALLEGHENY COUNTY HIGHER EDUCATION BUILDING AUTHORITY (A)

DESCRIPTION OF PURPOSE: PHASE 1B CONSTRUCTION AT EDEN HALL CAMPUS (F)

AUTHORITY ISSUED \$35,870,000 AGGREGATE PRINCIPAL OF ITS UNIVERSITY ON FEBRUARY 29, 2012, ALLEGHENY COUNTY HIGHER EDUCATION BUILDING SCHEDULE K, BOND ISSUE, BOND (B)

PURPOSE OF CURRENT REFUNDING OF THE 1998 SERIES A BONDS AND 2002 SERIES REVENUE BONDS SERIES A OF 2012 ON BEHALF OF THE UNIVERSITY FOR THE

THE SERIES A OF 2012 BONDS BEAR INTEREST AT RATES RANGING FROM A BONDS, AND THE CURRENT AND ADVANCE REFUNDING OF THE 2002 SERIES A BONDS.

PRINCIPAL PAYMENTS ARE REQUIRED ON SEPTEMBER 1 OF EACH YEAR, WITH THE FINAL 2.0% TO 5.0%. INTEREST PAYMENTS ARE REQUIRED SEMIANNUALLY.

2035. PAYMENT DUE ON SEPTEMBER 1,

SCHEDULE L

Department of the Treasury

(Form 990)

Transactions With Interested Persons

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

➤ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open To Public Inspection

Internal Revenue Service	► Go to	www.irs.gov/Fo	rm990	0 for ir	nstructions and the	latest information.			In	spectio	า
Name of the organization							Emp	oloyer	rident	ification	number
		JNIVERSIT:							178	90	
Part I Excess Ber	nefit Transact	ions (section 50)1(c)(3)), secti	ion 501(c)(4), and sec	tion 501(c)(29) organ	nizatio	ns on	ly).		
Complete if the	e organization ans	wered "Yes" on F	orm 9	90, Pa	art IV, line 25a or 25b	, or Form 990-EZ, Pa	ırt V, Ii	ne 40	b.		
1 (a) Name of disqualified	t nerson (b)	Relationship betv			ified	e) Description of trans	sactio	n		(d) Co	orrected?
— (a) Name of disqualified	a persori	person and or	ganıza	ation	,,	Description of trans	Jactio	''		Yes	No
										+	+
										+	
											+
										+	+
											+
2 Enter the amount of tax	x incurred by the	organization mana	agers (or disc	ualified persons duri	ng the year under					
ti 1050	•	ū	•			•		> \$			
3 Enter the amount of tax								\$			
		,									
Part II Loans to ar	nd/or From In	terested Pers	ons.								
Complete if the	e organization ans	wered "Yes" on F	orm 9	90-EZ	, Part V, line 38a or F	orm 990, Part IV, line	e 26; d	or if th	e orga	nization	
reported an an	nount on Form 99								I/1 > A		
(a) Name of	(b) Relationship with organization			an to or	(e) Original	(f) Balance due	(g) defa		(h) Ap	ard or	i) Written
interested person	With Organization	or loan		zation?	principal amount				comm	11100:	greement?
DAVID FINEGOLD	PRESIDEN	SPLIT DO	То	From X	375,000.	375,000.	Yes	No X	Yes		<u>'es No</u> X
DAVID FINEGOLD	PKESIDEL	ISPLITI DO			373,000.	373,000.			<u>^</u>		^
						200					
Total Part III Grants or A	Assistance Be	nofiting Intore		1 Dau	> \$	375,000.					
		•									
	e organization ans					(a) T	- 6	-	1-1	\ D	
(a) Name of interested	person	(b) Relationship interested pers			(c) Amount of assistance	(d) Type assistan			•) Purpos assistan	
		the organiza	tion	u							
								$\neg \vdash$			
								\neg			

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

Schedule L (Form 990) 2021

SEE PART V FOR CONTINUATIONS

Scriedule L		M ONIARUSIII		25 0717	0 7 0	raye z
Part IV	Business Transactions Involv	ing Interested Persons.				
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 28a, 28	8b, or 28c.			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	
					Yes	No
BROOKS	BROADHURST	BOARD MEMBER	3,172,304.	PROVIDES DI		Х
Part V	Supplemental Information.	1				
	Provide additional information for response	onses to questions on Schedule L (see i	nstructions).			
SCHEDU	LE L, PART II, LOANS	TO AND FROM INTERES	TED PERSONS	:		
(A) NA	ME OF PERSON: DAVID	FINEGOLD				
(B) RE	LATIONSHIP WITH ORGA	NIZATION: PRESIDENT				
(C) PU	RPOSE OF LOAN: SPLIT	DOLLAR LIFE INSURAN	ICE ARRANGEM	EN.I.		
SCH L,	PART IV, BUSINESS T	RANSACTIONS INVOLVIN	G INTERESTE	D PERSONS:		
(A) NA	ME OF PERSON: BROOKS	BROADHURST				
(D) DE	SCRIPTION OF TRANSAC	TION: PROVIDES DININ	G SERVICES			

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

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

Pai	TI Types of Property							
		(a)	(b)	(c)	(d)			
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of de noncash contribu		_	
		арріюавіс	items contributed	Form 990, Part VIII, line 1g	Tioriodori contribu	LIOIT GITT		
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	5	432,295.	COST OR SEL	LING	PR	<u>≀IC</u>
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						•	
	for which the organization completed Form 828	3, Part V, D	onee Acknowledge	ement 29			_0_	
						<u> </u>	/es	No
30a	During the year, did the organization receive by							
	must hold for at least three years from the date		I contribution, and	which isn't required to be us	sed for			
	exempt purposes for the entire holding period?					30a		<u> </u>
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance po				ions?	31	X	
32a	Does the organization hire or use third parties o	r related or	ganizations to solic	cit, process, or sell noncash				
	contributions?					32a		<u> </u>
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) for	a type of property	for which column (a) is che	cked,			
	describe in Part II.							

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

Schedule M (Form 990) 2021 132142 11-17-21

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

2021
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

CHATHAM UNIVERSITY

Employer identification number 25-0717890

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

CITIZEN IN ONE'S COMMUNITIES; RECOGNIZING AND RESPECTING DIVERSITY OF

CULTURE, IDENTITY AND OPINION; AND LIVING SUSTAINABLY ON THE PLANET.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: ACCREDITED BY THE MIDDLE STATES COMMISSION ON HIGHER EDUCATION, **CHATHAM** UNIVERSITY IS A COED INSTITUTION THAT GRANTS BACHELOR, MASTER AND DOCTORATE LEVEL DEGREES THROUGH FOUR DISTINCTIVE SCHOOLS AND COLLEGES: THE FALK SCHOOL OF SUSTAINABILITY & ENVIRONMENT (HOUSED WITHIN OUR EDEN HALL CAMPUS, THE WORLD'S FIRST CAMPUS BUILT FROM THE GROUND UP FOR THE STUDY OF SUSTAINABILITY), THE SCHOOL OF HEALTH SCIENCES, THE SCHOOL OF SCIENCE AND BUSINESS AND THE SCHOOL OF CONTINUING AND PROFESSIONAL STUDIES. STUDENTS CAN CHOOSE FROM OVER 40 UNDERGRADUATE MAJORS AND OVER 20 MASTERS AND DOCTORAL PROGRAMS, AND ONLINE COURSES OF THE UNIVERSITY'S TOTAL ENROLLMENT AS OF FALL 2021 WAS 2,439 STUDY. STUDENTS.

STUDENT AND COMMUNITY SERVICES: CHATHAM UNIVERSITY STRIVES TO DEVELOP

THE WHOLE STUDENT - BOTH IN AND OUTSIDE THE CLASSROOM. WE OFFER ON AND

OFF-CAMPUS OPPORTUNITIES FOR PROFESSIONAL SKILL-BUILDING AND

EXPERIENTIAL LEARNING. INTERNSHIPS AND MENTORSHIPS OFFER SUPPORT.

STUDENT AFFAIRS PLAY AN INTEGRAL ROLE IN HELPING OUR STUDENTS ENHANCE

THEIR PHYSICAL, MENTAL, AND SOCIAL WELL-BEING. COUGARS CARE, AN EARLY

INTERVENTION SYSTEM TO AID STUDENTS IN NEED AND CELEBRATE STUDENT

SUCCESS, PLAYS A CRUCIAL ROLE IN IDENTIFYING STUDENTS WHO MAY BENEFIT

FROM ADDITIONAL SUPPORT AND HELPS FACILITATE INFORMATION SHARING.

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

Employer identification number Name of the organization 25-0717890

CHATHAM UNIVERSITY

STUDENTS HAVE A VARIETY OF OPPORTUNITIES HIGHLIGHTED IN THE ANNUAL ACTIVITIES CALENDAR FEATURING OVER 300 EVENTS AND HAPPENINGS THROUGHOUT THE YEAR. CHATHAM OFFERS A NATIONAL COLLEGIATE ATHLETIC ASSOCIATION (NCAA) DIVISION III ATHLETIC PROGRAM FEATURING TWENTY-ONE VARSITY SPORTS (ELEVEN WOMEN'S AND TEN MEN'S), ANCHORED OUT OF OUR IMPRESSIVE 78,000 SOUARE FOOT ATHLETIC AND FITNESS CENTER. STUDENTS LIVING ON CAMPUS ARE WELCOMED INTO A LIVING AND LEARNING ENVIRONMENT WHERE WELLNESS AND A STRONG SENSE OF COMMUNITY PREVAIL. CHATHAM HAS BEEN SELECTED AS ONE OF ONLY A SMALL NUMBER OF UNIVERSITIES FOR THE 2022 PRINCETON REVIEW'S GREEN HONOR ROLL, WHICH RECOGNIZES THE MOST ENVIRONMENTALLY RESPONSIBLE COLLEGES ACROSS THE UNITED STATES. CHATHAM EARNED A PERFECT GREEN RATING SCORE 99 OUT OF 99, WHICH MEASURES "A SCHOOL'S PERFORMANCE AS AN ENVIRONMENTALLY AWARE AND PREPARED INSTITUTION." IN 2020, THE UNIVERSITY COMPLETED THE RENOVATION OF UPMC GRAHAM FIELD, THE HISTORIC HOME OF WILKINSBURG HIGH SCHOOL FOOTBALL. UPMC GRAHAM FIELD IS THE HOME FIELD FOR THE UNIVERSITY'S MENS' AND WOMENS' SOCCER AND LACROSSE TEAMS AND IS AVAILABLE FOR LOCAL HIGH SCHOOL AND COMMUNITY ATHLETIC PROGRAMS' USE. THE RENOVATION WAS FUNDED IN PART BY THE COMMONWEALTH OF PENNSYLVANIA, HONORABLE TOM WOLF, GOVERNOR, UPMC, DOLLAR BANK AND THE RUST FOUNDATION.

AS PART OF A HOLISTIC APPROACH TO STUDENT DEVELOPMENT, THE OFFICE OF STUDENT HEALTH AND WELLNESS IS RESPONSIBLE FOR COORDINATING THE PHYSICAL, MENTAL, AND WELLNESS LIFESTYLE OF OUR STUDENTS, PROVIDING SOCIAL AND SUPPORT SERVICES TO OUR STUDENTS AND THE CHATHAM COMMUNITY.

LIBRARY SERVICES: THE JENNIE KING MELLON LIBRARY HAS ADDED NEW RESOURCES THAT SUPPORT THE LEARNING AND TEACHING MISSION OF CHATHAM

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

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 BENEFITTED FROM

ENDOWED SUPPORT AND INCREASED STAFF HOURS TO AID IN DOCUMENTATION,

ORGANIZATION, AND PRESERVATION.

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 20 MILES FROM CHATHAM'S HISTORIC

SHADYSIDE CAMPUS, EDEN HALL CAMPUS IS HOME TO OUR FALK SCHOOL OF

SUSTAINABILITY & ENVIRONMENT AND OFFERS UNDERGRADUATE AND GRADUATE

DEGREE PROGRAMS AS WELL AS PROGRAMMING FOR THE SURROUNDING COMMUNITIES.

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

THE UNIVERSITY OWNS THE OLDEST CIVIL WAR-ERA HOME ON FIFTH AVENUE, THE

HOWE-CHILDS GATE HOUSE, WHICH NOW SERVES AS A GUEST HOUSE FOR

UNIVERSITY VISITORS AS WELL AS HEADQUARTERS FOR THE CAMPUS ARBORETUM.

THE UNIVERSITY IS HOME TO THE OLKES COLLECTION OF AFRICAN ART, ONE OF

THE MOST SIGNIFICANT COLLECTIONS OF AFRICAN TRIBAL ART IN THE TRISTATE

REGION.

THE UNIVERSITY HOSTS NUMEROUS EVENTS ON CAMPUS INCLUDING: PROGRAMS FOR

WOMEN IN BUSINESS AND POLITICS SPONSORED BY THE CENTER FOR WOMEN'S

ENTREPRENEURSHIP AND PENNSYLVANIA CENTER FOR WOMEN IN POLITICS; A

NUMBER OF GLOBAL FOCUS EVENTS; AND VARIOUS PERFORMING AND VISUAL ARTS

EVENTS HELD THROUGHOUT THE ACADEMIC YEAR THAT ARE FREE AND OPEN TO THE

PUBLIC.

Employer identification number Name of the organization 25-0717890

IMPACT OF PANDEMIC

CHATHAM UNIVERSITY

AT THE ONSET OF THE COVID-19 PANDEMIC, THE UNIVERSITY BEGAN FOCUSING INTENSELY ON MITIGATING THE ADVERSE IMPACTS OF THE OUTBREAK BY PROTECTING STUDENTS, FACULTY AND STAFF. CLASSROOM DELIVERY SHIFTED TO REMOTE LEARNING AND FACULTY AND STUDENTS QUICKLY ADAPTED TO A FULLY REMOTE ONLINE PLATFORM IN MID-MARCH 2020 AND THROUGH THE REMAINDER OF THE SPRING 2020 ACADEMIC TERM. RESIDENCE HALLS AND FOOD SERVICES WERE CLOSED AND ALL TRAVEL, SUMMER PROGRAMS AND CAMPS WERE CANCELLED.

SAFETY PROTOCOLS AND MONITORING PROCEDURES WERE ENACTED BY THE UNIVERSITY TO PREPARE FOR THE FALL 2020 ACADEMIC TERM TO ENSURE THE SAFETY OF THE STUDENTS, FACULTY AND STAFF. THESE PROCEDURES INCLUDED SAFE DISTANCING IN CLASSROOM AND RESIDENCE HALL SPACES, ONGOING CLEANING, AND INSTALLATION OF DEVICES TO ENSURE SAFE INTERFACE IN SHARED AND CUSTOMER-FACING SPACES. ENTRY TESTING OF STUDENTS WAS IMPLEMENTED FOR FALL 2020, SPRING 2021 AND FALL 2021 AND ONGOING TESTING WAS AVAILABLE FOR STUDENTS, FACULTY AND STAFF.

THESE MEASURES ENABLED THE UNIVERSITY TO COMPLETE A SUCCESSFUL 2020-2021 ACADEMIC YEAR. POSITIVE CASES WERE REPORTED TO THE CAMPUS COMMUNITY ON A WEEKLY BASIS; CASE COUNTS REMAINED LOW ALL YEAR DUE TO STRONG COMMUNITY COMPLIANCE. ALTHOUGH STUDENTS COULD CHOOSE TO COMPLETE THE TERMS VIRTUALLY, NEARLY 70% OF STUDENTS CHOSE TO LIVE ON CAMPUS AND PURSUE IN PERSON INSTRUCTION.

IN FALL 2021, STUDENTS RETURNED TO CAMPUS AND THE UNIVERSITY CELEBRATED A RECORD YEAR OF FULL-TIME, FIRST-YEAR ENROLLMENT. REGULAR MESSAGING OF THE CONTINUAL EMPHASIS ON THE SAFETY AND WELLNESS OF STUDENTS, FACULTY

<u>Schedule O (Form 990) 2021</u> Page **2**

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

AND STAFF WAS COMMUNICATED PRIOR TO AND THROUGHOUT THE RETURN TO

CAMPUS. VACCINATION WAS REQUIRED FOR ALL STUDENTS PARTICIPATING IN

FACE-TO-FACE CLASSES OR CAMPUS ACTIVITIES AND FOR ALL FACULTY AND STAFF

FOR THE 2021-2022 ACADEMIC TERM. THE UNIVERSITY ALLOWED STUDENTS AND

EMPLOYEES WITH A VALID MEDICAL, RELIGIOUS, OR OTHER REASON CONSISTENT

UNDER FEDERAL AND STATE LAW TO APPLY FOR AN EXEMPTION. ANYONE NOT

VACCINATED WAS SUBJECT TO ADDITIONAL HEALTH AND SAFETY PROTOCOLS DURING

THE YEAR.

ADDITIONALLY, STUDENT ATHLETES COMPLIED WITH TESTING PROTOCOL SET FORTH
BY THE NCAA AND PRESIDENT'S ATHLETIC CONFERENCE (PAC).

THE UNIVERSITY RECEIVED GRANTS PURSUANT TO THE HIGHER EDUCATION

EMERGENCY RELIEF FUND (HEERF) AS PART OF THE CORONAVIRUS AID, RELIEF,

AND ECONOMIC SECURITY ACT (CARES ACT). IN JANUARY 2021 THE UNIVERSITY

WAS AWARDED APPROXIMATELY \$1,840,000 AS PART OF THE CORONAVIRUS

RESPONSE AND RELIEF SUPPLEMENTAL APPROPRIATIONS ACT (CRRSAA). IN MAY

2021, \$3,141,000 WAS AWARDED TO THE UNIVERSITY AS PART OF THE AMERICAN

RESCUE PLAN ACT (ARP).

BOTH AWARDS STIPULATED THAT THE UNIVERSITY DISTRIBUTE A PORTION OF THE

TOTAL GRANTS RECEIVED TO ELIGIBLE STUDENTS, REFERRED TO AS PART A. THE

REMAINING PORTION, REFERRED TO AS PART B, IS AVAILABLE TO COVER

EXPENSES ASSOCIATED WITH SIGNIFICANT CHANGES TO THE DELIVERY OF

INSTRUCTION DUE TO THE DISRUPTIONS CAUSED BY THE COVID-19 PANDEMIC

INCURRED ON OR AFTER MARCH 13, 2020, INCLUDING REFUNDS PROCESSED TO

STUDENTS, ENHANCEMENTS TO ONLINE LEARNING PLATFORMS AND OTHER

TECHNOLOGY RELATED EXPENSES, AND CERTAIN OTHER QUALIFYING EXPENSES THAT

Name of the organization CHATHAM UNIVERSITY

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HAVE A CLEAR NEXUS TO SIGNIFICANT CHANGES TO THE DELIVERY OF

INSTRUCTION DUE TO THE COVID-19 PANDEMIC, INCLUDING ADDITIONAL FUNDING

TO STUDENTS AT THE UNIVERSITY'S DISCRETION.

FROM THE CRRSAA AWARD, THE UNIVERSITY CREDITED \$562,000 TO ELIGIBLE

STUDENTS COVERED BY PART A AND \$1,635,000 FROM THE ARP AWARD. THESE

AMOUNTS ARE REFLECTED IN AUXILIARY ENTERPRISES REVENUES ON THE

CONSOLIDATED STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS.

ADDITIONALLY, THE UNIVERSITY RECOGNIZED PART B FUNDS OF \$1,278,000 FROM

CRRSAA AWARDS AND \$1,504,000 FROM ARP AWARDS IN 2021. BOTH ARE

INCLUDED IN FEDERAL AND STATE GRANTS AND CONTRACT REVENUES ON THE

CONSOLIDATED STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS.

FORM 990, PART VI, SECTION A, LINE 1A:

THE EXECUTIVE COMMITTEE SHALL HAVE AUTHORITY TO ACT FOR THE BOARD OF

TRUSTEES ON ALL MATTERS EXCEPT FOR THE FOLLOWING WHICH SHALL BE RESERVED

FOR THE BOARD OF TRUSTEES (UNLESS THE BOARD OF TRUSTEES DIRECTS OTHERWISE):

PRESIDENTIAL SELECTION AND TERMINATION; TRUSTEE AND BOARD OFFICER

SELECTION; CHANGES IN INSTITUTIONAL MISSION AND PURPOSES; CHANGES TO THE

CHATER; CHANGES TO THE BYLAWS; INCURRING OF CORPORATE INDEBTEDNESS IN

EXCESS OF TEN PERCENT (10%) OF THE COLLEGE'S NET WORTH; SALE OF COLLEGE

ASSETS OR TANGIBLE PROPERTY IN EXCESS OF ONE PERCENT (1%) OF THE COLLEGE'S

NET WORTH; ADOPTION OF THE ANNUAL BUDGET; AND, CONFERRAL OF DEGREES. IN

ADDITION TO ITS AUTHORITY TO TAKE ACTION ON MATTERS WHICH CANNOT OR SHOULD

NOT BE DEFERRED TO THE BOARD'S NEXT SCHEDULED MEETING, PROCESS OR PROGRESS

ON PLANNING GOALS, THE BOARD'S RESPONSIBILITY TO SUPPORT THE PRESIDENT AND

ASSESS HER OR HIS PERFORMANCE AND SHALL REVIEW THE PRESIDENT'S COMPENSATION

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

AND CONDITIONS OF EMPLOYMENT.

FORM 990, PART VI, SECTION A, LINE 2:

THE FOLLOWING INDIVIDUALS HAVE A BUSINESS RELATIONSHIP BY VIRTUE OF

EMPLOYMENT BY OR CO-MEMBERSHIP ON THE BOARD OF DIRECTORS OF AN ENTITY (OR

ENTITIES) UNRELATED TO CHATHAM UNIVERSITY:

G. NICHOLAS BECKWITH III; LAURA FISHER.; W. DUFF MCCRADY; SANDRA RADER,
DNP; BROOKS BROADHURST; DAVID FINEGOLD

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

THE FORM 990 IS REVIEWED BY SENIOR FINANCE MANAGEMENT AND THE PRESIDENT IN DETAIL. THE FORM IS THEN DISCUSSED AND REVIEWED BY THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES. FOLLOWING COMMITTEE LEVEL REVIEW, THE APPROVED DOCUMENT IS PROVIDED TO THE FULL MEMBERSHIP OF THE BOARD BEFORE ELECTRONIC SUBMISSION TO THE INTERNAL REVENUE SERVICE.

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

Name of the organization CHATHAM UNIVERSITY

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DISCLOSURE FORM PROVIDED BY THE SECRETARY OF THE BOARD. THE SIGNED FORM IS

THEN FORWARDED TO THE PRESIDENT'S OFFICE AND THE FINANCE DEPARTMENT TO BE

LOGGED AND FILED FOR REFERENCE. ANY IDENTIFIED CONFLICTS ARE IMMEDIATELY

BROUGHT TO THE ATTENTION OF THE EXECUTIVE COMMITTEE OF THE BOARD.

FORM 990, PART VI, SECTION B, LINE 15:

THE PRESIDENT'S COMPENSATION IS ESTABLISHED BY THE BOARD OF TRUSTEES

THROUGH THE EXECUTIVE OR COMPENSATION COMMITTEE USING INDEPENDENT

CONSULTANTS AND DATA FROM PEER INSTITUTIONS. COMPENSATION IS DOCUMENTED IN

THE BOARD MINUTES AND IN A WRITTEN EMPLOYMENT CONTRACT.

COMPENSATION LEVELS OF ALL EMPLOYEES, INCLUDING DIRECT REPORTS TO THE

PRESIDENT, ARE MONITORED BY THE HUMAN RESOURCE DEPARTMENT, THE SENIOR VICE

PRESIDENT OF FINANCE AND ADMINISTRATION, VICE PRESIDENT OF ACADEMIC

AFFAIRS, AND THE PRESIDENT USING CUPA PEER INSTITUTION COMPARATIVE DATA ON

AN ANNUAL BASIS. COMPENSATION INCREASES FOR DIRECT REPORTS TO THE

PRESIDENT ARE GENERALLY INCLUDED IN THE ANNUAL MERIT BUDGET INCREASE POOL

APPROVED BY THE BOARD OF TRUSTEES. FROM TIME TO TIME, THERE ARE

EXTRAORDINARY COMPENSATION ISSUES RELATED TO DIRECT REPORTS TO THE

PRESIDENTS AND IN THESE CASES, THE EXECUTIVE COMMITTEE OF THE BOARD OF

TRUSTEES APPROVES ANY RELATED INCREASES, CONTRACTS, AGREEMENT SIDE LETTERS,

OR SPECIAL CONSIDERATIONS.

FORM 990, PART VI, SECTION C, LINE 19:

THE UNIVERSITY'S POLICIES, ORGANIZATIONAL DOCUMENTS AND FINANCIAL

STATEMENTS ARE MADE AVAILABLE UPON REQUEST. FINANCIAL STATEMENTS ARE ALSO

AVAILABLE ON THE UNIVERSITY'S WEBSITE.

Schedule O (Form 990) 2021 Page 2 Name of the organization **Employer identification number** 25-0717890 CHATHAM UNIVERSITY FORM 990, PART VII, TRUSTEES EMERITI: THE FOLLOWING INDIVIDUALS ARE EMERITI TRUSTEES WHO MAY ATTEND ALL MEETINGS OF THE BOARD AND COMMITTEES, BUT SHALL HAVE NO VOTING RIGHTS: CORDELIA SURAN JACOBS, NANCY FOLLETT WAICHLER, MARTHA H. CARSON. FORM 990, PART XII, LINE 2C, FINANCIAL STATEMENTS AND REPORTING: THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS APPROVES THE APPOINTMENT OF THE INDEPENDENT ACCOUNTING FIRM ENGAGED TO AUDIT THE UNIVERSITY'S FINANCIAL STATEMENTS ON AN ANNUAL BASIS. IN ADDITION, THE AUDIT COMMITTEE REVIEWS DRAFT FINANCIAL STATEMENTS AND RECEIVES A REPORT ON THE RESULTS OF THE AUDIT FROM THE INDEPENDENT ACCOUNTANT. THE AUDIT COMMITTEE IS ALSO UPDATED REGARDING THE AUDIT BY THE SENIOR VICE PRESIDENT OF FINANCE FOR FINANCE AND ADMINISTRATION AND BY THE ASSISTANT VICE PRESIDENT FOR FINANCE AND ADMINISTRATION.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

Open to Public Inspection

Employer identification number 25-0717890

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. CHATHAM UNIVERSITY Name of the organization Part I

Name, adk o	(a) Name, address, and EIN (if applicable) 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
CHATHAM INVESTME WOODLAND ROAD	CHATHAM INVESTMENTS, LLC - 90-1022878 WOODLAND ROAD	TO HOLD OWNERSHIP IN A				
PITTSBURGH, PA	15232	SOLAR PV PROJECT	PENNSYLVANIA	0.	0	0. CHATHAM UNIVERSITY
Part II Organization	Identification of Related Tax-Exempt Organizations. Complete organizations during the tax year.	tions. Complete if the organization and	if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt	t IV, line 34, becaus	e it had one or more	related tax-exempt

(a)	(q)	(c)	(p)	(e)	(f)	(g)	2,7
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	section 5 12(b)(controlled	z(b)(13) ed
of related organization		foreign country)	section	status (if section	entity	entity?	رخ.
				501(c)(3))		Yes	٩
THE DIETRICH FOUNDATION - 36-4711746	SUPPORT, BENEFIT, PERFORM						
600 GRANT STREET, SUITE 5360	THE FUNCTIONS OF AND CARRY						
PITTSBURGH, PA 15219	OUT PURPOSES OF C.U.	PENNSYLVANIA	501(C)(3)	TYPE I	N/A		×

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

Schedule R (Form 990) 2021

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

	age hip										
₹	General or Percentage managing ownership partner?										
5	General or Remanding of partner?										
F	Gen Gen										
Ξ	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) y										
	Code amount 20 of Side (For										
	ortionate tions?										
Ξ	Disproportionate allocations?										
(a)	Share of end-of-year assets										
۳	Sha end-o ass										
	total e										
€	Share of total income										
	income elated, tax und 2-514)										
(e)	minant ted, unr d from ions 51										
	Predominant income (related, unrelated, excluded from tax under sections 512-514)										
	Direct controlling entity										
ਉ	t contr entity										
	Direc										
ပ	Legal domicile (state or foreign country)										
	<u>\$</u>										
(Q)	y activi										
	Primary activity										
			<u> </u>		<u> </u>	Π		<u> </u>	<u> </u>	<u> </u>	
	<u>Z</u> c										
	Name, address, and EIN of related organization										
(a)	ddress, d orga⊩										
	ıme, ac f relate										
	Z o										

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. Part IV

organizations treated as a corporation or trust during the tax year.	ig the tax year.								
(a)	(q)	(c)	(p)	(e)		(b)	(h)	(E)	9
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp,	Sha	Share of end-of-year	Percentage ownership	Section 512(b)(13) controlled entity?	13) ? ?
		country)		or trust)		dosels		Yes	٩
CHARITABLE GIFT ANNUITIES (3)	ANNUITY	PA	N/A	TRUST	N/A	N/A	N/A		×

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	2
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?	s with one or more re	ated organizations listed i	n Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	>			1a		×
b Gift, grant, or capital contribution to related organization(s)				1b		×
(8)				2	×	
d Loans or loan guarantees to or for related organization(s)				₽		×
Loans or loan guarantees by related organization(s)				4		×
				2		
f Dividends from related organization(s)				#		×
g Sale of assets to related organization(s)				1g		×
Purchase of assets from related organization(s)				두		×
				=		×
j Lease of facilities, equipment, or other assets to related organization(s)						×
k Lease of facilities, equipment, or other assets from related organization(s)				¥		×
	nization(s)			=		×
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			투		×
	on(s)			두		×
 Sharing of paid employees with related organization(s) 				10		×
				<u> </u>		×
				1_		٩Þ
q neilliouserient paid by related organization(s) for expenses				=		4
r Other transfer of cash or property to related organization(s)				+		×
(S				15		×
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.	ho must complete th	s line, including covered r	elationships and transaction thresholds.			
	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	unt involved		
(1)						
(2)						
(3)						
(4)						
(5)						
(9)						
132163 11-17-21	1		Sche	Schedule R (Form 990) 2021	(066 u	2021

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

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

(k) centage nership				
(j) General or Per managing ow partner?				
(h) (i) (j) (k) Dispripor- tionale allocations? Code V-UBI amount in box 20 amount in box 20 partners General or managing partners Percentage Schedulie K-I yes Inamaging partners ownership				
Disproportionate allocations?				
(g) Share of end-of-year assets				
(f) Share of total income				
(e) Are all partners sec. 501(c)(3) orgs.? Yes No				
(d) Predominant income perclated, unrelated, excluded from tax undersections 512-514)				
(c) Legal domicile (state or foreign country)				
(b) Primary activity				
(a) Name, address, and EIN of entity				

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