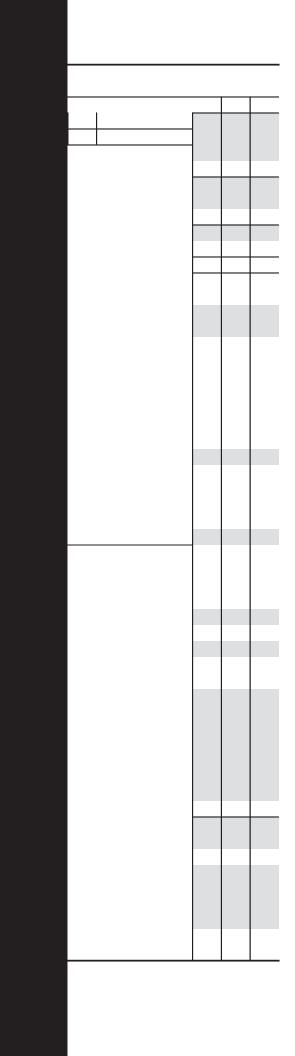


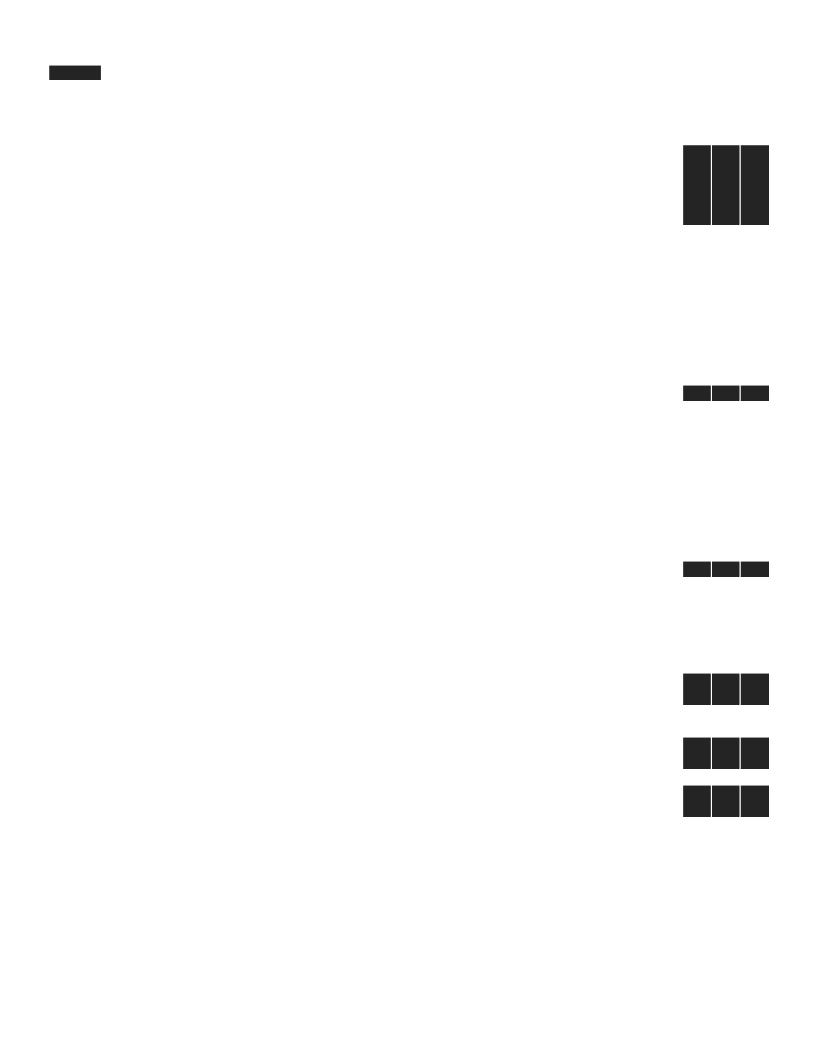
1															
2															
2														Yes	No
3														Yes	No
4															
•															
4a	Code:		Exp	enses \$			includ	ding grants	of \$			Revenue \$			
4b	Code:		Exp	enses \$			includ	ding grants	of \$			Revenue \$			
4c	Code:		Exp	enses \$			includ	ding grants	of \$			Revenue \$			
4d	F.,				t t		£ /								
4e	⊾xpen	ises \$			ıncıudir	ng grants o	1 \$			Rev	enuė \$				

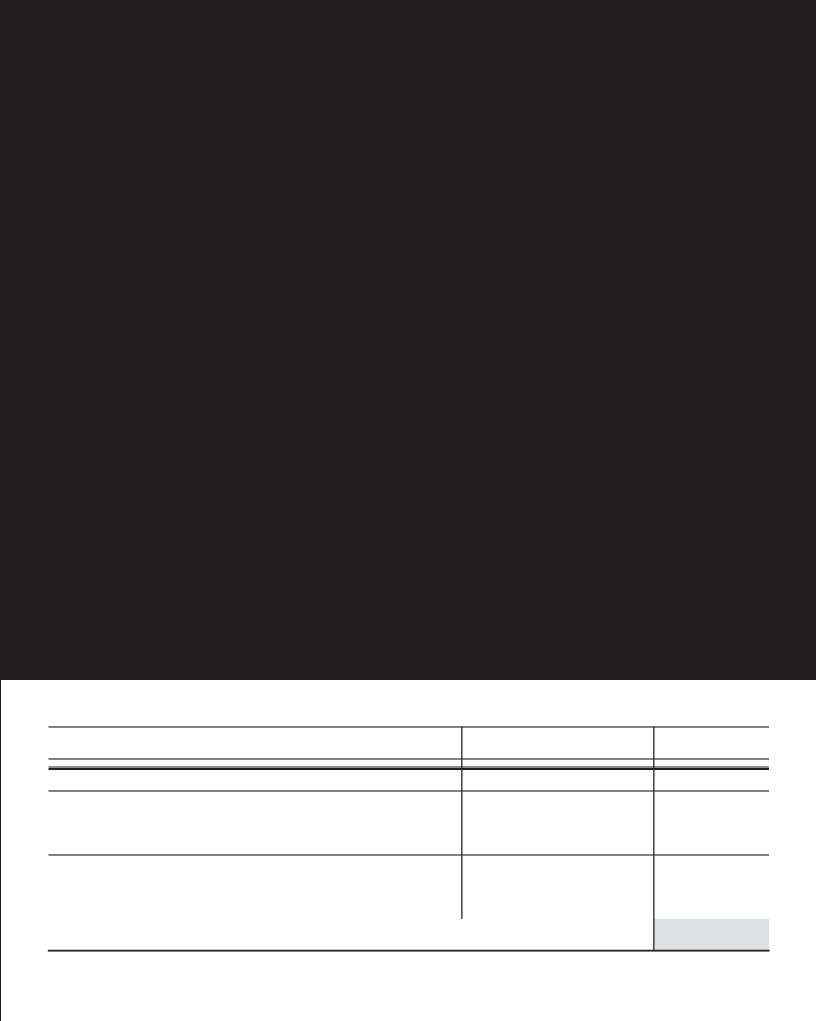
1			Yes	No
'	If "Yes," complete Schedule A	1		
2	Schedule B, Schedule of Contributors	2		
3	If "Yes," complete Schedule C, Part I			
4	Section 501(c)(3) organizations.	3		
•	If "Yes," complete Schedule C, Part II	4		
5				
	If "Yes," complete Schedule C, Part III	5		
6	If "Yes," complete Schedule D, Part I	6		
7		Ŭ		
	If "Yes," complete Schedule D, Part II	7		
8	Schedule D, Part III			
9	Scriedule D, Fait III	8		
,				
	If "Yes," complete Schedule D, Part IV	9		
10	If "Yes," complete Schedule D, Part V			
11	п тез, complete Schedule D, Fart V	10		
••				
а	If "Yes," complete Schedule D,			
	Part VI	11a		
b	If "Yes," complete Schedule D, Part VII	11b		
С		1110		
	If "Yes," complete Schedule D, Part VIII	11c		
d	If "Yes," complete Schedule D, Part IX			
е	If "Yes," complete Schedule D, Part X	11d 11e		
f				
	If "Yes," complete Schedule D, Part X	11f	\longrightarrow	
12a	If "Yes," complete Schedule D, Parts XI and XII	12-		
b	Concession Dy Fanto At and Att	12a		
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		
13	If "Yes," complete Schedule E	13		
14a b		14a	-	
D				
	If "Yes," complete Schedule F, Parts I and IV	14b		
15	If "Yes," complete Schedule F, Parts II and IV			
16	II Tes, complete schedule E, Farts II and IV	15		
10		16		
17				
46		17		
18		18		
19		10		
		19		

Form 990 (2016) Page

	(continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	21		
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		
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? <i>If "Yes," complete Schedule J</i>	23		
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		
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	24a	\Box	
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~			
	· · · · · · · · · · · · · · · · · · ·	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	24d 25a		
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	25a 25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes,"</i>	200		
	complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III — — — — — — — — — — — — — — — — —	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	,		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	28a		
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) wtheri9.3(f)).7(m) If "Yes," complete Schedule L, Part IV	18.3(e) 28 c	3(m)1	8.3(b)-2.
9	If "Yes," complete Schedule M	29		
80	If "Yes," complete Schedule M	30		
31				1
	If "Yes," complete Schedule N, Part I	31	\longmapsto	<u> </u>
2	Schedule N, Part II	32		
33	If "Yes," complete Schedule R, Part I	33		
4	If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		
5a		35a		
b	If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. If "Yes," complete Schedule R, Part V, line 2	36		
37	If "Yes," complete Schedule R, Part VI			
38		37		
	Note	1 20	, ,	4







Form 9	990
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Form 990 Section A. Officers, Directors, To	rustees, Key Er	nplo	vee	s, a	nd F	ligh	est	Compensated Employ	rees (continued)	
(A)	(D)	(E)	(F)							
Name and title	Average hours									
	liouis									
		ctor				nployee				
		or dire	8			ated en				
		trustee	al truste		ayee	subduo				
		Individual trustee or director	Institutional frustee	Officer	Key employee	Highest compensated employee	Former			
		Inc	lns	JJO	Ke	ΞĤ	For			
			Н							
			Н							
			Н							
			Н							
			П			П				

Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded (C) Related or Unrelated Total revenue from tax under exempt function business sections 512 - 514 revenue revenue , Gifts, Grants nilar Amounts 1a 1 a Federated campaigns ~~~~~ 1b b Membership dues ~~~~~~~ c Fundraising events ~ ~ ~ ~ ~ ~ ~ ~ 1c 230, 662 d Related organizations ~~~~~~ Contributions, (and Other Simi 966, 229 1e e Government grants (contributions) f All other contributions, gifts, grants, and 4,028,940 similar amounts not included above ~ ~ 1,079,149 Q Noncash contributions included in lines 1a-1f: \$ 5, 225, 831 h Total. Add lines 1a-1f ... Business Code TUITION AND FEES 900099 Program Service Revenue 52, 235, 367 52, 235, 367 **AUXILIARY ENTERPRISES** 900099 6, 142, 482 6, 142, 482 С d f All other program service revenue ~ ~ ~ ~ ~ 58, 377, 849 g Total. Add lines 2a-2f Investment income (including dividends, interest, and 1, 199, 160 180, 191 1,018,969 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 2, 769, 161 6 a Gross rents ~~~~~~ 2, 875, 457 b Less: rental expenses ~ ~ ~ -106, 296. c Rental income or (loss) ~ ~ -106, 296 -10,008 -96, 288. d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other 14, 229, 523 assets other than inventory b Less: cost or other basis 12, 501, 877. and sales expenses ~~~~ 1, 727, 646. c Gain or (loss) ~ ~ ~ ~ ~ ~ ~ 1, 727, 646. 1,727,646. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ ___ contributions reported on line 1c). See b Less: direct expenses ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See b Less: direct expenses ~~~~~~~~~ c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ b Less: cost of goods sold ~~~~~~~~~ c Net income or (loss) from sales of inventory -Miscellaneous Revenue Business Code 11 a b d All other revenue ~ ~ ~ ~ ~ ~ ~ e Total. Add lines 11a-11d ~~~~~~ 66, 424, 190. 58, 377, 849. 170, 183. 2,650,327 Total revenue. See instructions.

	(A)	(B)	(C)	(D)
1				
2				
3				
4				
5				
6				
7				
7 8				
9				
10				
11				
a				
b				
c d				
e				
f				
g				
12				
13				
1415				
16				
17				
18				
19				
20				
21				
22				
Total functional expenses.				
Joint costs.				
Check here if following SOP 98-2 (ASC 958-720)				

Forn	990 (2016)				Pag	<u>ie</u>
	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				
2	Total expenses (must equal Part IX, column (A), line 25) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	2				
3	Revenue less expenses. Subtract line 2 from line 1	3				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	4				
5	° ₽ Ža6 ũ ,VSa ≱ m £ Q;m Ģ ai		ECAQ82	17 5 D q	wÆ!	<u>ABETS IR (</u> BH) VAS 1
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Za				Za		
b				2b		
b				20		
С						
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3a						
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(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

<u>Total</u>

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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at

Open to Public

OMB No. 1545-0047

Inspection

Name o	of the organization						Employe	r identification number
			(All organizations must c	omplete th	is part.) S	ee instruction	s.	
The orga	anization is not a private found	dation because it is:	(For lines 1 through 12,	check only	one box.))		
1	A church, convention of ch		· -					
2	A school described in sect							
3	A hospital or a cooperative	hospital service org	ganization described in s	ection 170)(b)(1)(A)(i	iii).		
4	A medical research organiz city, and state:	zation operated in co	onjunction with a hospita	l describe	d in sectio	on 170(b)(1)(A	.)(iii) . Enter	the hospital's name,
5	An organization operated for section 170(b)(1)(A)(iv).		ollege or university owne	d or opera	ted by a g	jovernmental	unit descril	bed in
6	A federal, state, or local go	vernment or govern	mental unit described in	section 17	70(b)(1)(A))(v).		
7	An organization that norma	ally receives a subst	antial part of its support	from a gov	ernmenta	I unit or from	the general	I public described in
	section 170(b)(1)(A)(vi). (C	complete Part II.)		_			-	
8	A community trust describe	ed in section 170(b))(1)(A)(vi). (Complete Par	t II.)				
9	An agricultural research org	ganization described	d in section 170(b)(1)(A)	(ix) operate	ed in conju	unction with a	land-grant	college
	or university or a non-land-	grant college of agri	culture (see instructions)	. Enter the	name, cit	y, and state of	of the collec	ge or
	university:							
10	An organization that norma	ally receives: (1) mor	e than 33 1/3% of its su	oport from	contributi	ions, member	ship fees, a	and gross receipts from
	activities related to its exer	npt functions - subje	ect to certain exceptions	, and (2) no	o more tha	an 33 1/3% of	its suppor	t from gross investment
	income and unrelated busi	ness taxable income	e (less section 511 tax) fi	om busine	esses acqu	uired by the o	rganization	after June 30, 1975.
	See section 509(a)(2). (Co	mplete Part III.)						
11	An organization organized	and operated exclusion	sively to test for public s	afety. See	section 5	09(a)(4).		
12	An organization organized	and operated exclus	sively for the benefit of, t	o perform	the function	ons of, or to o	arry out the	e purposes of one or
	more publicly supported or	rganizations describ	ed in section 509(a)(1)	r section	509(a)(2).	See section	509(a)(3). (Check the box in
	lines 12a through 12d that	describes the type	of supporting organization	n and con	nplete line	s 12e, 12f, ar	d 12g.	
а	Type I. A supporting orga	anization operated,	supervised, or controlled	by its sup	ported or	ganization(s),	typically by	y giving
	the supported organization	on(s) the power to re	egularly appoint or elect	a majority	of the dire	ectors or trust	ees of the	supporting
	organization. You must o	complete Part IV, S	Sections A and B.					
b	Type II. A supporting org	janization supervise	ed or controlled in connec	tion with it	ts support	ted organizati	on(s), by ha	aving
	control or management of	of the supporting or	ganization vested in the	same perso	ons that c	ontrol or man	age the sup	oported
	organization(s). You mus	st complete Part IV	, Sections A and C.					
С	Type III functionally inte	e grated . A supportir	ng organization operated	in connec	tion with,	and functiona	ally integrat	ed with,
	its supported organizatio	on(s) (see instruction	s). You must complete	Part IV, Se	ections A,	D, and E.		
d	Type III non-functionally	y integrated. A sup	porting organization ope	rated in co	nnection	with its suppo	rted organ	ization(s)
		You must co	mplete Part IV, Section	s A and D	, and Part	. V.		
е								
f								
<u>g</u>	(0.1)	T	1 cm =	(iv) Is the error	anization listed	1,,,,		1 (84)
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your govern	ing document?	(v) Amount o	,	(vi) Amount of other
	organization		above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)

•			
-			
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·			

			Yes	No
1	If "No," describe in how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2		-		
		2		
3a		2		
		3a		
b				
		3b		
С		_		
4a		3c		
		4a		
b				
		4b		
С				
		4c		
5a				
	Time Lea Time Health	<u>5a</u>		
D	Type I or Type II only.	5b		
С	Substitutions only.	5c		
6				
		_		
7		6		
8		7		
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9a				
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		10a		
b		IUa		
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			6
1			See instructions.
Section A - Adjusted Net Income			
1	1		
2	2		
3	3		
4	4		
<u>4</u> 5	5		
6			
	6		
7	7		
8 Adjusted Net Income	8		
Section B - Minimum Asset Amount			
1		ı	
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-4T: 2/-4T: 2.040 mAT L70, 2Tm-4			
a1Ti-3(a1Ti-3.019 ,nt)ŢJ.78 -2.oTm4			
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42			
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oTm4

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Schedule A	(Form 990 or 990-EZ) 2016				Page 8
	Part IV, Section A, lines 1, 2, 3b, 3	Provide the explanations 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c,	required by Part II, line 10; l 11a, 11b, and 11c; Part IV,	Part II, line 17a or 17b; Part Section B, lines 1 and 2; Pa	III, line 12;

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

Department of the Treasury Internal Revenue Service | Attach to Form 990, Form 990-EZ, or Form 990-PF. | Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at

OMB	Nο	1545-0047

Name of the organization Employer identification number

Organization type (check one):

Filers of: Section:

Form 990 or 990-EZ 501(c)() (enter number) organization

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

527 political organization

Form 990-PF 501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

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 or 990-EZ), 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.

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, II, and III.

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 the parts unless the General Rule applies to this organization because the parts unless the General Rule applies to this organization because the parts unless the General Rule applies to this organization because the parts unless the General Rule applies to this organization because the parts unless the General Rule applies to this organization because the parts unless the General Rule applies to this organization because the parts unless the General Rule applies to this organization because the parts unless the General Rule applies to this organization because the parts unless the General Rule applies to this organization because the parts unless the General Rule applies to this organization because the parts unless the General Rule applies to this organization because the parts unless the General Rule applies to this organization because the parts unless the General Rule applies to this organization because the parts unless the general Rule applies to the parts unless the General Rule applies to this organization because the parts unless the general Rule applies to this organization because the parts unless the general Rule applies to th

Caution:

must

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

Employer identification number

CHATHAM UNI VERSI TY

25-0717890

Part I	Contributors (See instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$169, 601.	Person 1 X Payroll 1 Noncash 1 (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person 1 X Payroll 1 Noncash 1 (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$145, 909.	Person 1 X Payroll 1 Noncash 1 (Complete Part II for noncash contributions.)
(a) No.	(b)	(c) Total contributions	(d) Type of contribution
4	Name, address, and ZIP + 4	\$\$ 947, 016.	Person 1 X Payroll 1 Noncash 1 X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$182, 488.	Person 1 X Payroll 1 Noncash 1 X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person 1 X Payroll 1 Noncash 1 (Complete Part II for noncash contributions.)

		_	
	1		I

Name of organization

Employer identification number

CHATHAM UNI VERSI TY

25-0717890

Part II	Noncash Property (See instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
4	14, 754 SHARES OF MI CROSOFT STOCK		
		\$892, 027.	10/27/16
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
5	1,500 SHARES OF WESTERN ENERGY, INC.		
		\$82, 388.	09/01/16
(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
		\$	

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

OMB No. 1545-0047

Open to Public Inspection

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

0, Part IV, line 4, or For	m 990-EZ, Part VI, lin	e 47 (Lobbying Activities), then	
0, Part IV, line 5 (Proxy	Tax) (see separate in	structions) or Form 990-	EZ, Part V, line 35c (PtPPr F	[:] 22 Tc0
				0, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then 10, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (PtPPr F

Lobbying Expenditures During 4-Year Averaging Period							
	(a)	(b)	(c)	(d)	(e)		
_2a							
b							
C							
d							
e 							
f							

Schedule C (Form 990 or 990-EZ) 2016

Schedule C (Form 990 or 990-EZ) 2016 CHATHAM UNI VERSI TY 25-071789

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)).

Of the lobbying activity. 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers?~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	nt
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers?~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ~ c Media advertisements? ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
e Publications, or published or broadcast statements? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
f Grants to other organizations for lobbying purposes? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?~~~~ i Other activities? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
2a 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 ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 ~ ~ ~ d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).	NI-
1 Were substantially all (90% or more) dues received nondeductible by members?~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	No
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line answered "Yes."	3, is
1 Dues, assessments and similar amounts from members ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
expenses for which the section 527(f) tax was paid). a Current year ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
c Total ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	
expenditure next year?	
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.	

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Complete if the constitution of the constituti	F 000 B- : "	/ Bas 445 Oct Free 22	10. Dant V II - 10	
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value			ud-of-year market value
(1) Financial derivatives ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	(2) Book value	(c) Wickfield (J. you. market value
(2) Closely-held equity interests ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Complete if the organization answered "Yes"	on Form 990, Part I	V, line 11c. See Form 99	0, Part X, line 13.	
(a) Description of investment	(b) Book value			nd-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.)				
Complete if the organization answered "Yes"	on Form 990, Part I	V, line 11d. See Form 99	00, Part X, line 15.	
(a)				(b)
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15.)			
<u>1.</u> (a)		(b)		
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 25.)			
2.				

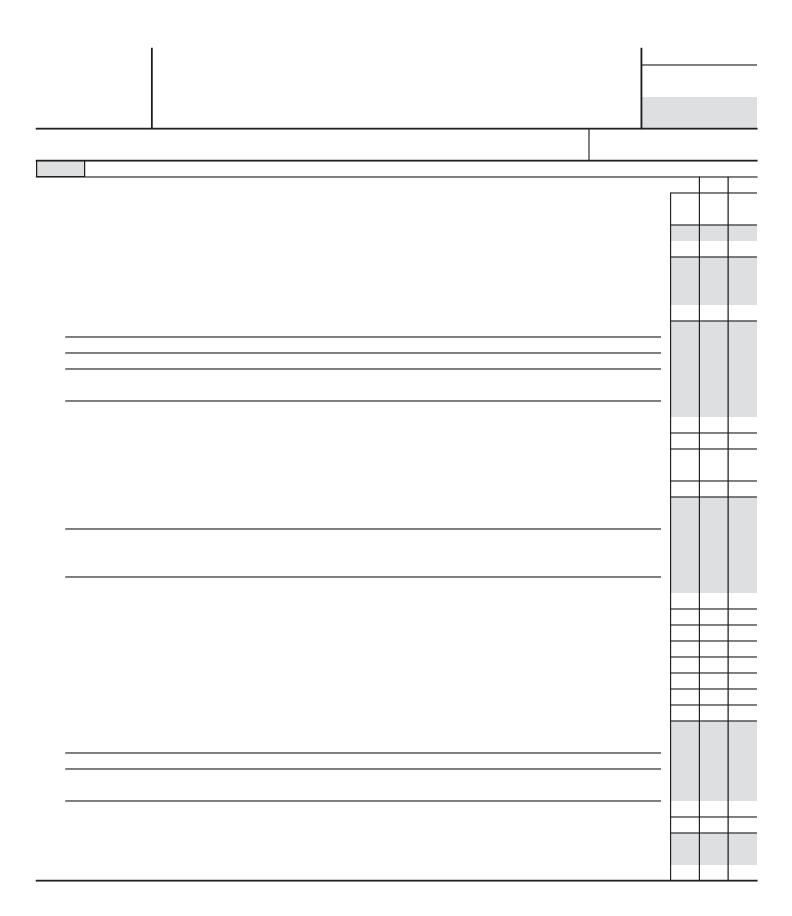
Page

Schedule D (Form 990) 2016

Sche	edule D (Form 990) 2016			Page
				-
	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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	2a		
b	Donated services and use of facilities ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~			
С	Recoveries of prior year grants ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		1	
d	Other (Describe in Part XIII.)		1	
	Add lines 2a through 2d ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		20	
e	Subtract line 2e from line 1		2e	
3		~~~~~~~~~~~~	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1		
a	Investment expenses not included on Form 990, Part VIII, line 7b ~~~~~~~~~	4a	-	
b	Other (Describe in Part XIII.)		-	
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	2a		
b	Prior year adjustments ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	2b		
С	Other losses ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
d	Other (Describe in Part XIII.)			
e	Add lines 2a through 2d ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		2e	
	Subtract line 2e from line 1		3	
3		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1		
a	Investment expenses not included on Form 990, Part VIII, line 7b ~~~~~~~~~	4a	-	
b	Other (Describe in Part XIII.)		-	
	Add lines 4a and 4b	~~~~~~~~~~~~	4c	
b		~~~~~~~~~~~~	4c 5	
b	Add lines 4a and 4b	~~~~~~~~~~~~		
b c 5	Add lines 4a and 4b ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~~~~~~~~~		
b	Add lines 4a and 4b ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~~~~~~~~~		
b c 5	Add lines 4a and 4b ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~~~~~~~~~		
b c 5	Add lines 4a and 4b ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~~~~~~~~~		
b c 5	Add lines 4a and 4b ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~~~~~~~~~		
b c 5	Add lines 4a and 4b ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~~~~~~~~~		
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b c 5	Add lines 4a and 4b ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~~~~~~~~~		

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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.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Metho.0117 36 1.5 TD. appraisal, other)
F								
2 Enter total nun			lat are recognized as charities section 501(c)(3) equiva	'by the foreign c	ountry, recognized a	is tax exempt by		
2								

Part III Grants and Other Assistanc Part III can be duplicated if ac			ates. Complete if	the organization answered "Yes	s" on Form 990, Part	IV, line 16.	
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, othe

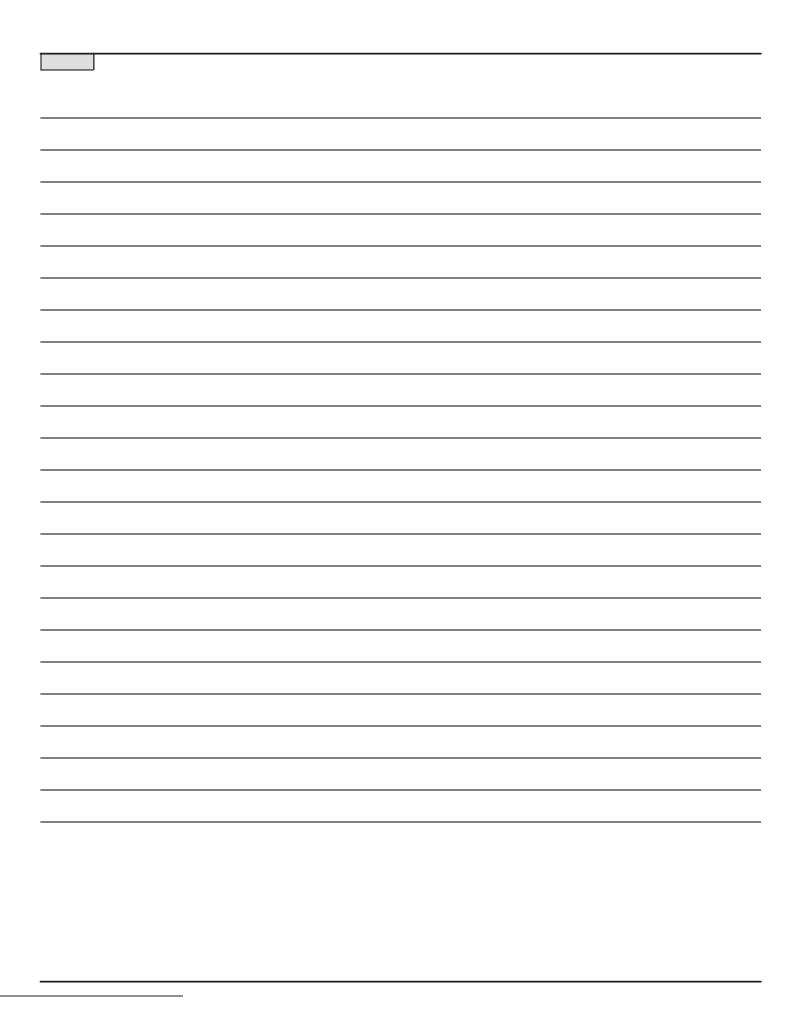
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Schedule F (Form 990) 2016

1	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)	

- 2 If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)
- 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)
- 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)
- 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)
- 6
 "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see
 Instructions for Form 5713; do not file with Form 990)

Schedule F (Form 990) 2016



SCHEDULE I Form 990)						OMB No.	1545-0047
lepartment of the Treasury Iternal Revenue Service							
·							
	1		1	1	•		

Part III Grants and Other Assistance to Domestic Individual Part III can be duplicated if additional space is needed.	•	organization answe	ered "Yes" on Form 9	990, Part IV, line 22.	Page 2
(a) Type of grnt or ssstnce	N(b)mber of recipients	(c) Amount of cash grant	(d) Amount of non- ca aace	(e) Method of valuation (book, FMV, appr otr)	(f) Description of noncash assistance
EDUCATIONAL GRANTS AND SCHOLARSHIPS	936	13, 852, 124.	0.	N/A	N/A
Part IV Supplemental Information. Provide the information rec	quired in Part I, lin	e 2; Part III, column	i (b); and any other a	dditional information.	
THE OFFICES OF ENROLLMENT MANAGEME	ENT AND F	INANCIAL A	I D OVERSEE	THE AWARDING	
OF BOTH NEED-BASED FINANCIAL AID A				ONCE A	
STUDENT HAS COMPLETED THE FINANCIA					
ELIGIBLE FOR NEED-BASED AND/OR MER	RIT BASED	AID, THE	STUDENT WI	LL RECEIVE A	
FINANCIAL AID PACKAGE DETAILING TH	HE COMBIN	ATION OF S	SOURCES USE	D TO PROVIDE	
FINANCIAL ASSISTANCE. GRANT FUNDS	S AWARDED	TO STUDEN	ITS ARE APP	LIED DIRECTLY	
TO THEIR STUDENT ACCOUNTS. USAGE	IS MONIT	ORED BY VI	RTUE OF DI	RECT ACCOUNT	

OMB No. 1545-0047

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

1a

b

2

3

4

a b

С

Information about Schedule J (Form 990) and its instructions is at

Employer identification number Yes No 1b 4b 4c Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations mus.9(g)6.4u mu-P6Ppzd 507ln168i 5.9(o)6.5-.9(o)69(F)-11()6(rm 4703 Tc (1)4.74 (51.5 TD 7 Schedule J (Form 990) 2016 Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form

	(B)			(C)	(D)	(E)	(F)
(A)	(i)	(ii)	(iii)				
(A)							
(i)							
(ii)							
(1)							
(ii)							
(1)							
(i) (ii)							
(i)							
(ii)							
(1)							
(ii)							
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(i)							
(ii)							
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(ii)							
(i) (ii)							
(i)							
(ii)							
(1)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i) (ii)							
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Part III Supplemental Information

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

PART I, LINE 1A:

SCHEDULE J SUPPLEMENTAL COMPENSATION INFORMATION:

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

AS A CONDITION OF HIS EMPLOYMENT, DR. FINEGOLD IS REQUIRED TO RESIDE IN

UNI VERSI TY HOUSI NG. THE VALUE ATTRIBUTED TO HIS PERSONAL SPACE IS ALSO

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

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

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

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

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

UNIVERSITY DOES NOT PROVIDE THE PRESIDENT WITH AN EXPENSE ACCOUNT FOR

PERSONAL USE. SPOUSAL TRAVEL IS LIMITED BY THE TERMS OF THE PRESIDENT'S

EMPLOYMENT AGREEMENT.

Part III Supplemental Information

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

CLUB MEMBERSHIPS: IN ORDER THAT THE PRESIDENT MAY ENTERTAIN POTENTIAL

DONORS AND OTHER BUSINESS ASSOCIATES OF THE UNIVERSITY, THE UNIVERSITY PAYS

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

DUQUESNE CLUB AND PITTSBURGH GOLF CLUB. DIRECT EXPENSES FOR UTILIZATION OF

THE CLUBS ARE THE PRESIDENT'S RESPONSIBILITY, EXCEPT WHEN ATTRIBUTABLE TO

UNI VERSI TY BUSI NESS.

PART I, LINE 7:

DR. ESTHER BARAZZONE - \$60,000

DR. DAVID FINDEGOLD - \$70,000

WALTER B. FOWLER - \$2,500

KEVIN FORTWENDEL - \$2,500

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

| Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

Attach to Form 990. Information about Schedule K (Form 990) and its instructions is at

OMB No. 1545-0047

Open to Public Inspection Employer identification number

Part I	Bond Issues													
	(a)	(b)	(c)	(d)	(e)		(f)		(g)	(g) (h)			(i)	
									Yes	No	Yes	No	Yes	No
_														
Α														
В														
С										_				
D														
	Proceeds													
Partii	Proceeds				Α		В	С				D		
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2														
3														
4										\perp				
5														
6										\perp				
7 8														
8										+				
9										_				
10										+				
11										+				
12										+				
13				Yes	No	Yes	No	Yes	No	+	Yes		No	
14				103	110	103	140	103	140		103		140	
15														
16														
	s the organization maintain adequate books and records	to support the final allocation	on of proceeds?											

Part IV Arbitrage								
		A		3	Ç		ı	D
	Yes	No	Yes	No	Yes	No	Yes	No
5a								
b								
d								
6								
7								
Part V Procedures To Undertake Corrective Action								
Tart V Troccuires to Undertake Corrective Action		Δ		3	1			
	Yes	No	Yes	No	Yes	No	Yes	No
	103	140	103	i iio	103	NO	103	I
Part VI Supplemental Information.								
Tart VI Supplemental information.								



632142 08-23-16

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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 990-EZ.

www.irs.gov/form990.

Open to Public

OMB No. 1545-0047

Name of the organization	Employer identification number

		I	

Employer identification number Name of the organization CHATHAM UNI VERSI TY ¹25-0717890 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. FORM 990, PART VII, TRUSTEES EMERITI: THE FOLLOWING INDIVIDUAL IS AN EMERITI TRUSTEE WHO MAY ATTEND ALL MEETINGS OF THE BOARD AND COMMITTEES, BUT SHALL HAVE NO VOTING RIGHTS: HANNAH HONIG KAMIN. 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)	

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service

Information about Schedule R (Form 990) and its instructions is at

OMB No. 1545-0047

Open to Public Inspection

lame of the organization					Employer iden	tification nu	mber
Part I Identification of Disregarded Entities. Complete	te if the organization answered "Yes"	on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d)	(e)	Primary activ	Legal)14.6(d)-5.	
Part II Identification of Related Tax-Exempt Organiza	l ations.						
(a)	(b)	(c)	(d)	(e)	(f)	Section 5 contro entit	olled y?
						Yes	No
	-						
	-						

											_
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			orgs.	?					
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