

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

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.

Department of the Treasury
Internal Revenue Service

Open to Public
Inspection

A For the 2017 calendar year, or tax year beginning and ending

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C		D Employer identification number	
	(or P.O. box if mail is not delivered to street address)		Room/suite	E
	F		G Gross receipts \$	
			H(a) Yes No H(b) Are all subordinates included? Yes No	

I 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website:

H(c)

K Form of organization: Corporation Trust Association Other | **L** Year of formation: | **M** State of legal domicile:

Activities & Governance	1		
	2		
	3		3
	4		4
	5		5
	6		6
	7 a		7a
	b		7b
Revenue	8	Prior Year	Current Year
	9		
	10		
	11		
	12		
Expenses	13		
	14		
	15		
	16a		
	b		
	17		
	18		
Net Assets or	19		
	20	Beginning of Current Year	End of Year
	21		
	22		

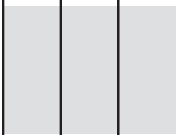
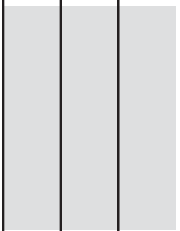
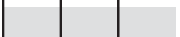
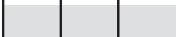
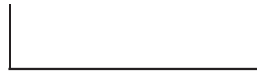
Sign Here

Paid Preparer Use Only

Yes No



		Yes	No
1	<i>If "Yes," complete Schedule A</i>	1	
2	<i>Schedule B, Schedule of Contributors</i>	2	
3	<i>If "Yes," complete Schedule C, Part I</i>	3	
4	Section 501(c)(3) organizations. <i>If "Yes," complete Schedule C, Part II</i>	4	
5	<i>If "Yes," complete Schedule C, Part III</i>	5	
6	<i>If "Yes," complete Schedule D, Part I</i>	6	
7	<i>If "Yes," complete Schedule D, Part II</i>	7	
8	<i>Schedule D, Part III</i> <i>If "Yes," complete</i>	8	
9	<i>If "Yes," complete Schedule D, Part IV</i>	9	
10	<i>If "Yes," complete Schedule D, Part V</i>	10	
11			
a	<i>Part VI</i> <i>If "Yes," complete Schedule D,</i>	11a	
b	<i>If "Yes," complete Schedule D, Part VII</i>	11b	
c	<i>If "Yes," complete Schedule D, Part VIII</i>	11c	
d	<i>If "Yes," complete Schedule D, Part IX</i>	11d	
e	<i>If "Yes," complete Schedule D, Part X</i>	11e	
f	<i>If "Yes," complete Schedule D, Part X</i>	11f	
12a	<i>Schedule D, Parts XI and XII</i> <i>If "Yes," complete</i>	12a	
b	<i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	
13	<i>If "Yes," complete Schedule E</i>	13	
14a		14a	
b	<i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	
15	<i>If "Yes," complete Schedule F, Parts II and IV</i>	15	
16		16	
17		17	
18		18	
19		19	



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 in Schedule O. See instructions.

		Yes	No
1a	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 in Schedule O.		
b			
2			
3			
4			
5			
6			
7a			
b			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a			
b			
9			

If "Yes," provide the names and addresses in Schedule O

(This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a			
b			
11a			
b			
12a	If "No," go to line 13		
b			
c	If "Yes," describe in Schedule O how this was done		
13			
14			
15			
a			
b			
16a			
b			

17 _____

18 _____

(explain in Schedule O)

19 _____

20 _____

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

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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

¥ List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

¥ List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D)	(E)	(F)
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

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

(A)	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D)	(E)	(F)
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2

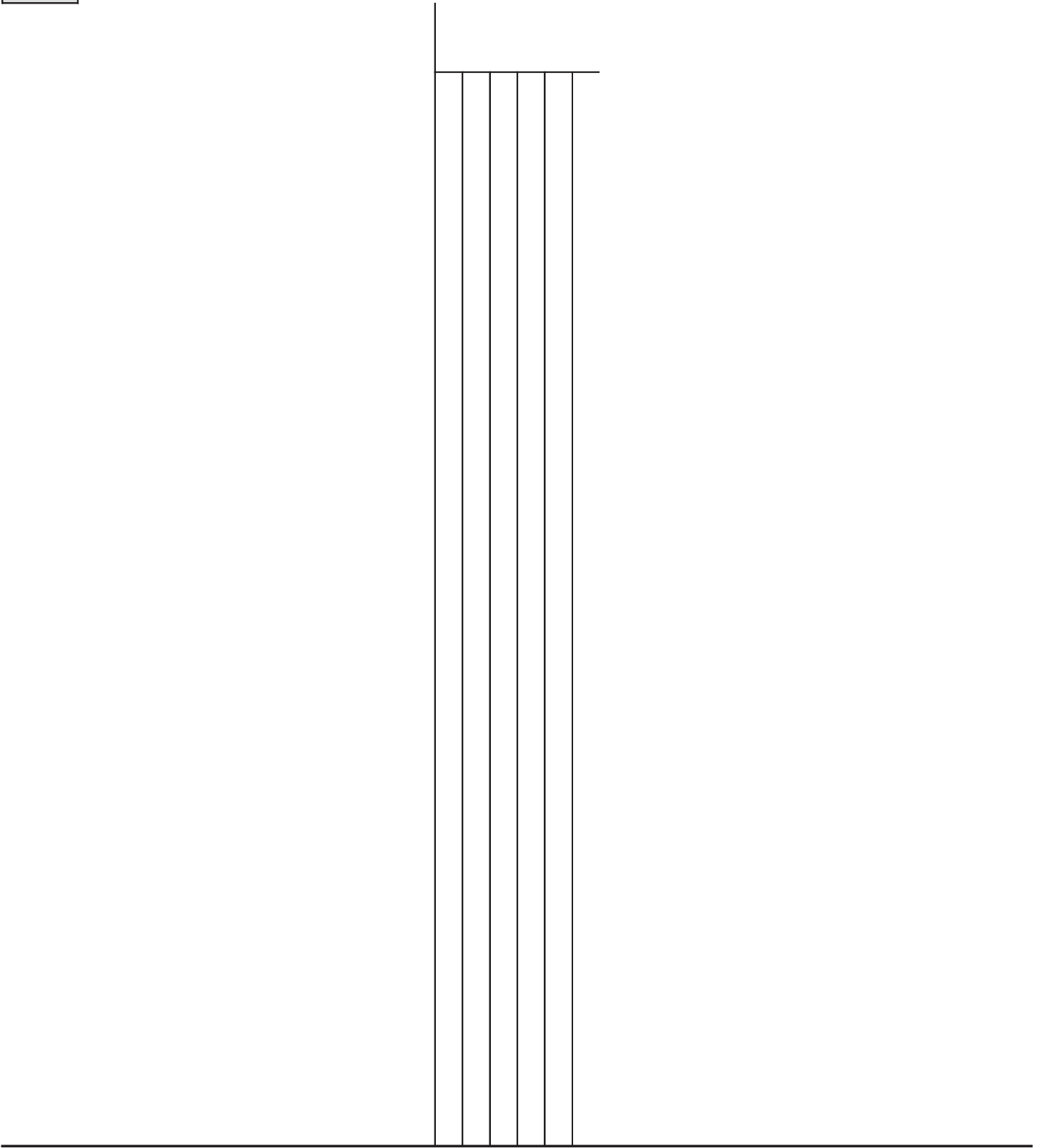
		Yes	No
3	former <i>If "Yes," complete Schedule J for such individual</i>		
4	<i>If "Yes," complete Schedule J for such individual</i>		
5	<i>If "Yes," complete Schedule J for such person</i>		

Section B. Independent Contractors

1

(A)	(B)	(C)

2



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

Do not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ~				
2 Grants and other assistance to domestic individuals. See Part IV, line 22 ~ ~ ~ ~ ~				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ~ ~ ~				
4 Benefits paid to or for members ~ ~ ~ ~ ~				
5 Compensation of current officers, directors, trustees, and key employees ~ ~ ~ ~ ~				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) ~ ~ ~				
7 Other salaries and wages ~ ~ ~ ~ ~				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits ~ ~ ~ ~ ~				
10 Payroll taxes ~ ~ ~ ~ ~				
11 Fees for services (non-employees):				
a Management ~ ~ ~ ~ ~				
b Legal ~ ~ ~ ~ ~				
c Accounting ~ ~ ~ ~ ~				
d Lobbying ~ ~ ~ ~ ~				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees ~ ~ ~ ~ ~				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion ~ ~ ~ ~ ~				
13 Office expenses ~ ~ ~ ~ ~				
14 Information technology ~ ~ ~ ~ ~				
15 Royalties ~ ~ ~ ~ ~				
16 Occupancy ~ ~ ~ ~ ~				
17 Travel ~ ~ ~ ~ ~				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings ~ ~				
20 Interest ~ ~ ~ ~ ~				
21 Payments to affiliates ~ ~ ~ ~ ~				
22 Depreciation, depletion, and amortization ~ ~				
23 Insurance ~ ~ ~ ~ ~				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a _____				
b _____				
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e				
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

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

		(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing ~ ~ ~ ~ ~		1
	2	Savings and temporary cash investments ~ ~ ~ ~ ~		2
	3	Pledges and grants receivable, net ~ ~ ~ ~ ~		3
	4	Accounts receivable, net ~ ~ ~ ~ ~		4
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L ~ ~ ~ ~ ~		5
	6			
	7			6
	8			7
	9			8
	10a			9
		10a		
		b		10c
	11			11
	12			12
	13			13
	14			14
15			15	
16	Total assets.			16
Liabilities	17			17
	18			18
	19			19
	20			20
	21			21
	22			
				22
	23			23
	24			24
	25			
26	Total liabilities.			25
Net Assets or Fund Balances	27	Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34.		
	28			27
	29			28
	30	Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.		
	31			29
	32			
	33			30
	34			31

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	Net unrealized gains (losses) on investments ~ ~ ~ ~ ~	5	
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 in Schedule O) ~ ~ ~ ~ ~	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	

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

		Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
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		
2b	Were the organization's financial statements audited by an independent accountant? ~ ~ ~ ~ ~ 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 Consolidated basis Both consolidated and separate basis		
2c	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? ~ ~ ~ ~ ~ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? ~ ~ ~ ~ ~		
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit		

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

Open to Public Inspection

Name of the organization	Employer identification number
--------------------------	--------------------------------

(All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An 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 university: _____
- 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

section 509(a)(2).

section 509(a)(4).

section 509(a)(1) section 509(a)(2) section 509(a)(3).

a Type I.

You must complete Part IV, Sections A and B.

b Type II.

You must complete Part IV, Sections A and C.

c Type III functionally integrated.

You must complete Part IV, Sections A, D, and E.

d Type III non-functionally integrated.

You must complete Part IV, Sections A and D, and Part V.

e

f

g

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))			(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

(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.)

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") ~ ~						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf ~ ~ ~ ~						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ~						
4 Total. Add lines 1 through 3 ~ ~ ~						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) ~ ~ ~ ~ ~ ~ ~ ~ ~ ~						
6 Public support. Subtract line 5 from line 4.						

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4 ~ ~ ~ ~ ~ ~ ~						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ~						
9 Net income from unrelated business activities, whether or not the business is regularly carried on ~						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ~ ~ ~ ~						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, 4 (5) 78404 0 016.cc3u5.8(i)J1.)-8.2 ~ ~					12	

13 First five years.
 stop here

14	14
15	15

16a 33 1/3% support test - 2017.
 stop here.
b 33 1/3% support test - 2016.
 stop here.
17a 10% -facts-and-circumstances test - 2017.
 stop here.
b 10% -facts-and-circumstances test - 2016.
 stop here.

18 Private foundation.

(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.)

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") ~ ~						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 ~ ~ ~ ~ ~						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf ~ ~ ~ ~						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ~						
6 Total. Add lines 1 through 5 ~ ~ ~						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year ~ ~ ~ ~ ~						
c Add lines 7a and 7b ~ ~ ~ ~ ~						
8 Public support.						

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6 ~ ~ ~ ~ ~						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ~						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 ~ ~ ~ ~						
c Add lines 10a and 10b ~ ~ ~ ~ ~						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on ~ ~ ~ ~ ~						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ~ ~ ~ ~						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as **stop here**

15		15	
16		16	

17	2017	17	
18	2016	18	

19a 33 1/3% support tests - 2017. **stop here.**

b 33 1/3% support tests - 2016. **stop here.**

20 Private foundation.

		Yes	No
1	<i>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.</i>		
2	<i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	<i>If "Yes," answer (b) and (c) below.</i>		
b	<i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c	<i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	<i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b	<i>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.</i>		
c	<i>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.</i>		
5a	<i>If "Yes," answer (b) and (c) 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).</i>		
b	Type I or Type II only.		
c	Substitutions only.		
6	<i>If "Yes," provide detail in Part VI.</i>		
7	<i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8	<i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a	<i>If "Yes," provide detail in Part VI.</i>		
b	<i>If "Yes," provide detail in Part VI.</i>		
c	<i>If "Yes," provide detail in Part VI.</i>		
10a	<i>If "Yes," answer 10b below.</i>		
b	<i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

--

1

See instructions.

Section A - Adjusted Net Income

1	1	
2	2	
3	3	
4	4	
5	5	
6	6	
7	7	
8 Adjusted Net Income	8	

	Current Year
Section D - Distributions	
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j			
8			
a			
b			
c			
d			
e			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2017

Name of the organization

Employer identification number

Organization type (check one):

- | Filers of: | Section: |
|--------------------|--|
| Form 990 or 990-EZ | <input type="checkbox"/> 501(c)() (enter number) organization
<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation
<input type="checkbox"/> 527 political organization |
| Form 990-PF | <input type="checkbox"/> 501(c)(3) exempt private foundation
<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
<input type="checkbox"/> 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 it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ~~~~~ | \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

LHA 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) (2017)

Name of organization	Employer identification number
----------------------	--------------------------------

(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
_____	_____ _____ _____	\$ _____	Person Payroll Noncash <small>(Complete Part II for</small>
_____	_____ _____ _____	_____	Person Payroll Noncash
_____	_____ _____ _____	_____	Person Payroll Noncash
_____	_____ _____ _____	_____	Person Payroll Noncash
_____	_____ _____ _____	_____	Person Payroll Noncash
_____	_____ _____ _____	_____	Person Payroll Noncash
_____	_____ _____ _____	_____	Person Payroll Noncash

Name of organization CHATHAM UNI VERSI TY	Employer identification number 25-0717890
---	---

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
<u>7</u>	<hr/> <hr/> <hr/>	\$ <u>190,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>8</u>	<hr/> <hr/> <hr/>	\$ <u>175,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>9</u>	<hr/> <hr/> <hr/>	\$ <u>160,648.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>10</u>	<hr/> <hr/> <hr/>	\$ <u>150,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CHATHAM UNI VERSI TY	Employer identification number 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
3	419 SHARES OF BOEING CO STOCK _____ _____ _____	\$ 124,043.	12/26/17
5	2,878 SHARES OF STOCK _____ _____ _____	\$ 264,583.	12/13/17
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization	Employer identification number
----------------------	--------------------------------

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. (a) (e) and For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. _____

(a) No. from Part I	(
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

--

- A** Check 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 of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals															
1 a																	
g																	
b																	
c																	
d																	
e																	
f																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 35%; border: none;">If the amount on line 1e, column (a) or (b) is:</td> <td style="width: 30%; border: none;">The lobbying nontaxable amount is:</td> <td style="width: 35%;"></td> </tr> <tr> <td style="border: none;"> </td> <td style="border: none;"> </td> <td style="border: none;"> </td> </tr> <tr> <td style="border: none;"> </td> <td style="border: none;"> </td> <td style="border: none;"> </td> </tr> <tr> <td style="border: none;"> </td> <td style="border: none;"> </td> <td style="border: none;"> </td> </tr> <tr> <td style="border: none;"> </td> <td style="border: none;"> </td> <td style="border: none;"> </td> </tr> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:															
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:																
g																	
h																	
i																	
j																	

Yes No

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

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







(Form 990)

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990,

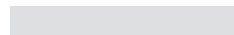
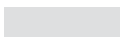
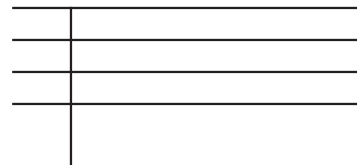
OMB No. 1545-0047

Grey box

Grey box

	Held at the End of the Tax Year

Grey box



Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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 ~ ~ ~ ~ ~	2b		
c	Recoveries of prior year grants ~ ~ ~ ~ ~	2c		
d	Other (Describe in Part XIII.) ~ ~ ~ ~ ~	2d		
e	Add lines 2a through 2d ~ ~ ~ ~ ~	2e		
3	Subtract line 2e from line 1 ~ ~ ~ ~ ~	3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b ~ ~ ~ ~ ~	4a		
b	Other (Describe in Part XIII.) ~ ~ ~ ~ ~	4b		
c	Add lines 4a and 4b ~ ~ ~ ~ ~	4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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		
c	Other losses ~ ~ ~ ~ ~	2c		
d	Other (Describe in Part XIII.) ~ ~ ~ ~ ~	2d		
e	Add lines 2a through 2d ~ ~ ~ ~ ~	2e		
3	Subtract line 2e from line 1 ~ ~ ~ ~ ~	3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b ~ ~ ~ ~ ~	4a		
b	Other (Describe in Part XIII.) ~ ~ ~ ~ ~	4b		
c	Add lines 4a and 4b ~ ~ ~ ~ ~	4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XIII Supplemental Information (continued)

THEIR EXISTENCE AND ASSESSING THEIR CONDITION ARE PERFORMED CONTINUOUSLY. PURCHASES OF COLLECTION ITEMS ARE RECORDED AS OPERATING EXPENDITURES IN THE YEAR IN WHICH THE ITEMS ARE ACQUIRED. CONTRIBUTED COLLECTION ITEMS MAINTAINED AND HELD BY THE UNIVERSITY ARE NOT REFLECTED IN THE CONSOLIDATED FINANCIAL STATEMENTS.

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.

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 PERMANENTLY RESTRICTED INVESTMENTS 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 1MERAGEI NCOM BOAT 14V, THE BOAS. 4ERMAF



(Form 990 or 990-EZ)

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

Department of the Treasury
Internal Revenue Service

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

Open to Public
Inspection

Name of the organization

Employer identification number

		YES	NO
1		1	
2		2	
3		3	
4		4a	
a		4b	
b		4c	
c		4d	
d			
5		5a	
a		5b	
b		5c	
c		5d	
d		5e	
e		5f	
f		5g	
g		5h	
h			
6a		6a	
b		6b	
7		7	

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

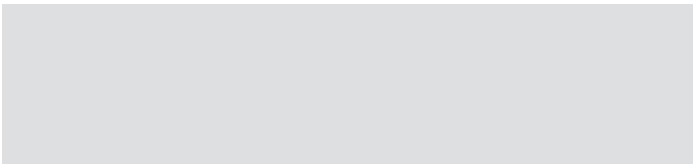
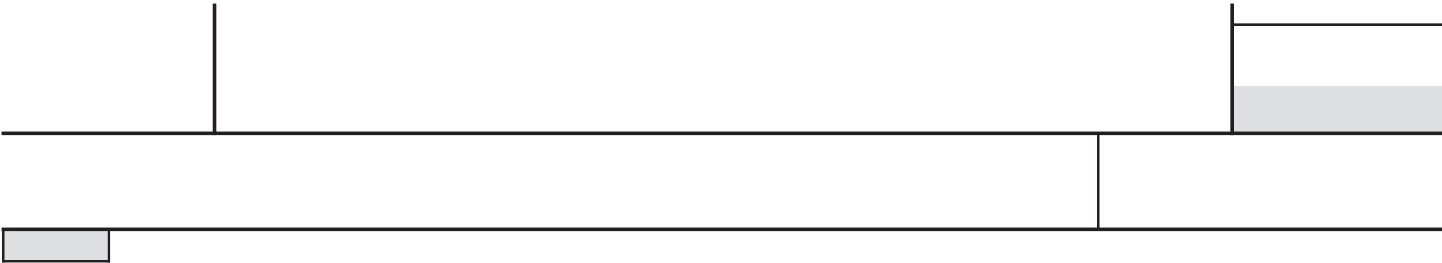
Schedule E (Form 990 or 990-EZ) 2017

Part II **Supplemental Information.** Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable.
Also provide any other additional information.

LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:

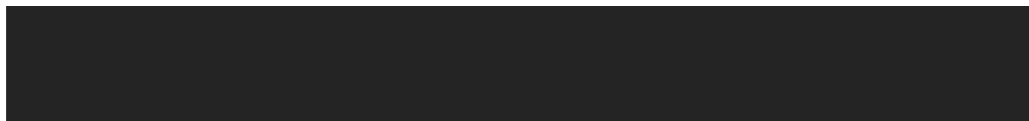
CHATHAM UNIVERSITY RECEIVES VARIOUS GRANTS FROM GOVERNMENTAL AGENCIES TO
FUND SCHOLARSHIPS AND EDUCATIONAL PROGRAM DEVELOPMENT. IN ADDITION,
STUDENTS AT CHATHAM UNIVERSITY RECEIVE FEDERAL AND STATE SPONSORED
FINANCIAL AID FOR PAYMENT OF TUITION AND FEES.

Multiple horizontal lines for supplemental information.



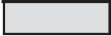
Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	SCHOLARSHIP FOR STUDY ABROAD	EDUCATIONAL ACTIVITIES	55,510.
EAST ASIA AND THE PACIFIC	0	0	SCHOLARSHIP FOR STUDY ABROAD	EDUCATIONAL ACTIVITIES	148,959.
SOUTH AMERICA	0	0	SCHOLARSHIP FOR STUDY ABROAD	EDUCATIONAL ACTIVITIES	30,481.
Totals					234,950.



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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)



1



Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

THE OFFICES OF ENROLLMENT MANAGEMENT AND FINANCIAL AID OVERSEE THE
AWARDING OF BOTH NEED-BASED FINANCIAL AID AND MERIT-BASED SCHOLARSHIPS.
ONCE A STUDENT HAS COMPLETED THE FINANCIAL AID APPLICATION PROCESS AND IS
FOUND ELIGIBLE FOR NEED-BASED AND/OR MERIT BASED AID, THE STUDENT WILL
RECEIVE A FINANCIAL AID PACKAGE DETAILING THE COMBINATION OF SOURCES USED
TO PROVIDE FINANCIAL ASSISTANCE. GRANT FUNDS AWARDED TO STUDENTS ARE
APPLIED DIRECTLY TO THEIR STUDENT ACCOUNTS. USAGE IS MONITORED BY VIRTUE
OF DIRECT ACCOUNT POSTING.

Multiple horizontal lines for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

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

Name of the organization

Employer identification number

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ~ ~ ~ ~ ~ Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1 (a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)

2

3

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

Schedule I (Form 990) (2017)

Department of the Treasury
Internal Revenue Service

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:

BASIC EMPLOYEE BENEFITS (INCLUDING HEALTH BENEFITS, LIFE INSURANCE, AND 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 UNIVERSITY HOUSING. 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).

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.

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

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.

DUQUESNE CLUB AND PITTSBURGH GOLF CLUB. DIRECT EXPENSES FOR UTILIZATION OF THE CLUBS ARE THE PRESIDENT'S RESPONSIBILITY, EXCEPT WHEN ATTRIBUTABLE TO UNIVERSITY BUSINESS.

PART I, LINE 7:

DR. ESTHER BARAZZONE - \$60,000 OF BONUS COMPENSATION WAS REPORTED ON THE 2016 FORM 990. THIS AMOUNT WAS APPROVED IN 2016 BUT PAID AND INCLUDED IN REPORTABLE COMPENSATION IN 2017.

JENNA K. TEMPLETON - \$10,000





Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		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?		X		X		X		
6 Were any gross proceeds invested beyond an available temporary period?								
7 Has the organization established written procedures to monitor the requirements of section 148?		X		X		X		

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations 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		X		

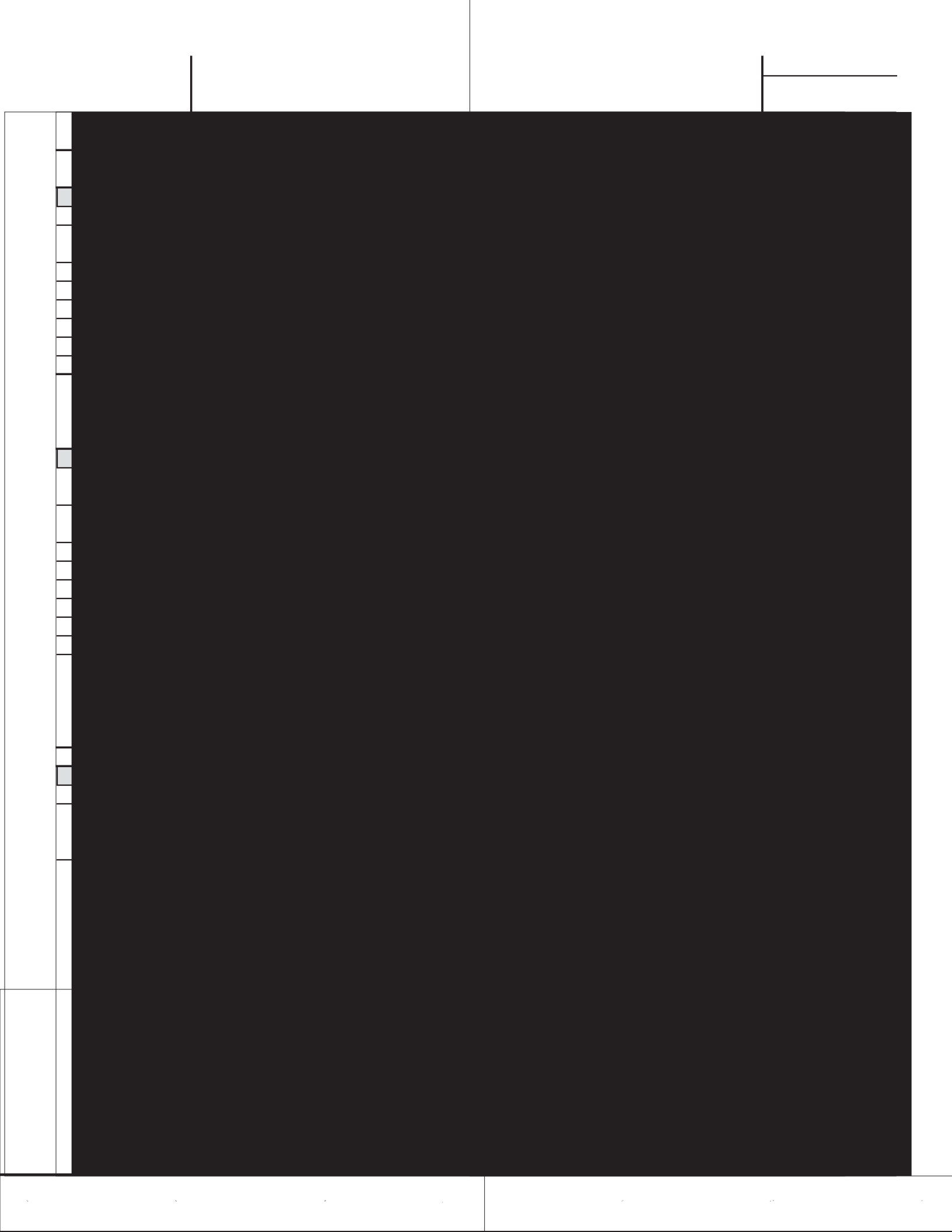
Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions

SCHEDULE K, PART I, BOND ISSUES:

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

(A) ISSUER NAME: ALLEGHENY COUNTY HIGHER EDUCATION BUILDING AUTHORITY
 (F) DESCRIPTION OF PURPOSE: PHASE 1B CONSTRUCTION AT EDEN HALL CAMPUS

SCHEDULE K, BOND ISSUE, BOND (B)
 ON FEBRUARY 29, 2012, ALLEGHENY COUNTY HIGHER EDUCATION BUILDING AUTHORITY ISSUED \$35,870,000 AGGREGATE PRINCIPAL OF ITS UNIVERSITY REVENUE BONDS SERIES A OF 2012 ON BEHALF OF THE UNIVERSITY FOR THE PURPOSE OF CURRENT REFUNDING OF THE 1998 SERIES A BONDS AND 2002 SERIES A BONDS, AND THE CURRENT AND ADVANCE REFUNDING OF THE 2002 SERIES A BONDS. THE SERIES A OF 2012 BONDS BEAR INTEREST AT RATES RANGING FROM 2.0% TO 5.0%. INTEREST PAYMENTS ARE REQUIRED SEMI ANNUALLY. PRINCIPAL PAYMENTS ARE REQUIRED ON SEPTEMBER 1 OF EACH YEAR, WITH THE FINAL PAYMENT DUE ON SEPTEMBER 1, 2035.





Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER SHOWN IN COLUMN (B) REPRESENTS THE NUMBER OF THE CONTRIBUTIONS CHATHAM UNI VERSI TY RECEIVED FOR EACH TYPE OF PROPERTY FOR THE YEAR ENDED JUNE 30, 2018.

Multiple horizontal lines for data entry.

Name of the organization CHATHAM UNIVERSITY	Employer identification number 25-0717890
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OF OPPORTUNITIES HIGHLIGHTED IN THE ANNUAL ACTIVITIES CALENDAR FEATURING OVER 300 EVENTS AND HAPPENINGS THROUGHOUT THE YEAR. CHATHAM OFFERS A NCAA DIVISION III ATHLETIC PROGRAM FEATURING TWENTY VARSITY SPORTS (TEN WOMEN'S, NINE MEN'S AND ONE CO-ED), ANCHORED OUT OF OUR IMPRESSIVE 78,000 SQUARE 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 26 UNIVERSITIES FOR THE 2019 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"

CHATHAM UNIVERSITY HAS BEEN ADMITTED TO THE PRESIDENT'S HIGHER EDUCATION COMMUNITY SERVICE HONOR ROLL FOR ENGAGING ITS STUDENTS, FACULTY, AND STAFF IN MEANINGFUL SERVICE THAT ACHIEVES MEASURABLE RESULTS IN THE COMMUNITY. A HEALTH AND COUNSELING CENTER ASSISTS STUDENTS IN NEED AND PROVIDES AN OPPORTUNITY FOR STUDENTS TO BETTER THEMSELVES THROUGH MANY PROGRAMS AND SERVICES.

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

Employer identification number

Name of the organization CHATHAM UNI VERSI TY	Employer identification number 25-0717890
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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 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 (AS OF JUNE 2018)

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)**

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

CHATHAM UNIVERSITY

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

Employer identification number
25-0717890

Part I Identification of Disregarded Entities. Complete 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) Total income	(e) End-of-year assets	(f) Direct controlling entity
CHATHAM INVESTMENTS, LLC - 90-1022878 WOODLAND ROAD PITTSBURGH, PA 15232	TO HOLD OWNERSHIP IN A SOLAR PV PROJECT	PENNSYLVANIA	0.	859,393.	CHATHAM UNIVERSITY

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
THE DLETRICH FOUNDATION - 36-4711746 600 GRANT STREET, SUITE 5360 PITTSBURGH, PA 15219	SUPPORT, BENEFIT, PERFORM THE FUNCTIONS OF AND CARRY OUT PURPOSES OF C. U.	PENNSYLVANIA	501(C)(3)	TYPE I N/A			X

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

Schedule R (Form 990) 2017

Part III Identification of Related Organizations Taxable as a Partnership.

(a)	(b)	(c) Legal domicile (state or foreign country)	(d)	(e)	(f)	(g)	(h)		(i)	(j)		(k)
							Yes	No		General or managing partner?	Yes	

Section 512(b)(13) controlled entity?	Legal domicile (state or foreign country)											

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.

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e)		(f) Share of total income	(g) Share of end-of-year assets	(h)		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

