

Return of Organization Exempt From Income Tax

2012

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2012 calendar year, or tax year beginning 06/01, 2012, and ending 05/31, 2013

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CHAPMAN UNIVERSITY		D Employer identification number 95-1643992
	Doing Business As		E Telephone number (714) 744-7099
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	ONE UNIVERSITY DRIVE City or town, state or country, and ZIP + 4 ORANGE, CA 92866		G Gross receipts \$ 630,646,759. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
	F Name and address of principal officer: HAROLD HEWITT JR. ONE UNIVERSITY DRIVE ORANGE, CA 92866		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: WWW.CHAPMAN.EDU K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <input type="checkbox"/> L Year of formation: 1861 M State of legal domicile: CA	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE MISSION OF CHAPMAN UNIVERSITY IS TO PROVIDE PERSONALIZED EDUCATION OF DISTINCTION THAT LEADS TO INQUIRING, ETHICAL, AND PRODUCTIVE LIVES AS GLOBAL CITIZENS.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	70.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	69.
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	4,097.
	6 Total number of volunteers (estimate if necessary)	6	400.
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	-644,244.
b Net unrelated business taxable income from Form 990-T, line 34	7b	-805,619.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 63,920,560.	Current Year 37,730,471.
	9 Program service revenue (Part VIII, line 2g)	285,514,922.	313,211,954.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	13,874,978.	15,707,004.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,142,603.	5,107,684.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	369,453,063.	371,757,113.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	89,685,714.	96,797,195.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	118,609,407.	128,633,551.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25)	12,264,599.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	86,053,672.	97,791,416.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	294,348,793.	323,222,162.	
19 Revenue less expenses. Subtract line 18 from line 12	75,104,270.	48,534,951.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 873,726,667.	End of Year 863,828,211.
	21 Total liabilities (Part X, line 26)	252,162,413.	169,850,009.
	22 Net assets or fund balances. Subtract line 21 from line 20.	621,564,254.	693,978,202.

Part II Signature Block

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

Sign Here	Signature of officer 	Date 4-14-14
	HAROLD HEWITT, JR. EVP/CFO Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name REGINA L. PRINCE	Preparer's signature 	Date 4/4/14	Check if self-employed <input type="checkbox"/>	PTIN P00576936
	Firm's name KPMG LLP			EIN 13-5565207	
	Firm's address 355 S. GRAND AVE., SUITE 2000 LOS ANGELES, CA 90071			Phone no. 213-972-4000	

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2012)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**.
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Enter filer's identifying number, see instructions	
	CHAPMAN UNIVERSITY	Employer identification number (EIN) or	
	Number, street, and room or suite no. If a P.O. box, see instructions.	95-1643992	
	ONE UNIVERSITY DRIVE	Social security number (SSN)	
City, town or post office, state, and ZIP code. For a foreign address, see instructions.			
ORANGE, CA 92866			

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

- The books are in the care of ► BEHZAD BINESH
 Telephone No. ► 714 744-7099 FAX No. ► _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until 04/15, 20 14 .
- For calendar year _____, or other tax year beginning 06/01, 20 12, and ending 05/31, 20 13 .
- If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period
- State in detail why you need the extension INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$	0
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$	0
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$	0

Signature and Verification must be completed for Part II only.

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

Signature ►  Title ► SENIOR MANAGER Date ► 12/16/13

Application for Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box X
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	CHAPMAN UNIVERSITY	95-1643992
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	ONE UNIVERSITY DR.	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	ORANGE, CA 92866	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720- (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► BEHZAD BINESH

Telephone No. ► 714 744-7099 FAX No. ► _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 01/15, 2014, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► calendar year 20____ or

► tax year beginning 06/01, 2012, and ending 05/31, 2013.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission:

ATTACHMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 205,329,963. including grants of \$ 96,783,311.) (Revenue \$ 285,389,977.)

ATTACHMENT 2

4b (Code:) (Expenses \$ 31,188,219. including grants of \$) (Revenue \$)

ATTACHMENT 3

4c (Code:) (Expenses \$ 21,431,621. including grants of \$) (Revenue \$)

STUDENT SERVICES:

CHAPMAN UNIVERSITY STUDENTS HAVE ENDLESS OPPORTUNITIES FOR EXTENDING THEIR EDUCATION BEYOND THE CLASSROOM. THESE OPPORTUNITIES INCLUDE STUDENT GOVERNMENT, DIVISION III INTERCOLLEGIATE ATHLETICS, PUBLICATIONS, RADIO BROADCASTING, FINE ARTS, AND OVER 100 REGISTERED STUDENT ORGANIZATIONS, INCLUDING AN ACTIVE FRATERNITY AND SORORITY SYSTEM.

4d Other program services (Describe in Schedule O.)

(Expenses \$ 20,919,214. including grants of \$) (Revenue \$ 27,821,977.)

4e Total program service expenses ▶ 278,869,017.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and financial reporting.