

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990** 

Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

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

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

2008

OMB No 1545-0047

Open to Public Inspection

A Fo	or the 2	2008 ca	lendar yea	ar, or tax year beginning 07-01-2008	3 and ending 06-30-200	09	D Employer iden	ntification number
_		pplicable	Please	C Name of organization LAFAYETTE COLLEGE				
_	dress ch	-	use IRS label or	Doing Business As			24-0795686 E Telephone nu	
Na	me char	nge	print or type. See	Doing Daoiness No			•	
Init	tıal retur	rn	Specific Instruc-	Number and street (or P O box if mail	is not delivered to street addr	ess) Room/suite	(610) 330-5 G Gross receipts	
Tei	mınatıoı	n	tions.	730 HIGH ST 202 MARKLE HALL			l cossicoapa	φ 232,010,201
- Am	nended r	return		City or town, state or country, and ZIP EASTON, PA 180421779	+ 4	•	1	
- Apı	plication	pending		EASTON, TA 100421779				
			F Na	me and address of Principal Officer		H(a) Is the	s a group return	for
				NIEL H WEISS PRESIDENT IGH ST 202 MARKLE HALL		affilia		┌ Yes
				DN, PA 18042		H(b) Are al	l affiliates include	d?
Ta	x-exem	pt status	501(0	c) (3) ◀ (insert no)	<b>□</b> 527			See instructions )
w	eb site	e: 🕨 www	v lafayette	edu		H(c) Grou	p Exemption Nur	nber ►
Тур	e of org	janization	Corpora	tion		<b>L</b> Year of Fo	rmation 1832 M S	State of legal domicile PA
Pa	rt I	Sumi	marv					
1 0				ne organization's mission or most si	gnificant activities			
o o		PROVIS	SION OF I	EDUCATIONAL SERVICES AS AN	ACCREDITED FOUR-Y	EAR UNDERG	RADUATE COLL	EGE
}								
aoremanos aoremanos	2	Checkt	his box 🖵	if the organization discontinued its	operations or disposed	of more than 2	5% of its assets	
	3	Number	of voting	members of the governing body (Pa	rt VI, line 1a)		3 _	34
	4	Number	ofindepe	ndent voting members of the govern	ning body (Part VI, line 1	b)	. 4 _	33
į	5	Total nu	ımber of e	mployees (Part V , line 2a)			5 _	2,422
Į	6	Total nu	ımber of v	olunteers (estimate if necessary)			6 _	6,743
ť	7a	Total gr	oss unrela	ated business revenue from Part VII	II, line 12, column (C)		7a	-819,007
	ь	Net unr	elated bus	ıness taxable ıncome from Form 99	0-T, line 34		7b	-736,097
						Pric	or Year	Current Year
a.	8	Contri	butions an	d grants (Part VIII, line 1h)		•	31,575,690	16,882,495
Ē	9	Progra	m service	revenue (Part VIII, line 2g)			101,623,921	108,434,787
Revenue	10			me (Part VIII, column (A), lines 3,		56,108,677	6,169,145	
ш	11		-	Part VIII, column (A), lines 5, 6d, 8			1,756,037	1,102,671
	12	Total r 12)	evenue—a	idd lines 8 through 11 (must equal f	Part VIII, column (A), lır		191,064,325	132,589,098
	13		and simil	ar amounts paid (Part IX, column (A	A), lines 1-3)		29,856,101	32,815,618
	14	Benefit	ts paid to	or for members (Part IX, column (A)	), line 4)			0
	15	Salarıe	s, other c	ompensation, employee benefits (Pa	art IX, column (A), lines	5 –		
Expenses		10)					64,156,065	66,960,711
<b>₹</b>	16a	Profes	sional fund	draising fees (Part IX, column (A), l	ine 11e)			118,179
ਡੋ	Ь	•	-	penses, Part IX, column (D), line 25 <u>3,562,</u>	,			
	17			(Part IX, column (A), lines 11a-11			55,872,488	62,935,943
	18			-add lines 13-17 (must equal Part			149,884,654	162,830,451
07	19	Reven	ue less ex	penses Subtract line 18 from line 1	.2		41,179,671	-30,241,353
5 9 3 6							ing of Year	End of Year
¥.	20	Totala	assets (Pa	rt X, line 16)		1,	030,734,330	882,585,963
net Assets or Fund Balances	21	Totall	iabilities (	Part X, line 26)			249,846,958	258,100,518
	22			nd balances Subtract line 21 from l	ine 20		780,887,372	624,485,445
Pai	rt II		ature Bl					
				erjury, I declare that I have examined this correct, and complete Declaration of prepa				
Plea	ise	****		, , , , , , , , , , , , , , , , , , , ,	,	1	-05-12	,9-
igr		Signa	ature of offic	er		Date	03 12	
ler	е	Paul	Zımmerman	Associate VP & Controller				
			or print nan					
		Preparer'	's 🗽		Date	Check If	Preparer's PTIN (	See Gen Inst )
aid		signature				self- empolyed ▶ <b></b>		
rep	arer's		ame (or you	s GRANT THORNTON LLP	<u> </u>			
	Only	ıf self-en	nployed), and ZIP + 4	P			EIN Þ	
							Phone no 🕨 (21	2) 542-9609
1 2 4 .	+ha I D (	l S discus	e thie rati	NEW YORK, NY 100174011	(See instructions)		1	Vas ENo

# Part III Statement of Program Service Accomplishments (See the instructions.)

<b>1</b> See A	Briefly describe the organization's mission dditional Data Table				
2	Did the organization undertake any sig the prior Form 990 or 990-EZ? If "Yes," describe these new services of		es during the year v		Yes ☑ No
3	Did the organization cease conducting services?		nges in how it cond		_Yes ▽ No
4	Describe the exempt purpose achiever Section 501(c)(3) and (4) organization others, the total expenses, and revenu	ments for each of the org ns and 4947(a)(1) trusts	are required to re	port the amount of grants an	•
4a	(Code ) (Expenses \$ INSTRUCTION, RESEARCH, STUDENT SERVIC TIME STUDENTS, INCLUDING 28 NON-DEGRE THE JOHNS HOPKINS UNIVERSITY CENTER FO (ADMISSIONS, FINANCIAL AID AND REGISTRA PROGRAMS, INTRAMURALS/RECREATION, INT STUDENT ORGANIZATIONS SUPPORT AISO INC COURSE AND CURRICULUM DEVELOPMENT AI	ES FOR 2,334 FULL-TIME STU E CANDIDATES ALSO INCLUD OR TALENTED YOUTH PROGRA R'S OFFICES), DEAN OF STUL ERCOLLEGIATE ATHLETICS, R ludes ACADEMIC SUPPORT SE	ES THE REVENUES AND AM (SUMMER 2008) ST DENTS, HEALTH AND CO RELIGIOUS PROGRAMS, ERVICES SUCH AS LIBRA	EXPENSES FROM THE COLLEGE'S FUDENT SERVICES INCLUDE ENROL DUNSELING CENTERS, MULTICULTU CAREER PLANNING AND PLACEMEN PARIES (2), INFORMATION TECHNOL	PARTICIPATION AS A SITE FOR LMENT MANAGEMENT RAL AFFAIRS, CULTURAL IT, STUDENT ACTIVITIES AND
4b	(Code ) (Expenses \$ NEED-BASED AND NON-NEED BASED UNDERGE THROUGH THE COLLEGE'S FINANCIAL AID OFF INTEREST SUBSIDY EXPENSE (\$305,144) FOR	RADUATE SCHOLARSHIPS/GR FICE, PRIZES, FELLOWSHIPS,			
4c	(Code ) (Expenses \$ AUXILIARY SERVICES STUDENT RESIDENCE - FRATERNITIES/SORORITIES, AND COLLEGE-O THE DINING PROGRAM	- APPROXIMATELY 2,216 (FAL			
4d	Other program services (Describe in (Expenses \$	Schedule O ) Including grants of \$		) (Revenue \$	)
4e	Total program service expenses \$	137,052,126 /	Must equal Part IX, L		

Form **990** (2008)

Part IV	Chec	klist of	f Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		N o
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νo
5	Section $501(c)(4)$ , $501(c)(5)$ , and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νo
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	Yes	
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	Yes	
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule  J	23	Yes	
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 questions 24b-24d and complete Schedule K. If "No," go to question 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νο
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		Νο
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νο
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
Ь	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Νο
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

#### Part IV Checklist of Required Schedules (Continued)

			1 63	140
8	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		Νο
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νο
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c	Yes	
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Νo
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		Νo
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Νo
5	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νo
6	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νo
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	37		No

Pa	t V Statements Regarding Other IRS Filings and Tax Compliano	e				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	2,956			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments t	o ven	dors and reportable	4	V	
2-	gaming (gambling) winnings to prize winners?	 I		<b>1</b> c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return	2a	2,422			
b	If at least one is reported in 2a, did the organization file all required federal employing Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this	nent t	ax returns?	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more durin return?		ľ		Yes	
h	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch	edule i	$\circ$	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a s		ľ	30	163	
Ta	over, a financial account in a foreign country (such as a bank account, securities ac account)?	_	- 1	4a		No
b	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , <i>Re Financial Accounts</i> .	eport o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time duri	ng the	tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		Νο
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp Tax Shelter Transaction?	t Entit	y Regarding Prohibited	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	•		6a		N o
	If "Yes," did the organization include with every solicitation an express statement th		İ			
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo con more $^{\circ}$	trıbutı	on of \$75 or	7a		Νο
b	If "Yes," did the organization notify the donor of the value of the goods or services $\boldsymbol{p}$	rovide	d?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prope	rty for	which it was required to			
_	file Form 8282?			7c		N o
a	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay benefit contract?			7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers	onal b	enefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form 8	8899	as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization f	ile a F	orm 1098-C as			
	required?			7h		
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds a supporting organizations. Did the supporting organization, or a fund maintained by a sexcess business holdings at any time during the			8		
	year?		l			<u> </u>
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?		ľ	9a		
Ь	Did the organization make a distribution to a donor, donor advisor, or related person	?.		9b		
10	Section 501(c)(7) organizations. Enter	l	ı			
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations Enter					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	ı lıeu d	of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

#### Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A.	Governing	Body and	management	

			Yes	No				
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, $processes$ , or changes in Schedule O. See instructions.							
1a	Enter the number of voting members of the governing body 1a 34							
Ь	Enter the number of voting members that are independent 1b 33							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?.							
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?							
5	Did the organization become aware during the year of a material diversion of the organization's assets?							
6	Does the organization have members or stockholders?							
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?							
Ь	<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
а	the governing body?	8a	Yes					
Ь	each committee with authority to act on behalf of the governing body?	8b	Yes					
9a	Does the organization have local chapters, branches, or affiliates?	9a		No				
b	<b>b</b> If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?							
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes					
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		No				

#### Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 $\cdot$ .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νo
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website another's website upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization

PAUL ZIMMERMAN - CONTROLLER 730 HIGH ST 202 MARKLE HALL EASTON, PA 18042 (610) 330-5136

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- \* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- \* 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, or 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

The check this box in the organization and i		Posit	(C	) chec	:k al				(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							-			

### Part VII Continued

		(C) Position (check all that apply)							(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
			-							
							<u> </u>			
			+				$\vdash$			
			-				$\vdash$			
			-							
1b Total							-	2,806,805	5	774,441

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►87

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> "Yes," complete Schedule J for such individual	3	Yes	
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule I for such person	5	163	No

#### **Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	( <b>B</b> ) Description of services	(C) Compensation
SODEXO DINING SERVICES INC 6081 HAMILTON BOULEVARD ALLENTOWN, PA 181060501	DINING SERVICES	5,684,093
GLEN G HALE INC 3511 GLOVER ROAD EASTON, PA 18040	CONSTRUCTION SRVCS	2,590,687
ARCHSTONE PARTNERS LP 360 MADISON AVE 20TH FLOOR NEW YORK, NY 10017	INVESTMENT MANAGER	1,089,031
ARTHUR J GALLAGHER RISK MGMT SERVIC PO BOX 71965 CHICAGO, IL 606947965	INSURANCE BROKER	810,636
ANALLY FIDAC 1211 AVENUE OF THE AMERICAS NEW YORK, NY 10036	INVESTMENT MANAGER	686,307
2 Total number of independent contractors (including those in 1) who re from the organization	• • • • • • • • • • • • • • • • • • • •	54

Statement of Revenue

VIII							
				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated campaigns 1a					
##	ь	Membership dues					
Contributions, gifts, grants and other similar amounts		1b					
S.E	С	Fundraising events 1c	14,050				
<u>#</u> #	d	Related organizations 1d					
S,E	e	Government grants (contributions) <b>1e</b>	1,114,668				
등등	f	All other contributions, gifts, grants, and	15,753,777		-	-	
至至	'	sımılar amounts not ıncluded above					
# <u> </u>	g	<b>1f</b> Noncash contributions included in					
ΣĒ	•	lines 1a-1f \$					
O 10	h	Total (Add lines 1a-1f)	[	16,882,495			
			Business Code				
e	2a	TUITION AND FEES	900,099	86,040,568	86,040,568		
Yen	ь	AUXILIARY SERVICES	900,099	20,040,686	20,040,686		
22	_ _	ATHLETICS/SPORTS NETWORK	900,099	1,133,651	1,133,651		
92	d	JOHN HOPKINS CTY		· · · · · ·			
<u>.</u>			900,099	677,013	677,013		
Program Serwce Revenue	e	SUMMER DINING SERVICES	900,099	463,332	463,332		
⊆ Ea	f	All other program service revenue		79,537	79,537		
<u>\$</u>	g	Total. Add lines 2a-2f					
	3	Investment income (including divi	dends, interest				
		other similar amounts)	[	12,581,619		-859,776	13,441,395
	4	Income from investment of tax-exempt b	ond proceeds	14,919			14,919
				0			
	5	Royalties		ų.			
	6-	(1) Real Gross Rents 602,245	(II) Personal				
	6a b	Less rental 678,949					
		expenses					
	С	Rental income -76,704 or (loss)					
	d	Net rental income or (loss)		-76,704			-76,704
		(ı) Securities	(II) O ther				
	7a	Gross amount 150,262,732	2,000				
		from sales of assets other					
		than inventory Less cost or 156,683,183	8,942				
	Ь	other basis and	0,942				
	c	sales expenses Gain or (loss) -6,420,451	-6,942				
	d	Net gain or (loss)	, , , , , , , , , , , , , , , , , , ,	-6,427,393			-6,427,393
			. ▶				
e n	8a	Gross income from fundraising events (not including \$\frac{30,315}{0f contributions reported on line 1c) See Part IV, line 18					
Other Revenue	b	Attach Schedule G if total exceeds \$15,000 a  Less direct expenses b	14,050 27,738				
₽	С	Net income or (loss) from fundrais	ing events	2,577			2,577
٥	9a	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000					
	b c	Less direct expensesb  Net income or (loss) from gaming a	activities	0			
	10a	Gross sales of inventory, less returns and allowances	2,269,113				
	ь	Less cost of goods sold <b>b</b>					
	с	Net income or (loss) from sales of		210,759		15,769	194,990
		Miscellaneous Revenue	Business Code				
	11a	MISC FEES, FINES, & COST REC	900,099	488,124			488,124
	ь	STUDENT	517,000	254,480			254,480
	c	TELECOMMUNICATIONS	900,099	223,435		25,000	198,435
	`	MISCELLANEOUS		,	+	,550	
	d	All other revenue					
	e	Total. Add lines 11a-11d	 \$ 966,039				
	12	Total Revenue. Add lines 1h, 2g, 3		132,589,098	108,434,787	-819,007	8,090,823
		8c,					
	j	9c, 10c, and 11e	. ►[				Form <b>990</b> (2008)

# Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re				).
Do 1	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	32,523,368	32,523,368		
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	292,250	292,250		
4	Benefits paid to or for members	0	,		
5	Compensation of current officers, directors, trustees, and key employees	1,874,085	369,978	1,324,107	180,000
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0			_
7	Other salaries and wages	47,363,843	36,219,521		1,905,855
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	4,075,716	2,903,947	1,007,633	164,136
9	Other employee benefits	10,158,255	7,237,755	2,511,410	409,090
10	Payroll taxes	3,488,812	2,485,779	862,534	140,499
11	Fees for services (non-employees)				
а	Management	0			
Ь	Legal	574,155		571,834	2,321
c	Accounting	157,749		157,749	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	118,179			118,179
f	Investment management fees	7,252,567		7,252,567	
g	Other	6,914,226	4,367,005	2,546,178	1,043
12	Advertising and promotion	189,902	48,012	141,890	
13	Office expenses	2,473,383	1,540,379	684,519	248,485
14	Information technology	1,588,558	1,339,812	248,746	
15	Royalties	0			_
16	Occupancy	2,886,916	711	2,886,205	
17	Travel	3,981,171	3,498,011	336,437	146,723
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	588,576	297,002	144,526	147,048
20	Interest	6,454,172	5,900,089	554,083	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	12,912,527	11,647,260	1,265,267	
23	Insurance	785,221	242,980	538,160	4,081
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	VARIOUS AUXILIARY SERVICES	9,586,882	9,586,882		
ь	OTHER MISCELLANEOUS EXPENSES	3,177,014	1,732,264	1,350,469	94,281
c	NON-OFFICE SUPPLIES	1,904,993	958,094	946,899	-
d	RECRUITING EXPENSES	785,331	770,677	14,654	
e	ALLOC OFINDIRECT OVERHEAD		12,796,477	-12,796,477	_
f	All other expenses	722,600	293,873	428,325	402
25	Total functional expenses. Add lines 1 through 24f	162,830,451	137,052,126	22,216,182	3,562,143
26	Joint Costs. Check   If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	. ,	. ,		rm <b>990</b> (2008)

Dart V	Balance	Shoot
Part X	Balance	Sheet

						(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing				13,195	1	13,195
	2	Savings and temporary cash investments		94,012,450		54,395,007		
	3	Pledges and grants receivable, net		15,903,205		14,186,194		
	4	Accounts receivable, net	•	•		700,262		1,006,309
	5	Receivables from current and former officers, directors, trustee	· ·	· .emn	lovees or	700,202		1,000,000
		other related parties Complete Part II of Schedule L					5	
	6	Receivables from other disqualified persons (as defined under s persons described in section 4958(c)(3)(B) Complete Part II of					6	
	7	Notes and loans receivable, net				3,755,215	7	4,035,017
	8	Inventories for sale or use				592,614	8	542,871
ts	9	Prepaid expenses and deferred charges				3,974,831	9	3,096,564
Assets	10a	Land, buildings, and equipment cost basis	<sub>10a</sub>	ı	418,725,257			
⋖		Land Committee de de committee Commi	IUa		410,723,237			
	b	Less accumulated depreciation <i>Complete Part VI of</i> Schedule D	10ь		156,696,998	261,867,953	10c	262,028,259
	11	Investments—publicly traded securities	<u> </u>	٠.		162,530,779	11	151,816,726
	12	Investments—other securities See Part IV, line 11 Complete F Schedule D	Part VI	I of		484,860,247	12	386,283,513
	13	Investments—program-related See Part IV, line 11 Complete	Part VI	III				
		of Schedule D .					13	
	14	Intangible assets					14	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D		2,523,579	15	5,182,308		
	16	Total assets. Add lines 1 through 15 (must equal line 34)				1,030,734,330	16	882,585,963
	17	Accounts payable and accrued expenses .				46,354,853	17	49,908,438
	18	Grants payable				1,976,099	18	1,985,255
	19	Deferred revenue				5,421,907	19	6,093,233
	20	Tax-exempt bond liabilities	ı			162,264,368	20	166,901,104
es	21	Escrow account liability Complete Part IV of Schedule D					21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
"ja		persons Complete Part II of Schedule L					22	
_	23	Secured mortgages and notes payable to unrelated third parties				274,054		177,365
	24	Unsecured notes and loans payable	•	•			24	,
	25	Other liabilities Complete Part X of Schedule D				33,555,677	25	33,035,123
	26	Total liabilities. Add lines 17 through 25		249,846,958		258,100,518		
		Organizations that follow SFAS 117, check here ► ✓ and com	nlete I	lines	27	240,040,000		230, 100,010
ė,		through 29, and lines 33 and 34.	piece i	IIIICS	27			
Balance	27	Unrestricted net assets				256,640,527	27	196,098,102
3a (	28	Temporarily restricted net assets		261,784,724	28	189,054,014		
d E	29	Permanently restricted net assets		262,462,121	29	239,333,329		
Fund		Organizations that do not follow SFAS 117, check here ► □ a	nd con	nplet	e	, ,		, ,
or		lines 30 through 34.						
Ę.	30	Capital stock or trust principal, or current funds					30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		•			31	
ď	32	Retained earnings, endowment, accumulated income, or other for	ınds				32	
Net	33	Total net assets or fund balances				780,887,372	33	624,485,445
_	34	Total liabilities and net assets/fund balances				1,030,734,330	34	882,585,963
Da	rt VT	Financial Statements and Reporting						

Dowl VI	Financial	Ctatamanta	and Reporting
7.11.5	l Financiai	Statements	and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
Ь	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
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?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits?	3b	Yes	

## **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

Open to Public Inspection

		n <b>e organizat i</b> OLLEGE	on					Em	ployer ide	nt if icat io	n numbe	r		
ואואו		OLLEGE						24	-079568	5				
Pa	rt I	Reason	for Public C	harity Status (to be co	mpleted	by all or	ganızatıo	ns) (See	Instruct	ions)				
The	organı	zation is not	a private found	ation because it is (Please	check on	ly <b>one</b> org	anızatıon	)						
1	Γ	A church, o	onvention of ch	nurches, or association of ch	nurches de	escribed ii	Section :	170(b)(1)	(A)(i).					
2	<u>~</u>	A school d	escribed in <b>Sec</b> l	t <b>ion 170(b)(1)(A)(ii).</b> (Atta	ch Schedı	ule E )								
3	Г	A hospital	or a cooperativ	e hospital service organizati	ıon descrı	bed in <b>Sec</b>	tion 170(l	<b>b)(1)(A)(</b> i	i <b>ii).</b> (A ttac	h Schedu	le H )			
4	Γ	A medical research organization operated in conjunction with a hospital described in <b>Section 170(b)(1)(A)(iii).</b> Enter the hospital's name, city, and state												
5	Г	•		or the benefit of a college or	r universit	v owned o	roperated	l by a gove	ernmental	unit desc	ribed in			
_	•			(Complete Part II )		.,		, - 5						
6	Г			overnment or governmental	unıt desc	rıbed ın <b>S</b> e	ction 170	(b)(1)(A)	(v).					
7	Ė	•	-	ally receives a substantial p						n the gene	eral publ	c		
	·	=		)(1)(A)(vi) (Complete Par			J			•	·			
8	Г		-	ped in <b>Section 170(b)(1)(A)</b>	•	nplete Par	tII)							
9			•	ally receives (1) more than		•	-	ontribution	ns, membe	rship fees	s, and gr	oss		
		receipts fro	om activities re	lated to its exempt functions	s—subject	t to certaii	n exceptio	ns, and (2	) no more	than 331,	/3% of			
		ıts support	s support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses											
		acquired by	acquired by the organization after June 30, 1975 See <b>Section 509(a)(2).</b> (Complete Part III )											
10	Γ	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See <b>Se</b>	ct ion 509	<b>(a)(4).</b> (S	ee instruc	tions )			
11	ı	one or more the box tha	e publicly suppo	and operated exclusively foorted organizations describe type of supporting organiza	d in secti tion and c	on 509(a)	(1) or sec ines 11e t	tion 509(a hrough 11	a)(2) See	Section 5		). Check		
e	Γ	•	foundation man	rtify that the organization is agers and other than one or			•							
f g		check this	box	d a written determination fro as the organization accepte						supportir	ng organ	zation,		
9		following pe		as the organization accepte	a any gne	or continb	acron 110111	uny or the	•					
		(i) a perso	n who directly o	r indirectly controls, either	alone or to	ogether wi	th persons	s describe	d ın (ıı)		Yes	No		
		and (III) be	low, the govern	ng body of the the supported	d organıza	ition?				11g				
			•	erson described in (i) above						11g(				
		(iii) a 35% controlled entity of a person described in (i) or (ii) above?												
h		Provide the	following infori	mation about the organizatio	ons the or	ganızatıon	supports							
Supp		ame of (ii) EIN ported nization		(iii) Type of organization (described on lines 1-9 above or IRC section (See Instructions))	organiz col (i) your go	Is the zation in listed in overning ment?	the orga ın col <b>(</b> i	ou notify anization i) of your port?	ion organizatio		ation in support? rganized			
					Yes	No	Yes	No	Yes	No				
						1	1	1		1				
								1			1			

Total

Part II	Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
	(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e)	2008	(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 The value of services or facilities					<del> </del>		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts 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							
10	from the sale of capital assets (Explain in							
	Part IV )							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns )		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and <b>stop here</b>		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	<b>▶</b> □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 Scheo	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and <b>stop here.</b> The organization qualifies a				,			<b>▶</b> □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				<b>▶</b> □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							<b>►</b> □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	<b>Private Foundation.</b> If the organization did	not check the b	oux on line 13, 1	oa, 100, 1/a or	1/D, Check this	oox an	u see	<b>▶</b> □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	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 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts 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 30 June, 1975		+				
С	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 IV )						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and <b>stop here</b>						<b>▶</b> □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (			ne 13 column /f	<u> </u>	17	
	-			-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

**▶**□

Part IV	<b>Supplemental Information.</b> Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)					
	Facts and Circumstances Test					

Schedule A (Form 990 or 990-EZ) 2008

OMB No 1545-0047

Open to Public Inspection

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

**Supplemental Financial Statements** 

**Employer identification number** Name of the organization LAFAYETTE COLLEGE

			24-0795686	
Par	<b>Organizations Maintaining Donor A</b> organization answered "Yes" to Form 9		unds or Accounts. C	complete if the
	5. ga2a.s.n anonorea 165 to 101111 7	(a) Donor advised funds	(b) Funds and othe	raccounts
L 7	Total number at end of year			
2 /	Aggregate Contributions to (during year)			
<b>3</b> /	Aggregate Grants from (during year)			
. 4	Aggregate value at end of year			
	Did the organization inform all donors and donor adv funds are the organization's property, subject to the			_ Yes
1	Did the organization inform all grantees, donors, an used only for charitable purposes and not for the be impermissible private benefit?		·	_ Yes
Part	<b>Conservation Easements.</b> Complete	e if the organization answered "Yes" t	o Form 990, Part IV, I	ine 7.
 	Purpose(s) of conservation easements held by the Preservation of land for public use (e g , recrea Protection of natural habitat Preservation of open space	tion or pleasure)  Preservation of a	n historically importantly l ertified historic structure	
	Complete lines 2a-2d if the organization held a qua on the last day of the tax year	alified conservation contribution in the forn		
			Held at the	End of the Yea
a	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easemer		2b	
С	Number of conservation easements on a certified	historic structure included in (a)	2c	
d	Number of conservation easements included in (c)	) acquired after 8/17/06	2d	
	Number of conservation easements modified, trans	ferred, released, extinguished, or terminat	ed by the organization dur	ing
1	the taxable year 🕨			
1	Number of states where property subject to conserv	vation easement is located 🕨		
	Does the organization have a written policy regarding enforcement of the conservation easements it holds			Yes No
5	Staff or volunteer hours devoted to monitoring, insp	pecting and enforcing easements during the	e year 🗠	
7	A mount of expenses incurred in monitoring, inspect	ting, and enforcing easements during the y	ear ► \$	
	Does each conservation easement reported on line 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of se		_ Yes
	In Part XIV, describe how the organization reports balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	f the footnote to the organization's financia		
Part	Organizations Maintaining Collecti Complete if the organization answered		or Other Similar As	sets.
	If the organization elected, as permitted under SFA art, historical treasures, or other similar assets hel provide, in Part XIV, the text of the footnote to its f	d for public exhibition, education or resear	ch in furtherance of public	
_	If the organization elected, as permitted under SFA historical treasures, or other similar assets held foi provide the following amounts relating to these item	r public exhibition, education, or research		
1	(i) Revenues included in Form 990, Part VIII, line	1	<b>-</b> \$	4,054
	(ii) Assets included in Form 990, Part X		<b>▶</b> - \$	1,900,689
2	If the organization received or held works of art, his following amounts required to be reported under SF.		- 1	
	Revenues included in Form 990, Part VIII, line 1		<b>►</b> \$	
	Revenues included in Form 990, Part VIII, line 1		<b>F</b> ⊅	

**b** Assets included in Form 990, Part X

Par	<b>TITE</b> Organizations Maintaining Co	llections of Art	<u>, His</u>	tori	<u>cal Tre</u>	eası	ures, or Oth	er	Similar A	ssets	(continued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of th	ne foll	owing th	at a	re a sıgnıfıcant	us	e of its colle	ction	
а	Public exhibition		d	~	Loan or	exc	:hange progran	ns			
b	Scholarly research		e	$\sqcap$	Other						
c	✓ Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	ın hov	w they	/ further	the	organızatıon's	exe	mpt purpose	ın.	
	Part XIV										
5	During the year, did the organization solicity assets to be sold to raise funds rather than t							ımı	lar	┌ Yes	✓ No
Pai	rt IV Trust, Escrow and Custodial A Part IV, line 9, or reported an ar	Arrangements.	Com	plete	if the	orga		we	red "Yes" t		
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	ıan or other ınterme	dıary	for c	ontrıbutı	ons	or other assets	s no	ot	☐ Yes	☐ No
b	If "Yes," explain why in Part XIV and comple	te the following tabl	е								
								_	Α	mount	
c	Beginning balance						10	-			
d	Additions during the year					10	$\dashv$				
e	Distributions during the year						16	-			
f	Ending balance						1f				
2a	Did the organization include an amount on Fo		21?							☐ Yes	☐ No
	If "Yes," explain the arrangement in Part XI\				1 1137				T) / 1 40		
Рa	rt V Endowment Funds. Complete	(a)Current Year		)Prior			wo Years Back (				r Vears Back
1a	Beginning of year balance	674,092,733	(L	) FIIO	rear	(0)	wo rears back	u)ı	ince rears back	(E)i ou	i Teals back
ъ	Contributions	9,312,825									
c	Investment earnings or losses	-124,340,445									
d	Grants or scholarships	8,848,524									
e	Other expenditures for facilities and programs	21,990,211									
f	Administrative expenses	1,659,548									
g	End of year balance	526,566,830									
2	Provide the estimated percentage of the yea	r end balance held a	ıs								
а	Board designated or quasi-endowment	19 64 %									
ь	Permanent endowment 45 45 %										
c	Term endowment ► 34 91 %										
3a	Are there endowment funds not in the posse organization by	ssion of the organiza	ation	that a	re held a	anda	admınıstered fo	or t	he	Ye	s No
	(i) unrelated organizations								3	a(i) Ye	
	(ii) related organizations								3a	(ii) Ye	s
b	If "Yes" to 3a(II), are the related organization	•								3b	
4	Describe in Part XIV the intended uses of th										
Par	t VI Investments—Land, Building	s, and Equipme	nt. S	ee F	orm 99	<u>0, P</u>	art X, line 10	) <u>.                                    </u>			
	Description of investment			(a) Cost or other basis (investment) (b)Cost or other basis (other) (c) Depreciation (d)			n <b>(d)</b>	Book value			
1a	Land		0 3,877,752 3,87					3,877,752			
b	Buildings					0	310,249,36	5	93,467,6	45	216,781,720
c	Leasehold improvements										
d	Equipment					0	65,789,02	7	53,471,5	85	12,317,442
	Other	<u> </u>				0	38,809,11	.3	9,757,7	68	29,051,345
Tota	I. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colun	nn (B,	), line	10(c).)				🕨		262,028,259
									Schedule	D (Forn	1990) 2008

Part VIII Investments—Other Securities. See	Form 990, Part X, line 12.	
<ul><li>(a) Description of security or cateory (including name of security)</li></ul>	( <b>b)</b> Book value	<b>(c)</b> Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		Cost of end-of-year market value
Closely-held equity interests		
Other FIXED INCOME MUTUAL FUNDS	2,075,440	F
Other EQUITY MUTUAL FUNDS	889,475	
Other FIXED INCOME INST MUTUAL FUND	30,304,151	
Other EQUITY INST MUTUAL FUNDS		
Other ALTERNATIVE INVESTMENTS	13,331,870 339,108,325	
Other UNITED EDU SUBSCRIBER SAVINGS	219,986	C
Other INS POL WHERE LC IS BENEF	·	C
	339,032	C
Other CO-OP EQUITY INTEREST (E&I)	15,234	C
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )	386,283,513	
Part VIII Investments—Program Related. Se	e Form 990, Part X, line 13	
(a) Description of investment type	(b) Book value	<b>(c)</b> Method of valuation Cost or end-of-year market value
		,
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )		
Part IX Other Assets. See Form 990, Part X, II	ne 15.	
(a) Descri		( <b>b</b> ) Book value
DEPOSITS WITH BOND TRUSTEE		5,182,308
Total. (Column (b) should equal Form 990, Part X, col.(B) line.	15.)	
Part X Other Liabilities. See Form 990, Part X	·	
(a) Description of Liability	(b) A mount	
Federal Income Taxes	60,000	
INTEREST RATE SWAP/SWAPTIONS	9,042,963	
ANNUITIES PAYABLE	16,769,096	
A GENCY FUNDS	1,428,170	
ASSET RETIREMENT OBLIGATION (FIN47)	5,493,381	
CRUT AGREEMENT - 65% MV OTHER BENEFICIARIES	241,513	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )	33,035,123	
	55,555,125	

	ule D (Form 990) 2008						Page <b>4</b>
Par 1	Total revenue (Form 990, Part	hange in Net Assets from For VIII, column (A), line 12)	m 990	) to	<u>Financial Stateme</u>	nts 1	132,589,098
2	Total expenses (Form 990, Par					2	162,830,451
3 4	Excess or (deficit) for the year					3	-30,241,353 -125,957,871
5	Net unrealized gains (losses) o Donated services and use of fa-					5	-125,957,871
6	Investment expenses					6	5,884,133
7 8	Prior period adjustments Other (Describe in Part XIV)					8	-6,086,836
9	Total adjustments (net) Add III	nes 4 - 8				9	-126,160,574
10 Po 2		per financial statements Combine line  evenue per Audited Financial			nts With Payanua	10	-156,401,927
1		r support per audited financial stateme			· · · · · · ·	1	-30,558,279
2	A mounts included on line 1 bu  Net unrealized gains on invest	t not on Form 990, Part VIII, line 12	1	2-	125057071		
a b	Donated services and use of fa		$\vdash$	2a 2b	-125,957,871		
c	Recoveries of prior year grants		. [	2c			
d e	Other (Describe in Part XIV)  Add lines <b>2a</b> through <b>2d</b> .		∟	2d 	-38,586,113	2e	-164,543,984
3	Subtract line <b>2e</b> from line <b>1</b> .					3	133,985,705
4 a		0, Part VIII, line 12, but not on line 1 uded on Form 990, Part VIII, line 7b	1	4a	1,368,434		
b	Other (Describe in Part XIV)	· · ·		4b	-2,765,041		
с -						4c	-1,396,607
5 Part		d <b>4c.</b> (This should equal Form 990, Par <b>xpenses per Audited Financia</b>			•	5 s per	132,589,098 Return
1	·	audited financial statements				1	125,843,648
2 a	A mounts included on line 1 bu  Donated services and use of fa	t not on Form 990, Part IX, line 25	[	2a			
b	Prior year adjustments		[	2b			
c d	Losses reported on Form 990, Other (Describe in Part XIV)		• •	2c 2d	2,765,041		
e	Add lines 2a through 2d					2e	2,765,041
3	Subtract line <b>2e</b> from line <b>1</b> .					3	123,078,607
4 a		0, Part IX, line 25, but not on line 1: uded on Form 990, Part VIII, line 7b	[	4a	7,252,567		
b	Other (Describe in Part XIV)		. [	4b	32,499,277		
с 5	Add lines <b>4a</b> and <b>4b</b>		 irt I lin	 e 18	)	4c 5	39,751,844 162,830,451
	t XIV Supplemental Inf	· · · · · · · · · · · · · · · · · · ·					102,000,101
		scriptions required for Part II, lines 3, , Part XII, lines 2d and 4b, and Part X				art XIV	/, lines 1b and 2b,
	Ident if ier	Return Reference			Explanat	ion	
	ECTIONS OF ART, ORICAL TREASURES, OR	FORM 990, SCHEDULE D, PART III, LINE 4			College Art Collections A r students is a fine, sma		
	ER SIMILAR ASSETS			_	ıfts from generous alumr ncludes eighteenth-thro		
			centur	уАп	nerican and European pa otographs, and contempo	ıntıngs	s, prints, and sculpture,
			paintin	ıgs l	Recent acquisitions build llections The mission s	on th	e strength of the
			collect	ion i	s to document, preserve	for fut	ture generations,,
			studen	its, p	d make accessible the C ublic, and scholars thro	ıgh ex	hibitions, publications,
			The ad	mını	ons, and by granting accestration of the art collec	tion co	omplies with museum-
			Museu	ms,	tandards of care (see Ar AAM) Students have cu	rated e	exhibitions from the
			ınstıtu	tions	, When appropriate, artw for exhibitions of schola	arly im	portance, images of
			text bo	oks	readily available for rep and academic-scholarl	y publi	ications (generally at
				_	or nominal fee ) Descript llections and College Ar		
					and College Archives a e books and more than 2		
			manus	cript	s and archives The hold prints and memorabilia	lings ii	nclude manuscripts,
			Lafaye	tte, ُ	rare book collections on ooks and artists' books	Steph	en Crane, angling
			Secret	ary \	William E Simon, New Je d Congresswoman Helen	rsey G	Governor Robert B
			the Ea	ston	-based Dixie Cup Compa and artist Howard Chand	any an	d the papers of noted
ENDO	WMENT FUNDS	FORM 990, SCHEDULE D, PART V	The int	tent	of the College's Investm	ent Gı	uidelines for its
					is to provide a predicta rograms from the endow		3
					e purchasing power of th id Capital Assets expen		
					operating distribution in control of the control of		
			(\$8,14	8,00	00), Research (\$102,00 - includes Libraries of \$	0), Ac	ademic Support
			Athleti	, cs (:	\$202,000) Student Serv and Maintenance of Plan	ıces (s	\$1,087,000),
			Auxilia	ry S	ervices) The College al 00 of Unrestricted Endo	so utili	ized an additional
			budget	ed o	perations The Administ 18) includes both require	ratıve	expenses reported
			Funds	princ	cipal to fund annuitant pa ce for uncollectible non-c	yment	ts (\$1,212,694) and
			(\$377	,338	) as reported in the non-	operat	ting section of the
			2009	Cert	tatement of Activities for	its als	o provide income to be
			loans		cilities capital projects e		
r1N 4	8 Footnote	FORM 990, SCHEDULE D, PART X	Interp	retat	2007, the College adopt ion No. 48, Accounting f	or Unc	certainty in Income
			recogn	ized	48) FIN 48 requires the or derecognized based of	n a "m	nore likely than not"
			takeni	n a t	This applies to positions ax return The implemen	itation	of FIN 48 had no
			statem	nent	the College's statement of activities The College	e does	not believe its
RECO	NCILIATION OF CHANGE IN	FORM 990, PART XI. LINE 8	fınancı	alst	atements include uncert Annuities Payable Estim	aın tax	x positions
	ASSETS		Princip	alto	Fund Annuities Payable Rate Swap Agreements	(1,21	L2,694) Change in MV
			of Inte	rest	Rate Swaption Agreeme ole Non Op Pledges Rec	nts (1,	,407,655) Provison for
			Retire	ment	of Debt (1,905,313) Ga ement Cost 319,000 Ga	ın A dı	for Funded Status of
			of Earl	y Re	tirement Cost 288,000	Gain o	n Conditional Asset
RECC	NCILIATION OF REVENUE	FORM 990, SCHEDULE D, PART XII	LINE 2	D F		udents	s (32,426,720)
					: Agency (72,557) Chan ,085,500 Distrib fr Princ		
			Payabl	e (1	, ,212,694) Change in MV s (2,005,490) Change i	of Int	terest Rate Swap
			Swaptı	on A	greements (1,407,655) dges Rec (3,337,867) l	Provis	son for Uncollectible
			Debt (	90,1	5,313) Gain Adjustment Cost 319,000 Gain Adj	for Fu	unded Status of Early
			Early F	Retir	ement Cost 288,000 Gain Adj Fin 47 89,683 TOTAI	ın on C	Conditional Asset
			LINE 4	B Fu	ındraısıng revenues to e	xtent e	expended (27,738)
			(COGS	S) Re	enues to Extent Expendence venues to Extent Expen	•	
RECC	NCILIATION OF EXPENSES	FORM 990, SCHEDULE D, PART	LINE 2	D F	2,765,041) undraising revenues to e		
		XIII	Rental (COGS	Rev S) Re	enues to Extent Expende venues to Extent Expen	ed 678 ded 2,	3,949 College Store 058,354 TOTAL LINE
			2D \$2	,765	,041 LINE 4B Financial 0 Endowment Agency 72	Aıd Gı	rants to Students
			\$32,49			•	

### OMB No 1545-0047

<u>Б N0 1545-004</u>

2008

Open to Public Inspection

#### **SCHEDULE E**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

**Schools** 

Name of the organization **Employer identification number** LAFAYETTE COLLEGE 24-0795686 YES NO 1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain 3 Yes via College's website - www.lafayette.edu/academics/catalog/catalog08 09 Page 231 of 2008-09 College Catalog Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 40 Yes d Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement) Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? 5c Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? 5g Νo h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement) 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Yes **b** Has the organization's right to such aid ever been revoked or suspended? 6b Νo If you answered "Yes" to either 6a or b, please explain using an attached statement 🧈 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05

of Rev Proc 75-50, 1975-2 CB 587, covering racial nondiscrimination? If "No," attach an explanation

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493133014130

2008

OMB No 1545-0047

**Statement of Activities Outside the United States** 

Department of the Treasury Internal Revenue Service

SCHEDULE F

(Form 990)

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

Open to Public **Inspection** 

Name of the organization	Employer identification number
LA FAYETTE COLLEGE	
	24-0795686

General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- For grantmakers. 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
- For grant makers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States
- Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region		(c) Number of employees or agents in region	the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
Europe (Including Iceland and Greenland)	0	0	Program Services	INSTRUCTION	675,830
Central America and the Caribbean	0	0	Program Services	INSTRUCTION	3,286
Europe (Including Iceland and Greenland)	0	0	Program Services	INSTRUCTION	66,792
Europe (Including Iceland and Greenland)	0	0	Program Services	INSTRUCTION	87,725
Europe (Including Iceland and Greenland)	0	0	Program Services	INSTRUCTION	83,697
Europe (Including Iceland and Greenland)	0	0	Program Services	INSTRUCTION	81,630
Europe (Including Iceland and Greenland)	0	0	Program Services	INSTRUCTION	500
Central America and the Caribbean	0	0	Program Services	INSTRUCTION	76,173
East Asia and the Pacific	0	0	Program Services	INSTRUCTION	146,992
Sub-Saharan Africa	0	0	Program Services	INSTRUCTION	120,394
Totals	0	J			1,343,019
For Paperwork Reduction Act No	tice, see the instri	actions for Form 9	<b>90.</b> Cat No!	ouu8∠W <b>S</b>	chedule F (Form 990) 2008

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	( <b>g)</b> A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other
	_							
	_							
	_							
	_							-
	_							_
	_							
	_							
	_							
	_							
	_							
	_							
	_							
	_							

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	( <b>b)</b> Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
	Cent A merica/Caribbean	1			247,175	Acct Cred	FMV
Scholarships to Study Abroad	East Asıa/Pacıfıc	2			20,450	Acct Cred	FMV
Scholarships to Study Abroad	Europe/Iceland/Greenland	14			24,625	Acct Cred	FMV

Schedule F (Form 990) 2008

Activities Outside the United States  SCHEDULE F, Part I, Line 2  The College admits non-resident alien (foreign) students and these students are eligible to enroll in the College's various study-abroad programs for a semester, academic year and the Interim Abroad program both in January and May. For these stud abroad and Interim Abroad programs, all students are billed by Lafayette College for Tuition, any related Room and Board charges and other related program charges. Accordingly, the student's scholarship/grant and other aid for that term are credited to the student's account at Lafayette College against what has been billed. For these programs, a foreign student's grant funds will not leave the U.S. if the charges billed by Lafayette College for the abroad program exceed the grant for that applicable term. Grant funds will leave the U.S. only if the grant for that term exceeds the billed charges for that term, resulting in a credit balance and the potential for the foreign student to receive a refund check. If appropriate, the refund check will be issued with the assumption that it is to be used for the educational expenses that the College does not bill for, base on the cost of attendance calculation that the College's Financia.	Identifier	ReturnReference	I in Part I, line 2, and any other additional information.  Explanation
			The College admits non-resident alien (foreign) students and these students are eligible to enroll in the College's various study-abroad programs for a semester, academic year and the Interim Abroad program both in January and May For these study abroad and Interim Abroad programs, all students are billed by Lafayette College for Tuition, any related Room and Board charges and other related program charges Accordingly, the student's scholarship/grant and other aid for that term are credited to the student's account at Lafayette College against what has been billed For these programs, a foreign student's grant funds will not leave the US if the charges billed by Lafayette College for the abroad program exceed the grant for that applicable term Grant funds will leave the US only if the grant for that term exceeds the billed charges for that term, resulting in a credit balance and the potential for the foreign student to receive a refund check. If appropriate, the refund check will be issued with the assumption that it is to be used for the educational expenses that the College does not bill for, based on the cost of attendance calculation that the College's Financial Aid Office had prepared to determine the foreign student's grant

Software ID:

**Software Version:** 

**EIN:** 24-0795686

Name: LAFAYETTE COLLEGE

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
--------------------------	--	-------------------------	------------------------------	------------------------------------	---	--	--

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493133014130

OMB No 1545-0047

**Supplemental Information Regarding** SCHEDULE G (Form 990 or 990-EZ) **Fundraising or Gaming Activities** 

> Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Open to Public Inspection

N	а	m	e	of	t	h٠	е	or	ga	n	ΙZ	a	tı	0
L.	Α	FA	۱,	ſΕ	Т	Т	Е	С	0	LI	LE	ΞC	3	Ε

Department of the Treasury

Internal Revenue Service

Employer identification number

					24-0795686				
Pa	rt I	Fundraising Activities. Complete if the organiza	101	า aı	answered "Yes" to Form 990, Part IV, line 17.				
1	Ind	licate whether the organization raised funds through any of the	fol	lowi	wing activities Check all that apply				
а	~	Mail solicitations	Solicitation of non-government grants						
b	~	Email solicitations	f	~	Solicitation of government grants				
c	굣	Phone solicitations	g		▼ Special fundraising events				
d	▼ In-person solicitations								
						_			
2a	Did the organization have a written or oral agreement with any individual (including officers, directors, trustees								

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table

or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?

(i) Name of individual or entity (fundraiser)	(ii) A ctivity	fundraiser have custody or control of contributions?		custody or control of contributions?		fundraiser have custody or control of		fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization														
WA CHRIDN MCCOLDRICK	TNITTATIVE DIAN	res	140																							
WASHBURN MCGOLDRICK	INITIATIVE PLAN		No	0	118,179	0																				
Total			<b>&gt;</b>																							

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Par	t II	Fundraising Events. Com more than \$15,000 on Form					repor	ted
			(a) Event #1  GOLF FALL 08 (event type)	(b) Event #2  GOLF SPRING 09 (event type)	(c) O ther Events  0 (total number)	(Add co	otal Eve I <b>(a)</b> th ol <b>(c)</b> )	
Φ	1		19,795		<u> </u>	+	4	4,365
Reveilue	2	Gross receipts Less Charitable	7,350				1	4,050
2	3	Gross revenue (line 1 minus line 2)	12,445	17,870			3	0,315
	4	Cash Prizes						
Expenses	5	Non-cash Prizes			_			
g	6	Rent/Facility costs	8,799		7			2,466
வ ப	7	Other direct expenses	2,095	3,177	7			5,272
Direct	8	Direct expense summary Add line	_					7,738
	9	Net income summary Combine lin				<u></u>		2,577
Pari	<b>3</b> + +	<b>Gaming.</b> Complete if the or \$15,000 on Form 990-EZ, lir		'Yes" to Form 990, Pa	art IV, line 19, or repo	orted mo	re thar	n
Reveitue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tota col (a) ti	ll gaming hrough co	
	1	Gross revenue						
es	2	Cash prizes						
Expenses	3	Non-cash prizes						
ច ច	4	Rent/facility costs						
Direct	5	Other direct expenses						
	6	Volunteer labor	┌ Yes%_ ┌ No	┌ Yes%_ ┌ No	┌ Yes% ┌ No			
	7	Direct expense summary Add lines	s 2 through 5 in column (	d)				
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	mn (d)	🛌			_
9	Ent	er the state(s) in which the organiza	tion operator gaming act	avitios			Yes	No
a		the organization licensed to operate				- 9a		
b	If"	No," Explain						
10a b		re any of the organization's gaming l Yes," Explain	icenses revoked, suspen	ded or terminated during	; the tax year?	10a	+-	
11		es the organization operate gaming a				11	<del> </del>	
12		he organization a grantor, beneficial ned to administer charitable gaming				.   12		

			 <del></del>
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name •		
	Address •		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
Ь	If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount of gaming revenue retained by the third party <b>&gt;</b> \$		
c	If "Yes," enter name and address		
	Name •		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🟲		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 📂 💲		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

OMB No 1545-0047

2008

DLN: 93493133014130

pen to Public

Department of the Treasury
Internal Revenue Service
Name of the organization

LAFAYETTE COLLEGE

Schedule I

(Form 990)

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

Open to Public Inspection

Employer identification number

LAFATETTE COLLEGE						24-0795686	
Part I General Info	rmation on Gra	nts and Assistance	е			<b>'</b>	
	ed to award the gra	ints or assistance?			libility for the grants or a		ΓYes Γ
Form 990, Part Part IV and Sci	: IV, line 21 for a hedule I-1 if add	ny recipient that rece itional space is	eived more than \$5,0	00. Check this box	tes. Complete if the of the first in the fir	ceived more than \$5,	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance
2 Enter total number of se organizations					•	_	
3 Enter total number of ot For Paperwork Reduction Act No			<u> </u>	Cat No 50055			hedule I (Form 990) 2008

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

<b>(b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
1276		32,426,720	FMV	Credit to Stud acct
600		305,144	FMV	Col pays ınt to bank
108	83,754		FMV	N/A
	1276 600	recipients cash grant  1276  600	recipients cash grant non-cash assistance  1276 32,426,720  600 305,144	recipients cash grant non-cash assistance (book, FMV, appraisal, other)  1276 32,426,720 FMV  600 305,144 FMV

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Ident if ier	Return Reference	Explanation
MONITORING OF GRANTS USE IN U S	FORM 990, SCHEDULE I, PART I, LINE 2	The College awards scholarships, need-based grants, student loans and fellowships to students based on a committee and/or individual review of student aid applications. Relevant criteria include academic or other achievement and financial need (as supported by income tax return detail). For certain student loans, a credit check of the student and/or parent(s) is also performed. Fellowships are awarded based on a review by the applicable academic department. The College calculates a cost of attendance that includes both the education costs billed by the College (such as Tuition, Fees, Room and Board) and educational costs not billed by the College (such as Books, Travel and Other Incidentals). Based on the student's cost of attendance and the Financial Aid Office's determination of eligibility, the student's financial aid award for the academic year is determined. This award may include scholarships/grants, loans and student employment. For scholarships/grants and student loans, that aid is credited to the student's account and is applied to billed charges. Student employment wages are paid through payroll. For the HELP Loan program interest subsidy, the College pays that expense directly to the lending bank. If a student's account has a credit balance after all applicable College charges and financial aid is posted, the College will issue a refund check to the student. If a student has a credit balance for the Fall Semester, the student may choose instead to carry that credit balance forward for application to either Interim Session or Spring semester charges. Normally, credit balance refund checks are made payable to the student may also designate that a credit balance be paid to the College Store for separately billed Lafayette College Store charges, a fraternity or sorority for Room and/or Board plans billed by the organization or that the credit balance refund check be made payable to a parent or guardian. It is assumed by the College that credit balance refunds are used to pay for educational costs that we

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493133014130

**Employer identification number** 

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Name of the organization

ın Part III

Internal Revenue Service

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

**Compensation Information** 

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Open to Public Inspection

LAF	AYETTE COLLEGE					
Do	Overstiens Besselding Commencedies		24-0795686			
Ра	rt I Questions Regarding Compensation				T v	
1a	Check the appropiate box(es) if the organization provides 990, Part VII, Section A, line 1a Complete Part III to				Yes	No
	First class or charter travel	- আ				
	Travel for companions	Ë	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Ī	Health or social club dues or initiation fees			
	Discretionary spending account	굣	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a writt provision of all the expenses described above? If "No,			1b		No
2	Did the organization require substantiation prior to rei officers, directors, trustees, and the CEO/Executive D		· · · · · · · · · · · · · · · · · · ·	2	Yes	
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all that  ✓ Compensation committee ✓ Independent compensation consultant ✓ Form 990 of other organizations	t app	ly Written employment contract Compensation survey or study			
4	During the year, did any person listed in Form 990, Pa	art V I	I, Section A, line 1a			
а	Receive a severance payment or change of control pay	ymen	t?	4a	Yes	
b	Participate in, or receive payment from, a supplementa	al noi	nqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-bas	ed co	ompensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and prov	/ıde t	he applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must com	plete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, lir compensation contingent on the revenues of	ne 1a	, did the organization pay or accrue any			
а	The organization?			5a		Νo
Ь	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, lir compensation contingent on the net earnings of					
а	The organization?			6a		No
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A, lir payments not described in lines 5 and 6? If "Yes," des			7		No
8	Were any amounts reported in Form 990, Part VII, pai subject to the initial contract exception described in R					

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Deferred	( <b>D)</b> Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base (ii) Bonus & incentive compensation		(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Daniel H Weiss	(ı) (ıı)	408,699 0	0	14,411 0	38,188 0	170,136 0	631,434 0	200,00
Mıtchell L Weın	(ı) (ıı)	252,499 0	5,000 0	567 0	24,462 0	22,985 0	305,513 0	130,00
Wendy L Hıll	(ı) (ıı)	238,896 0	5,000 0	869 0	21,850 0	46,180 0	312,795 0	122,50
James W Dicker	(ı) (ıı)	180,199 0	0 0	16,638 0	17,679 0	38,084 0	252,600 0	86,10
Leslie F Muhlfelder	(ı) (ıı)	190,483 0	0 0	482 0	18,565 0	22,107 0	231,637 0	91,66
James F Krivoski	(ı) (ıı)	164,274 0	0	1,124 0	15,999 0	47,114 0	228,511 0	82,15
Francis B O'Hanlon	(ı) (ıı)	195,728 0	0 0	2,813 0	18,777 0	22,831 0	240,149 0	98,19
William M Crain	(ı) (ıı)	184,360 0	0	1,522 0	16,829 0	20,668 0	223,379 0	94,75
Bruce A Murphy	(ı) (ıı)	177,466 0	0 0	1,447 0	17,138 0	21,025 0	217,076 0	87,65
Arnold A Offner	(ı) (ıı)	170,286 0	0	2,212 0	16,820 0	20,542 0	209,860 0	85,95
Frank A Tavanı	(ı) (ıı)	154,666 0	0	11,599 0	15,200 0	20,635 0	202,100 0	
Roberto Noya	(ı) (ıı)	166,591 0	0	1,164 0	16,485 0	21,603 0	205,843 0	85,27
June Schlueter	(ı) (ıı)	100,940 0	0	754 0	10,043 0	18,288 0	130,025	70,47
Paul Zımmerman	(ı) (ıı)	145,136	10,000 0	980 0	14,250 0	19,958 0	190,324 0	
	(i) (ii)							

#### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
INFORMATION	FORM 990, SCHEDULE J, PART III	Part I, Line 1a Travel for Companions - By employment contract, in the event that the college requests President Weiss' spouse to accompany him on College-related business, her reasonable expenses will be paid by the College. While not an employee of the College, in the event, the President's spouse serves an important role at both Board and other College functions, including, for example, off-campus fundraising activities for such fundraising activities the president's spouse is assigned duties to carryout on behalf of the College in advance of such event. For calendar 2008, such estimated expenses were included as nontaxable benefits in this return. Part I, Line 1a. Tax Indemnification - The College indemnified Officer James Dicker for the estimated taxes related to a (social) club initiation fee installments paid by the College on his behalf during calendar 2008. This arrangement was specific to Mr. Dicker and there is no written policy for the payment or reimbursement of this item. The amount was included as taxable wages on form w-2 and was disclosed on the return as such. Part I, Line 1a. Housing Allowance or Residence for Personal Use - As part of their employment contracts and for the convenience of the College, and College-owned residence was provided to ficers Daniel Weiss (President), Wendy Hill (Provost) and James Krivoski (Vice President for Student Affairs) during calendar 2008. This housing is located on College property and provided in conjunction with these officers' duties. The values of the housing provided are included as nontaxable benefits in this return. It is the Board's policy that the President resides in the President's House (515 College Ave). The President determines if the duties of the other Officers require each Officer to reside in a College-provided facility. Documentation of this determination and relevant support is maintained. Part I, Line 1a. Health or Social Club Dues or Initiation Fees - By employment contract, the College provided Officer James Dicker with a local countr

Software ID: Software Version:

145,136

10,000

(1)

|(u)|

Paul Zımmerman

**EIN:** 24-0795686

Name: LAFAYETTE COLLEGE

(A) Name		(B) Breakdown o	of W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Daniel H Weiss	(I) (II)	• •	0	14,411	38,188 0	170,136 0	631,434 0	200,000
Mitchell L Wein	(I) (II)		5,000	567	24,462 0	22,985 0	305,513 0	130,000
Wendy L Hill	(I) (II)		5,000	869	21,850 0	46,180 0	312,795 0	122,500
James W Dicker	(I) (II)		0,0	16,638	17,679 0	38,084 0	252,600 0	86,100 (
Leslie F Muhlfelder	(I) (II)		0	482	18,565 0	22,107 0	231,637 0	91,66
James F Krivoski	(I) (II)		0	1,124	15,999 0	47,114 0	228,511 0	82,15(
Francis B O'Hanlon	(ı) (ıı)		0	2,813	18,777 0	22,831 0	240,149	98,199
William M Crain	(ı) (ıı)		0	1,522	16,829 0	20,668 0	223,379 0	94,75(
Bruce A Murphy	(ı) (ıı)		0	1,447	17,138 0	21,025 0	217,076 0	87,650
Arnold A Offner	(1)		, 0	2,212	16,820 0	20,542 0	209,860	85,95
Frank A Tavanı	(1)		, 0	11,599	15,200 0	20,635 0	202,100	
Roberto Noya	(1)		0	1,164	16,485 0	21,603 0	205,843	85,27
June Schlueter	(1)		0	754	10,043	18,288	130,025	70,47

980

14,250

19,958

190,324

Department of the Treasury

LAFAYETTE COLLEGE

Internal Revenue Service Name of the organization DLN: 93493133014130

2008

OMB No 1545-0047

#### Schedule K **Supplemental Information on Tax Exempt Bonds** (Form 990)

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O.

Open to Public **Inspection** 

Employer identification number

24-0795686 Bond Issues (Required for 2008) (h) O n (g) Defeased Behalf of (a) Issuer Name (b) Issuer EIN (c) CUSIP # (d) Date Issued (e) Issue Price (f) Description of Purpose Issuer Yes No Yes No Northampton Cty GPA Var Rev Ref Series of 2003 23-3007498 66353LAA5 04-02-2003 10,190,000 Refund Ser of 1993 on 7/1/03 Χ Χ Northampton Cty GPA Var Rev Renov/Construct/Reloc Athletic Fac 15,100,000 Χ Series of 2006 23-3007498 66353LAG2 09-14-2006 Χ Northampton Cty GPA Coll Ref & Rev Ser 2008 Χ Χ 23-3007498 66353LAX5 08-21-2008 98,638,389 Retire 97, 04, 04 2nd & Notes, Pro Part III Proceeds (Optional for 2008)

		Α	В	С	D	E
1	Total Proceeds of Issue					
2	Gross Proceeds in Reserve Funds					
3	Proceeds in Refunding or Defeasance Escrows					
4	Other Unspent Proceeds					
5	Issuance Costs from Proceeds					
6	Working Capital Expenditures from Proceeds					
7	Capital Expenditures from Proceeds					
8	Year of Substantial Completion					

		Yes	No								
9	Were the bonds issued as part of a current refunding issue?										
10	Were the bonds issued as part of an advance refunding issue?										
11	Has the final allocation of proceeds been made?										
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?										
Dar	Private Rusiness Use (Optional for 2008)										

i C.L	Private business use (Optional for 2008)										
			A	ı	3		С		)	ı	Ε
		Yes	No								
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?										
2	Are there any lease arrangements with respect to the financed property which may result in private business use?										

Schedule K	(Form 990) 20	800	
Part III	Private Bu	siness Use	(Continued)

		4	A	E	3	(	С	I	D	I	E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										
Pai	rt IV Arbitrage (Optional for 2008)										
		ı	Α	E	3	(	<u>c</u>	ı	<u> </u>	ı	Ε
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
ь	Name of provider										
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
ь	Name of provider										
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5											
	Were any gross proceeds invested beyond an available temporary period?										

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493133014130

OMB No 1545-0047

Schedule L (Form 990 or 990-EZ)

### **Transactions with Interested Persons**

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

Open to Public Inspection

Name of the organization LAFAYETTE COLLEGE					Er	mploy	er ide	ntifica	tion n	umber	
DI METTE COLLEGE					24	4-079	5686	5			
Part I Excess Benefit Transac  To be completed by organization									Part	V line	40h
		1 63 0111	·					90-LZ		c) Corr	
1 (a) Name of disqualifie	d person	(b) Description of transaction								Yes	No
									$\dashv$		
_											
									_		
2 Enter the amount of tax imposed on						earui	nder				
section 4958								\$ ——			
3 Enter the amount of tax, If any, on II			e organization .	•		<u> </u>	<u> </u>	<u> </u>			
Part II Loans to and/or From To be completed by organization			Form 990 Part	TV lı	ne 26 or Fo	orm 9	90-F	7 Part	V lin	e 38a	
To be completed by organize		1 103 01	11 01111 3 3 0 , 1 410	1 ,	110 20, 01 1	1	<u> </u>	(f		1	
(a) Name of interested person and	( <b>b)</b> Loan to or from the	(c)0	rıgınal prıncıpal	l		(e)		Appr		1	ritten
purpose	organization?	( )	amount	( <b>d</b> )B	( <b>d)</b> Balance due		default?		ard or ittee?	1 -	
	To From					Yes	No	Yes	No	Yes	No
	•	•									
										+	
otal			<b>▶</b> s								
otal			· ·								
To be completed by orga				90, F	Part IV, lın	ie 27					
(a) Name of interested person	1 2 5	•	en interested pe	rson	(c)Am	ount d	of arai	nt or tv	ne of	assista	nce
(a) manne et interested person	a	nd the or	ganization				, g. a.		p 0 0.		
Part IV Business Transactions											
To be completed by orga			Yes" on Form 9	90, I	Part IV, lin	ie 28	a, 28	b, or			
	(b) Relations between intere		(c) A mount of	.					- 1,	( <b>e)</b> Sha organiza	_
(a) Name of interested person	person and	I .	transaction		( <b>d)</b> Descr	iption	oftra	ansactı	on [	reven	
	organizatio	n								Yes	No
amuel R Chapın	Officer BOA - Me	rrıll	423,	707	Issuance of	f Bond	ls				Νo
ngal I Mandaz	Lynch	Cisco	100	212	Collogo Sur	nliar			$\dashv$		N o
ngel L Mendez	Key Employee of	CISCO	198,	<u> </u>	College Sup	philer			+		Νο
									$\dashv$		
									-		

Employer identification number

OMB No 1545-0047

Inspection

#### **SCHEDULE M** (Form 990)

Department of the Treasury

LAFAYETTE COLLEGE

goods

10

19

21

22

23

24

26

28

Other (describe <u>EQUIPMENT</u>)

checked, describe in Part II

Other (describe

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.

**Non-Cash Contributions** 

Attach to Form 990 Internal Revenue Service Name of the organization

Part I Types of Property

24-0795686 (a) (b) (c) (d) Check Revenues reported on Number of Contributions Method of determining ıf Form 990, Part VIII, line revenues applicable 1 g Art-Works of art . . . Art—Historical treasures Art—Fractional interests 4 Books and publications Χ 3,830 APPRAISAL Clothing and household . . . . . Cars and other vehicles Boats and planes . . . Intellectual property . . . Securities-Publicly traded . 2,942,346 HIGH/LOW OF DAILY MV Securities—Closely held stock 11 Securities—Partnership, LLC, or trust interests . . . . 12 Securities—Miscellaneous . . Qualified conservation contribution (historic structures) . . . 14 Qualified conservation contribution (other) . . Real estate—Residential . Real estate—Commercial . . Real estate—Other . . . **18** Collectibles . . Food inventory . . . Drugs and medical supplies . Taxidermy . . . . Historical artifacts . . . 4,054 INVOICE/RECEIPT Х Scientific specimens . . Archeological artifacts . CUSTOM Other (describe LAMPPOSTS ) Х 11,987 INVOICE/RECEIPT SIDEWALK 9,435 INVOICE/RECEIPT Other (describe REPAIR 1

EVE	NTS/OTHER )	Х	12	13,122	VAR	ARIOUS RECEIPTS	
29	Number of Forms 8283 received which the organization complete			r for contributions for	29		
	Acknowledgement		•				

2

Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes No 30a **b** If "Yes", describe the arrangement in Part II 31 Yes 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? . . . . . . 32a Νo **b** If "Yes", describe in Part II If the organization did not report revenues in Column (c) for a type of property for which Column (a) is

Χ

2

62,252 INVOICE/RECEIPT

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information. Identifier ReturnReference Explanation SCHEDULE M LINE 9B LINE 9B - NUMBER OF ITEMS IF A DONOR CONTRIBUTES 3 DIFFERENT STOCKS OR OTHER SECURITIES, THE COUNT FOR THAT DONOR IS "3"

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

# **SCHEDULE 0**

Department of the Treasury

(Form 990)

Internal Revenue Service

**Supplemental Information to Form 990** 

responses to specific questions for the Form 990 or to provide any additional information.

▶ Attach to Form 990. To be completed by organizations to provide additional information for

OMB No 1545-0047

DLN: 93493133014130

Inspection

Name of the organization LAFAYETTE COLLEGE

Employer identification number

24-0795686

ldentifier	Return Reference	Explanation
OFFICER/DIRECTOR/TRUSTEE RELATIONSHIPS	FORM 990, PART VI, SECTION A	1 TRUSTEE AHART'S law firm has REPRESENTED CERTAIN OTHER TRUSTEES ON PERSONAL MATTERS FOR WHICH THE FIRM IS COMPENSATED ON AN ARM'S LENGTH BASIS 2 TRUSTEES KAMINE and FISHER have a business relationship 3 OFFICER MUHLFELDER has a business relationship with TRUSTEE COX Record Retention Policy Part VI, Section B - Line 14 The Controller's Office has a written Records Retention policy that is posted and available for staff review. This policy is consistent with IRS record retention guidelines. Other campus offices may also have their own office policy for retention, consistent with guidelines established by outside regulatory agencies and the office's needs. There is no formal overall campus—wide records retention policy.

ldentifier	Return Reference	Explanation
DONOR ADVISED FUNDS	FORM 990, PART IV, LINE 6	THE COLLEGE IS NOT A SPONSORING ORGANIZATION AS DESCRIBED IN SECTION 170 (C)

ldentifier	Return Reference	Explanation
OFFICES OUTSIDE THE UNITED STATES	FORM 990, PART IV, LINE 14A	THE COLLEGE DOES NOT MAINTAIN OFFICES, EMPLOYEES, OR AGENTS IN OFFICES OUTSIDE THE UNITED SSTATES THE COLLEGE DOES OFFER STUDY ABROAD PROGRAMS, SOME OF WHICH INCLUDE LAFAYETTE FACULTY MEMBERS PARTICIPATION ABROAD FOR THE LENGTH OF THE PROGRAM

	I	
ldentifier	Return Reference	Explanation
GOVERNANCE, MANAGEMENT, AND DISCLOSURE	FORM 990, PART VI	Part VI, Section A, Line 3 - Management Company Details The College contracts with Sodexo Dining Services to manage its academic year dining, summer dining and campus catering operations. The 2008-09 expenses incurred for the student-related program are included as part of Auxiliary Services expenses (Form90). Part VI, Lection 19 part of Auxiliary Services and solved in the student-related program are included as part of Auxiliary Services as prossess (Form90). Part VII, Section B Part VI, Section A, Line 4 - Significant Changes to Organizational Documents The College and Interest Policy

Identifier	Return Reference	Explanation
SOLICITING FUNDS	SCHEDULE G, PART I	LINE 3 LIST ALL STATES IN WHICH THE ORGANIZATION IS REGISTERED OR LICENSED TO SOLICIT FUNDS OR HAS BEEN NOTIFIED IT IS EXEMPT FROM REGISTRATION OR LICENSING NONE AS AN ACCREDITED, LICENSED INSTITUTION OF HIGHER EDUCATION, THE COLLEGE BELIEVES THAT IT IS GENERALLY EXEMPT FROM THE REGISTRATION PROVISIONS THAT REQUIRE ORGANIZATIONS SOLICITING FUNDS FOR CHARITABLE PURPOSES TO REGISTER

ldentifier	Return Reference	Explanation
Interested Party Transactions	Schedule L, Part IV	Trustee Chapin was an officer of Merrill Lynch & Co until July 2009 and subsequently of Bank of America upon the merger of the two companies. The College utilized Merrill Lynch for remarketing and underwriting of a bond and received \$423,707 for this service. No payments were made to Bank of America. Trustee Mendez is a key employee of Cisco Systems, which is a supplier to the College. During the year, no payments were made to Cisco, how ever payments totaling \$198,213 were made to Cisco's partners and distributors.

Software ID: Software Version:

**EIN:** 24-0795686

Name: LAFAYETTE COLLEGE

#### Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa											
			(C tion ( hat a	chec		I			(5)	(F)	
<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
Edward W Ahart , Secretary	3 0	Х						0	0	0	
Carl G Anderson Jr , Trustee	1 0	Х						0	0	0	
Margaret G Axelrod , Trustee	1 0	Х						0	0	0	
S Robert Beane Jr , Trustee	1 0	Х						0	0	0	
Susan B Carras , Executive Committee	2 0	Х						0	0	0	
Samuel R Chapın , Trustee	10	Х						0	0	0	
Joseph T Cox , Trustee	10	Х						0	0	0	
Jeffrey P Feather , Trustee	10	Х						0	0	0	
James R Fisher , Trustee	10	Х						0	0	0	
Brent D Glass , Trustee	10	Х						0	0	0	
Alan R Griffith , Chair	5 0	Х						0	0	0	
Richard A. Grossman , Trustee	1 0	Х						0	0	0	
Martha A Heinze , Trustee	1 0	Х						0	0	0	
Pamela Gaary Holran , Trustee	1 0	Х						0	0	0	
George M Jenkins Jr , Executive Committee	2 0	Х						0	0	0	
Harold N Kamıne , Trustee	1 0	Х						0	0	0	
Jefferson W Kırby , Executive Committee	2 0	Х						0	0	0	
Nancy J Kuenstner , Trustee	1 0	Х						0	0	0	
Barbara Levy , Executive Committee	2 0	Х						0	0	0	
Nancy Brennan Lund , Vice Chair	3 0	Х						0	0	0	
Elisabeth H MacDonald , Executive Committee	2 0	Х						0	0	0	
Bruce Maggin , Trustee	10	Х						0	0	0	
Douglas R Marvın , Trustee	1 0	Х						0	0	0	
Angel L Mendez , Trustee	1 0	Х						0	0	0	
Mıchael H Moskow , Trustee	1 0	Х						0	0	0	
Stephen D Pryor , Trustee	1 0	Х						0	0	0	
J B Reilly , Trustee	1 0	Х						0	0	0	
David M Roth , Executive Committee	2 0	Х						0	0	0	
George F Rubin , Executive Committee	2 0	Х						0	0	0	
Alma R Scott-Buczak , Trustee	1 0	Х						0	0	0	

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Ada										
	(B) Average hours per week	(C) Position (check all that apply)								(F)
<b>(A)</b> Name and Title		Individual Trustee or Director	Institutional Trustee	Officei	Kej emplojee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
Robert E Sell , Trustee	1 0	Х						0	0	0
J Peter Sımon , Executive Committee	2 0	Х						0	0	0
Sylvia Daniels Weaver , Trustee	1 0	Х						0	0	0
Daniel H Weiss , President & Trustee	65 0	Х		Х				423,110	0	208,324
Mitchell L Wein , VP, Finance & Administration	55 0			х				258,066	0	47,447
Wendy L Hill , Provost	55 0			Х				244,765	0	68,030
James W Dicker , VP Development Coll Relations	55 0			х				196,837	0	55,763
Leslie F Muhlfelder , Gen Counsel/VP Human Resources	55 0			x				190,965	0	40,672
James F Krıvoskı , VP Student Affaırs	55 0			Х				165,398	0	63,113
Shirley M Ramirez , VP Inst Planning Community	55 0			x				0	0	0
Roberto Noya , Dean of Enrollment Svcs	55 0				Х			167,755	0	38,088
Paul Zımmerman , Associate VP & Controller	45 0				х			156,116	0	34,208
Francis B O'Hanlon , Head Men's Basketball Coach	55 0					Х		198,541	0	41,608
William M Crain , Simon Professor	45 0					Х		185,882	0	37,497
Bruce A Murphy , Kırby Professor	45 0					Х		178,913	0	38,163
Arnold A Offner , Hugel Professor	45 0					Х		172,498	0	37,362
Frank A Tavanı , Head Football Coach	55 0					Х		166,265	0	35,835
June Schlueter , Dana Professor/Former Provost	45 0						х	101,694	0	28,331

#### Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
a TUITION AND FEES	900,099	86,040,568	86,040,568		
<b>b</b> AUXILIARY SERVICES	900,099	20,040,686	20,040,686		
c ATHLETICS/SPORTS NETWORK	900,099	1,133,651	1,133,651		
d JOHN HOPKINS CTY	900,099	677,013	677,013		
e SUMMER DINING SERVICES	900,099	463,332	463,332		

#### Form 990, Part III, Line 1 - Briefly describe the organization's mission:

MISSION STATEMENT AS APPROVED 5/28/83 BY THE BOARD OF TRUSTEES: In an environment that fosters the free exchange of ideas, Lafayette College seeks to nurture the inquiring mind and to integrate intellectual, social, and personal growth. The college strives to develop students' skills of critical thinking, verbal communication, and quantitative reasoning and their capacity for creative endeavor: it encourages students to examine the traditions of their own culture and those of others, to develop systems of values that include an understanding of personal, social, and professional responsibility, and to regard education as an indispensible, life-long process.