

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



DLN: 93493132022692

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)

OMB No 1545-0047

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

A Fo	rthe 2010 ca	 alendar year, or tax year beg	jinning 07-01-2010 and ending 06-30-20	11		
	eck if applicable	C Name of organization CORPORATION OF HAVERFORD			D Employer	identification number
┌ Add	lress change		COLLEGE		23-6002	304
┌ Nar	ne change	Doing Business As HAVERFORD COLLEGE			E Telephone	number
┌ Inıt	ıal return	Number and street (or P O bo	ex if mail is not delivered to street address)	Room/suite	_ (610)89	6-1248
┌ Ten	mınated	370 Lancaster Avenue	,		(010)03	
┌ Am	ended return	City or town, state or country,	and ZIP + 4		G Gross recei	pts \$ 302,444,578
Г Арр	olication pending	Haverford, PA 190411392				
		F Name and address o	f principal officer	H(a) Tathia	a guar un vatu um fau affi	liates? Yes V No
		Joanne Creighton Interi		in(d) is this	a group recurrior am	nates (Tes (NO
		370 Lancaster Avenue Haverford, PA 190411	392	H(b) Are al	affiliates included	d?
		,,				t (see instructions)
I Tax	x-exempt status	▼ 501(c)(3)) ◀ (insert no)	H(c) Grou	ıp exemption r	number 🗠
J W	ebsite: 🕨 ww	w haverford edu				
K Forn	n of organization	Corporation Trust Asso	ociation Other 🕨	L Year of fo	rmation 1833	M State of legal domicile PA
Pai	rt I Sum	ımary		•		
	1 Briefly d	escribe the organization's m	ission or most significant activities			
			e is committed to providing a liberal arts e	ducation in the	broadest sens	se
<u> </u>						
펄						
E E	Chack th	his how W if the organization	on discontinued its operations or disposed	d of more than 3	F% of its not	accotc
Activities & Governance		,			1 .	
26			verning body (Part VI, line 1a) ers of the governing body (Part VI, line 1		. 3	33
es Es			d in calendar year 2010 (Part V., line 2a)		. 4	
Ĭ					6	1,978
F F			e if necessary)			2,387
-			om Part VIII, column (C), line 12 me from Form 990-T, line 34		7a 7b	1,572,996
	b Net unie	erated business taxable filco	me nom Form 990-1, me 34	D.:ie	or Year	854,506 Current Year
		but and another (Double)	TT 1, 1 h)	Pric		
<u>o</u>		- ,	II, line 1h)	•	14,458,844	17,285,215
Revenu			II, line 2g)		63,187,282	66,204,490
Нэу			lumn (A), lines 3, 4, and 7d)	•	9,803,225	48,757,963
		· · · · · · · · · · · · · · · · · · ·	(A), lines 5, 6d, 8c, 9c, 10c, and 11e) h 11 (must equal Part VIII, column (A), li		99,509	87,371
			· · · · · · · · · · · · · · · · · · ·		87,548,860	132,335,039
			Part IX, column (A), lines 1-3)		17,591,742	19,965,895
	14 Benefi	ts paid to or for members (P	art IX, column (A), line 4)		0	0
.			oloyee benefits (Part IX, column (A), lines	;	45.000.460	47.762.74.4
δ.	5-10)	,			45,993,168	47,762,714
Expenses			t IX, column (A), line 11e)		85,014	63,494
五		ındraısıng expenses (Part IX, colun				
			(A), lines 11a-11d, 11f-24f)		29,718,616	35,041,905
		·	(must equal Part IX, column (A), line 25)		93,388,540	102,834,008
	19 Reven	ue less expenses Subtract	line 18 from line 12	 	-5,839,680	29,501,031
වි කික				_	g of Current 'ear	End of Year
Not Assets or Fund Balances	20 Total a	assets (Part X, line 16) .			543,898,843	598,489,137
A A					147,881,034	150,953,800
žĒ			ract line 21 from line 20		396,017,809	447,535,337
Par	t III Sign	ature Block				
Under	penalties of peledge and belie		amined this return, including accompanying lete. Declaration of preparer (other than offi			
	Tk			21	012-05-11	
Sign	Signa	ature of officer			ate	
Here	_ 1.	ı Ruffın Controller and Assıstant Tr	easurer			
		e or print name and title				
	Print/Type		Preparer's signature	Date	Check if self- employed •	PTIN
Paid	preparer's Firm's nai		I		cimpioyed F	Comple ETAL &
Prepa	l l					Firm's EIN
Use (Only ' "" s add	u.coo .				Phone no 🕨
May t	he IRS discus	ss this return with the prepa	rer shown above? (see instructions) .			⊥ □ Yes □ No
ı ay t	inc inc uiscus	ss and recarn with the prepa	ici shovvi above, (see ilistractions) .			1 100 1 110

4a

(Code

	,
Part III	Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III

) (Expenses \$

Briefly describe the organization's mission

Haverford College is committed to providing a liberal arts education in the broadest sense. This education, based on a rich academic curriculum at its core, is distinguished by a commitment to excellence and a concern for individual growth. Haverford has chosen to remain small and to foster close student/faculty relationships to achieve these objectives. The College's rigorous academic program is flexible in form and content to meet the needs of individual students, and rests on the assumption that the able students who come here will use their capacities fully. Haverford's faculty is noted for its strength in both scholarship and teaching, and its members expect to transmit to students their enthusiasm and high standards. The faculty members are teaching at an undergraduate college of arts and sciences by choice and they expect to learn, as well as to teach, in this close relationship with undergraduates.

2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	'es ▼ No
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	′es √ No

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

 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses

 Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
- Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

65,652,545

Higher Education Instruction (undergraduate liberal arts) academic support and research, 1246 student FTE, 151 1 faculty FTE, 299 degrees conferred in 10/11 The majority of research awards are in the natural sciences Federal funds support 25 grants including 8 ARRA grants, PA state funds support 2 grants, 10 are supported by private foundations. The College supports the balance

including grants of \$

19.950.895) (Revenue \$

- 4b (Code) (Expenses \$ 12,405,661 including grants of \$ 0) (Revenue \$ 15,294,086)

 Higher Education Auxiliary enterprises (dorms, dining center, faculty housing, conference program) The dorms housed 1154 students, 902 were on the board plan
 The College provided 69 spaces for rent to faculty to foster educational interaction with students
 - (Code) (Expenses \$ 11,527,950 including grants of \$ 0) (Revenue \$ 249,264)

Student Services Programs Dean, Registrar, Admissions, Counseling, Career Development, Advising, Health Services, Athletics, Disability Services, Security and other miscellaneous services

4d Other program services (Describe in Schedule O) See also Additional Data for Description
(Expenses \$ 15,000 including grants of \$ 15,000) (Revenue \$ 0)

4e Total program service expenses►\$ 89,601,156

50,680,938)

Part TV	Check	list of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 💋 🔒 .	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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or 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	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
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	Yes	
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasiendowments? If "Yes," complete Schedule D, Part V^{\bullet}	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school 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 United States?	14a		No
b	service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	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 U S ? If "Yes," complete Schedule F, Parts II and IV	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 U S ? If "Yes," complete Schedule F, Parts III and IV .	16	Yes	
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 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, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? 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 lines 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
	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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
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
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		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	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M			
21	conservation contributions in res, complete schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30 31	Yes	No
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,		Yes	No No
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	Yes	
32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	Yes	No
32 33	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31 32 33	Yes	No No
32 33 34 35	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31 32 33 34	Yes	No No
32 33 34 35	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31 32 33 34	Yes	No No
32 33 34 35 a	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31 32 33 34 35	Yes	No No No
32 33 34 35 a	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31 32 33 34 35 36 37 38	Yes	No No No No

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V		. [
			Yes	No
a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 1,994			
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 to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
1	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
1	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country ►			
l	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
ı	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
3	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
=	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
F	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
1	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		No
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
;	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states			
c	In which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13b 13c			
a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		NI z
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		No
_	2	TU	. '	

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for Part VI a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI										. [▽	-
---	--	--	--	--	--	--	--	--	--	------	---

_Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
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?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? \cdot \cdot	7b		Νo
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	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
	ction B. Policies (This Section B requests information about policies not required by the Internal venue Code.)			
	venue couc.)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
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?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			
		11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	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	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
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		No
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		
	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed ►AK , AZ , CA , CO , DC , HI , KY , MA , N NY , OH , OK , OR , PA , WA , WI	1D , M1	:,NH,	NJ,
18	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
- 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 🕨 20 Kathı L Ruffın

370 Lancaster Ave Haverford, PA 190411392

<u>Part VIII</u> 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 Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization nor any related organization compensated any current officer, director,										ee
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)				(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation		
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
See Additional Data Table										

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

	(A) Name and Title									Reportable		(F) Estima	ated
		per week (describe hours for related organizations in Schedule O)	Highest compendoyee Key employee Office Institutional for director		Former	from the organization (W-2/1099-MISC)	from related organizations (W- 2/1099- MISC)		amount o compens from t organizati relati organiza	sation the ion and ed			
See A	vddıtıonal Data Table												
								<u> </u>					
1b c	Sub-Total	to Part VII. Sec					<u>· ·</u>	•					
d								-	2,318,175		0	4	184,430
2	Total number of individuals (incl \$100,000 in reportable compen					ted	above) who	received more tha	n	'		
												Yes	No
3	Did the organization list any for on line 1a? <i>If</i> "Yes," complete Sch					ey e •	mploy •	ee, o	r highest compensa	ated employee	3		No
4	For any individual listed on line : organization and related organization individual	ations greater tl									4	Yes	
5	Did any person listed on line 1a services rendered to the organiz										5		No
	action D. Indonesia Con												

Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
Dechert LLC P O Box 7247-6643 Philadelphia, PA 191706643	Legal	467,519
Tod Williams Billie Tsien Architects LLP 222 Central Park South New York, NY 10019	Architect	2,033,795
W S Cumby Inc 938 Lincoln Avenue Springfield, PA 19064	Construction	641,998
GSM Gooding Simpson Mackes Inc 345 South Reading Road Ephrata, PA 175220476	Construction , Roofing	245,178
BSI Brendan Stanton Inc 416 Stump Road Montgomeryville, PA 18936	Contractor HVAC	200,765
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►22) who received more than	

Form 9 Part							Pa	ge 9
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants similar amounts not included above Noncash contributions included in li	. 1c . 1d . 1e . and 1f . nes 1a-1f \$	0 0 0 2,499,336 14,785,879 1,376,386	17,285,215			
	ь	Tuition and fees Auxiliary enterprises		Business Code 611310 900099	50,570,175 15,294,086		501,181	
Program Service Revenue		All other program service rev			340,229	247,465	0	92,764
	3	Total. Add lines 2a-2f Investment income (includin and other similar amounts) Income from investment of tax-excessions	g dividends, interest empt bond proceeds	(II) Personal	7,913,244 27,573	0	0	
	b c	Gross Rents Less rental expenses Rental income or (loss) Net rental income or (loss)	(I) Real 25,981 0 25,981	0 0	25,981	0	0	25,981
	b	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss)	(I) Securities 174,751,112 148,873,843 25,877,269	(II) O ther 34,934,007 19,994,130 14,939,877				
Other Revenue	8a	Net gain or (loss) Gross income from fundraisii (not including \$ 0 of contributions reported on See Part IV, line 18	ng events		40,817,146	0	0	40,817,146
Othe	c 9a b		ctivities See Part IV, line 19 . a	D				
	10a	Gross sales of inventory, les returns and allowances . Less cost of goods sold . Net income or (loss) from sa	a . b	1,283,158 1,241,566	41,592	0	0	41,592
	11a b	Miscellaneous Revenue Quaker Library Summer Camp Provost Discretionary		Business Code 611310 900099 900099	4,298 11,500 4,000	4,298 11,500 4,000	0) (
	e ·	All other revenue Total. Add lines 11a-11d . Total revenue. See Instruction	• • • • •		19,798 132,335,039		1,572,996	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

_ A	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).							
Do no	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21 $$	15,000	15,000		· ·			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	19,406,240	19,406,240					
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	544,655	544,655					
4	Benefits paid to or for members	0	0					
5	Compensation of current officers, directors, trustees, and key employees	1,896,236	840,818	624,987	430,431			
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	0	0	0			
7	Other salaries and wages	33,671,140	26,005,951	5,807,720	1,857,469			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,276,167	2,489,887	589,710	196,570			
9	Other employee benefits	6,330,539	4,811,210	1,139,497	379,832			
10	Payroll taxes	2,588,632	1,967,360	465,954	155,318			
а	Fees for services (non-employees) Management	0	0	0	0			
b	Legal	494,957	0	463,605	31,352			
c	Accounting	141,567	0	141,567	0			
d	Lobbying	0	0	0	0			
е	Professional fundraising services See Part IV, line 17	63,494			63,494			
f	Investment management fees	1,985,548	0	1,985,548				
g	Other	3,869,427	2,506,861	1,175,027	187,539			
12	Advertising and promotion	129,192	74,264	54,928	0			
13	Office expenses	3,144,719	1,693,549	1,203,558	247,612			
14	Information technology	1,101,572	869,737	153,575	78,260			
15	Royalties	0	0	0	0			
16	Occupancy	3,137,252	2,427,987	566,442	142,823			
17	Travel	1,767,651	1,407,092	159,012	201,547			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0			
19	Conferences, conventions, and meetings	0	0	0	0			
20	Interest	5,493,462	4,625,176	581,752	286,534			
21	Payments to affiliates	0	0	0	0			
22	Depreciation, depletion, and amortization	6,821,617	6,364,745	306,104	150,768			
23	Insurance	343,808	292,237	34,381	17,190			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)							
а	Minor equipment, auto	1,329,100	832,040	476,936	20,124			
b	Study away program expenses	2,126,084	2,126,084	0	0			
С	Food services	1,874,505	1,503,001	305,245	66,259			
d	Dues,subscriptions,memberships	1,271,380	1,146,599	71,641	53,140			
e	Reallocate Facilities and Security	0	7,650,663	-8,046,624	395,961			
f	All other expenses	10,064	0	10,064	0			
25	Total functional expenses. Add lines 1 through 24f	102,834,008	89,601,156	8,270,629	4,962,223			
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				m 990 (2010)			

Pa	rt X	Balance Sheet					
					(A)		(B)
					Beginning of year		End of year
	1	Cash—non-interest-bearing			0	1	0
	2	Savings and temporary cash investments		21,653,515	2	35,101,529	
	3	Pledges and grants receivable, net		7,073,491	3	15,675,863	
	4	Accounts receivable, net			946,504	4	1,537,328
	5	Receivables from current and former officers, directors, trustee highest compensated employees Complete Part II of	employees, and				
		Schedule L			473,287	5	799,622
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$, and contributing e sponsoring organizations of section $501(c)(9)$ voluntary emploorganizations (see instructions)	mploy	ers, and			
ste		Schedule L			0	6	0
Assets	7	Notes and loans receivable, net			0	7	0
¥	8	Inventories for sale or use			376,716	8	381,144
	9	9 Prepaid expenses and deferred charges				9	334,512
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	221,199,034			
	b	Less accumulated depreciation	10b	99,043,123	122,645,431	10c	122,155,911
	11	Investments—publicly traded securities			96,385,379	11	83,723,892
	12	Investments—other securities See Part IV, line 11			272,935,927	12	320,970,372
	13	Investments—program-related See Part IV, line 11			2,265,336	13	2,070,121
	14					14	0
	15	Other assets See Part IV, line 11			18,577,968	15	15,738,843
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			543,898,843	16	598,489,137
	17	Accounts payable and accrued expenses .			4,416,572	17	4,461,442
	18	Grants payable				18	
	19	Deferred revenue			2,619,686	19	3,029,690
_	20	Tax-exempt bond liabilities			117,962,900	20	123,649,549
Se.	21	Escrow or custodial account liability Complete Part IV of Schedu	le D		0	21	0
bilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Lial		persons Complete Part II of Schedule L			0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	s .		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties			0	24	0
	25	Other liabilities Complete Part X of Schedule D			22,881,876	25	19,813,119
	26	Total liabilities. Add lines 17 through 25			147,881,034	26	150,953,800
- 5		Organizations that follow SFAS 117, check here ▶	plete	lines 27			_
Balances		through 29, and lines 33 and 34.					
lan	27	Unrestricted net assets			149,218,524		155,853,095
Ba	28	Temporarily restricted net assets			91,400,363	28	121,250,805
Fund	29	Permanently restricted net assets			155,398,922	29	170,431,437
Fu		Organizations that do not follow SFAS 117, check here ▶ a a	nd cor	nplete			
ě		lines 30 through 34.					
ets.	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other for	unas		300 017 000	32	447 E2E 227
Net	33	Total net assets or fund balances			396,017,809	33	447,535,337
	34	Total liabilities and net assets/fund balances			543,898,843	34	598,489,137

Pal	Check if Schedule O contains a response to any question in this Part XI			. [~	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		132.3	335,03
2	Total expenses (must equal Part IX, column (A), line 25)	2			34,00
3	Revenue less expenses Subtract line 2 from line 1	3		29,5	501,03
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		396,0	17,80
5	Other changes in net assets or fund balances (explain in Schedule O)	5		22,0	016,49
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		447,5	535,33
Par	Time Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII		•		
1	Accounting method used to prepare the Form 990			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?	[2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2 c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separated basis	ssued			
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? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b	Yes	

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493132022692

OMB No 1545-0047

Open to Public Inspection

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization CORPORATION OF HAVERFORD COLLEGE

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section

Public Charity Status and Public Support

4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Employer identification number

23-6002304

	rt I			blic Charity Stat						structions	
he o	organı	zatıon ıs	not a privat	e foundation becaus	eıtıs (Forl	ines 1 throu	gh 11, check	only one bo	x)		
1	Γ	A chur	ch, conventi	on of churches, or as	ssociation of	churches de	escribed in se	ection 170(b)(1)(A)(i).		
2	굣	A scho	ol described	I in section 170(b)(1)(A)(ii). (At	tach Schedu	le E)				
3	Γ	A hosp	ıtal or a coo	perative hospital sei	rvice organiz	atıon descrıl	bed in sectio	n 170(b)(1)	(A)(iii).		
4	Γ			n organization operat ty, and state	ed in conjun	ction with a l	hospital desc	cribed in sec	tion 170(b)(1	L)(A)(iii). En	ter the
5	Γ	An orga	anızatıon op	erated for the benefit	of a college	or universit	y owned or o	perated by a	government	al unit descr	ıbed ın
		sect ion	170(b)(1)(A)(iv). (Complete P	art II)						
6	Γ	A feder	al, state, or	local government or	government	al unit desci	nbed in secti	on 170(b)(1)(A)(v).		
7	Γ	describ	ed in	at normally receives		l part of its s	support from	a governme	ntal unit or fr	om the gener	ral public
	_			A)(vi) (Complete P							
8	<u> </u>			described in section							
9	ı	_		at normally receives							_
		•		ities related to its ex	•				• •		
		-	_	oss investment inco				-		ax) from bus	inesses
		acquire	ed by the org	janization after June	30,1975 S	ee section 5	09(a)(2). (C	omplete Par	tIII)		
10	Γ	An orga	anızatıon org	ganized and operated	lexclusively	to test for p	ublic safety	See section	509(a)(4).		
11	Γ			ganized and operated							
		one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check									
		the box that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type II c Type III - Functionally integrated d Type III - Other									
e	\vdash			ox, I certify that the							
-	'			on managers and oth							
			509(a)(2)				,				(/(- /
f				received a written de	etermination	from the IRS	Sthat it is a 1	Гуре I, Туре	II or Type I	II supportinç	g organizatio <u>n,</u>
_			this box	1006 haa tha annan							I
g			Nugust 17, 2 ng persons?	2006, has the organi	zation accep	ted any giπ	or contribution	on from any	ortne		
				rectly or indirectly c	ontrols, eithe	er alone or to	gether with p	oersons des	cribed in (ii)		Yes No
				governing body of th						11g(i	
				er of a person descril		_				11g(i	
				led entity of a persoi			bove?			11g(i	
h				ng information about						[5(-	
							(-,				
				(iii)	(iv)						
				Type of	Is the	2	(v)		(vi)	_	
	(i)		(ii)	organization (described on	organızatı		Dıd you not organızatı		Is the organizati		(vii)
	Name suppo		(ii) EIN	lines 1- 9 above	col (ı) lıst		col (i) of		col (i) orga		A mount of
		or IRC section document? Support Support									
	-	(see						ļ			
				instructions))	Yes	No	Yes	No	Yes	No	
							1	I			

Total

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1) (A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

S	ection A. Public Support		and to quanty t			out complete	
	endar year (or fiscal year beginning						
Care	in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual						
	grants ")						
2	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its						
_	behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public Support. Subtract line 5 from						
Ū	line 4						
S	ection B. Total Support		<u> </u>	I I.			
	endar year (or fiscal year beginning						
	ın) >	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	A mounts from line 4						
8	Gross income from interest,						
Ū	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support (Add lines 7						
	through 10)					<u> </u>	
12	Gross receipts from related activiti	es, etc (See inst	ructions)			12	
13	First Five Years If the Form 990 is t	for the organizati	on's first, second	, thırd, fourth, or	fifth tax year as a	501(c)(3) organı	
	check this box and stop here						►
	-tiC Ct-tiC D-l	L'a Carana at B					
<u> </u>	ection C. Computation of Pub Public Support Percentage for 2010			11 column (f))			
	· ·		•	II Column (1))		14	
15	Public Support Percentage for 2009	Schedule A, Pa	rt II, line 14			15	
16a	33 1/3% support test—2010. If the				line 14 is 33 1/3%	or more, check	
_	and stop here. The organization qua						▶ □
b	33 1/3% support test—2009. If the				5a, and line 15 is 3	33 1/3% or more,	- -
	box and stop here. The organization				45.46		►
1/a	10%-facts-and-circumstances test-						
	is 10% or more, and if the organization made						rt a d
	in Part IV how the organization mee	ts the "racts and	circumstances"	test ine organiz	ration qualifies as	a publicly suppo	
L	organization	_2000 If+ba a	anization did not	chack a hay an l	no 12 165 166 -	r 17a and line	► □
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ						
	Explain in Part IV how the organization						v
	supported organization	aon meets the 10	acts and circuilis	tances test fill	z organizacion qual	mes as a publici	y ▶[¯
18	Private Foundation If the organizati	on did not check	a box on line 13	. 16a. 16b. 17a o	r 17b, check this	box and see	- 1
	instructions	on ala not check	a box on fine 15	, 100, 100, 1700	I by check tills	SON GING SCC	▶ □

organization

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total in) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f)) 15 16 Public support percentage from 2009 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f)) 17 **17** Investment income percentage from 2009 Schedule A, Part III, line 17 18 18 19a 33 1/3% support tests—2010. 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

33 1/3% support tests-2009. 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

▶□

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule A (Form 990 or 990-EZ) 2010

DLN: 93493132022692

OMB No 1545-0047

Open to Public

SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

ıema	Revenue Service F Attach to Fo	orm 990. F See separate instructions.			Tushec	3011
	me of the organization PORATION OF HAVERFORD COLLEGE		-	loyer identificati	ion numbe	er
Pa	rt I Organizations Maintaining Donor Ac		_	or Accounts.	Comple	te if the
	organization answered "Yes" to Form 99					
_		(a) Donor advised funds	(b) Funds and oth	ner accou	
L	Total number at end of year	1				1
2	Aggregate contributions to (during year)	0				0
3	Aggregate grants from (during year)	0				15,000
.	Aggregate value at end of year	19,796				302,478
5	Did the organization inform all donors and donor advifunds are the organization's property, subject to the	organization's exclusive legal control?			✓ Yes	┌ No
5	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit				∀ Yes	┌ No
Pai	t II Conservation Easements. Complete	ıf the organization answered "Yes" to	Forn	າ 990, Part IV,	lıne 7.	
L 2	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a quality easement on the last day of the tax year	on or pleasure) Preservation of an Preservation of a c	ertified	d historic structi		a
	easement on the last day of the tax year	Γ		Held at the E	nd of the	Year
а	Total number of conservation easements	2a	ricia at the E	ila or the	. reur	
ь	Total acreage restricted by conservation easements	2b				
c	Number of conservation easements on a certified his	2c				
d	Number of conservation easements included in (c) ac	2d				
3	Number of conservation easements modified, transfe the taxable year -		d by th	e organization di	uring	
1	Number of states where property subject to conserva					
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		lling of	violations, and	┌ Yes	┌ No
5	Staff and volunteer hours devoted to monitoring, insp					
7	A mount of expenses incurred in monitoring, inspecti	-		; the year ► \$		
3	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	2(d) above satisfy the requirements of sec	tion		┌ Yes	┌ No
•	In Part XIV, describe how the organization reports contained sheet, and include, if applicable, the text of the organization's accounting for conservation easen	the footnote to the organization's financial nents	staten	nents that descri	bes	
ar	Complete if the organization answered "		or Oth	ner Similar A	ssets.	
la	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or research	h in fu			e,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research ir				
	(i) Revenues included in Form 990, Part VIII, line 1			► \$		20,196
	(ii) Assets included in Form 990, Part X			► \$		— — 43,610
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFA:		r finan			
а	Revenues included in Form 990, Part VIII, line 1	-		► \$		0
_				- +		
_	Assets included in Form 990, Part X			F-\$		

Par	t 🚻 Organizations Maintaining Co	llections of Art	, His	toric	al Tre	asures, or	Othe	r Similar	Ass	ets (co	ntinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of th	ne follo	_	_			llectio	n	
а	Public exhibition		d	Γ	Loan or	exchange pro	grams	5			
b	✓ Scholarly research		e	Γ	Other						
С	▼ Preservation for future generations										
4	Provide a description of the organization's co Part XIV	ollections and expla	ın hov	w they	further t	the organization	on's e	xempt purpo	se in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t							nılar	Г	Yes	✓ No
Par	rt IV Escrow and Custodial Arrang Part IV, line 9, or reported an an						ed "\	es" to For	m 99	0,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	dıary	forco	ontributio	ons or other as	sets	not	اح	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ving ta	ble						
									Amo		
С	Beginning balance						1c				114,049
d	Additions during the year						1d			4	96,351
е	Distributions during the year						1e			4	14,048
f	Ending balance	ng balance					1f			4	96,352
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?							Yes	√ No
	If "Yes," explain the arrangement in Part XIV										
Pa	rt V Endowment Funds. Complete	f the organization	ans	were	d "Yes"	to Form 990), Pa	rt IV, lıne (d)Three Yea	\rc		
		(a)Current Year	(b	Prior \	/ear	(c)Two Years B	ack	Back	115	(e) Four Y	ears Back
1a	Beginning of year balance	355,500,298		336,	.085,820	521,307					
b	Contributions	6,865,272		5,	451,420	10,637	,065				
С	Investment earnings or losses	61,484,887			178,648	-170,364	·				
d	Grants or scholarships	3,708,640		3,	.402,225	4,977					
e	Other expenditures for facilities and programs	14,633,057			473,951	19,515					
f	Administrative expenses	2,779,091			339,414	1,001	,130				
g	End of year balance	402,729,669		355,	500,298	336,085	,820				
2	Provide the estimated percentage of the yea	r end balance held a	ıs								
а	Board designated or quasi-endowment 🕨	35 %									
b	Permanent endowment 🕨 40 %										
С	Term endowment ► 25 %										
За	Are there endowment funds not in the posses	ssion of the organiza	tion	that a	re held a	nd admınıster	ed for	the			
	organization by							ı	- (°)	Yes	No
	(i) unrelated organizations								3a(i) 3a(ii)		No No
ь	(ii) related organizations				 .le R?		•	[3b	<u>' </u>	140
4	Describe in Part XIV the intended uses of th	· ·						[<u></u>
Pai	rt VI Investments—Land, Buildings), Part X, line	e 10.				
	Description of investment				Cost or oth (investme			(c) Accumul depreciati		(d) Bo	ok value
1a	Land					0 4,2	13,432				4,213,432
b	Buildings					0 177,8	54,720	76,77	2,531	10	1,082,189
С	Leasehold improvements					0	0		0		0
d	Equipment					0 21,14	19,271	16,25	8,863		4,890,408
е	Other					0 17,98	' ' 		1		1,969,882

122,155,911

Part VII Investments—Other Securities. See I	Form 990, Part X, line 12		
(a) Description of security or category (including name of security)	(b) Book value		od of valuation f-year market value
(1)Financial derivatives	0		•
(2)Closely-held equity interests	0		
(3)Other			_
(A) Common Trusts & sımılar funds	156,808,170		F_
(B) Hedge Funds	23,251,624		F
			_
(C) Venture Capital & private equity funds	108,712,215		F_
(D) Real estate funds	30,263,583		F
	4 004 700		_
(E) Miscellaneous funds	1,934,780		F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	320,970,372		
Part VIII Investments—Program Related. See	Form 990, Part X, line 1		
(a) Description of investment type	(b) Book value		od of valuation f-year market value
(1) Student loans recievable	875,884	00010101101	C
(2) Employee mortgages	1,194,237		C
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	2,070,121		
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip			(b) Book value
(1) Accrued income receivable			1,357,219
(2) Funds held in trust by others			3,203,356
(3) Bond proceeds held in trust			11,177,268
(4) Other assets			1,000
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15		<u> </u>	15,738,843
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	(b) A mount		
Federal Income Taxes	(b) Amount		
	9 961 060		
Interest rate swaption liability Planned giving liabilities	8,861,069 8,995,997		
Advances from US Government	747,542		
Refundable advance	588,901		
Asbestos ARO liability	610,611		
Accrued postretirement liability	8,999		
	- /		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	19,813,119		

Jene	adic D (1 01111 350) 2010		raye -r
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	132,335,039
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	102,834,008
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	29,501,031
4	Net unrealized gains (losses) on investments	4	12,837,417
5	Donated services and use of facilities	5	0
6	Investment expenses	6	1,985,548
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV)	8	7,193,532
9	Total adjustments (net) Add lines 4 - 8	9	22,016,497
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	51,517,528
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	134,641,265
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	21,750,207
3	Subtract line 2e from line 1	3	112,891,058
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 0		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4 c	19,443,981
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	132,335,039
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	83,123,793
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	-17,709,667
3	Subtract line 2e from line 1	3	100,833,460
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 1,985,548		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4c	2,000,548
5	Total expenses Add lines 3 and 4c (This should equal Form 990, Part I, line 18)	5	102834008

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
SchD_P03_S00_L04	Schedule D, Part III, Line 4	Special collections of art and historical treasures serve to advance scholarship and to further teaching, research and service Special collections range from Quaker collections to college archives to rare manuscripts to fine art assets. The Quaker collection consists of manuscripts, as well as numerous photographs, artworks, artifacts, furniture, and films. The College archives include records, publications and artifacts produced by offices, committees, and student groups. Rare books and manuscript collections strengths include American and English literature, history and politics. Today, the collection of fine art encompasses three areas. material in support of the College curricula, material that documents the College's history and material that documents the history of Quakerism.
SchD_P04_S00_L01b	Schedule D, Part IV, Line 1b	The College is trustee of the William Maul Measey Trust. The College is entitled to 60% of the gross income of the Trust and includes 60% of the Trust assets in its financial statements and Form 990. The remaining 40% of the gross income is distributed to certain secondary schools for student financial and The 40% of Trust principal at June 30,2011 was \$23,433,000. The 40% of Trust income distributable to the schools is reported in Lines 1c-f. The secondary schools that currently receive trust income are George School, Westtown School, Scattergood Friends School and Olney Friends School
SchD_P05_S00_L04	Schedule D, Part V, Line 4	The College spends a prudent amount of its endowment annually to support the educational mission of the College in accordance with donor restrictions and internal designations
SchD_P10_S00_L02	Schedule D, Part X, Line 2	The College evaluated how uncertain tax positions taken or expected to be taken in a tax return should be recognized, measured, presented and disclosed in the financial statements No adjustments to the financial statements were required as a result of the evaluation. The College will continue to monitor and evaluate its unrelated business income activity.
SchD_P11_S00_L08	Schedule D, Part XI, Line 8	Change in contributions receivable \$8,694,626, Loss on bond financing \$(1,489,228), Grants paid from donor advised fund \$15,000, Fixed assets retirements \$(26,922), Miscellaneous \$56
SchD_P12_S00_L02d	Schedule D, Part XII, Line 2d	Change in contributions receivable \$8,694,626, Indirect cost recovery \$438,748, Bookstore expenditures \$1,241,566, Internal Bookstore rent \$54,000, Loss on bond refinancing \$(1,489,228), Fixed assets retirements \$(26,922)
SchD_P12_S00_L04b	Schedule D, Part XII, Line 4b	Financial aid \$19,443,981
SchD_P13_S00_L02d	Schedule D, Part XIII, Line 2d	Financial aid \$(19,443,981), Indirect cost recovery \$438,748, Bookstore expenditures \$1,241,566, Internal Bookstore rent \$54,000
SchD_P13_S00_L04b	Schedule D, Part XIII, Line 4b	Grants paid from donor advised fund to outside organizations \$15,000

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493132022692

OMB No 1545-0047

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Schools

► Attach to Form 990 or Form 990-EZ.

Name of the organization **Employer identification number** CORPORATION OF HAVERFORD COLLEGE 23-6002304 Part I YES NO 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 If you need more space use Part II Yes 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? **4c** 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, use Part II 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? Νo 5g h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain If you need more space, use Part II 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 line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II

Yes

Part II Supplemental Information

Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions)

ldentifier	Return Reference	Explanation
SchE_P01_S00_L03	Schedule E, Part I, Line 3	Such a policy is published in our catalog and other admissions literature. Also, the policy is published in newspapers or on the internet when advertising for employment
SchE_P01_S00_L06	Schedule E, Part I, Line 6	Financial aid or assistance from a governmental agency FWS \$132,574, FSEOG \$144,587, PELL \$817,587, PELL- Smart grant \$68,000, PELL- ACG \$57,425, PHEAA-FWS \$13,450, PHEAA-IAG \$32,660

Schedule E (Form 990 or 990-EZ) 2010

DLN: 93493132022692

OMB No 1545-0047

SCHEDULE F Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,

Department of the Treasury Internal Revenue Service

(Form 990)

Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ See separate instructions.

Inspection

128,325

696,023

9,384

972

Name of the organization CORPORATION OF HAVERFORD COLLEGE

East Asia and the Pacific

Central America and the

East Asia and the Pacific

Greenland)

Europe (including Iceland and

Employer identification number

Scholarships

fees

Study abroad program

Study Abroad program

Employee travel to meet

with educational

					23-6002304				
Pa	General Informatio "Yes" to Form 990, Pa			he United States. C	omplete if the organiz	ation answered			
1	For grantmakers. Does the assistance, the grantees' eligible the grants or assistance?	gibility for the	grants or assi	stance, and the select	ion criteria used to awa				
2	For grantmakers. Describe in Pa United States	rt V the organiz	zation's procedui	res for monitoring the us	e of grant funds outside tl	he			
3 Activites per Region (Use Part V if additional space is needed)									
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	region (by type) (e g ,	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region			
	Middle East and North Africa	0	0	· · · · · · · · · · · · · · · · · · ·	Scholarships	2,188			
	Sub-Saharan Africa	0	0	Program Services	Scholarships	87,529			
	South Asia	0	0	Program Services	Scholarships	144,109			
	Europe (including Iceland and Greenland)	0	0	Program Services	Scholarships	182,504			

0 Program Services

0 Program Services

0 Program Services

0

0

0

Larope (including regiand and	U	'	li allalaisilid	i ive mavemora conege	27,201
Greenland)				employees attended the	
				International Council in	
				London and Paris The	
				primary purpose was to	
				foster greater	
				awareness of Haverford	
				College internationally	
				and promote greater	
				international emphasis	
				in academic and	

				outreach areas of the College	
South Asıa	0	0	Fundraising	Employee travel to meet with alumni who can help further long-term and mutually enriching relationships	4,341

Program Services

				institutions to help	
				further collaboratıve	
				efforts	
Central America and the	0	0	Investments	Endowment foreign	25,969,805

Caribbean				passive investments	
North America (including	0	0	Investments	Endowment foreign	812,654
Canada and Mexico, but not the				passive investments	
United States)					

Canada and Mexico, but not the United States)		passive investments	,

3a Sub-total **b** Total from continuation sheets to Part I c Totals (add lines 3a and 3b) 0 28,084,951

Part	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000									
	(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	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
2	Enter total nur tax-exempt by	mber of recipie the IRS, or fo	nt organizations lis or which the grante	ted above that are e or counsel has pro	recognized as chari ovided a section 50	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . ►		
3	Enter total nur	mber of other o	organizations or en	tities					(Form 990) 2010	

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 Part V ıf addıtıonal space ıs needed.									
(a) Type of grant or assistance	(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)		
Scholarships to foreign students	A frıca	1	2,188	cash payment	0		FMV		
Scholarships to foreign students		2	87,529	cash payment	0		FMV		
Scholarships to foreign students	South Asia	3	144,109	cash payment			FMV		
Scholarships to foreign students	Europe (including Iceland and Greenland)	4	182,504	cash payment	0		FMV		
Scholarships to foreign students	East Asia and the Pacific	3	128,325	cash payment	0		FMV		

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)</i>	<u> </u>	Yes	Γ	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	▽	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	Г	Yes	굣	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	▽	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	া	Yes	Г	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	굣	No

Schedule F (Form 990) 2010

Part V Supplemental Information
Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

ldentifier	Return Reference	Explanation
SchF_P01_S00_L02	Schedule F, Part I, Line 2	The procedures to monitor College scholarships (grant aid) awarded to nonresident aliens are the same procedures as scholarships awarded to citizens of the United States. Haverford College scholarships are based solely on need. Haverford does not have any grant based on merit. Applicants can be asked to file the College Board Profile and the FAFSA. If eligible for federal aid, parent and student personal and business taxes must also be provided. Supplements for businesses and forms for non-custodial parents may also be required based on circumstances. College policy is reviewed in the form of appeals to the Financial Aid Committee made up of the Dean of Admissions, the Dean of the College and the VP of Finance and Administration. Haverford scholarships are credited directly to the student's account for tuition, room, board, fees and other billed charges.

Schedule F (Form 990) 2010

SCHEDULE G

Department of the Treasury

(Form 990 or 990-EZ)

DLN: 93493132022692

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

Open to Public **Inspection**

Internal Revenue Service Name of the organization

Employer identification number

CORPORATION OF HAVERFO	ORD COLLEGE						23-6002304	
Part I Fundraising A	ctivities. Complete	e if the c	rganıza	tion a	answered "Yes"	to Form	n 990, Part IV,	line 17.
1 Indicate whether the orga a	colicitations ns e a written or oral agre n Form 990, Part VII	ement wit or entity entities (e f g th any inc in conne	Inviduction	Solicitation of non Solicitation of gov Special fundraisin al (including officer with professional f ursuant to agreeme	n-goverr vernmen ig event: rs, direc fundraisi ents und	t grants s tors, trustees ing services? ler which the fun	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of utions?) Gross receipts from activity	(or r fundra	mount paid to retained by) aiser listed in col (i)	(vi) A mount paid to (or retained by) organization
Grezenbach Glier and Associates Inc PO Box 88277 Dept A Chicago, IL 606801277	Campaign consultant	TCS	No		0		23,274	-23,274
Plus Delta Partners 5965 El Camino Real Suite 105-488 Carlsbad, CA 92009	Campaign consultant		No		0		40,220	-40,220
Total			.		0		63,494	-63,494
3 List all states in which the licensing AK, AL, AR, AZ, CA, CO, CT, E	DC, FL, GA, HI, IL, KS	, KY, MA,	MD, ME,	MI, N	4N, MS, NC, ND, N	H, NJ, N	IM, NY, OH, OK	OR, PA, RI, SC, TN,

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or r more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.										
			(a) Event #1 (event type)	(b) Event #2	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))				
<u>Ф</u>		_	(event type)	(cromer, pe)	(total number)	+				
Revenue	1 2	Gross receipts Less Charitable								
Д		contributions				4				
	3	Gross income (line 1 minus line 2)								
	4	Cash prizes								
မှာ	5	Non-cash prizes								
Expenses	6	Rent/facility costs								
ă	7	Food and beverages								
Direct	8	Entertainment								
ā	9	Other direct expenses .								
	10	Direct expense summary Add lin	es 4 through 9 ın colum	n (d)						
	11	Net income summary Combine li	nes 3 and 10 ın column	(d)						
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or rep	orted more than				
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))				
	1	Gross revenue								
မ	2	Cash prizes								
Expenses	3	Non-cash prizes								
	4	Rent/facility costs								
Direct	5	Other direct expenses								
	6	Volunteer labor	┌ Yes%	┌ Yes%	│ Yes% │ No					
		Direct expense summary Add lines Net gaming income summary Com								
9 a	Ente	er the state(s) in which the organiza	ation operates gaming ac	ctivities						
b	If"N	No," Explain								
10a	 Wer	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?								
b		res," Explain								

1	Does the organization operate ga	ming activities with nonmember	rs?						
.2		Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity							
	formed to administer charitable g	amıng?	· · · · · · · · · · · · · · · · · · ·						
3	Indicate the percentage of gamin								
а	The organization's facility		13a						
b	An outside facility		13b						
4	Provide the name and address of records	the person who prepares the or	ganization's gaming/special events books and						
	Name 🟲								
	Address •								
5a			om the organization receives gaming						
_			· · · · · · · · · · · · · · · · · · ·						
b			ganization 🟲 \$ and the						
	amount of gaming revenue retaine								
C	If "Yes," enter name and address								
	Name 🟲								
	Address 🟲								
6	Gaming manager information								
	Name ▶								
	Gamıng manager compensation ▶ \$								
	Description of services provided								
	Director/officer	Employee	Independent contractor						
,	Mandatory distributions								
а	Is the organization required unde	r state law to make charitable d	listributions from the gaming proceeds to						
	<u> </u>		Yes No						
b			outed to other exempt organizations or spent						
_	in the organization's own exempt		on for responses to question on Schedule G (see						
ŒΙ	rt IV Complete this part to p instructions.)	rovide additional informatio	on for responses to question on Schedule G (see						
	Identifier	ReturnReference	Explanation						
3ch	G_P01_S00_L02b	Schedule G, Part I, Line 2b	Grenzebach Glier & Associates, Inc and Plus Delta Partners provided professional fundraising consulting services for and on behalf of the College They did not engage in any direct solicitations of contributions for and on behalf of the College and therefore have no custody or control on any College contributions						

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

Schedule I (Form 990)

Department of the Treasury

Internal Revenue Service

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

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

Attach to Form 990

OMB No 1545-0047

2010

DLN: 93493132022692

Open to Public Inspection

Employer identification number Name of the organization CORPORATION OF HAVERFORD COLLEGE 23-6002304 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be 1 (a) Name and address of (c) IRC Code section (d) A mount of cash (a) Description of **(b)** EIN (e) A mount of non-(f) Method of (h) Purpose of grant organization if applicable grant cash valuation non-cash assistance or assistance or government assistance (book, FMV, appraisal, other) 05-0630018 501(c)3 6.000 0 FMV (1) Germantown Friends General support pursuant to the terms School31 West Coulter Street of a donor advised Philadelphia, PA 19144 fund agreement

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

(a)Type of grant or assistance	(b) Number of recipients	(c) 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
(1) Scholarships for Haverford College students	578	18,899,326	0	Cost	
(2) FSEOG grants for Haverford College students	63	176,011	0	Cost	
(3) Internships for Haverford College students	133	506,914	0	Cost	

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

Identifier	Return Reference	Explanation
SchI_P01_S00_L02	Schedule I, Part I, Line 2	Haverford College scholarships are based solely on need Haverford does not have any grant aid based on merit Applicants can be asked to file the College Board Profile and the FAFSA. If eligible for federal aid, parent and student personal and business taxes must also be provided. Supplements for businesses and forms for non-custodial parents may also be required based on circumstances. College policy is reviewed in the form of appeals to the Financial Aid Committee made up of the Dean of Admissions, the Dean of the College, and the VP of Finance and Administration. Haverford scholarships are credited directly to the student's account for tuition, room, board, fees and other billed charges. Supplemental Education Opportunity grants (FSEOG) are awarded based on family contribution. Eligibility is determined by the FAFSA and the regulations determined by the U.S. Department of Education that students who receive Pell Grants be provided FSEOG funds first. Other verification forms may be required if the student is selected including the Verification Statement, parent and student tax returns and non-tax filer statements. FSEOG awards are credited directly to the student's account for tuition, room, board, and other billed charges. FSEOG awards are audited annually by the College's outside auditors in conjuction with the A133 federal funds audit. Student internships are awarded through an application and review process. The internship awards are paid directly to the student. This assistance enables the students to engage in unpaid internships in a variety of domestic and international locations. Some of the areas of studies include Humanities, Global Citizenship, Science and Entrepreneurship.

DLN: 93493132022692

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization	
CORPORATION OF HAVERFORD COLLEGE	

Employer identification number

23-6002304

Pa	rt I Questions Regarding Compensation					
			Yes	Νo		
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items					
	First-class or charter travel Housing allowance or residence for personal use					
	▼ Travel for companions					
	Tax idemnification and gross-up payments Health or social club dues or initiation fees					
	Discretionary spending account Personal services (e g , maid, chauffeur, chef)					
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	1b	Yes			
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes			
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply					
	✓ Compensation committee ✓ Written employment contract					
	☐ Independent compensation consultant ☐ Compensation survey or study					
	Form 990 of other organizations Approval by the board or compensation committee					
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization					
а	Receive a severance payment or change-of-control payment from the organization or a related organization?					
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?					
C	Participate in, or receive payment from, an equity-based compensation arrangement?					
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III					
_	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.					
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of					
а	The organization?	5a		Νo		
b	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, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of					
а	The organization?	6a		Νo		
b	Any related organization?					
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No		
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		No		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9				

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

For each individual whose compensation must be reported 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)(I)-(III) 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-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) Stephen G Emerson	(ı) (ıı)	372,855 0	0	14,070 0	0	113,182 0	500,107 0	(
(2) G Rıchard Wynn	(ı) (ıı)	235,158 0	0 0	0 0	0 0	36,183 0	271,341 0	(
(3) Mıchael Kıefer	(ı) (ıı)	253,989 0	0 0	0 0	0 0	41,007 0	294,996 0	(
(4) Lında Bell	(I) (II)	198,364 0	0 0	0	0 0	50,956 0	249,320 0	(
(5) Jerry Gollub	(ı) (ıı)	197,425 0	0	0	0 0	28,044 0	225,469 0	(
(6) Kımberly Benston	(ı) (ıı)	170,596 0	0	0	0	34,319 0	204,915	(
(7) Curtis Greene	(ı) (ıı)	165,286 0	0	0	0	0	165,286 0	(
(8) Lında Gerstein	(ı) (ıı)	148,115 0	0	0	0	24,425	172,540 0	(
(9) Joseph Spadaro	(ı) (ıı)	146,250 0	0	0	0 0	32,585 0	178,835 0	(
(10) Ashok Gangadean	(ı) (ıı)	143,395 0	0	0	0	30,565 0	173,960 0	(
(11) Martha Denney	(ı) (ıı)	143,167 0	0	0	0	28,770 0	171,937 0	(
(12) Jess Lord	(ı) (ıı)	129,504 0	0	0	0	30,940 0	160,444	(
(13)								
(14)								
(15)								
(16)								

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

Identifier	Return Reference	Explanation
	Part I, Line 1a	TRAVEL FOR COMPANIONS Stephen Emerson President, agreed in his employment contract to spousal travel Haverford College will reimburse the President for reasonable and customary travel expenses when his spouse travels with him on official College business. Travel expenses are reviewed for business purpose and reimbursed according to an accountable plan. Stephen Emerson's spouse is a professor at Haverford College. HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE. Stephen Emerson, President and Linda Bell, Provost, reside on Haverford College's campus free of rent. Martha Denney, Dean of the College, resides on the College's campus at a subsidized rent. Neither travel for companions nor residence for personal use represents taxable compensation to the listed individuals.
	Part I, Line 4	President Stephen Emerson has an arrangement with the College, allowable under the IRS Code, that permits him to tax defer more of his earning than the standard amount he would be allowed to do under the College's 403(b) plan This additional tax deferral was done as a 457(f) Deferred Compensation Agreement

Schedule J (Form 990) 2010

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

DLN: 93493132022692

Open to Public **Inspection**

Internal Revenue Service Name of the organization

Part I Bond Issues

Department of the Treasury

CORPORATION OF HAVERFORD COLLEGE

Employer identification number

23-6002304

No

Χ

Yes

Χ

Χ

Χ

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f)	Description of Purpose	(g) Defeased		(h) On d Behalf of Issuer		(i) Pool financing	
								Yes	No	Yes	No	Yes	No
A	Delaware County Authority	23-1973437	246003LH8	05-08-2008	61,000,000		Cap improvements to College facilities and redemption 2003		X		Х		X
В	Delaware County Authority	23-1973437	246003LX3	04-29-2010	44,944,290		lew dorm and partial refund 008 Bonds		Х		Х		х
c	Delaware County Authority	23-1973437	246003MG9	11-15-2010	45,929,465	Refun	Refund 2000 Bonds		Х		Х		Х
_													
	Postana da												ļ
Pa	t III Proceeds				A		В		С		Τ		
1	A mount of bonds retired		31,35	7.457	_	_			4				
2	A mount of bonds legally defe	ased			,	, 0	, 0			, (<u></u>		
3	Total proceeds of issue				61,00	0,000	44,944,290	45,929,465		5			
4	Gross proceeds in reserve fu	ınds			<u> </u>				<u> </u>		<u></u>		
5	Capitalized interest from pro-	ceeds				0 1,535,278				(
6	Proceeds in refunding escrov	v				0	0			(<u></u>		
7	Issuance costs from proceed	ds			65	1,393	531,618	454.53		154,538	3		
8	Credit enhancement from pro	ceeds				0	0			<u> </u>			
9	Working capital expenditures	from proceeds				0	0			(<u></u>		
10	Capital expenditures from pr	oceeds			6,79	8,560	2,730,419			(,		
11	O ther spent proceeds				<u>'</u>	0	0			24,92	3		
12	O ther unspent proceeds					0	11,146,978				 		
13	Year of substantial completion	on			2009		2011			+			

14

15

16

17

			4		В	(С	I	D
		Yes	No	Yes	No	Yes	No	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?		Х		X		Х		
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		

Were the bonds issued as part of a current refunding issue?

Has the final allocation of proceeds been made?

Were the bonds issued as part of an advance refunding issue?

Does the organization maintain adequate books and records to support the final

No

Χ

Yes

Χ

Χ

Χ

No

Χ

Yes

Х

Χ

Χ

Yes

No

Schedule K (Form 990) 2010

Part III Private Business Use (Continued)

		Α		В		c		I	D
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		Х		×		×		
b	Are there any research agreements that may result in private business use of bond- financed property?		Х		×		×		
С	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?		Х		х		х		
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0 %		0 %		0 %		
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		0 %		0 %		0 %		
6	Total of lines 4 and 5		0 %		0 %		0 %		
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	Х		Х		Х			

Part IV Arbitrage

Pa	THV Arbitrage								
		Α		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?								
			X		X		X		
2	Is the bond issue a variable rate issue?	Х			Х		Х		
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?								
		X			X		X		
ь	Name of provider	Deutsche Ba	nk						
С	Term of hedge		20						
d	Was the hedge superintegrated?		×						
e	Was a hedge terminated?		х						
4a	Were gross proceeds invested in a GIC?		Х		Х		Х		
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?		х		х		х		
6	Did the bond issue qualify for an exception to rebate?	×			Х	Х			

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Ident if ier	Return Reference	Explanation
SchK_P04_S00_L03a		Delaware County Authority Series 2008 Bond issue hedge During 2010-11, UBS terminated the existing hedge by exercising their option to do so on 11/15/10 A new hedge agreement with Deutsche Bank was put into place on 11/15/10

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493132022692

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2010

Open to Public Inspection

CORPORATION OF HAVERFORD COLLEGE							mpioyer i	aent ir ica	tion numbe	er
CONTONATION OF HAVEN OND COLLEGE						2	3-60023	04		
Part I Excess Benefit Tra Complete if the organiza									ne 40h	
1 (a) Name of disc				(b) Desc				i aic v , ii		(c) rected?
									Yes	No
2 Enter the amount of tax impossection 4958			nızatıon managers oı					r • \$ ——		
3 Enter the amount of tax, if any	, on lın	e 2, abo	ve, reimbursed by th	e organization .			🕨	• \$ <u> </u>		
Part II Loans to and/or										
Complete if the organi			d "Yes" on Form 990), Part IV, line 26,	or Forn	n 990-E	Z, Part V (f)	-	<u>a </u>	
(a) Name of interested person and purpose	or fro	oan to om the zation?	(c)O riginal principal amount	(d)Balance due	(e) I defau		Approved by board or committee?		(g) Writi	
	То	From			Yes	No	Yes	No	Yes	No
(1) Mıchael Keıfer Home mortgage		Х	500,000	456,321		No		No	Yes	
(2) Joseph Spadaro Home mortgage		X	320,000	316,535		No		No	Yes	
(3) Lında Bell Home renovation mortgage		x	29,757	26,766		No		No	Yes	
Total	·	·	🕨 \$	799,622		•		•		•
Part IIII Grants or Assista Complete if the organization	nce Be	enefitt	ing Interested		line 2	7	•		•	
(a) Name of interested per			b) Relationship betwe	een interested per			nount of a	rant or tv	pe of assis	stance
(2) 1121110 01 11110100000 point			and the or	ganızatıon		(-)				

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sha organize reven	
	organization			Yes	No
(1) Jennifer Punt	Spouse of officer	110,373	Employee compensation		Νo
(2) Carol Solomon	Spouse of officer	65,700	Employee compensation		No

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier Return Reference Explanation

Schedule L (Form 990 or 990-EZ) 2010

DLN: 93493132022692

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

NonCash Contributions

Internal Revenue Service Name of the organization

Employer identification number

COIL	ORATION OF HAVERTORD COLLEGE	23-6002304						
Pa	Types of Property							
		(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining of amounts		ontribut	ion
1	Art—Works of art	Х	8	43,235	FMV			
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications	Х		1,821	Input at \$1			
5	Clothing and household	l x		2,041	G t			
goo	ds	<u> </u>		2,011	Cost			
7 8	Boats and planes Intellectual property							
9	Securities—Publicly traded	\perp_{x}	85	1,059,622	FM\/			
_	Securities—Closely held	\vdash	0.3	1,039,022	141 V			
10	stock	x	2	266,253	FM∨			
11	Securities—Partnership, LLC, or trust interests .							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—O ther							
18	Collectibles							
19	Food inventory	X	2	301	Cost			
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts .							
25	Archival Other ► (records)	x	11	11	Input at \$1			
26	Other (Equipment)	X	1	1,557				
27	Other►()							
28	Other►()							
29	Number of Forms 8283 received b	y the org	anızatıon durıng the tax yea	ar for contributions				
	for which the organization complete	ed Form 8	3283, Part IV, Donee Ackn	owledgement	29			2
							Yes	No
30a	During the year, did the organization							
	must hold for at least three years f				d to be used			
	for exempt purposes for the entire					30a		No
b	If "Yes," describe the arrangement	in Part I	I					
31	Does the organization have a gift a					31	Yes	
32a	Does the organization hire or use t contributions?		es or related organizations	to solicit, process, or sell	non-cash	32a		No
b	If "Yes," describe in Part II							
33	If the organization did not report re describe in Part II	venues i	n column (c) for a type of p	roperty for which column (a) is checked,			

Page 2

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 Return Reference Explanation

Schedule M (Form 990) 2010

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493132022692

OMB No 1545-0047 2010

> Open to Public Inspection

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Name of the organization CORPORATION OF HAVERFORD COLLEGE **Employer identification number**

23-6002304

Identifier	Return Reference	Explanation
F990_P01_S00_L05	_ ` _ `	The number of employees includes regular faculty, administration and staff, student and temporay summer employees

ldentifier	r Return Reference Explanation					
	Form 990, Part VI, Section A, Line 2	How ard Lutnick, manger, had a business relationship with the following managers. Elon Spar, Stephen Curwiood and Linda Bell				

ldentifier	Return Reference	Explanation
F990_P06_S0A_L06	Section A, Line 6	The Corporation of Haverford College has one class of members who may include any member of the Religious Society of Friends, anyone who has served as President of the College or as a member of the Board of Managers for at least six consecutive years

ldentifier	Return Reference	Explanation
F990_P06_S0A_L07a		The Corporation of Haverford College ("the Corporation") has one class of members who may include any member of the Religious Society of Friends, anyone who has served as President of the College or as a member of the Board of Managers (the Board") for at least six consecutive years. The Corporation formally elects members of the Board, including those nominated by it, by the Board and by the Alumni Association. The Corporation makes any amendments to the bylaws. The Corporation seeks by advice and example to strengthen and enrich Haverford's heritage as a Quaker educational institution. The Board has responsibility for all aspects of the operation and management of the College.

ldentifier	Return Reference	Explanation
F990_P06_S0B_L11b	Section B, Line 11b	The College's Audit Committee reviewed the Form 990 before it was filed. The Form 990 was sent to all Board members before being filed, noting that it was reviewed and approved by the Audit Committee. The Form 990 will be available on the College's website.

ldentifier	Return Reference	Explanation
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	Each year a questionnaire is handed out and sent electronically to Board members, officers and key employees. The President's office tracks and ensures compliance with completing and submitting the conflict of interest questionnaire.

ldentifier	Return Reference	Explanation
F990_P06_S0B_L15	VI, Section B, Line 15	The President's compensation is determined after an annual review by the Board's Committee on Presidential Compensation and Review. The review along with private college executive compensation surveys help determine the President's salary. The President reports to the Board relating to the annual process for determining the compensation of other officers (VP Finance and Administration, VP Institutional Advancement, Provost, Dean of the College, Chief Information Officer and Dean of Admissions). The Committee on Presidential Compensation and Review reports on both of these procedures to the Board in executive session.

ldentifier	Return Reference	Explanation
F990_P06_S0C_L19		The College's financial statements and conflict of interest policy are available to the general public through our website, Guidestar's website and upon request. Currently, the College does not publish our governing documents, however, these are available upon request.

ldentifier	Return Reference	Explanation
F990_P11_S00_L05	XI, Line 5	Net unrealized gains \$12,837,417, Investment expenses \$1,985,548, Change in contributions receivable \$8,694,626, Loss on bond refinancing \$(1,489,228), Grants paid from donor advised fund \$15,000, Fixed asset retirements \$(26,922), Miscellaneous adjustment \$56

Software ID: 10000077
Software Version: v1.00

EIN: 23-6002304

Name: CORPORATION OF HAVERFORD COLLEGE

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours		tion (that a	(che	/)	_		(D) Reportable compensation from the	(E) Reportable compensation	(F) Estimated amount of other compensation
	per week	individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	from the organization and related organizations
James L Boyer Board of Managers	2	Х						0	0	0
Christopher E Dunne Board of Managers	2	х						0	0	0
Martha Brown Bryans	2	Х						0	0	0
Board of Managers Stephen C Curwood	,	Х			\vdash			0	0	0
Board of Managers	2							O .	0	
Jonathan Wood Evans Board of Managers	2	Х						0	0	0
James W Friedman	2	Х						0	0	0
Board of Managers					├				_	
Mıchael B Kım Board of Managers	2	Х						0	0	0
Catherine P Koshland Board of Managers	2	Х						0	0	0
Eugene A Ludwig	_				┢					
Board of Managers	2	Х						0	0	0
Howard W Lutnick Board of Managers	2	х						0	0	0
Irene E McHenry Board of Managers	2	Х						0	0	0
John M Morse Board of Managers	2	Х						0	0	0
Christopher K Norton Board of Managers	2	Х						0	0	0
Carlos A Rodriguez Vidal Board of Managers	2	Х						0	0	0
Christopher T Grant Board of Managers	2	Х						0	0	0
Sheila K Sachs Board of Managers	2	Х						0	0	0
Lawrence G Tınt Board of Managers	2	Х						0	0	0
Allan Richard White III Board of Managers	2	Х						0	0	0
Peter Abramenko Board of Managers	2	Х						0	0	0
Steven M Jaharis Board of Managers	2	Х						0	0	0
Garry W Jenkıns Board of Managers	2	Х						0	0	0
Hunter R Rawlings III Board of Managers	2	Х						0	0	0
Roger B Kafker Board of Managers	2	Х						0	0	0
Jacqueline V Brady Board of Managers	2	Х						0	0	0
Harold E Jordan Board of Managers	2	Х						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours		tion (that a	che		II		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			
Dana Shanler Ladden Board of Managers	2	х						0	0	0
Elizabeth Enloe Board of Managers	2	Х						0	0	0
Anjan K Chatterjee Board of Managers	2	Х						0	0	0
Ann V Satterwaite Board of Managers	2	Х						0	0	0
Elon E Spar Board of Managers	2	Х						0	0	0
Charles G Beever Board of Managers	2	Х						0	0	0
Jennifer C Boal Board of Managers	2	Х						0	0	0
Stephen G Emerson President and Board of Managers	60	Х		х				386,925	0	113,182
G Richard Wynn VP for Finance & Administration	60			х				235,158	0	36,183
Linda Bell Provost	60			×				198,365	0	50,956
Jess Lord Dean of Admissions & Financial Aid	60			Х				129,504	0	30,940
Michael Kiefer VP of Institutional Advancement	60			х				253,989	0	41,007
Martha Denney Dean of the College	60			х				143,167	0	28,770
Joseph Spadaro Chief Information Officer	60			х				146,250	0	32,585
Kimberly Benston Professor	60					Х		170,596	0	34,319
Jerry Gollub Professor	60					Х		197,425	0	28,044
Ashok Gangadean Professor	60					Х		143,395	0	36,565
Linda Gerstein Professor	60					Х		148,115	0	24,425
Curtis Greene Professor	60					Х		165,286	0	27,454

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

01111 DD0, 1 d1	t zzz	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	simones (see disc 1	nistrations,	
4d. Other progra	m services				
(Code) (Expenses \$	15,000	including grants of \$	15,000) (Revenue \$	0)
Hıgher Educatıon	Grants paid from donor advised	d funds to othe	er 501(c)(3) charities (4	charities)	