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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning JUL 1, 2015 and ending JUN 30, 2016

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ termin-ated
- ☐ Amended return
- ☐ Applica-tion pending

C Name of organization
LAFAYETTE COLLEGE

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
730 HIGH STREET, 202 MARKLE HALL

City or town, state or province, country, and ZIP or foreign postal code
EASTON, PA 18042-1779

F Name and address of principal officer: DR. ALISON BYERLY, PRESI
730 HIGH ST, 316 MARKLE HALL, EASTON, PA 18

D Employer identification number
24-0795686

E Telephone number
(610)-330-5136

G Gross receipts $ 524,376,740.

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.LAFAYETTE.EDU

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1826 M State of legal domicile: PA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PROVISION OF EDUCATIONAL SERVICES AS AN ACCREDITED FOUR-YEAR UNDERGRADUATE COLLEGE.		
	2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	35
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	34
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	2440
	6 Total number of volunteers (estimate if necessary)	6	2635
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	91,088.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	-1,236,397.

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	25,830,722.	27,747,289.
	9 Program service revenue (Part VIII, line 2g)	142,900,535.	149,725,635.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	94,779,249.	48,150,680.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,236,602.	1,342,548.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	265,747,108.	226,966,152.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	40,701,327.	40,424,445.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	82,046,645.	85,378,421.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	373,273.	250,792.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 4,647,958.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	69,345,102.	71,211,887.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	192,466,347.	197,265,545.
	19 Revenue less expenses. Subtract line 18 from line 12	73,280,761.	29,700,607.

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	1,194,375,377.	1,169,089,515.
	21 Total liabilities (Part X, line 26)	313,412,510.	312,617,204.
	22 Net assets or fund balances. Subtract line 21 from line 20	880,962,867.	856,472,311.

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SCANNED JUN 14 2017

Part II Signature Block

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

Sign Here
▶ Signature of officer — Date 5/11/17
▶ WILLIAM BUTTZ, CONTROLLER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: KAREN GRIES	Preparer's signature	Date: 5/10/2017	Check ☐ if self-employed	PTIN: P00078514
Firm's name ▶ CLIFTONLARSONALLEN LLP			Firm's EIN ▶ 41-0746749	
Firm's address ▶ 610 W. GERMANTOWN PIKE, STE. 400 PLYMOUTH MEETING, PA 19462			Phone no. 215-643-3900	

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