DLN: 93493161017130 OMB No 1545-0047 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 Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019 D Employer identification number B Check if applicable LAFAYETTE COLLEGE □ Address change ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 730 SULLIVAN ROAD 030 MARQUIS HALL ☐ Amended return ☐ Application pending (610) 330-5136 City or town, state or province, country, and ZIP or foreign postal code EASTON, PA 180421778 G Gross receipts \$ 744,380,446 Name and address of principal officer H(a) Is this a group return for DR ALISON BYERLY ☐Yes **☑**No subordinates? 730 SULLIVAN ROAD 030 MARQUIS HALL H(b) Are all subordinates EASTON, PA 180421778 ☐ Yes ☐No ıncluded? 4947(a)(1) or □ 527 If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW LAFAYETTE EDU L Year of formation 1826 M State of legal domicile PA Summary 1 Briefly describe the organization's mission or most significant activities PROVISION OF EDUCATIONAL SERVICES AS AN ACCREDITED FOUR-YEAR UNDERGRADUATE COLLEGE Activities & Governance 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) . 35 4 34 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 2,596 **6** Total number of volunteers (estimate if necessary) 6 3,511 Total unrelated business revenue from Part VIII, column (C), line 12 -695,518 **b** Net unrelated business taxable income from Form 990-T, line 34 **Current Year Prior Year** 8 Contributions and grants (Part VIII, line 1h) . 33,519,231 31,281,134 Ravenua 165,756,261 174,963,552 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 60,046,272 24,186,162 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 3,543,531 4,250,746 262,865,295 234,681,594 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 47,050,544 52,048,794 **14** Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 89,692,023 94,698,185 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . 250,792 257,388 b Total fundraising expenses (Part IX, column (D), line 25) ▶6,024,308 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 78,357,656 82,791,114 215,351,015 229,795,481 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 . 47,514,280 4,886,113 Net Assets or Fund Balances Beginning of Current Year End of Year 1,376,620,355 1,387,145,011 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 385,773,860 381,363,019 22 Net assets or fund balances Subtract line 21 from line 20 . 995,257,336 1,001,371,151 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 Signature of officer Sign Here CRAIG BECKER ASSOC VP - FINANCE & BUSINESS Type or print name and title Print/Type preparer's name Preparer's signature Check | If 2020-05-11 P00078514 Paid self-employed Firm's name CLIFTONLARSONALLEN LLP Firm's EIN ► 41-0746749 Preparer Use Only Firm's address ▶ 610 W GERMANTOWN PIKE STE 400 Phone no (215) 643-3900 PLYMOUTH MEETING, PA 19462 ✓ Yes □ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2018)

Check If Sched	of Program Servio dule O contains a resp rganization's mission	•			🗸
riefly describe the o		onse or note to	any line in this Part III .	<u></u>	🗸
•	rganization's mission				-
HEDULE O					
والمراجع والمراجع والمراجع المراجع المراجع			aa diimaa kka iiaan iil	arab ways was linked an	
-	, ,		vices during the year wh	nich were not listed on	☐ Yes ☑ No
'					⊥ res ⊻ No
•			changes in how it condu	icts, any program	
_		nake significant	changes in now it condu	icts, any program	□Yes ☑No
	∟ Yes ⊻ No				
escribe the organiza ection 501(c)(3) and	tion's program service d 501(c)(4) organizati	e accomplishmer ons are required	to report the amount o		
Code) (Expenses \$	156,579,645	ıncludıng grants of \$	52,048,794) (Revenue \$	140,908,276)
ee Additional Data					
 Code) (Expenses \$	32,167,000	ıncluding grants of \$	0) (Revenue \$	34,055,276)
ee Addıtıonal Data					
Code) (Expenses \$		including grants of \$) (Revenue \$)
Other program comma	os (Doseriko in Sakad	ula O)			
	•	•	\$) (Revenue \$)
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	"Yes," describe the did the organization of ervices? "Yes," describe the escribe the organization 501(c)(3) and expenses, and revenutions of the expenses and revenutions of the expenses of the expen	"Yes," describe these new services on Scient the organization cease conducting, or nervices?	"Yes," describe these new services on Schedule O and the organization cease conducting, or make significant ervices?	In the organization cease conducting, or make significant changes in how it conductors? "Yes," describe these changes on Schedule O escribe the organization's program service accomplishments for each of its three ection 501(c)(3) and 501(c)(4) organizations are required to report the amount of expenses, and revenue, if any, for each program service reported Code (Expenses \$ 156,579,645 including grants of \$ 200 each Additional Data Code (Expenses \$ 32,167,000 including grants of \$ 200 each Additional Data Code (Expenses \$ including grants of \$ 200 each Additional Data Code (Expenses \$ including grants of \$ 200 each Additional Data Code (Including grant	"Yes," describe these new services on Schedule O Id the organization cease conducting, or make significant changes in how it conducts, any program services?

5	Stocklish of Donning Cohodules			rage J
Par	t IV Checklist 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 2	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	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 2	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? If "Yes," complete Schedule C, Part II	4	Yes	
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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?			No
_	If "Yes," complete Schedule D, Part I	6		
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? 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 2	11d		No
е	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 and XII	12a	Yes	
Ь	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 and XII 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	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? 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 other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
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? If "Yes," complete Schedule G, Part II	18	Yes	
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government 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 or other assistance to or for domestic individuals on Part IX,	22	Yes	

Form	990 (2018)			Page 4
Pai	Checklist of Required Schedules (continued)			
			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 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 through 24d and complete Schedule K If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		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), 501(c)(4), and 501(c)(29) 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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? 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)			
а	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		No
c	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🐒	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that			

No

No

37

38

2,930

1a

Yes

Yes

Form 990 (2018)

	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III
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)

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🔧

Statements Regarding Other IRS Filings and Tax Compliance

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

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

38

Part V

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

7g

7h

8

9a

9h

12a

13a

14a

14b

15

No

No

Form **990** (2018)

10a

10b

11a

11b

12b

13b

13c

If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as

If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form

Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during

9a Did the sponsoring organization make any taxable distributions under section 4966? . . .

Sponsoring organizations maintaining donor advised funds.

a Initiation fees and capital contributions included on Part VIII, line 12 . . .

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a Is the organization licensed to issue qualified health plans in more than one state?

Enter the amount of reserves the organization is required to maintain by the states in

Section 501(c)(29) qualified nonprofit health insurance issuers.

Section 501(c)(7) organizations. Enter

Section 501(c)(12) organizations. Entera Gross income from members or shareholders .

b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Form	990 (2018)			Page 6
Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI	·		lınes 🗹
S	ction A. Governing Body and Management			
			Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year 1a 35			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 34			
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	Did the organization have members or stockholders?	6		No

7a Nο 7h No

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a Yes Each committee with authority to act on behalf of the governing body? 8b Yes 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 Nο Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Nο 10a No 10a Did the organization have local chapters, branches, or affiliates? . . . b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Yes b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to 12b Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in 12c Yes 13 Did the organization have a written whistleblower policy? 13 Yes 14 Did the organization have a written document retention and destruction policy? . 14 Yes 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? a The organization's CEO, Executive Director, or top management official 15a Yes 15b 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 16a No b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt 16b Section C. Disclosure List the States with which a copy of this Form 990 is required to be filed▶ PA Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records 20 ▶CRAIG BECKER 730 SULLIVAN ROAD 030 MARQUIS HALL EASTON, PA 180421798 (610) 330-5957

Form 990 (2018)

101111 330 (2	010)										Page /
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	nploy	ees	, Highest Comp	ensated Employ	ees,
	Check if Schedule O contains a	response or no	te to an	y line	≘ ın t	hıs	Part VI	١.			🗆
Section	A. Officers, Directors, Tru	ıstees, Key E	mploy	ees	, an	d F	lighe	st (Compensated En	nployees	
year .	this table for all persons requir of the organization's current of		·						, ,		•
of compensa	tion Enter -0- in columns (D), (if the organization's current key	E), and (F) if no	compe	nsatı	on w	vas į	paid		- ,,		
• List the who received	organization's five current high direportable compensation (Box and any related organizations	est compensate	d emplo	yees	(oth	ner t	than a	n off	icer, director, truste	e or key employee)	1
• List all o	of the organization's former office compensation from the organization						pensat	ed e	employees who rece	ived more than \$10	0,000
	f the organization's former dir e , more than \$10,000 of reportat										e
compensated	in the following order individual demployees, and former such p	ersons									
☐ Check tl	nis box if neither the organization	n nor any relate	ed organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee	Т
	(A) Name and Title	(B) Average hours per week (list any hours for related	than o	one bo oth a direct	ox, un off tor/t	t cho unles ficer rust	and a	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MI3C)	(W- 2/1099- MISC)	related organizations
See Additiona	al Data Table										

1600 MARKET STREET SUITE 1701 PHILADELPHIA, PA 19130

compensation from the organization ▶ 69

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

Page 8

	(A) Name and Title	(B) Average hours per week (list any hours for related	than c	ne b	ox, u n of	t cha unle: ficer	and a	son	Report compen from organizat	table sation the tion (W	on compensation from related (W- organizations (V		cion amount of oth ced compensation s (W- from the		ated of other sation the
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-	·MISC)		2/1099-MISC	·)	relat organiza	ed
See /	Addıtıonal Data Table														
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											\dagger				
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1b S	ub-Total						 						T		_
	otal from continuation sheets to Parotal (add lines 1b and 1c)						•		F F0	8,442			0		911,537
2	Total number of individuals (including of reportable compensation from the	but not limited	to thos			bove	e) who	rece			\$100		<u>~ </u>		
	<u> </u>													Yes	No
3	Did the organization list any former of line 1a? <i>If "Yes," complete Schedule 3</i>			ee, k	ey e	mpl	oyee,	or hi	ghest comp	ensate	ed e •	mployee on	3		No
4	For any individual listed on line 1a, is organization and related organization individual											:he			
5	Did any person listed on line 1a receivervices rendered to the organization		•			,			_	on or ir	ndıvı •	dual for	5	1	N.
	ction B. Independent Contract	· ·											_ 3		No
1	Complete this table for your five higher from the organization Report comper	est compensate isation for the c										tax year	mper		
		(A) nd business addre								De	escrip	(B) tion of services		Comper	
	ER CONSTRUCTION COMPANY								CC	ONSTRU	JCTIC	ON		38	,509,566
	SPRING GARDEN STREET SUITE 22 DELPHIA, PA 19130														
	APPETIT MANAGEMENT COMPANY								Di	INING S	ERVI	CES		10	,249,473
CHAR	YORKMONT ROAD DLOTTE, NC 28217														
	ALLEY PROPERTIES INC								CC	ONSTRU	JCTIC	ON		4	,019,690
HOPE	ASE HOLLOW ROAD NELL, NJ 08525														
	TE ASSOCIATES INC								CC	ONSTRU	JCTIC	ON		1	,024,782
BOST	ONGRESS STREET DN, MA 02210														
AEGIS	PROPERTY GROUP								co	ONSTRU	ICTIC	N MANAGEMENT			797,293

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

Part		Statement of	Revenue									rage 3
		Check ıf Schedu	le O contains a re	sponse o	r note to any	line in th	nis Part VIII					🗆
							A) revenue	Rela ex fui	(B) ated or empt nction	Unr bus	(C) elated siness venue	(D) Revenue excluded from tax under sections
	1	la Federated campaig	ns 1	a				re	venue			512 - 514
nts ints		b Membership dues	<u> </u>									
Gifts, Grants illar Amounts		c Fundraising events		<u> </u>	36,574							
, (S		d Related organization										
Gif Ilar		e Government grants (c	<u> </u>	<u> </u>	1,142,996							
ns,		f All other contributions		<u>- </u>								
iti S		and similar amounts n above	not included 1	f	30,101,564							
Contributions, Gifts, Grants and Other Similar Amounts		g Noncash contribution in lines 1a - 1f \$		4,279,40	<u>)6</u>							
ತಿ ಕ		h Total. Add lines 1a	-1f		. •	;	31,281,134					
a.					Business	Code						
Ř		a TUITION AND FEES				611710		757,248	138,75			
Service Revenue	ı	b AUXILIARY SERVICES				611710	•	055,276	,	55,276		
ر د	,	athletics/sports ne	TWORK			611710		384,160		34,160		
ξ	•	d CENTER FOR TALENTED	YOUTH			611710		766,868	76	66,868		
Ē	,	e										
Program	1	- f All other program se	ervice revenue									
Ĕ		Total. Add lines 2a-2	2f	•	174,	963,552						
		Investment income (i		s. interes	st. and other	1						
		sımılar amounts) .			•	•	501,78	8			-723,908	1,225,696
		Income from investm		t bond pr		-						
	5	Royalties	(ı) Real) Personal	<u> </u>						
	6	a Gross rents	(I) Real	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	i) reisoliai	+						
			767,6									
		b Less rental expenses	501,:	.28								
		c Rental income or	266,5	512		1						
		(loss)					266,51					266 542
		d Net rental income o	(i) Securities		• ▶	1	200,31					266,512
	7	a Gross amount from sales of assets other than inventory	531,077,6		(II) Other							
		b Less cost or other basis and sales expenses	506,569,8	313	823,44	7						
		C Gain or (loss)	24,507,8	321	-823,44	7						
		d Net gain or (loss)			•	ļ	23,684,37	4				23,684,374
Other Revenue	8	a Gross income from f (not including \$ contributions reporte See Part IV, line 18	36,574 of ed on line 1c)	a	82,751							
3e∨		b Less direct expense		ь —	48,926	⊣						
er		c Net income or (loss)	from fundraising	events	· · •		33,82	5				33,825
Oth	9	a Gross income from o See Part IV, line 19		a								
		b Less direct expense	es	ь								
		c Net income or (loss)	from gaming act	vities .	. •							
	10	aGross sales of invent returns and allowand	tory, less									
				a	1,863,468	:						
		b Less cost of goods	sold	ь	1,755,538							
		c Net income or (loss)					107,93	0			12,390	95,540
	_	Miscellaneous	Revenue	Bus	siness Code		2 226 04	_				2 226 045
	1	1aOTHER REVENUE			90009	9	3,226,94					3,226,945
		b FEES, FINES AND C	OST RECOVERY		90009	9	615,53	4			16,000	599,534
		с										
		d All other revenue .										
		e Total. Add lines 11a	ı–11d		, 		3,842,47	9				
	1	2 Total revenue. See	Instructions .				234,681,59		174,963,552	,	-695,518	29,132,426
							257,001,00	-1	±, ¬,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	090,010	Form 990 (2018)

Form 990 (2018)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all c	columns All other orga	anızatıons must comp	lete column (A)	
Check if Schedule O contains a response or note to an	y line in this Part IX .			🗆
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	101,561	101,561	<u> </u>	
2 Grants and other assistance to domestic individuals See Part IV, line 22	51,902,781	51,902,781		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16	44,452	44,452		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	4,329,059	499,830	3,477,629	351,600
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	68,656,003	56,054,130	9,500,297	3,101,576
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	6,164,845	4,912,785	914,923	337,137
9 Other employee benefits	10,454,895	8,309,513	1,567,703	577,679
10 Payroll taxes	5,093,383	4,058,934	755,907	278,542
11 Fees for services (non-employees)				
a Management				
b Legal	828,032		810,464	17,568
c Accounting	169,921		169,921	
d Lobbying	,		<u> </u>	
e Professional fundraising services See Part IV, line 17	257,388			257,388
-	711,980		711,980	237,300
f Investment management fees		10 226 740		112.447
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	13,241,151	10,236,740	2,891,964	112,447
12 Advertising and promotion	113,562	74,822	38,590	150
13 Office expenses	2,286,458	1,596,748	431,382	258,328
14 Information technology	1,832,042	329,599	1,474,171	28,272
15 Royalties				
16 Occupancy	5,074,379	4,686,890	387,489	
17 Travel	6,421,519	5,428,105	763,591	229,823
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	2,079,287	993,448	637,732	448,107
20 Interest	7,939,247	7,539,387	399,860	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	14,454,463	12,313,479	2,140,984	
23 Insurance	2,228,089	273,850	1,954,239	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a AUXILIARY SERVICES	9,551,679	9,551,679		
b NONOPERATING EXPENSES	4,269,570		4,269,570	
c NON OFFICE SUPPLIES	3,382,692	3,371,369	11,323	
d ALLOCATION OF INDIRECT	0	-682,195	682,195	
e All other expenses	8,207,043	7,148,738	1,032,614	25,691
25 Total functional expenses. Add lines 1 through 24e	229,795,481	188,746,645	35,024,528	6,024,308
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Form **990** (2018)

Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

Page **11**

381,747,925

236,430,239

653,215,405

1,001,371,151

1,387,145,011

Form **990** (2018)

2.769.173

Form 990 (2018)

11

12

13

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31

32

33

34

b Less accumulated depreciation

Investments—publicly traded securities .

Investments—other securities See Part IV, line 11 .

Investments-program-related See Part IV, line 11 .

Capital stock or trust principal, or current funds . . .

Total net assets or fund balances

Total liabilities and net assets/fund balances

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

		Check if Schedule O contains a response or not	e to an	ny line in this Part IX			🗆
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			21,899	1	56,024
	2	Savings and temporary cash investments .		[43,176,338	2	62,579,195
	3	Pledges and grants receivable, net		,	27,901,634	3	24,516,328
	4	Accounts receivable, net		[3,657,780	4	3,834,603
	5	Loans and other receivables from current and for trustees, key employees, and highest compensa Part II of Schedule L	nployees Complete		5		
۷۵	6	Loans and other receivables from other disquality section 4958(f)(1)), persons described in section contributing employers and sponsoring organizations voluntary employees' beneficiary organizations.		6			
ets	7	Notes and loans receivable, net	•			7	
ssets	8	Inventories for sale or use			675,988	8	733,867
⋖	9	Prepaid expenses and deferred charges			2,019,119	9	2,026,942
	10a	Land, buildings, and equipment cost or other	10a	636,815,931			

10b

255,068,006

333,943,493

299,999,312

601,969,323

3,039,704

10c

11

12

13

30

31

32

33

34

995,257,336

1,376,620,355

	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	60,215,765	15	19,235,310
	16	Total assets.Add lines 1 through 15 (must equal line 34)	1,376,620,355	16	1,387,145,011
	17	Accounts payable and accrued expenses	12,445,291	17	20,145,066
	18	Grants payable	1,246,125	18	1,279,224
	19	Deferred revenue	3,525,024	19	2,729,588
	20	Tax-exempt bond liabilities	274,089,871	20	272,340,932
S	21	Escrow or custodial account liability Complete Part IV of Schedule D	3,063,533	21	3,299,596
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
lab		persons Complete Part II of Schedule L		22	
Γ	23	Secured mortgages and notes payable to unrelated third parties	4,088,866	23	4,167,423
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24)	82,904,309	25	81,812,031

Š	21	Escrow or custodial account liability Complete Part IV of Schedule D	3,063,533	21	3,299,596
.iabilitie	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
<u>æ</u>		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	4,088,866	23	4,167,423
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	82,904,309	25	81,812,031
	26	Total liabilities. Add lines 17 through 25	381,363,019	26	385,773,860
	T				

Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 305,159,806 27 28 Temporarily restricted net assets 329,596,462 28

301.029.540 29 Permanently restricted net assets 360,501,068 29

Net Assets or Fund Balances 314,094,534 386.247.077 Organizations that do not follow SFAS 117 (ASC 958), check here

and complete lines 30 through 34.

3b

Yes Form 990 (2018)

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Additional Data

Software ID:

Software Version:

Name: LAFAYETTE COLLEGE

EIN: 24-0795686

Form 990 (2018)

Form 990, Part III, Line 4a:

LAFAYETTE COLLEGE IS A LIBERAL ARTS COLLEGE OFFERING BACHELOR OF ARTS AND BACHELOR OF SCIENCE DEGREES IN FOUR DISCIPLINES IN HUMANITIES. ENGINEERING, NATURAL SCIENCES, AND SOCIAL SCIENCES IN FALL 2018, THE 2,642 FULL-TIME STUDENTS CAME FROM 32 STATES AND 52 COUNTRIES THE STUDENT-TO-FACULTY RATIO AT THE COLLEGE IS APPROXIMATELY 10 TO 1 235 OF THE 239 FULL-TIME FACULTY HOLD A DOCTORATE OR OTHER TERMINAL DEGREE APPROXIMATELY 46% OF THE STUDENTS ATTENDING LAFAYETTE COLLEGE RECEIVE FINANCIAL ASSISTANCE 634 STUDENTS WERE AWARDED AN UNDERGRADUATE DEGREE LAFAYETTE COLLEGE HAS A FOUR-YEAR GRADUATION RATE OF 86% AND SIX-YEAR GRADUATION RATE OF 90% APPROXIMATELY 97% OF THE COLLEGE'S GRADUATES WERE EMPLOYED, IN GRADUATE SCHOOL, OR SECURED INTERNSHIPS WITHIN 6 MONTHS AFTER GRADUATION

AS A RESIDENTIAL COLLEGE, LAFAYETTE STUDENTS COMPLEMENT THEIR ACADEMIC SCHOLARSHIP WITH A MYRIAD OF OPPORTUNITIES TO CONNECT WITH ONE ANOTHER AND LEARN FROM THE LARGE WORLD REPRESENTED ON THE COLLEGE'S CAMPUS AS PART OF THEIR EXPERIENCE AT A RESIDENTIAL COLLEGE, LAFAYETTE

STUDENTS ARE DEEPLY ENGAGED ACADEMICALLY AND HAVE SIGNIFICANT OPPORTUNITIES TO ENGAGE IN A VAST OFFERING OF EXTRACURRICULAR AND CO-CURRICULAR POSSIBILITIES LAFAYETTE COLLEGE OFFERS MORE THAN 250 STUDENT CLUBS AND ORGANIZATIONS, 23 NCAA DIVISION 1 ATHLETIC PROGRAMS, AND NUMEROUS EXPERIENCES IN THE FINE ARTS AND PERFORMING ARTS ALL OF WHICH ARE COMPLEMENTED BY A STRONG STUDENT LIFE PROGRAM THAT ENHANCES THE

Form 990, Part III, Line 4b:

LAFAYETTE EXPERIENCE BEYOND THE CLASSROOM

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless hours per compensation compensation amount of other week (list person is both an officer from the from related compensation from the

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

and Independent Contractors

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EXECUTIVE COMMITTEE

EXECUTIVE COMMITTEE

EXECUTIVE COMMITTEE

EXECUTIVE COMMITTEE

EXECUTIVE COMMITTEE

EXECUTIVE COMMITTEE

ELISABETH H MACDONALD

DONALD E MOREL JR

LEO A HELMERS

JUDSON C LINVILLE

SAMUEL R CHAPIN

	any hours								organizations	from the	
	for related organizations below dotted line)		Institutional Trustee	10	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
ROBERT E SELL CHAIR	5 00	×		×				0	0	0	
LINDA ASSANTE CARRASCO VICE CHAIR	5 00	x		x				0	0	0	
ANGEL L MENDEZ SECRETARY	5 00	×		х				0	0	0	

VICE CHAIR							
ANGEL L MENDEZ	5 00	v	v		0	0	
SECRETARY		_ ^	^		9	0	
JAMES R FISHER	3 00	×			0	0	
EXECUTIVE COMMITTEE		^				Ŭ	
JB REILLY REILLY	3 00						

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(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless compensation hours per compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

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

	ally llours	and a director/trustee/						Organization	organizations	moniture	
	for related organizations below dotted line)		Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
SUSAN L FOX EXECUTIVE COMMITTEE	3 00	x						0	0	0	
BARBARA LEVY EXECUTIVE COMMITTEE	3 00	×						0	0	0	
EDWARD W AHART EXECUTIVE COMMITTEE	3 00	х						0	0	0	
JAMES L BENJAMIN EXECUTIVE COMMITTEE	3 00	x						0	0	0	
1AMES R BIRLE IR	2 00										

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JAMES R BIRLE JR TRUSTEE

HARRY S CHERKEN

ANTONIO F FERNANDEZ

MICHAEL C HEANEY

HAROLD N KAMINE

.......

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

JOHN A FRY

and Independent Contractors

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation amount of other hours per compensation person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the

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

	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
LISA J KASSEL TRUSTEE	2 00	×						0	0	0
JEFFERSON W KIRBY TRUSTEE	2 00	×						0	0	0
NANCY J KUENSTNER TRUSTEE	2 00	×						0	0	0
CLAUDINE D LILIEN TRUSTEE	2 00	x						0	0	0
KEVIN R MANDIA	2 00									

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TRUSTEE
KEVIN R MANDIA
TRUSTEE
D CHRISTIAN MCCUMBER

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TRUSTEE

DAVID A REIF

CYNTHIA Y PAIGE

PAMELA S PASSMAN

S KENT ROCKWELL

..........

and Independent Contractors

and Independent Contractors (A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Estimated Average Reportable hours per than one box, unless compensation compensation amount of other week (list person is both an officer from the from related compensation

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

and a director/trustee)

organization

631,690

539,724

421,352

226,546

209,086

333,037

organizations

0

0

100,766

36,398

48,772

31,470

41,269

76,139

from the

	,							(1)	(1)		
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(Ŵ- 2/1099- MISC)	organization and related organizations	
JOSE A RODRIGUEZ TRUSTEE	2 00	×						0	0	0	
DAVID M ROTH ESQ TRUSTEE	2 00	×						0	0	0	
WYNNE A WHITMAN TRUSTEE	2 00	×						0	0	0	
ALVIN M YEARWOOD TRUSTEE	2 00	×						0	0	0	

ALISON R BYERLY

......

...... VP OF HUMAN RESOURCES & GENERAL COUNSEL

VP OF FINANCE & ADMINISTRATION/TREASURER

VP OF CAMPUS LIFE/SR DIVERSITY OFFICER

VP FOR MARKETING & COMMUNICATIONS

PRESIDENT

JOSEPH S BOHRER

ROGER A DEMARESKI

LESLIE F MUHLFELDER

ANNETTE DIORIO

MARK EYERLY

CHIEF INVESTMENT OFFICER

and Independent Contractors (A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average hours per than one box, unless compensation compensation amount of other week (list person is both an officer from the from related compensation

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

40,482

53,342

	any hours	and	a dır	ecto	or/tr	ustee)	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
JAMES F KRIVOSKI VP & LIAISON TO BOARD OF TRUSTEES	50 00			×				201,621	0	28,768
GREGORY V MACDONALD VP OF ENROLLMENT MANAGEMENT	50 00			x				258,072	0	100,762
JOHN L O'KEEFE VP & CHIEF INFORMATION OFFICER	50 00			×				226,091	0	43,855
KIMBERLY A SPANG VP OF DEVELOPMENT & COLLEGE RELATIONS	50 00			x				328,972	0	59,048
SAIYID A RIZVI PROVOST	50 00			х				361,825	0	47,662
CRAIG BECKER ASSOC VP FOR FINANCE, PLANNING & CAPITAL BUDGET	50 00				х			271,543	0	47,618
	50.00	1	I	I	I		I			

ALMA SCOTT-BUCZAK 0

197,677 ASSOC VP FOR HUMAN RESOURCES 45 00 SCOTT R HUMMEL

......

Х 233,442

DIRECTOR OF ENGINEERING

PROFESSOR/DIRECTOR OF MEYNER CENTER

50 00

Χ 406,103

MERVIN A BURTON DIRECTOR OF INVESTMENTS

31,520

45 00

JOHN KINCAID

...... Χ 240,704 0 33,597

and Independent Contractors (A) Name and Title

................

45 00

(B)

Average

hours per

week (list

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

(C)

Position (do not check more than one box, unless person is both an officer and a director/trustee) employee Х

Former

Reportable compensation from the organization (W- 2/1099-MISC) 250,139 250,818

(D)

(E)

Reportable

compensation

from related

organizations (W- 2/1099-

MISC)

compensation from the organization and related organizations 44,577

45,492

(F)

Estimated

amount of other

KIRBY PROFESSOR OF GOVERNMENT & LAW

BRUCE A MURPHY

FRANCIS B O'HANLON

HEAD MEN'S BASKETBALL COACH

Institutiona

SCHEDUL Form 990 or 90EZ)	EA	Complete if the o	Public Charity Status and Public Support mplete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.							
epartment of the Ti ternal Revenue Ser	13.102	► Go to	www.irs.gov/Forms	990 for the late	est information		Open to Public Inspection			
ame of the or AFAYETTE COLLEC	ganization E					' '	Employer identification number			
Part I Re	eason for Pu	blic Charity Stat	us (All organization	s must comple	ete this part.) S	24-0795686 See instructions.				
e organization	ıs not a prıvat	e foundation because	e it is (For lines 1 thro	ugh 12, check o	nly one box)					
L A cl	nurch, conventi	on of churches, or as	sociation of churches	described in sec	tion 170(b)(1)	(A)(i).				
2 🗸 As	chool described	In section 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	990 or 990-EZ))					
A h	ospital or a coo	perative hospital ser	vice organization desci	nbed in section	170(b)(1)(A)(iii).				
nan	ne, city, and sta	ate	ed in conjunction with	·			·			
	-	erated for the benefi complete Part II)	t of a college or univer	rsity owned or o	perated by a gov	ernmental unit descri	bed in section 170			
		,	governmental unit de	scribed in sectio	on 170(b)(1)(A	ı)(v).				
		at normally receives .)(A)(vi). (Complete	a substantial part of it Part II)	s support from a	a governmental u	nıt or from the gener	al public described ii			
A co	ommunity trust	described in sectio	170(b)(1)(A)(vi)	(Complete Part I	Π)					
			escribed in 170(b)(1) ee instructions Enter				ege or university or			
fror inve	n activities rela estment income	ted to its exempt fur	(1) more than 331/3% actions—subject to cert less taxable income (le amplete Part III)	tain exceptions,	and (2) no more	than 331/3% of its si	ipport from gross			
		• • • •	d exclusively to test for	r public safety S	See section 509	(a)(4).				
□ moi	re publicly supp	orted organizations	d exclusively for the be described in section 5 the type of supporting	09(a)(1) or se	ction 509(a)(2). See section 509(a				
Typ org	e I. A supporti anization(s) the	ng organization oper	ated, supervised, or co	ontrolled by its s	supported organiz	zation(s), typically by				
mai	nagement of th		ervised or controlled in ation vested in the san and C.							
			supporting organization ions) You must com	•	•	, -	ited with, its			
Typ	oe III non-fun ctionally integra	ctionally integrate ated The organizatio	d. A supporting organi n generally must satis rt IV, Sections A and	zation operated fy a distribution	in connection wi requirement and	th its supported orgai				
	•	•	ved a written determir	•		pe I, Type II, Type II	I functionally			
_		e III non-functionally ported organizations	integrated supporting	organization	,	<u> </u>				
			pported organization(1	animakian liska J	(14) American of	() A			
` '	of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ling document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (se instructions)			
				Yes	No					
tal							-			
	Peduction Ac	t Notice, see the I	netructions for	L Cat No 1128!	5F :	Schedule A (Form 9	90 or 990-E7\ 201			

	III. If the organization f	alis to quality ur	naer the tests lis	sted below, plea	se complete Par	τ 111.)	
- 1	Section A. Public Support						_
	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
L	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")	25,830,722	27,747,289	40,798,536	33,481,862	31,244,561	159,102,970
	Tay revenues levied for the						

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part

	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")	25,830,722	27,747,289	40,798,536	33,481,862	31,244,561	159,102,970
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	25,830,722	27,747,289	40,798,536	33,481,862	31,244,561	159,102,970
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)						3,638,586

3 5

3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	25,830,722	27,747,289	40,798,536	33,481,862	31,244,561	159,102,970
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)				·		3,638,586
6	Public support. Subtract line 5 from line 4						155,464,384
	Section B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a)2014	(b) 2015	(c)2016	(d) 2017	(e)2018	(f) Total
7	Amounts from line 4	25,830,722	27,747,289	40,798,536	33,481,862	31,244,561	159,102,970
8	Gross income from interest,						

	(')						
6	Public support. Subtract line 5 from line 4						155,464,384
-:	Section B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a)2014	(b) 2015	(c) 2016	(d)2017	(e) 2018	(f) Total
7	Amounts from line 4	25,830,722	27,747,289	40,798,536	33,481,862	31,244,561	159,102,970
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	14,508,841	9,000,126	9,391,557	23,653,817	1,993,336	58,547,677
9	Net income from unrelated						

	ITOTT TITLE T						
S	ection B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a)2014	(b) 2015	(c)2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	25,830,722	27,747,289	40,798,536	33,481,862	31,244,561	159,102,970
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	14,508,841	9,000,126	9,391,557	23,653,817	1,993,336	58,547,677
9	Net income from unrelated business activities, whether or not the business is regularly carried on		88,267				88,267
10	Other income Do not include gain or loss from the sale of capital	1,875,752	867,269	1,832,825	2,982,683	3,826,479	11,385,008

7	Amounts from line 4	25,830,722	27,747,289	40,798,536	33,481,862	31,244,561	159,102,970
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	14,508,841	9,000,126	9,391,557	23,653,817	1,993,336	58,547,677
9	Net income from unrelated business activities, whether or not the business is regularly carried on		88,267				88,267
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	1,875,752	867,269	1,832,825	2,982,683	3,826,479	11,385,008
11	Total support. Add lines 7 through 10						229,123,922
12	Gross receipts from related activities,	etc (see instruction	ons)			12	801,673,884

13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section	n 501	(c)(3) organızat	ion,
	check this box and stop here		▶ 🗆	
S	ection C. Computation of Public Support Percentage			
14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14		67 850
15	Public support percentage for 2017 Schedule A, Part II, line 14	15		60 660
16:	33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or n	nore. c	heck this box	

check this box and stop here 		▶□
Section C. Computation of Public Support Percentage		
14 Public support percentage for 2018 (line 6, column (f) divided by line 11,	column (f)) 14	67 850 %
15 Public support percentage for 2017 Schedule A, Part II, line 14	15	60 660 %
16a 33 1/3% support test—2018. If the organization did not check the box	on line 13, and line 14 is 33 1/3% or more, or	check this box
and stop here. The organization qualifies as a publicly supported organization	ation	▶ ✓
. 22 4/20/ command took 2017 If the communication did not about a bour	I 12 15 II 15 22 1/20/	and an analysis and a second

_			
14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	67 850 %
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	60 660 %
16a	33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or n	nore, c	heck this box
ь	and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3%	% or n	▶ ☑ nore, check this
17 a	box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, a is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here		

in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported ightharpoonsorganization h 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.

Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

P	art IIII Support Schedule for						
	(Complete only if you c						ler Part II. If
- C	the organization fails to ection A. Public Support	quality under t	ne tests listed	below, please co	omplete Part II.)	
30	Calendar year		43.50.5		412.004		(0) =
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions,						
_	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
_	organization's tax-exempt purpose Gross receipts from activities that are						
3	not an unrelated trade or business						
	under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
S	from line 6) ection B. Total Support						
	Calendar year			I	T		
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9							
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
h	Unrelated business taxable income						
_	(less section 511 taxes) from						
	businesses acquired after June 30,						
	1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12							
	loss from the sale of capital assets						
13	(Explain in Part VI) Total support. (Add lines 9, 10c,						
	11, and 12)						
14	First five years. If the Form 990 is fo	r the organization	's fırst, second, tl	nird, fourth, or fift	:h tax year as a se	ction 501(c)(3) c	rganızatıon,
	check this box and stop here						▶ 🗆
Se	ection C. Computation of Public						
15	Public support percentage for 2018 (lin	ie 8, column (f) di	ivided by line 13,	column (f))		15	
16	Public support percentage from 2017 S	chedule A, Part II	II, line 15			16	
Se	ection D. Computation of Invest						
17	Investment income percentage for 201	1 8 (line 10c, colur	mn (f) divided by	line 13, column (f	())	17	
18	Investment income percentage from 2	017 Schedule A, ¹	Part III, line 17			18	
19a	331/3% support tests—2018. If the	organization did r	ot check the box	on line 14, and lir	ne 15 is more than	33 1/3%, and lir	ne 17 is not
	more than 33 1/3%, check this box and s						▶ □
	33 1/3% support tests—2017. If the						
	not more than 33 1/3%, check this box	-			·		▶ □
20	Private foundation. If the organization		-				▶□
		AL GIG HOL CHECK O	. 202 011 11116 14, 1	a, or industrial	Callo DOX allu 366		

Schedule A (Form 990 or 990-EZ) 2018 Page 4 Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V) Section A. All Supporting Organizations

Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509

(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

3а Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the

determination 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you

checked 12a or 12b in Part I, answer (b) and (c) below 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations

Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported

organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by 5a

amendment to the organizing document) Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?

5b 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

than (1) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its

6

7

8

answer line 10b below

the organization had excess business holdings)

supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in

section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

complete Part I of Schedule L (Form 990 or 990-EZ)

8 Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI.

9a Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI.

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

9b which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9с

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

>cn	edule A (Form 990 or 990-E2) 2018		F	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11 c		
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization	-		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
_	<u> </u>			
	ection D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		103	-140
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations		l	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ions)		
	The organization satisfied the Activities Test Complete line 2 below	•		
	b			
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test Answer (a) and (b) below.	į	Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement			
,		2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	_		
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard	3h		

Sched	lule A (Form 990 or 990-EZ) 2018			Page 6
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount		_	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrat	ed Type III supporting or	ganızatıon (see

Schedule A (Form 990 or 990-EZ) (2018)

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.
 Excess distributions carryover to 2019. Add lines.

a Excess from 2014. **b** Excess from 2015. **c** Excess from 2016.

See instructions

d Excess from 2017.e Excess from 2018.

3_j and 4c

8 Breakdown of line 7

Schedule A (Form 990 or 990-EZ) 2018 Page 8 Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12. Part IV. Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D. lines 5, 6, and 8, and Part V. Section E. lines 2, 5, and 6. Also complete this part for any additional information. (See instructions) Facts And Circumstances Test 990 Schedule A, Supplemental Information Return Reference Explanation SCHEDULE A, PART II, LINE 10. FEES FINES COST RECOVERY - 2014 AMOUNT \$ 592.731 2015 AMOUNT \$ 503.417 2016 AMOUNT \$ EXPLANATION OF OTHER 418,255 2017 AMOUNT \$ 613,962 2018 AMOUNT \$ 615,534 STUDENT TELECOMMUNICATIONS - MISC

ELLANEOUS - 2014 AMOUNT \$ 1,283,021 2015 AMOUNT \$ 363,852 2016 AMOUNT \$ 1,414,570 20 INCOME 17 AMOUNT \$ 2.368,721 2018 AMOUNT \$ 3.210.945

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE C**

Political Campaign and Lobbying Activities

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

For Organizations Exempt From Income Tax Under section 501(c) and section 527

DLN: 93493161017130

OMB No 1545-0047

Open to Public

Department of the Treasury

(Form 990 or 990-

EZ)

Intern	al Revenue Service	PGO	o <u>www.ns.gov/10/m990</u> for mstruc	ctions and the la	itest iiiioii	illation.		inspe	Cuon
• S	ection 501(c)(3) organiza Section 501(c) (other tha	ations Com in section 5	Form 990, Part IV, Line 3, or Form 9 applete Parts I-A and B Do not complete 01(c)(3)) organizations Complete Parts	e Part I-C				tivities), the	in
If the	Section 501(c)(3) organiz Section 501(c)(3) organiz corganization answere xy Tax) (see separate ii	ed "Yes" on zations that zations that ed "Yes" on nstructions	I Form 990, Part IV, Line 4, or Form 9 have filed Form 5768 (election under s have NOT filed Form 5768 (election ur I Form 990, Part IV, Line 5 (Proxy Tax	section 501(h)) Conder section 501(h	omplete Pa n)) Comple	rt II-A Do not te Part II-B D	com o not	plete Part II-E t complete Pa	art II-A
	me of the organization AYETTE COLLEGE		·			Employer id 24-0795686	entií	fication num	ıber
Par	t I-A Complete if	the organ	nization is exempt under section	n 501(c) or is	a sectio		niza	tion.	
1	Provide a description of "political campaign acti		ization's direct and indirect political car	mpaign activities ii	n Part IV (s	ee instruction	s for	definition of	
2	Political campaign activ	vity expend	itures (see instructions)			>	\$ _		0
3			aign activities (see instructions)	= =04(-)(0)					0
	<u> </u>		nization is exempt under section						
1 2		•	x incurred by the organization under se x incurred by organization managers u		•	-	\$. \$		<u>0</u> 0
3		•	ion 4955 tax, did it file Form 4720 for t			•	Ψ.	☐ Yes	□ No
4a	Was a correction made	?	·	,				□ Yes	□ No
b									
	-		nization is exempt under section		•				
1 2	Enter the amount of th	' '	ed by the filing organization for section anization's funds contributed to other o				\$.		
_	function activities						\$.		
3	•		es Add lines 1 and 2 Enter here and or	n Form 1120-POL,	, line 17b	•	\$.		
4	Did the filing organizat	ion file For	m 1120-POL for this year?					☐ Yes	☐ No
5	organization made pay of political contribution	ments For ser	employer identification number (EIN) of each organization listed, enter the amouth that were promptly and directly deliver the (PAC) If additional space is needed,	ount paid from the ed to a separate p	e filing orga political org	inization's fun anization, suc	ds A	Iso enter the	
	(a) Name		(b) Address	(c) EIN	filing o	ount paid from organization's If none, enter -0-		(e) Amount of contributions and promp directly delive separate programments or an arrangement of the contribution of the contribution of the contribution contribution of the contribution	s received otly and vered to a political in If none,
1									
2									
3									
4									
5									
6									
Ear D	anorwork Bodustion Act N	Matica con t	ha instructions for Form 000 or 000-E7	-	N 500046	S -	C /F-	000	0 F7) 2010

ь	Total lobbying expenditures to influence a legislative	body (direct lobbying)	
c	Total lobbying expenditures (add lines 1a and 1b)		
d	Other exempt purpose expenditures		
e	Total exempt purpose expenditures (add lines 1c and	i 1d)	
f	Lobbying nontaxable amount Enter the amount fron columns	n the following table in both	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	
	Not over \$500,000	20% of the amount on line 1e	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
	Over \$17,000,000	\$1,000,000	
			 •
g	Grassroots nontaxable amount (enter 25% of line 1f)	
h	Subtract line 1g from line 1a If zero or less, enter -()-	

i Subtract line 1f from line 1c If zero or less, enter -0j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting ☐ Yes ☐ No section 4911 tax for this year? 4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) Total beginning in) 2a

Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e))

Total lobbying expenditures Grassroots nontaxable amount

Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots lobbying expenditures

Mailings to members, legislators, or the public?

Publications, or published or broadcast statements?

Grants to other organizations for lobbying purposes?

If "Yes," enter the amount of any tax incurred under section 4912

Direct contact with legislators, their staffs, government officials, or a legislative body?

Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?

Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?

If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Did the organization agree to carry over lobbying and political expenditures from the prior year?

Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political

If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political

Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues

Were substantially all (90% or more) dues received nondeductible by members?

Did the organization make only in-house lobbying expenditures of \$2,000 or less?

(b)

Amount

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)). (a) For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity Yes During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? c

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section

and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

ASSISTANCE IN SECURING FEDERAL AND STATE GRANTS

Explanation

THE COLLEGE IS A MEMBER OF THE AMERICAN COUNCIL ON EDUCATION, THE ASSOCIATION OF INDEPENDENT COLLEGES AND UNIVERSITIES OF PENNSYLVANIA, THE NATIONAL ASSOCIATION OF INDEPENDENT COLLEGES AND UNIVERSITIES AND THE LEHIGH VALLEY ASSOCIATION OF INDEPENDENT COLLEGES THROUGH THESE ORGANIZATIONS, THE COLLEGE MAY, FROM TIME TO TIME, LOBBY THE CITY OF EASTON, THE COMMONWEALTH OF PENNSYLVANIA OR THE FEDERAL GOVERNMENT IN SUPPORT OF HIGHER EDUCATION ISSUES AND LEGISLATION OR IN THE ASSISTANCE IN PROCURING GRANTS THE COLLEGE NEITHER EMPLOYS A LOBBYIST OR LOBBYING FIRM NOR INCURS LOBBYING EXPENSES FOR LEGISLATION ON THE COLLEGE'S BEHALF THE COLLEGE EMPLOYS THE DELTA DEVELOPMENT GROUP FOR

Nο

Yes

1

2a

2b

2c 3

> 4 5

Schedule C (Form 990 or 990EZ) 2018

No

Nο

Νo

Nο

Nο

Nο

Nο

Nο

Nο

1

2

67,600 Yes

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)

67.600

No	
(6)	

1

Other activities?

Total Add lines 1c through 1i

501(c)(6).

answered "Yes."

Dues, assessments and similar amounts from members

Supplemental Information

expenses for which the section 527(f) tax was paid).

Taxable amount of lobbying and political expenditures (see instructions)

instructions), and Part II-B, line 1 Also, complete this part for any additional information

d

e

q h

2a

1

2

1

2

b

c

3

Part III-A

Part III-B

Current year

PART II-B, LINE 1

Carryover from last year

expenditure next year?

Return Reference

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE D**

(Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements Complete if the organization answered "Yes," on Form 990,
 Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 ► Attach to Form 990.

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

DLN: 93493161017130 OMB No 1545-0047

Open to Public Inspection

	AYETTE COLLEGE				Emb	oyer identilit	ation nu	трег
					24-0	795686		
Pa	rt I Organizations Maintaining Donor Adv				or Acc	ounts.		
	Complete if the organization answered "Y			sed funds		(b)Funds and	other acco	nunts
L	Total number at end of year	(4) 2011	or davi	Jed rands		(B) and and	other dece	Julies
2	Aggregate value of contributions to (during year)							
3	Aggregate value of grants from (during year)							
1	Aggregate value at end of year							
5	Did the organization inform all donors and donor advisorganization's property, subject to the organization's e			ets held in donor a	dvised fi	unds are the		es 🗆 No
5	Did the organization inform all grantees, donors, and d charitable purposes and not for the benefit of the dono private benefit?						ole	es 🗆 No
Par	t II Conservation Easements. Complete if t	he organization	answe	red "Yes" on For	m 990,	Part IV, line		.5 🗀 110
1	Purpose(s) of conservation easements held by the orga				· · · · ·	,		
	Preservation of land for public use (e.g., recreation	on or education)		Preservation of a	n histori	cally important	land area	a
	Protection of natural habitat	,		Preservation of a		•		
	Preservation of open space		_					
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conserva	ation co	ntribution in the fo	rm of a_		F., d . f &l	V
а	Total number of conservation easements				2a	Held at the	Ena or tr	ne Year
b	Total acreage restricted by conservation easements				2b			
c	Number of conservation easements on a certified histor	ric structure include	ed in (a)	2c			
d	Number of conservation easements included in (c) acquistructure listed in the National Register		•	•	2d			
3	Number of conservation easements modified, transferr tax year ▶	ed, released, extin	guished	d, or terminated by	the org	anızatıon durın	g the	
1	Number of states where property subject to conservati	on easement is loc	ated ▶			_		
5	Does the organization have a written policy regarding to and enforcement of the conservation easements it holds		ring, ir	spection, handling	of viola	tions,	′es 🗆] No
5	Staff and volunteer hours devoted to monitoring, inspe	ecting, handling of	violatio	ns, and enforcing o	conserva	tion easements	during tl	he year
7	Amount of expenses incurred in monitoring, inspecting \$ \bigsup \$, handling of violat	ions, a	nd enforcing conse	rvation e	easements duri	ng the ye	ar
3	Does each conservation easement reported on line 2(d and section 170(h)(4)(B)(π)?) above satisfy the	require	ements of section 1	L70(h)(4	·)(B)(ı)	′es [] No
9	In Part XIII, describe how the organization reports con balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easeme	e footnote to the o						
ar	Complete if the organization answered "Y				ner Sin	nilar Assets	•	
1a	If the organization elected, as permitted under SFAS 1 art, historical treasures, or other similar assets held fo provide, in Part XIII, the text of the footnote to its final	r public exhibition,	educat	ion, or research in				s of
b	If the organization elected, as permitted under SFAS 1 historical treasures, or other similar assets held for pul following amounts relating to these items							
(i) Revenue included on Form 990, Part VIII, line 1					▶ \$	1,6	538,650
(i	i)Assets included in Form 990, Part X					▶ \$	7,4	189,965
2	If the organization received or held works of art, histor following amounts required to be reported under SFAS				ancıal ga			<u> </u>
а	Revenue included on Form 990, Part VIII, line 1	•	-			▶ \$		
L	Accets included in Form 990 Part V							

	Company 2010							C::I A			Page Z
	t IIII Organizations M										
3	Using the organization's acc items (check all that apply)		, and other reco	•	_	ne followin	g that are a	significant u	se of its colle	ection	
а	✓ Public exhibition			d	✓	Loan or ex	change prog	rams			
b	Scholarly research			е		Other					
С	✓ Preservation for futur	e generations									
4	Provide a description of the Part XIII	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in									
5	During the year, did the org assets to be sold to raise fu							ılar	☐ Yes	☑ N	0
Pa	rt IV Escrow and Cus Complete if the or			Form 990	, Part I	V, line 9,	or reporte	d an amou			
	X, line 21.				<u> </u>		'				
1a	Is the organization an agen included on Form 990, Part		n or other inter	mediary for	contrib	utions or o	ther assets I	not	☐ Yes	☑ N	o
Ь	If "Yes." explain the arrang	ement in Part XIII	and complete th	he followina	table			Ar	nount		_
c						_					
d	Additions during the year						1d				_
e	Distributions during the year	ır					1e				_
f	Ending balance	•					1f				_
2a	Did the organization include	e an amount on Foi	rm 990, Part X,	line 21, for	escrow	or custodia	al account lia	ıbılıty?	✓ Yes	□ N	о
b	If "Yes," explain the arrange	ement in Part XIII	Check here if the	he explanati	on has	been provi	ded in Part)	(III	✓		
Pa	art V Endowment Fun	ds. Complete if	the organizati	ion answer	ed "Ye	s" on Forr	m 990, Par	t IV, line 10).		
			(a)Current yea	r (b) P	rior year	(c)Two	o years back	(d)Three year	rs back (e)F	our year	rs back
1 a	Beginning of year balance .		870,744,	.623	833,069,	757	774,730,899	809,0	61,387	832,	811,462
b	Contributions		18,402,		21,306,		11,203,342	,	.23,784		547,962
c	Net investment earnings, gai	ns, and losses	16,998,	.749	59,205,	615	88,282,832	-7,3	54,992	9,	573,228
d	Grants or scholarships		8,817,	916	8,175,	815	8,041,278	7,6	54,691	7,	142,699
е	Other expenditures for facilit and programs	les	32,433,	775	31,783,	314	30,368,897	28,7	95,873	26,	383,005
f	Administrative expenses .		3,110,	806	2,877,	713	2,737,141	3,6	48,716	2,	345,561
g	End of year balance		861,783,	.526	870,744,	623	833,069,757	757 774,730,899 809,0			061,387
2	Provide the estimated perce	entage of the curre	nt year end bala	ance (line 1	g, colum	ın (a)) held	d as				
а	Board designated or quasi-	endowment 🟲 .	25 400 %								
ь	Permanent endowment >	43 730 %									
С	Temporarily restricted endo	wment ► 30 8	70 %								
	The percentages on lines 2a	a, 2b, and 2c shoul	d equal 100%								
3а		not in the possess	sion of the orgai	nızatıon that	are he	d and adm	ninistered foi	r the	1		
	organization by								3a(i)	Yes Yes	No
	(ii) unrelated organizations						•		3a(i) 3a(ii)	162	No
b	(ii) related organizations If "Yes" on 3a(ii), are the re								3b		
4	Describe in Part XIII the int					•	•				
Pa	rt VI Land, Buildings,										
	Complete if the or	ganization answ	ered "Yes" on								
	Description of property	(a) Cost or oth (Investmen		Cost or other	basıs (ot	her) (c) A	Accumulated d	epreciation	(d) Bo	ok valu	e
1a	Land				8,134	,633					3,134,633
	Buildings				402,210	,635	:	169,992,843			2,217,792
	Leasehold improvements				64,140			29,867,114			1,273,685
	Equipment				74,944	,363		55,208,049			9,736,314

87,385,501

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).

87,385,501

381,747,925

Part VII Investments—Other Securities. Complete if the	ne organization ans	wered "Yes" on Form 99	0, Part IV, line 11b.		
See Form 990, Part X, line 12. (a) Description of security or category	(b) Book value		d of valuation		
(Including name of security) (1) Financial derivatives		Cost or end-or-	-year market value		
(2) Closely-held equity interests					
(A) EQ INSTIT MUTUAL FUNDS	227,822,096		F		
(B) EVENT DRIVED/DISTRESSED	30,567,103		F		
(C) LONG/SHORT EQUITY	101,565,882		F		
(D) MULTI-STRAT/ABS RETURN	85,558,410		F		
(E) REAL ESTATE	3,424,989	F			
(F) PRIVATE EQUITY	F				
(G) FIXED INCOME INSTIT MUTUAL FUNDS		F			
(H)	96,852,026		<u>'</u>		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	653,215,405				
Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on F	Form 990 Part IV I	ine 11c. See Form 990	Part X line 13		
(a) Description of investment	(b) Book value	(c) Metho	d of valuation		
(1)		Cost or end-of	-year market value		
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	•				
Part IX Other Assets. Complete if the organization answered (a) Description		art IV, line 11d See Form 9	90, Part X, line 15 (b) Book value		
(1)	<u>'</u>		(b) Book value		
(2)					
(3)			+		
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col (B) line 15))		
Part X Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.	inswered Yes on Fo	orm 990, Part IV, line 11	.e or 11f.		
1. (a) Description of liability	(b) E	Book value			
(1) Federal income taxes					
DEFERRED GIVING LIABILITY		18,318,601			
POST RETIREMENT BENEFITS COND. ASSET RETIREMENT ORLIGATION		47,478,000			
COND ASSET RETIREMENT OBLIGATION INT RATE HEDGE/SWAP AGREEMENTS		1,749,968 14,265,462			
(5)		14,203,402			
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	F the F control C	81,812,031			
2. Liability for uncertain tax positions. In Part XIII, provide the text o organization's liability for uncertain tax positions under FIN 48 (ASC 7)					

Part XI

2

1

2

c

d

3

4

b

5

Part XIII

See Additional Data Table

Return Reference

а

Schedule D (Form 990) 2018

Page 4

-50,532,176

236,275,206

-1,593,612

234,681,594

175,359,644

2,305,592

173,054,052

56,741,429

229.795.481

Schedule D (Form 990) 2018

Net unrealized gains (losses) on investments b e

3

Add lines **4a** and **4b**

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

Donated services and use of facilities . . .

Other (Describe in Part XIII)

Add lines 2a through 2d

Supplemental Information

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . .

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5

4

Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b .

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

4b

2a 2b

2c

2d

4a

4b

Explanation

2a

2b

2c

2d

4a

4c

2,305,592

711,980

56.029.449

-469.075

-50.063.101

711.980

-2,305,592

2e

3

5

2e

3

4c

5

Schedule D (Form 990) 2018	Page 5
Part XIII Supplemental Info	mation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

Additional Data

Software Version: **EIN:** 24-0795686

Name: LAFAYETTE COLLEGE

PART IV, LINE 2B

Supplemental Information

Software ID:

Return Reference

THE COLLEGE MAINTAINS AGENCY FUNDS FOR THE INVESTMENT CLUB AND THE ALUMNI ASSOCIATION

Explanation

Supplemental Information	
Return Reference	Explanation
PART V, LINE 4	THE INTENT OF THE COLLEGE'S INVESTMENT GUIDELINES FOR ITS ENDOWMENT IS TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO THE COLLEGE'S PROGRAMS FROM THE ENDOWMENT WHILE SEEKING TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS THE COLLEGE'S ENDOWMENT CONSISTS OF APPROXIMATELY 1,300 ENDOWED FUNDS THAT ARE ESTABLISHED FOR A VARIETY OF PURPOSES ENDOWMENT CONTRIBUTIONS INCLUDE GIFTS AS WELL AS TRANSFERS TO BOARD DESIGNATED FUNDS EARNINGS ON ENDOWMENT FUNDS ARE DESIGNATED FOR SCHOLARSHIPS, PROFESSORSHIPS, CHAIRS, STUDENT LOANS, INSTRUCTIONAL PROGRAMS, LIBRARY PURCHASES, GENERAL OPERATIONS, AND OTHER DESIGNATED PURPOSES

Supplemental Information	
Return Reference	Explanation
PART X, LINE 2	THE COLLEGE'S ACCOUNTING POLICY PROVIDES THAT A TAX EXPENSE/BENEFIT FROM AN UNCERTAIN TAX POSITION MAY BE RECOGNIZED WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION, INCLUDING RESOLUTIONS OF ANY RELATED APPEALS OR LITIGATION PROCESSES, BASED ON TECHNICAL MERITS THE COLLEGE DOES NOT BELIEVE ITS FINANCIAL STATEMENTS INCLUDE UNCERTAIN TAX POSITIONS

_ _ _

Supplemental Information Return Reference Explanation PART XI, LINE 2D - OTHER SCHOLARSHIPS AND FELLOWSHIPS -51,759,878 CHANGE IN ANNUITIES PAYABLE ESTIMATE 6,314,269 ADJUSTMENTS CHANGE IN FV OF INTEREST RATE HEDGE/SWAP AGREEMENTS -3,060,492 CHANGE IN POST RETIREMENT BENEFIT COST -1.557.000

Supplemental Information Return Reference Explanation RENTAL REVENUES TO EXTENT EXPENDED -501,128 COLLEGE STORE (COGS) REVENUES TO EXTENT PART XI, LINE 4B - OTHER EXPENDED -1.755,538 DIRECT SPECIAL EVENT EXPENSES -48,926 I ADJUSTMENTS

Supplemental Information	
Return Reference	Explanation
	RENTAL REVENUES TO EXTENT EXPENDED 501,128 COLLEGE STORE (COGS) REVENUES TO EXTENT EXPENDED 1,755,538 DIRECT SPECIAL EVENT EXPENSES 48,926

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	SCHOLARSHIPS AND FELLOWSHIPS 51,759,878 NONOPERATING EXPENSES 4,269,571

Supplemental Information	
Return Reference	Explanation
FORM 990, SCHEDULE D, PART III, LINE 4	AMONG THE RICH RESOURCES PROVIDED FOR STUDENTS IS A FINE, SMALL ART COLLECTION THE COLLECTION INCLUDES EIGHTEENTH-THROUGH EARLY TWENTY-FIRST CENTURY AMERICAN AND EUROPEAN PAINTING S, PRINTS, AND SCULPTURE, VIRTAGE PHOTOGRAPHS, AND CONTEMPORARY AMERICAN SCULPTURE AND PAI NTINGS RECENT ACQUISITIONS BUILD ON THE STRENGTH OF THE EXISTING COLLECTIONS. THE MISSION STATEMENT FOR THE ART COLLECTIONS IS TO DOCUMENT, PRESERVE FOR FUTURE GENERATIONS, EXHIBIT IT, AND MAKE ACCESSIBLE THE COLLEGE'S ART COLLECTION TO THE STUDENTS, PUBLIC, AND SCHOLARS THROUGH EXHIBITIONS, PUBLICATIONS, REPRODUCTIONS, AND BY GRANTING ACCESS FOR RESEARCH PURP OSES THE ADMINISTRATION OF THE ART COLLECTION COMPLIES WITH MUSEUM-FIELD WIDE STANDARDS O F CARE (SEE AMERICAN ALLIANCE OF MUSEUMS, AAM) STUDENTS HAVE CURATED EXHIBITIONS FROM THE COLLECTIONS, WHEN APPROPRIATE, ARTWORK IS LOANED TO OTHER INSTITUTIONS FOR EXHIBITIONS OF SCHOLARLY IMPORTANCE, IMAGES OF ARTWORK ARE READILY AVAILABLE FOR REPRODUCTIONS IN COMMER CIAL (EX TEXT BOOKS) AND ACADEMIC-SCHOLARLY PUBLICATIONS (GENERALLY AT NO CHARGE OR A NOM INAL FEE) THE LAFAYETTE COLLEGE'S SPECIAL COLLECTIONS AND COLLEGE ARCHIVES ARE HOME TO AP PROXIMATELY 20,000 RARE BOOKS AND MORE THAN 2,000 CUBIC FEET OF MANUSCRIPTS AND ARCHIVES THE HOLDINGS INCLUDE MANUSCRIPTS, RARE BOOK COLLECTIONS ON STEPHEN CRANE, ANGLING, MINIATU RE BOOKS, AND ARTISTS' BOOKS, PAPERS OF FORMER TREASURY SECRETARY WILLIAM E SIMON, NEW JE RSSY GOVERNOR ROBERT E MEYNER AND CONGRESSWOMAN HELEN MEYNER, THE EARLY RECORDS OF THE EA STON-BASED DIXIE CUP COMPANY AND THE PAPERS OF NOTED ILLUSTRATOR AND ARTIST HOWARD CHANDLE R CHRISTY THE COLLEGE ARCHIVES SERVE AS THE REPOSITORY FOR THE RECORDS OF LAFAYETTE COLLEGE'S HIST ORY THE DEPARTMENT OF GEOLOGY AND ENVIRONMENTAL GEOCCIENCE HOUSES THE COLLEGE'S MINERAL, GEM, AND FOSSIL COLLECTION THAT CONSISTS OF MORE THAN 10,000 SPECIMENS THE COLLECTION SAS STARTED OVER A CENTURY AGO AND HAS GROWN THROUGH THE GIFTS OF MANY PRIVATE COLLECTION STARGE THROUGH THE GOLLECTION TO HE COLLECTION IS PARTIAL

Supplemental Information	
Return Reference	Explanation
FORM 990, SCHEDULE D, PART III, LINE 4	ER 2 7 BILLION YEARS AGO AND THE ORBICULAR TEXTURE EARNED IT THE INFORMAL NAME OF THE LEOP ARD ROCK THE COLLECTION IS ENJOYED BY THE LAFAYETTE COMMUNITY, ELEMENTARY AND SECONDARY S TUDENTS, YOUTH GROUPS, AND THE COMMUNITY AT LARGE

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493161017130 OMB No 1545-0047 SCHEDULE E **Schools** (Form 990 or 990-▶ Complete if the organization answered "Yes" on Form 990, EZ) Part IV, line 13, or Form 990-EZ, Part VI, line 48. ▶ Attach to Form 990 or Form 990-EZ. Open to Public ▶ Go to www.irs.gov/Form990EZ for the latest instructions. Inspection Department of the Treasury Namel & the organization **Employer identification number** LAFAYETTE COLLEGE 24-0795686 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? 2 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 3 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 Nο b Admissions policies? 5b Nο 5c c Employment of faculty or administrative staff? Nο d Scholarships or other financial assistance? 5d Nο e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? 5g Nο h Other extracurricular activities? 5h Nο 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 No 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 Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Schedule E (Form 990 or 990-EZ) (2018)

Explanation

Schedule F (Form 990 or 990-F7) (2018)

Return Reference

Neturi Nelerence	Explanation
SCHEDULE E, PART I, LINE 3	SEE SUPPLEMENTAL PAGE
SCHEDULE E, PART I, LINE 6	THE COLLEGE RECEIVES FINANCIAL AID AND ASSISTANCE FROM VARIOUS FEDERAL AND STATE GOVERNMENTAL AGENCIES UNDER THEIR RESPECTIVE STUDENT FINANCIAL AID ASSISTANCE PROGRAMS FEDERAL GRANT PROGRAMS INCLUDE PELL GRANTS, DIRECT LOAN PROGRAMS, WORK-STUDY, THE PERKINS LOAN PROGRAM, AND FEDERAL SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANTS STATE PROGRAMS INCLUDE THE PENNSYLVANIA HIGHER EDUCATION ASSISTANCE AGENCY IN ADDITION, THE COLLEGE IS AWARDED RESEARCH GRANTS AND OTHER PROJECT GRANTS BY VARIOUS FEDERAL AND STATE AGENCIES
FORM 990, SCHEDULE E, PART I, LINE 3	THE COLLEGE'S RACIAL NONDISCRIMINATORY POLICY IS PUBLICIZED WITHIN THE COLLEGE'S CATALOG WHICH CAN BE FOUND AT HTTP //CATALOG LAFAYETTE EDU/ IN ADDITION, THE COLLEGE HAS A SEPARATE DIVERSITY AND INCLUSIVENESS STATEMENT WHICH IS ALSO INCLUDED WITHIN THE COLLEGE'S CATALOG AT HTTP //CATALOG LAFAYETTE EDU/

efile GRAPHIC print -	DO NOT P	ROCESS	As Filed Data -	•		DLN:	93493161017130
SCHEDULE F (Form 990)	State	ment of	Activities (Outside the Un	ited S	tates	OMB No 1545-0047
(1 01111 330)	► Comple	ete ıf the organ		Yes" to Form 990, Part IV, I to Form 990.	ıne 14b, 1	.5, or 16.	2018
Department of the Treasury Internal Revenue Service	•	Go to www.irs	gov/Form990 for II	nstructions and the latest ii	nformatio	n.	Open to Public Inspection
Name of the organization LAFAYETTE COLLEGE						Employer iden	tification number
Part I General Interpretation Form 990, P			s Outside the U	Jnited States. Comple	te if the		nswered "Yes" to
1 For grantmakers.	Does the or	ganızatıon ma	intain records to	substantiate the amoun	t of its gr	rants and	
			he grants or assis	stance, and the selection	criteria	used	_
to award the grants	or assistanc	:e ⁷					✓ Yes 🗌 No
2 For grantmakers. outside the United S		Part V the org	janization's proce	dures for monitoring the	use of it	ts grants and ot	her assistance
3 Activites per Region	(The followin	g Part I, line 3	table can be dupli	cated if additional space is	needed)	
(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	program spe	vity listed in (d) is a n service, describe ecific type of ce(s) in region	(f) Total expenditures for and investments in region
See Add'l Data				-			
3a Sub-total			0 0				344,377,962
b Total from continuatio Part I	n sneets to						1,975,834
c Totals (add lines 3a a	and 3h)		ol o				346,353,796

Schedule F (Form 990)	2018							Page 2
				es Outside the Unit Part II can be dupli			on answered "Yes"	to Form 990, Part
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	PROMOTION OF HUMANITIES	44,452	WIRE TRANSFER	C	N/A	N/A
				nized as charities by t ection 501(c)(3) equiv			•	1
3 Enter total numb	er of other org	anizations or entities					•	0
							Schedule	F (Form 990) 2018

Schedule F (Form 990) 2018							Page 3
Part IIII Grants and Otl				ed States. Complete r	f the organization ar	nswered "Yes" to Form 9	990, Part IV, line 16.
	duplicated if addit			T	1		
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Sched	dule F (Form 990) 2018		Page 4
Par	t IV Foreign Forms		
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	☑ Yes	□No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)	Yes	☑ No
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)	☑ Yes	□No
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, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	✓ Yes	□No
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	□No
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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)	Yes	☑ No

Schedule F (F	orm 990) 2018 Page 5
	Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).
990 Sched	ule F, Supplemental Information
Return Reference	Explanation

Return Explanation
Reference

990 Schedule F, Supplemental Information

PART II,	THE COLLEGE RECEIVES A GRANT FROM THE NATIONAL ENDOWMENT FOR HUMANITIES, UNDER THE TERMS OF
LINE 1	WHICH LAFAYETTE IS REQUIRED TO SUBMIT THE FUNDS TO THE UNIVERSITY OF TORONTO, A FOREIGN UNIVERSITY,

WHICH LAFAYETTE IS REQUIRED TO SUBMIT THE FUNDS TO THE UNIVERSITY OF TORONTO, A FOREIGN UNIVERSITY, FOR LABOR TO DIGITIZE UNIQUE DOCUMENTS. THE COLLEGE PERIODICALLY REVIEWS THE RESULTS OF THE GRANT AND ENSURES THAT EXPENDITURES ARE IN COMPLIANCE WITH THE INTENDED USE OF THE GRANT.

Additional Data

EAST ASIA AND THE PACIFIC

Software ID: Software Version:

EIN: 24-0795686

Name: LAFAYETTE COLLEGE

9,652,502

Form 990 Schedule F Part I - Activities Outside The United States										
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region					
CENTRAL AMERICA &	0	0	INVESTMENTS		222,507,089					

0 INVESTMENTS

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) NORTH AMERICA 0 INVESTMENTS 88.614.941 SOUTH ASIA 0 INVESTMENTS 23,480,273

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or ın region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) CENTRAL AMERICA AND THE 0 MANAGEMENT AND INSTITUTIONAL SUPPORT 9.370 CARIBBEAN IGENERAL CENTRAL AMERICA AND THE 0 PROGRAM SERVICES INSTRUCTION 102.545 CARIBBEAN

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or ın region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) CENTRAL AMERICA AND THE 0 PROGRAM SERVICES RESEARCH 2.611 CARIBBEAN EAST ASIA AND THE PACIFIC 0 MANAGEMENT AND INSTITUTIONAL SUPPORT 8.631 IGENERAL

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of agents in fundraising, program region services, grants to service(s) in region region recipients located in the region) EAST ASIA AND THE PACIFIC 0 PROGRAM SERVICES INSTRUCTION 115.627 EAST ASIA AND THE PACIFIC 0 PROGRAM SERVICES IRESEARCH 10,974

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or ın region (by type) (i e , is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) EAST ASIA AND THE PACIFIC 0 PROGRAM SERVICES STUDENT SERVICES 10.920 **EUROPE** 0 MANAGEMENT AND INSTITUTIONAL SUPPORT 14,529 GENERAL

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) EUROPE 0 PROGRAM SERVICES ACADEMIC SUPPORT 2,343 EUROPE 0 PROGRAM SERVICES INSTRUCTION 1,441,572

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) EUROPE 0 PROGRAM SERVICES RESEARCH 47,391 EUROPE 0 PROGRAM SERVICES STUDENT SERVICES 2,756

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or ın region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) MIDDLE EAST AND NORTH 0 PROGRAM SERVICES IINSTRUCTION 1.707 AFRICA NORTH AMERICA 0 MANAGEMENT AND INSTITUTIONAL SUPPORT 342 IGENERAL

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) 0 PROGRAM SERVICES INSTRUCTION 45.946 NORTH AMERICA NORTH AMERICA 0 PROGRAM SERVICES IRESEARCH 12,998

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) 0 PROGRAM SERVICES STUDENT SERVICES 2.068 NORTH AMERICA SOUTH AMERICA 0 PROGRAM SERVICES INSTRUCTION 94,668

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) SOUTH ASIA 0 PROGRAM SERVICES INSTRUCTION 1.318 SOUTH ASIA 0 PROGRAM SERVICES IRESEARCH 1,558

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) SOUTH ASIA 0 PROGRAM SERVICES STUDENT SERVICES 269 SUB-SAHARAN AFRICA 0 PROGRAM SERVICES INSTRUCTION 163,136

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of fundraising, program region agents in services, grants to service(s) in region region recipients located in the region) SUB-SAHARAN AFRICA 0 IPROGRAM SERVICES STUDENT SERVICES 5.712

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SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

DLN: 93493161017130

2018

OMB No 1545-0047

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on 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.

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

Open to Public Inspection

Name of the organization **Employer identification number** LAFAYETTE COLLEGE 24-0795686 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply ✓ Mail solicitations ✓ Solicitation of non-government grants ✓ Internet and email solicitations Solicitation of government grants ✓ Phone solicitations Special fundraising events ✓ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☑ Yes ☐ No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of individual (iv) Gross receipts (iii) Did (ii) Activity (v) Amount paid to (vi) Amount paid to fundraiser have or entity (fundraiser) from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col (i) contributions? Yes No GIFT LEGACY CRESENDO INTERACTIVE INC SERVICE & 110 CAMINO RUIZ UPGRADE Νo 0 5,500 CAMARILLO, CA 93012 CAMPAIGN MARKETING STEEGE THOMSON COMMUNICATIONS No 0 209,644 4606 SPRUCE STREET PHILADELPHIA, PA 19139 CAMPAIGN CONSULTING WASHBURN & MCGOLDRICK 950 NEW LOUDON ROAD STE 0 Nο 19,363 LATHAM, NY 12110 LICENSE AND IMODULES SOFTWARE INC CONSULTING SERVICE 0 PO BOX 25671 No 22,881 0 OVERLAND PARK, KS 66225 Total 257,388

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

licensing

Sche	dule G (Form 990 or 990-EZ) 2018					F	Page 3
11	Does the organization conduct gaming	activities with nonmembe	ers?		□Yes	□No	
12	Is the organization a grantor, beneficial formed to administer charitable gamin		a member of a partnership or other entity		□Yes	Пио	
13	Indicate the percentage of gaming acti	vity conducted in			cs		
а	The organization's facility			13a			%
b	An outside facility			13b			%
14	Enter the name and address of the per	son who prepares the org	ganization's gaming/special events books and re	ecords			
	Name ►						
15a	Does the organization have a contract		hom the organization receives gaming				
	revenue?		_		☐ Yes	☐ No	
b			rganization 🕨 \$ and th	ne			
_	amount of gaming revenue retained by	·					
С	If "Yes," enter name and address of th	e third party					
	Name ►						
	Address ►						
16	Gaming manager information						
	Name ►						
	Gaming manager compensation ► \$						
	Description of services provided ▶						
	☐ Director/officer	☐ Employee	☐ Independent contractor				
17	Mandatory distributions						
	•	e law to make charitable	distributions from the gaming proceeds to		□Yes	Пы	
b		red under state law distri	buted to other exempt organizations or spent		LI TES		
	in the organization's own exempt activ	ities during the tax year	\$				
Pai			ations required by Part I, line 2b, column oplicable. Also provide any additional info				 S.
	Return Reference		Explanation				
FORM	1 990, SCHEDULE G, PART I, LINE 3	BELIEVES IT IS GENERAL	TED AND LICENSED INSTITUTION OF HIGHER I LLY EXEMPT FROM THE REGISTRATION PROVIS ITING FUNDS FOR CHARITABLE PURPOSES TO	SIONS TH	HAT REQU		

Schedule G (Form 990 or 990-EZ) 2018

efile GRAPHIC print - DO	NOT PROCESS	As Filed Data -					DL	N: 934931610	17130
Note: To capture the full c Schedule I	ontent of this do	- -	lect landscape mode Other Assistanc		_			OMB No 1545-004	7
(Form 990)		Governments a	and Individuals	in the Unite	d States			2018 Open to Public	
Department of the Treasury Internal Revenue Service		► Go to <u>www</u>	► Attach to Form w.irs.gov/Form990 for		on.			Inspection	
Name of the organization LAFAYETTE COLLEGE							Employer identification 24-0795686	cation number	
Part I General Inform	ation on Grants	and Assistance							
Does the organization mail the selection criteria usedDescribe in Part IV the org	to award the grants	or assistance?				ce, and		✓ Yes	□ No
Part III Grants and Other	Assistance to Dom		nd Domestic Governme		rganization answered "Yes	" on Form	990, Part IV, line	21, for any recipi	ent
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		Description of ash assistance	(h) Purpose of or assistance	grant
(1) YALE UNIVERSITY PO BOX 1873 NEW HAVEN, CT 065081873	06-0646973	501(C)3	12,219	0	N/A	N/A		NIH GRANT	
(2) BOISE STATE UNIVERSITY 1910 UNIVERSITY DRIVE BOISE, ID 83725	82-0290701	501(C)3	9,081	0	N/A	N/A		NIH GRANT	
2 Enter total number of secti	on 501(c)(3) and go	vernment organizations	listed in the line 1 table .				•		2
3 Enter total number of othe	r organizations listed	I in the line 1 table					▶		0
For Paperwork Reduction Act Notice	ce, see the Instruction	ns for Form 990.		Cat No 50055	5P		Sch	nedule I (Form 990)	2018

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Schedule I (Form 990) 2018

	recipients	casii gi anc	monicasin assistantee	i i i i v, appi albai, otilici j	
(1) INSTITUTIONAL SCHOLARSHIP AWARDS	1238	0	51,759,878	FMV	CREDIT TO STUDENT'S ACCOUNT
(2) ACADEMIC PRIZES, AWARDS, AND FELLOWSHIPS	211	142,903	0	N/A	N/A
(2)					
(3)					

(2)			
(3)			
(4)			
(5)			
(6)			
(7)			

(4)								
(5)								
(6)								
(7)								
Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.								
Return Reference Explanation								

(5)							
(6)							
(7)							
Part IV	Supplemental 1	Informatio	on. Provide the ir	nformation required in	Part I, line 2; Part III,	column (b); and any other	additional information.
Return Reference Explanation							
PART I, LINE 2		LAFAYETTE	COLLEGE MAINTAI	NS A POLICY DEFINING IT	S PROCEDURES FOR MO	NITORING THE USE OF SPONSO	RED FUNDS BY SUB-RECIPIENTS WHO ARE

PERFORMING A PORTION OF A SPONSORED PROJECT EXTERNALLY AWARDED TO LAFAYETTE. THIS POLICY PROVIDES GUIDANCE TO ENSURE THAT SUB-RECIPIENTS CONDUCT THEIR PORTION OF SPONSORED PROJECTS IN COMPLIANCE WITH THE LAWS, REGULATIONS, TERMS AND CONDITIONS OF AWARDS AND SUB AWARDS, AND THAT REIMBURSEMENT COSTS INCURRED BY SUB-RECIPIENTS ARE ALLOWED THE COLLEGE CONSIDERS THE AWARDING OF FINANCIAL AID (PRIMARILY GRANTS, SCHOLARSHIPS, LOANS, AND WORK-STUDY) TO ITS STUDENTS, INCLUDING NON-RESIDENT ALIEN STUDENTS, TO BE A U.S. BASED ACTIVITY AS STUDENTS OF THE COLLEGE ARE DEEMED TO BE LIVING IN THE UNITED STATES THROUGHOUT

PART III, LINE 1 THEIR COMPLETION OF THE COLLEGE'S ACADEMIC CURRICULUM AND SUPPORTING PROGRAMS. THE COLLEGE AWARDS SCHOLARSHIPS AND FELLOWSHIPS ON THE BASIS OF MERIT AND/OR FINANCIAL NEED THE SELECTION CRITERIA ARE BASED ON THE CALCULATED EXPECTED FAMILY CONTRIBUTION, WHICH IS DERIVED BY USING COMPLEX FORMULAS INVOLVING FAMILIES' INCOME, ASSETS, AND HOUSEHOLD SIZES INCLUDING, AMONG OTHER FACTORS, DEPENDENTS IN COLLEGE THE COLLEGE'S FINANCIAL AID OFFICE ADMINISTERS AND MONITORS THESE AWARDS TO HELP ENSURE THAT THESE FUNDS ARE AWARDED TO ELIGIBLE RECIPIENTS IN

ACCORDANCE WITH APPLICABLE FEDERAL, STATE, AND OTHER REQUIREMENTS, AS WELL AS RELEVANT INTERNAL COLLEGE POLICIES AND OPERATIONAL GUIDELINES ACADEMIC PRIZES, AWARDS, FELLOWSHIP, AND INTERNSHIPS ARE AWARDED BASED ON A REVIEW BY THE APPLICABLE ACADEMIC DEPARTMENT ALL AWARDED SCHOLARSHIPS ARE CREDITED TO THE STUDENT'S ACCOUNT AT THE COLLEGE AND ARE APPLIED TO BILLED CHARGES

Page **2**

efil	e GRAPHIC pi	rint - DO NOT PROCESS	As Filed Dat	a -	DLN: 934	9316	1017	130
Sch	edule J	Coi	mpensat	ion Information	ОМ	1B No	1545-0	0047
(For	n 990)	For certain Officers	•					
	Compensated Employees ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.							3
Dapor	tment of the Treasury		▶ Attach	nto Form 990. instructions and the latest inforr			to Pul	
•	al Revenue Service	T do to minimalgory	101	mod actions and the latest mon		Insp	ectio	n
	ne of the organiza AYETTE COLLEGE	ation			Employer identificat	ion nu	ımber	
					24-0795686			
Pa	rt I Questi	ons Regarding Compensati	on					
1 a				f the following to or for a person liste by relevant information regarding the			Yes	No_
	☐ First-class	s or charter travel	✓	Housing allowance or residence for	personal use			
		companions		Payments for business use of perso	nal residence			
		nification and gross-up payments	$\mathbf{\nabla}$	Health or social club dues or initiati				
	Discretion	nary spending account	✓	Personal services (e g , maid, chauf	feur, chef)			
b		xes in line 1a are checked, did the all of the expenses described abov		ollow a written policy regarding paym nplete Part III to explain	nent or reimbursement	1b	Yes	
2				or allowing expenses incurred by all	. 1-3	2	Yes	
	airectors, truste	ees, officers, including the CEO/EX	ecutive Directo	r, regarding the items checked in line	e la?			
3	organization's C	EO/Executive Director Check all t	hat apply Dor	ed to establish the compensation of the not check any boxes for methods CEO/Executive Director, but explain				
	✓ Compens	ation committee	П	Written employment contract				
		ent compensation consultant	<u> </u>	Compensation survey or study				
		of other organizations	\checkmark	Approval by the board or compensa	tion committee			
4	During the year related organiza		00, Part VII, Se	ction A, line 1a, with respect to the f	iling organization or a			
а	Receive a sever	ance payment or change-of-contro	ol pavment?			4a		No
b		r receive payment from, a suppler		ified retirement plan?		4b		No
С								No
	If "Yes" to any o	of lines 4a-c, list the persons and p	provide the app	plicable amounts for each item in Par	t III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) c	organizations	must complete lines 5-9.				
5	For persons liste		A, line 1a, did	the organization pay or accrue any				
а	The organization	n?				5a		No
b	Any related orga					5b		No
	If "Yes," on line	5a or 5b, describe in Part III						
6		ed on Form 990, Part VII, Section ontingent on the net earnings of	A, line 1a, did	the organization pay or accrue any				
а	The organization					6a		No
b	Any related orga					6b		No
_	·	6a or 6b, describe in Part III						
7		ed on Form 990, Part VII, Section escribed in lines 5 and 6? If "Yes,'		the organization provide any nonfixe rt III	a	7	Yes	
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," do	escribe	8		No
9	If "Yes" on line 53 4958-6(c)?	8, did the organization also follow	the rebuttable	presumption procedure described in	Regulations section	9		
For F	Panerwork Redu	uction Act Notice, see the Instr	uctions for Fo	orm 990. Cat No 5	50053T Schedule J	(Forn	990)	2018

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

Part II Officers, Directors, Trustees, Rey Employees, and Ting							
For each individual whose compensation must be reported on Schedule J, report of instructions, on row (ii) Do not list any individuals that are not listed on Form 990	0, Part VII						
Note. The sum of columns (B)(I)-(III) for each listed individual must equal the tot	<u>al amount of Fo</u> r	<u>rm 990, Part VII, Se</u>	ction A, line 1a, a	pplicable column (ر	<u>ン) and (E) amour</u>	nts for that indi	vidual
(A) Name and Title	(B) Breal	kdown of W-2 and/o compensation	or 1099-MISC	and other	(D) Nontaxable benefits	columns	Compensation in
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
See Additional Data Table						•	
	1	1	1		1	I	1
							!
				+			
	+			+			
				+			
1-		-		+			
1							
			1				

Supplemental Information							
ovide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information							
Return Reference	Explanation						
·	TRAVEL FOR COMPANIONS - IN ACCORDANCE WITH COLLEGE POLICY, IN LIMITED INSTANCES WITH DOCUMENTATION FOR THE BUSINESS PURPOSE FULFILLED BY THE COMPANION AND ANY REQUIRED PRIOR APPROVALS, THE COLLEGE WILL PAY FOR TRAVEL EXPENSES OF A COMPANION WHEN THE COMPANION TRAVEL IS 1] FOR A BONA FIDE BUSINESS PURPOSE, AND 2] IMPORTANT TO THE ACHIEVEMENT OF THE COLLEGE'S PURPOSES THAT REQUIRE THE TRAVEL OF THE EMPLOYEE AND COMPANION TAX INDEMNIFICATION - DURING CALENDAR YEAR 2018, A \$2,594 TAX EQUALIZATION PAYMENT WAS MADE TO ALISON BYERLY (PRESIDENT) THE PAYMENT IS IN ACCORDANCE WITH THE EMPLOYMENT CONTRACT AND/OR AUTHORIZATIONS FROM THE BOARD OF TRUSTEES AND ARE						

Page 3

Schedule J (Form 990) 2018

SPECIFIC TO THE PRESIDENT HOUSING ALLOWANCE - AS PART OF THEIR EMPLOYMENT CONTRACT AND FOR THE CONVENIENCE OF THE COLLEGE, A COLLEGE-OWNED RESIDENCE WAS PROVIDED TO OFFICER ALISON BYERLY (PRESIDENT) THE HOUSING PROVIDED IS LOCATED ON COLLEGE PROPERTY AND IS IN CONJUNCTION WITH THE OFFICER'S DUTIES THE ESTIMATED ANNUAL VALUE OF THE HOUSING PROVIDED IS INCLUDED AS A NONTAXABLE BENEFIT IN THIS RETURN IN THE AMOUNT OF \$50,494 FOR PRESIDENT BYERLY IT IS THE POLICY OF THE COLLEGE'S BOARD OF TRUSTEES THAT THE PRESIDENT RESIDE ON COLLEGE PROPERTY THE PRESIDENT DETERMINES IF THE DUTIES OF OTHER OFFICERS REQUIRE THEM TO RESIDE ON COLLEGE PROPERTY PERSONAL SERVICES - IN ACCORDANCE WITH THE POLICY OF THE COLLEGE'S BOARD OF TRUSTEES AND THE PRESIDENT'S EMPLOYMENT CONTRACT. THE PRESIDENT OF THE COLLEGE IS REQUIRED TO RESIDE ON COLLEGE PROPERTY. THE PRESIDENT'S HOUSE SERVES NOT ONLY AS A RESIDENCE, BUT ALSO AS A HOST LOCATION FOR MANY COLLEGE EVENTS AND THE COLLEGE PROVIDES STAFF TO MAINTAIN THE HOME FOR CALENDAR YEAR 2018. \$6,220 WAS THE PORTION OF THE HOUSEKEEPER'S SALARY DETERMINED TO BE FOR PERSONAL SERVICES AND INCLUDED AS REPORTABLE COMPENSATION SOCIAL CLUB - THE COLLEGE MAINTAINS A SOCIAL CLUB MEMBERSHIP IN THE NAME OF THE PRESIDENT THAT IS PRIMARILY USED FOR BUSINESS PURPOSES, INCLUDING FUNDRAISING AND DONOR RELATION ACTIVITIES

Return Reference	Explanation
,	THE COMPENSATION COMMITTEE ESTABLISHES THE PRESIDENT'S COMPENSATION THE COMMITTEE REVIEWS DATA OBTAINED FROM ITS EXTERNAL COMPENSATION CONSULTANT ON PRESIDENTIAL SALARIES FROM COMPARABLE INSTITUTIONS AND UPDATES OR ADJUSTS THAT DATA THROUGH SURVEYS AND OTHER AVAILABLE RESOURCES IN ADDITION, AN ANNUAL PERFORMANCE REVIEW IS CONDUCTED

ADDITION, FROM TIME TO TIME, THE GOVERNING BODY PROVIDES BONUSES TO OFFICERS, DIRECTORS, KEY EMPLOYEES, AND OTHER STAFF BASED OF THE CONTROL	Return Reference	Explanation
PERFORMANCE THEY DEEM TO BE WORTHY OF THE AWARD. THESE BONUSES ARE COMPLETELY DISCRETIONARY	,	FROM TIME TO TIME CERTAIN EMPLOYMENT CONTRACTS CONTAIN BONUS CLAUSES THESE BONUSES ARE BASED ON METRICS SPECIFIC TO THE POSITION IN ADDITION, FROM TIME TO TIME, THE GOVERNING BODY PROVIDES BONUSES TO OFFICERS, DIRECTORS, KEY EMPLOYEES, AND OTHER STAFF BASED ON PERFORMANCE THEY DEEM TO BE WORTHY OF THE AWARD THESE BONUSES ARE COMPLETELY DISCRETIONARY

Software ID:

Software Version:

EIN: 24-0795686

Name: LAFAYETTE COLLEGE

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

roini 990, Schedule 3,								
(A) Name and Title		, ,	of W-2 and/or 1099-MIS	· · · · · · · · · · · · · · · · · · ·	(C) Retirement and other deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
ALISON R BYERLY PRESIDENT	(1)	528,807	25,000	77,883	26,125	74,641	732,456	0
	(11)	0	0	0	0	0	0	0
JOSEPH S BOHRER CHIEF INVESTMENT OFFICER	(1)	347,650	180,000	12,074	26,125	10,273	576,122	0
	(11)	0	0	0	0	0	0	0
ROGER A DEMARESKI VP OF FINANCE &	(1)	366,520	25,000	29,832	26,125	22,647	470,124	0
ADMINISTRATION/TREAS	(11)	0	0	0	0	0	0	0
ANNETTE DIORIO VP OF CAMPUS LIFE/SR	(1)	214,899	10,000	1,647	20,740	10,730	258,016	0
DIVERSITY OFFI	(11)	0	0	0	0	0	0	0
MARK EYERLY VP FOR MARKETING &	(1)	207,068	0	2,018	20,353	20,916	250,355	0
COMMUNICATIONS	(11)	0	0	0	0	0	0	0
LESLIE F MUHLFELDER VP OF HUMAN RESOURCES &	(1)	314,032 	8,000	11,005	26,125	50,014	409,176	0
GENERAL COUN	(11)	0	0	0	0	0	0	0
JAMES F KRIVOSKI VP & LIAISON TO BOARD OF	(1)	197,898	0	3,723	19,054	9,714	230,389	0
	(11)	0	0	0	0	0	0	0
GREGORY V MACDONALD VP OF ENROLLMENT	(1)	230,611	20,000	7,461	22,891	77,871	358,834	0
MANAGEMENT	(11)	0	0	0	0	0	0	0
JOHN L O'KEEFE VP & CHIEF INFORMATION	(1)	224,874 	0	1,217	22,062	21,793	269,946	0
	(11)	0	0	0	0	0	0	0
KIMBERLY A SPANG VP OF DEVELOPMENT &	(1)	290,407 	25,000	13,565	26,125	32,923	388,020	0
	(11)	0	0	0	0	0	0	0
SAIYID A RIZVI PROVOST	(1)	330,892 	20,000	10,933	26,125	21,537	409,487	0
	(11)	0	0	0	0	0	0	0
CRAIG BECKER ASSOC VP FOR FINANCE,	(1)	231,943	0	39,600	23,017	24,601	319,161	0
	(11)	0	0	0	0	0	0	0
ALMA SCOTT-BUCZAK ASSOC VP FOR HUMAN	(1)	171,693	0	25,984 	17,244	23,238	238,159	0
RESOURCES	(II)	0	0	0	0	0	0	0
SCOTT R HUMMEL DIRECTOR OF ENGINEERING	(1)	231,716	0	1,726	22,518	30,824	286,784	0
MERVIN A BURTON	(11)	0	0	0	0	0	0	0
DIRECTOR OF INVESTMENTS	(1)	230,522	175,000	581	22,626	8,894 	437,623	0
JOHN KINCAID	(11)	0	0	0	0	0	0	0
PROFESSOR/DIRECTOR OF	(1)	238,010	0	2,694	22,950	10,647	274,301	0
BRUCE A MURPHY	(11)	242.255	0	0	0	0	0	0
KIRBY PROFESSOR OF	(1)	242,265	0	7,874 	23,697	20,880	294,716	0
FRANCIS B O'HANLON	(11)	242.076	0	0	0	0	0	0
HEAD MEN'S BASKETBALL	(i)	242,976 	0	7,842 	23,787	21,705	296,310	0
COACII	(11)	0	0	0	0	0	0	0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule K **Supplemental Information on Tax-Exempt Bonds** (Form 990)

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions,

2018

OMB No 1545-0047

DLN: 93493161017130

explanations, and any additional information in Part VI.

	artment of the Treasury rnal Revenue Service			•	s, and any additional •• Attach to Form 99 ••irs.gov/Form990 fol	90.								en to Pu Inspectio		
Name	ne of the organization			PGO to WWW.	<u> IFS.YOV/FOIMIJJO</u> 101	T the latest h	Altornia	<u>Hion.</u>	-		Emplo	yer ident		n number		
LAF#	AYETTE COLLEGE										24-07	95686				
Pa	art I Bond Issue	es														
	(a) Issuer name	e	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue p	rice		(f) Description	on of purpose	(g) D	efeased) On alf of		Pool
				1			,						ı	suer	- IIIIaii	ncing
							'	<u> </u>			Yes	No	Yes	No	Yes	No
Α	NORTHAMPTON CITY (SERIES 2013 A)	GPA	23-3007498	66353LCF2	11-26-2013	35,14	16,792		UND SERIES 9 PROJECTS	8A, 98B, VAR	≀	X		X		X
В	NORTHAMPTON CITY (SERIES 2010 A AND		23-3007498	66353LAY3	04-30-2010	26,68			UND SERIES 1 DECTS	OA, VAR CAP	>	Х		Х		Х
С	NORTHAMPTON CITY (SERIES 2018)	GPA	23-3007498	66353LDL8	10-02-2018	21,57	20,883	COLLI	LEGE REFUND: IDS	ING REVENUE	E	X		X		Х
D	NORTHAMPTON CITY (SERIES 2006)	GPA	23-3007498	66353LAG2	09-14-2006	15,10	00,000		ISTRUCT /REN	OV ATHLETIC	c	Х		X		Х
Pa	art II Proceeds															
						i	Α		F	В	C	:			D	
1								!				,000	4,100,000			
2	-		ed													
3							35,146,792 26,690,421		26,690,421		,883	15,312,344				
4			s													
5			eds			<u> </u>		!							1	108,121
6						<u> </u>										
7						346,792				370,	.883					
8	Credit enhancement	: from proce	eds		• • •											
9			om proceeds										10,709			
10			eeds				12,60	12,600,000 4,400,421					15,193,514			
11						T	22,200,000 22,290,000		21,150,000							
12																
13	Year of substantial c	ompletion .					20:	13	20:	18		2	2007			
						Yes	No	0	Yes	No	Yes	No		Yes	工_'	No
14	Were the bonds issu	ıed as part c	of a current refunding	issue?			X	()		x	X	ı				X
15	Were the bonds issu	ied as part c	of an advance refundır	ng issue?		Х			Х			Х				X
16	Has the final allocat	allocation of proceeds been made?							Х			Χ				
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?								Х	_	х	 I		Х		
Pa	art III Private Bu				• •			—								
						Т	A		F	В	C	:			D	
						Yes	No		Yes	No	Yes	No		Yes	$\prod_{i=1}^{n}$	No
1	Was the organizatio [,] financed by tax-exe	n a partner i mpt bonds?	ın a partnership, or a	member of an LLC,	, which owned property • •	1	Х	(Х		X				X

Are there any lease arrangements that may result in private business use of bond-financed

Χ

Χ

Schedule K (Form 990) 2018

b

C

d

6

8a

Part IV

b

C

Arbitrage

Page 2

Χ

Χ

0 %

0 %

0 %

Χ

Х

No

Х

Χ

Χ

D

Yes

Х

Yes

Х

Χ

Schedule K (Form 990) 2018

D

C

No

X

Χ

0 %

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Χ

Х

Yes

Χ

No

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Χ

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В

Yes

Χ

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Χ

Χ

No

Χ

Χ

Χ

Χ

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Yes

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Yes

Χ

No

Χ

Χ

Χ

X

No

Х

Χ

0 %

0 %

0 %

Χ

Х

Yes

Х

counsel to review any management or service contracts relating to the financed property?

Are there any research agreements that may result in private business use of bond-financed

If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

Enter the percentage of financed property used in a private business use by entities other than

counsel to review any research agreements relating to the financed property?

organization, or a state or local government

Does the bond issue meet the private security or payment test? . . .

Has there been a sale or disposition of any of the bond-financed property to a

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

nongovernmental person other than a 501(c)(3) organization since the bonds were

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

Rebate not due yet?

Exception to rebate?

hedge with respect to the bond issue?

the issue are remediated in accordance with the requirements under

Page 3

Х

D

No

Yes

C

No

Yes

Ja	(GIC) [?]	X	X	X	Х
ь	Name of provider				

Х

Α

REBATE COMPUTATION WAS PERFORMED 03/13/2015 ISSUER NAME NORTHAMPTON CITY GPA (SERIES 2003) DATE THE REBATE COMPUTATION WAS

Nο

Explanation

ISSUER NAME NORTHAMPTON CITY GPA (SERIES 2013 A) DATE THE REBATE COMPUTATION WAS PERFORMED 06/23/2017 ISSUER NAME NORTHAMPTON CITY

GPA (SERIES 2010 A AND B) DATE THE REBATE COMPUTATION WAS PERFORMED 02/13/2015 ISSUER NAME NORTHAMPTON CITY GPA (SERIES 2006) DATE THE

Yes

Χ

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Χ

Yes

Х

No

R

Schedule K (Form 990) 2018

period?

Part V

Part VI

PERFORMED

Were gross proceeds invested in a guaranteed investment contract

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

if self-remediation is not available under applicable regulations?

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

PERFORMED 03/16/2015

the GIC satisfied?

requirements of section 148? . . .

Return Reference

DATE REBATE COMPUTATION

Return Reference	Explanation
FORM 990, SCHEDULE K, PART I, SUPPLEMENTAL INFORMATION	NORTHAMPTON COUNTY GPA (SERIES 2010 A AND B) IS ONE INTEGRATED STRUCTURE AS REPORTED ON IRS FORM 8038 IT IS COMPRISED OF TWO SUB-COMPONENTS, SERIES 2010 A WHICH HAD PROCEEDS OF \$22,289,379 FOR THE PURPOSE OF RETIRING THE SERIES 2000 BONDS WAS STRUCTURED AS VARIABLE RATE DEBT AND SERIES 2010B WHICH HAD PROCEEDS OF \$4,400,421 FOR VARIOUS CAPITAL PROJECTS AND IMPROVEMENTS WAS STRUCTURED AS FIXED RATE DEBT

Return Reference	Explanation
SCHEDULE K, PART II, LINE 3	THE DIFFERENCE FROM PART I(E) IS DUE TO INVESTMENT EARNINGS

_

_

Return Reference	Explanation
FORM 990, SCHEDULE K, PART III	THE COLLEGE CONTRACTS WITH A FOR-PROFIT DINING SERVICE PROVIDER FOR THE MANAGEMENT OF THE DINING OPERATIONS ON CAMPUS THE CURRENT CONTRACT IS STRUCTURED SUCH THAT THE PREPONDERANCE OF FEES IS BASED ON A PER CAPITA CHARGE A SMALL PORTION OF THE PROCEEDS OF THE SERIES 2008 BONDS WERE USED TO RENOVATE ONE OF THE SEVEN DINING VENUES ON CAMPUS, BUT GIVEN ITS NATURE, THE COLLEGE, WITH THE ADVICE OF COUNSEL, BELIEVES THE CONTRACT WITH THE FOR-PROFIT DINING SERVICE PROVIDER IS A QUALIFIED MANAGEMENT CONTRACT AND NOT SUBJECT TO PRIVATE USE

Return Reference	Explanation
FORM 990, SCH K, PART IV, LINE 3, USE OF INTEREST RATE HEDGING CONTRACTS	THE COLLEGE HAS THREE INTEREST RATE HEDGING CONTRACTS IN PLACE THAT WERE ENTERED INTO TO MITIGATE THE COLLEGE'S INTEREST RATE RISK INHERENT WITH VARIABLE RATE STRUCTURED DEBT EACH OF THE HEDGING CONTRACTS REQUIRES THE COLLEGE TO PAY A FIXED RATE IN RETURN FOR A VARIABLE RATE THAT IS EXPECTED TO APPROXIMATE THE INTEREST RATE PAYABLE ON THE COLLEGE'S DEBT IN TYPICAL MARKETS NONE OF THE INTEREST RATE HEDGING CONTRACTS ARE STRUCTURED AS "QUALIFIED" HEDGES ON THE RECORDS OF THE ISSUING AUTHORITY FOR ANY OF THE COLLEGE'S DEBT ISSUANCES, WHICH IS THE NORTHAMPTON COUNTY GENERAL PURPOSE AUTHORITY AS SUCH, NONE OF THE INTEREST RATE HEDGES ARE INTEGRATED FOR TAX PURPOSES WITH A PARTICULAR DEBT ISSUANCE OF THE COLLEGE

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493161017130 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule K Supplemental Information on Tax-Exempt Bonds (Form 990) ▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI. ▶ Attach to Form 990. Open to Public Department of the Treasury Internal Revenue Service ▶Go to www.irs.gov/Form990 for the latest information. Inspection Name of the organization Employer identification number LAFAYETTE COLLEGE 24-0795686 Part I **Bond Issues** (c) CUSIP # (i) Pool (a) Issuer name (b) Issuer EIN (d) Date issued (e) Issue price (f) Description of purpose (q) Defeased (h) On behalf of financing issuer Yes No Yes No Yes No NORTHAMPTON CITY GPA 23-3007498 10,190,000 REFUND SERIES 93 Χ Х 66353LAA5 04-02-2003 (SERIES 2003) NORTHAMPTON CITY GPA 06-14-2017 Х 23-3007498 66353LDE4 158,271,482 CONTRUCTION/PARTIAL ADVANCE Х Х (SERIES 2017) REFUNDING PRIOR BOND Part ${
m I\hspace{-.1em}I}$ Proceeds 2 10,190,000 158,271,482 5 6 7 1.011.988 8 9 10 60,764,690 11 77,259,495 10,190,000 12 19,235,310 13 2003 Yes No Yes No Yes No Yes No Were the bonds issued as part of a current refunding issue? Χ Χ 14 Were the bonds issued as part of an advance refunding issue? 15 Χ Χ Χ 16 Χ Does the organization maintain adequate books and records to support the final allocation of Х Χ **Private Business Use** Part 🏻 Α C D Yes Nο Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, which owned property Χ Χ Are there any lease arrangements that may result in private business use of bond-financed Χ Χ Cat No 50193E Schedule K (Form 990) 2018 For Paperwork Reduction Act Notice, see the Instructions for Form 990.

b

C

d

6

Part IV

b

C

Arbitrage

If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside

If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

Enter the percentage of financed property used in a private business use by entities other than

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

counsel to review any research agreements relating to the financed property?

a section 501(c)(3) organization or a state or local government 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)

Does the bond issue meet the private security or payment test? . . .

Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were

Penalty in Lieu of Arbitrage Rebate? . . . If "No" to line 1, did the following apply?...

Rebate not due yet?

Exception to rebate?

If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed Is the bond issue a variable rate issue?

Was the hedge superintegrated?

hedge with respect to the bond issue?

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

counsel to review any management or service contracts relating to the financed property? Are there any research agreements that may result in private business use of bond-financed Page 2

D

Schedule K (Form 990) 2018

No

Yes

Χ Χ

0 %

0 %

0 %

Χ

Х

Х

Yes

C

No

0 %

В

No

Χ

Χ

Χ

Χ

Χ

0 % 0 % Х Χ

Yes

Χ

Χ

No

Χ

Χ

Χ

Χ

Α

Yes

Χ

Х

Were gross proceeds invested in a guaranteed investment contract

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

if self-remediation is not available under applicable regulations?

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

Term of GIC

the GIC satisfied?

requirements of section 148? . . .

Schedule K (Form 990) 2018

(GIC)?

period?

Part VI

Х

Х

Yes

No

Yes

Χ

Nο

Yes

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Page 3

No

No

D

Yes

Schedule K (Form 990) 2018

Yes

No

Yes

Nο

efil	e GRAPHIC pr	int - DO NOT PF	ROCESS	As Filed Data -		I	DLN: 93493	161017	130
	IEDULE M			loncash Contri	hutions		OMB No	1545-0	047
(For	m 990)	►Complete if the Attach to Form	organizati	ons answered "Yes" on F		9 or 30.	20	18	3
	tment of the Treasury			90 for the latest informat	tion.			to Pub	
Nam	e of the organizat	ion				Employer	identification		
LAFA	ETTE COLLEGE					24-079568	.6		
Pa	rt I Types	of Property				21 073300			
			(a) Check ıf applıcable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line		(d) lethod of deteri ash contribution		ts
1	Art—Works of an	+	X	4	1g 1 579 650	APPRAISA	1		
2	Art—Historical tr				1,379,030	AFFRAISA	·L		
3	Art—Fractional in								
4	Books and public	ations							
5	Clothing and hou	ısehold							
_	3								
	Cars and other v								
7 8	Boats and planes								
9	Intellectual proper Securities—Public	•	X	86	2 606 781	HIGH/I OV	V OF DAILY MV		
	Securities—Close	•	<u> </u>		2,000,701	inidin/Lov	V OI DAILI IIV		
	Securities—Partr	nership, LLC,							
12	Securities—Misce								
13	Qualified conserve contribution—Histructures	istoric							
	Qualified conserve contribution—Of	vation ther							
	Real estate—Res								
	Real estate—Cor								
17 18	Real estate—Oth Collectibles .		X	1	40.000	APPRAISA	1		
19	Food inventory		 ^		40,000	AFFRAISA	· L		
20	Drugs and medic								
21	Taxidermy .								
22	Historical artifact	ts							
23	Scientific specim	ens	Х	2	10,000	APPRAISA	.L		
24	Archeological art	ifacts							
<u>G00</u>	Other ► (DS/SERVICES)		X	2	24,791				
EQU:	Other ► (IPMENT)		X	1	18,184	IFMV			
27	Other ► ()				1			
28	Other • ()	 			+ -			
29				ition during the tax year for 3, Part IV, Donee Acknowled		29		_	7
		1.111						Yes	No
30a	must hold for at	least three years fr	om the date	y contribution any property in a contribution, a contribution, a contribution, a contribution, a contribution, a	and which is not required to		r exempt		
b	If "Yes," describ	e the arrangement	ın Part II				30	1	No
31	Does the organi	zation have a gift ac	cceptance p	olicy that requires the review	v of any nonstandard contri	butions?	31	Yes	
32a		zation hire or use th		or related organizations to s	olicit, process, or sell nonca	sh 	. 32	a Yes	_ L
Ь	If "Yes," describ	e ın Part II							
33	If the organizati	•	n amount in	column (c) for a type of pro	perty for which column (a)	ıs checked,			
Eor D		on Act Notice, see the	a Instruction	e for Form 990	Cat No. 512271		Schedule M (Fo	000\	(2018)

Schedule M (Form 990) (2018)	Page 2
	cion required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part Limber of contributions, the number of items received, or a combination of both. Also complete
Return Reference	Explanation
PART I, COLUMN (B)	NUMBER OF CONTRIBUTORS
PART I, LINE 32B	THE COLLEGE'S INVESTMENT BROKER/MANAGER LIQUIDATES DONATED SECURITIES SECURITIES
_	Schedule M (Form 990) (2018)

efile GRAPH	IC print - DO NOT PROCESS As Filed Data -	DLN: 93493161017130
SCHEDUL (Form 990 or EZ)	990- Complete to provide information for resp Form 990 or 990-EZ or to provide al	onses to specific questions on by additional information. Open to Public Open to Public
Name Betherofg LAFAYETTE COLLEC 990 Schedule		Employer identification number 24-0795686
Return Reference	Ехр	anation
FORM 990, PART III, LINE 1 MISSION STATEMENT	IN AN ENVIRONMENT THAT FOSTERS THE FREE EXCHAN- URE THE INQUIRING MIND AND TO INTEGRATE INTELLEC' LEGE STRIVES TO DEVELOP STUDENTS' SKILLS OF CRITI UANTITATIVE REASONING AND THEIR CAPACITY FOR CRI EXAMINE THE TRADITIONS OF THEIR OWN CULTURE AND UES THAT INCLUDE AN UNDERSTANDING OF PERSONAL, D TO REGARD EDUCATION AS AN INDISPENSABLE, LIFEL	TUAL, SOCIAL, AND PERSONAL GROWTH THE COL CAL THINKING, VERBAL COMMUNICATION, AND Q EATIVE ENDEAVOR, IT ENCOURAGES STUDENTS TO THOSE OF OTHERS, TO DEVELOP SYSTEMS OF VAL SOCIAL, AND PROFESSIONAL RESPONSIBILITY, AN

FORM 990, PART VI, SECTION A, LINE 1 GOVERNANCE, MANAGEMENT, AND DISCLOSURE - GOVERNING BODY AND MANAGEMENT THE EXECUTIVE COMMI TIEE OF THE BOARD CONSISTS OF THE CHAIR, VICE CHAIR, AND SECRETARY OF THE BOARD, THE CHAIR S OF THE STANDING COMMITTEES OF THE BOARD, THE PRESIDENT OF THE COLLEGE, AND THE IMMEDIATE PAST CHAIR OF THE BOARD FOR THE PERIOD OF ONE YEAR NEXT ENSUING THE TERMINATION OF HIS OR HER INCUMBENCY IN THAT OFFICE IN THE EVENT HE OR SHE CONTINUES TO SERVE DURING THAT PERIOD D AS A MEMBER OF THE BOARD OF TRUSTEES THE EXECUTIVE COMMITTEE TRANSACTS SUCH BUSINESS AS MAY BE COMMITTED TO IT BY THE BOARD, AND, WHEN THE BUSINESS OF THE COLLEGE REQUIRES, IT MAY ACT FOR THE BOARD IN ALL MATTERS NOT ESPECIALLY RESERVED, SUBJECT TO APPROVAL BY THE BOARD AND AT ITS FIRST MEETING THEREAFTER THE COMMITTEE HAS THE FOLLOWING RESPONSIBILITIES DEVELOPMENT OF A LONG-RANGE MASTER PLAN FOR THE COLLEGE SUBJECT TO PERIODIC REVIEW AND REVISION, CONSIDER AND RECOMMEND POLICIES FOR FINANCIAL LONG-RANGE PLANNING, BUDGETING, PRICING AND FEES, NOMINATE CANDIDATES FOR THE BOARD COPIES OF THE MINUTES OF ITS TRANSACTIONS ARE CIRCULATED AMONG THE MEMBERS OF THE BOARD PRIOR TO THE NEXT ENSUING MEETING OF THE BOARD, AND, WHEN APPROVED, REPORTED AS TRANSACTIONS OF THE BOARD	Return Reference	Explanation
	PART VI, SECTION A,	TTEE OF THE BOARD CONSISTS OF THE CHAIR, VICE CHAIR, AND SECRETARY OF THE BOARD, THE CHAIR S OF THE STANDING COMMITTEES OF THE BOARD, THE PRESIDENT OF THE COLLEGE, AND THE IMMEDIATE PAST CHAIR OF THE BOARD FOR THE PERIOD OF ONE YEAR NEXT ENSUING THE TERMINATION OF HIS OR HER INCUMBENCY IN THAT OFFICE IN THE EVENT HE OR SHE CONTINUES TO SERVE DURING THAT PERIOD D AS A MEMBER OF THE BOARD OF TRUSTEES THE EXECUTIVE COMMITTEE TRANSACTS SUCH BUSINESS AS MAY BE COMMITTED TO IT BY THE BOARD, AND, WHEN THE BUSINESS OF THE COLLEGE REQUIRES, IT MAY ACT FOR THE BOARD IN ALL MATTERS NOT ESPECIALLY RESERVED, SUBJECT TO APPROVAL BY THE BOARD AT ITS FIRST MEETING THEREAFTER THE COMMITTEE HAS THE FOLLOWING RESPONSIBILITIES DEVELOPMENT OF A LONG-RANGE MASTER PLAN FOR THE COLLEGE SUBJECT TO PERIODIC REVIEW AND REVISION, CONSIDER AND RECOMMEND POLICIES FOR FINANCIAL LONG-RANGE PLANNING, BUDGETING, PRICING AND FEES, NOMINATE CANDIDATES FOR THE BOARD COPIES OF THE MINUTES OF ITS TRANSACTIONS ARE CIRCULATED AMONG THE MEMBERS OF THE BOARD PRIOR TO THE NEXT ENSUING MEETING OF THE BOARD,

Return Explanation
Reference

FORM 990,	GOVERNANCE, MANAGEMENT, AND DISCLOSURE - GOVERNING BODY AND MANAGEMENT FROM TIME TO TIME,
PART VI,	VARIOUS TRUSTEES MAY HAVE RELATIONSHIPS OCCURRING IN THE NORMAL COURSE OF BUSINESS THESE
SECTION A,	TRANSACTIONS ARE AT ARM'S LENGTH AND REPORTED TO THE COLLEGE IN COMPLIANCE WITH ITS CONFLI
LINE 2	CT OF INTEREST POLICY

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	GOVERNANCE, MANAGEMENT, AND DISCLOSURE - POLICIES PROCESS FOR THE REVIEW OF FORM 990 THE F ORM 990 RETURN IS PREPARED BY THE COLLEGE'S ADMINISTRATION AND FORWARDED TO THE COLLEGE'S OUTSIDE TAX ADVISOR FOR REVIEW AND INPUT INTO ELECTRONIC MEDIA THE COLLEGE WILL DISCUSS T HE RETURN WITH ITS OUTSIDE TAX ADVISOR AND MAKE REVISIONS PRIOR TO PRINTING THE FIRST DRAF T RETURN THE AUDIT COMMITTEE REVIEWS THE FIRST DRAFT RETURN, RECOMMENDS CHANGES, WHICH AR E THEN INCORPORATED INTO A REVISED DRAFT RETURN THE AUDIT COMMITTEE REVIEWS THE SECOND DR AFT RETURN TO ENSURE THE COMMITTEE'S REQUESTED CHANGES WERE MADE THE ADMINISTRATION WILL THEN DISTRIBUTE THE SECOND DRAFT RETURN TO THE FULL BOARD OF TRUSTEES WITH A REQUEST FOR R EVIEW AND COMMENT IF ANY QUESTIONS OR COMMENTS ARE RECEIVED FROM A BOARD MEMBER AND THE R ETURN IS REVISED AS A RESULT, THE ADMINISTRATION WILL ADVISE THE FULL BOARD OF THE CHANGE BEFORE FILING OF THE FINAL RETURN

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE CONFLICT OF INTEREST POLICY FOR TRUSTEES, BOARD MEMBERS, OFFICERS OF THE ADMINISTRATIO N, AND OTHER KEY EMPLOYEES OF THE COLLEGE WAS APPROVED BY THE COLLEGE'S BOARD OF TRUSTEES ON OCTOBER 27, 1979 THIS POLICY IS PROVIDED TO ALL APPLICABLE INDIVIDUALS ANNUALLY FOR THE REVIEW AND DISCLOSURE OF BOTH ANY EXCEPTIONS TO THE POLICY AND ANY AFFILIATIONS FOR WHICH THE POLICY REQUIRES DISCLOSURE THE COLLEGE ALSO REQUIRES THE SAME INDIVIDUALS TO PREPARE A FORM 990 DISCLOSURE ANNUALLY ALL DISCLOSURES REQUIRED UNDER THIS POLICY MUST BE DIRECTED IN WRITING TO THE SECRETARY OF THE BOARD OF TRUSTEES WHO IS RESPONSIBLE FOR THE ADMINISTRATION OF THIS POLICY MATTERS UNDER THIS POLICY CONCERNING TRUSTEES ARE INITIALLY REPORTED TO THE CHAIRPERSON OF THE BOARD AND THE COLLEGE'S GENERAL COUNSEL FOR ACTION MATTER SCONCERNING STAFF ARE REFERRED INITIALLY TO THE COLLEGE'S GENERAL COUNSEL AND THEN TO THE PRESIDENT INFORMATION DISCLOSED TO THE SECRETARY (OR CHAIRPERSON OR PRESIDENT) IS HELD IN CONFIDENCE EXCEPT WHEN THE BEST INTEREST OF THE INSTITUTION IS SERVED BY DISCLOSING THE INFORMATION TO THE BOARD IN EXECUTIVE SESSION

990 Schedule O, Supplemental Information

Return Explanation

Reference

FORM 990,	THE PROCESS FOR DETERMINING THE COMPENSATION OF THE OFFICERS OF THE ADMINISTRATION THE PR
PART VI,	ESIDENT RECOMMENDS THE COMPENSATION FOR OFFICERS (VICE-PRESIDENTS) BASED ON A WRITTEN ANN
SECTION B,	UAL PERFORMANCE SUMMARY, EACH OFFICER'S COMPENSATION IS THEN ESTABLISHED BY THE COMPENSATI
LINE 15	ON COMMITTEE WHICH REVIEWS DATA OBTAINED FROM ITS EXTERNAL COMPENSATION CONSULTANT ON SALA
	RIES OF COMPARABLE OFFICERS FROM COMPARABLE INSTITUTIONS AND ADJUSTS THAT DATA THROUGH SUR
	VEYS AND OTHER AVAILABLE RESOURCES

Return Explanation
Reference

THE COLLEGE'S AUDITED FINANCIAL CTATEMENTS ADE AVAILABLE ON THE COLLEGE'S DUBLIC MEDITE

990 Schedule O, Supplemental Information

EODM OOG

FORM 990,	THE COLLEGE'S AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE COLLEGE'S PUBLIC WEBSITE
PART VI,	THE COLLEGE'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT AVAILABLE TO THE
SECTION C,	PUBLIC ON ITS WEBSITE REQUESTS FOR COPIES OF FORMS 990 AND 990T ARE PROVIDED PROMPTLY UP
LINE 19	ON REQUEST IN EITHER HARD-COPY OR ELECTRONIC FORMS, AND THE COLLEGE DOES NOT CHARGE FOR EI
	THER COPYING OR MAILING COSTS AFTER THE FILING OF THE FORM 990 RETURN FOR THE SAME TAX YE
	AR, THE COLLEGE WILL PROVIDE A COPY TO GUIDESTAR FOR PUBLICATION ON THEIR WEBSITE

Return Explanation

Reference	
FORM 990,	CHANGE IN ESTIMATE ANNUITIES PAYABLE 6,314,269 CHANGE IN FV OF HEDGE/SWAPS -3,060,492 CHANGE IN
PART XI,	POSTRETIREMENT BENEFITS -1,557,000

LINE 9

efile GRAPHIC print - DO NOT PROCESS
SCHEDULE R
(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

As Filed Data -

► Attach to Form 990.

 \blacktriangleright Go to $\underline{www.irs.gov/Form990}$ for instructions and the latest information.

OMB No 1545-0047

DLN: 93493161017130

Open to Public Inspection

Employer identification number

LAFAYETTE COLLEGE							24-0	795686				
Part I Identification of Disregarded Entities Complete	e if the organ	ızatıon answ	ered "Yes	on Form	990, Part	IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary a	ctivity	(c Legal domi or foreign	cile (state	(d) Total inc	ome	(e) End-of-year a	ssets D	(f) Direct controll entity	ling	
Part II Identification of Related Tax-Exempt Organiza		ete if the org	anızatıon	answered '	"Yes" on F	orm 990,	Part I	/, line 34 be	ecause it had o	ne or mor	-e	_
related tax-exempt organizations during the tax yea (a) Name, address, and EIN of related organization		(b) ary activity	Legal dor	(c) nıcıle (state n country)	(d Exempt Cod) le section	Public o	(e) charity status on 501(c)(3))	(f) Direct contro entity	(1:	(g) ection 51 3) contro entity?	olle ?
(1)SCHAEFER BERTHA B UW BNY MELLON PO BOX 185	PERPETUAI	L TRUST		PA	501(C)(3)				LAFAYETTE COLLE		Yes	No
PITTSBURGH, PA 15230 23-6293005												
(2)WOLFE DUMONT 1 W 4TH ST 4TH FL WINSTON SALEM, NC 27101	PERPETUAI	L TRUST		NC	501(C)(3)				LAFAYETTE COLLE	GE '	Yes	
23-6013820 (3)ANNA P DENLINGER TRUST 1 W 4TH ST 4TH FL	PERPETUAI	L TRUST		NC	501(C)(3)				LAFAYETTE COLLE	GE ,	Yes	
WINSTON SALEM, NC 27101 22-6144493												
(4)CHARLES W BLAIR 10 S DEARBORN	PERPETUAI	L TRUST		IL	501(C)(3)				LAFAYETTE COLLE	GE '	Yes	
CHICAGO, IL 60603 72-6130983												
For Paperwork Reduction Act Notice, see the Instructions for Fo	rm 990.		Ca	t No 5013	5Y				Schedule R (Form 990) 2018	8

(a)		(b)	(c)	(d)	(e)	ı	(f)	(g)	(H	.1	(i)	1	(j)	1	(k)
Name, address, and EIN related organization	of	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predomir income(rel unrelate excluded tax und sections !	ated, to ed, from er 512-	Share of	Share of end-of-year assets	Dispropi allocat	rtionate	Code V- amount ir 20 of Schedule (Form 10	box K-1	Genera	nlor Po Jung d	ercentage ownership
					514)				Yes	No			Yes	No	
														+	
														\perp	
		1													
Part IV Identification of Related Orga because it had one or more relate	nizations Taxable as a C	Corporation	or Trus	t Complete	e if the org	janizat	tion ansv	wered "Yes	" on Fo	orm 9!	90, Part	IV,	line 3	4	
Part IV Identification of Related Organ because it had one or more related (a) Name, address, and EIN of related organization	nizations Taxable as a Cod organizations treated as (b) Primary activity	a corporation do do (state	(c) Legal omicile or foreign	st during t	e if the org he tax yea (d) ct controlling entity	r, Type o (C corp	(e)	vered "Yes (f) Share of total income	Share	(g) of end- year ssets	of- P	(h)	age	Sect (13)	(i) tion 512(t) controlle entity
because it had one or more relate (a) Name, address, and EIN of	ed organizations treated as (b)	do (state	on or tru (c) Legal omicile	st during t	he tax yea (d) ct controlling entity	r, Type o (C corp	(e) of entity o, S corp,	(f) Share of total	Share	(g) of end- year	of- P	(h) ercent	age ship	Sect	tion 512(t) controlle entity? es No
because it had one or more relate (a) Name, address, and EIN of related organization	ed organizations treated as (b) Primary activity	a corporation do (state	on or tru (c) Legal omicile or foreign ountry)	Dire LAFA COLL	he tax yea (d) ct controlling entity YETTE EGE	r, Type o (C corp	(e) of entity o, S corp,	(f) Share of total	Share	(g) of end- year	of- P	(h) ercent owners	age ship	Sect (13)	tion 512(t) controlle entity? S No
because it had one or more relate (a) Name, address, and EIN of related organization (1)CHARITABLE REMAINDER UNITRUSTS (33)	ed organizations treated as (b) Primary activity INVESTMENTS	a corporation do (state	on or tru (c) Legal omicile or foreign ountry) PA	Dire LAFA COLL	he tax yea (d) ct controlling entity YETTE EGE	r, Type o (C corp	(e) of entity o, S corp,	(f) Share of total	Share	(g) of end- year	of- P	(h) ercent owners	age ship	Sect (13)	tion 512(t) controlle entity? S No
because it had one or more relate (a) Name, address, and EIN of related organization (1)CHARITABLE REMAINDER UNITRUSTS (33)	ed organizations treated as (b) Primary activity INVESTMENTS	a corporation do (state	on or tru (c) Legal omicile or foreign ountry) PA	Dire LAFA COLL	he tax yea (d) ct controlling entity YETTE EGE	r, Type o (C corp	(e) of entity o, S corp,	(f) Share of total	Share	(g) of end- year	of- P	(h) ercent owners	age ship	Sect (13)	tion 512(t) controlle entity? S No
because it had one or more relate (a) Name, address, and EIN of related organization (1)CHARITABLE REMAINDER UNITRUSTS (33)	ed organizations treated as (b) Primary activity INVESTMENTS	a corporation do (state	on or tru (c) Legal omicile or foreign ountry) PA	Dire LAFA COLL	he tax yea (d) ct controlling entity YETTE EGE	r, Type o (C corp	(e) of entity o, S corp,	(f) Share of total	Share	(g) of end- year	of- P	(h) ercent owners	age ship	Sect (13)	tion 512(t) controlle entity? S No
because it had one or more relate (a) Name, address, and EIN of related organization (1)CHARITABLE REMAINDER UNITRUSTS (33)	ed organizations treated as (b) Primary activity INVESTMENTS	a corporation do (state	on or tru (c) Legal omicile or foreign ountry) PA	Dire LAFA COLL	he tax yea (d) ct controlling entity YETTE EGE	r, Type o (C corp	(e) of entity o, S corp,	(f) Share of total	Share	(g) of end- year	of- P	(h) ercent owners	age ship	Sect (13)	tion 512(t) controlle entity? S No

(1) CHARITABLE REMAINDER TRUSTS

(2)CHARITABLE REMAINDER TRUSTS

(3)CHARITABLE REMAINDER TRUSTS

(4)CHARITABLE REMAINDER TRUSTS

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.		
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule	Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		

Page 3

No

No No

No

No

No

No

No

1d

1e

1f

1g

1h

11

1 m

1n

1r

1s

Schedule R (Form 990) 2018

(d)

Method of determining amount involved

Yes

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity. 1c

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

(b)

Transaction type (a-s)

S

S

(c)

Amount involved

1,189,355

6,145,807

467,818

184.906

CASH VALUE

CASH VALUE

CASH VALUE

CASH VALUE

Sale of assets to related organization(s).

Purchase of assets from related organization(s).

Lease of facilities, equipment, or other assets to related organization(s)

Name of related organization

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

was not a related organization. See instructions regarding exclusion for certain investment particles inps																		
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	organizations?		(e) Are all partners section 501(c)(3) organizations?		(e) Are all partners section 501(c)(3) organizations?		(f) Share of total Income	(f) (g) Share of total end-of-year assets	(h) Disproprtionate allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership	
			514)	Yes	No			Yes	No		Yes	No						
										Schedul	e R (Forn	n 99	0) 2018					

