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Form **990** 

Department of the

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

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

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

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

OMB No. 1545-0047

DLN: 93493124003441

2019

reasu nterna	•	enue Service							Inspection
A F	or th	e <b>2019</b> c		eginning 07-01-2019 , and en	nding 06-30	-2020	-		
		applicable:	C Name of organization VASSAR COLLEGE				D Employ	er identific	ation number
		change nange					14-133	8587	
□ Ini	tial re	eturn	Doing business as						
		rn/terminated		if mail is not delivered to street addres	ss) Room/sui	te .	E Telephor	ne number	
		d return ion pending	134 Baymand Aya Pay 13	t ir mail is not delivered to street addres	ss) Room/sui	ce	(845) 4	137-7000	
		<b>F</b> 9	City or town, state or province,	country, and ZIP or foreign postal code	<u> </u> e		- (013) 1	37 7000	
			Poughkeepsie, NY 12604				<b>G</b> Gross re	eceipts \$ 449	9,987,554
			F Name and address of prir	ncipal officer:		<b>H(a)</b> Is thi	s a group re	turn for	
			Elizabeth Howe Bradley 124 Raymond Avenue				dinates?		□Yes <b>☑</b> No
			Box 1 Poughkeepsie, NY 12604			H(b) Are a		tes	☐ Yes ☐No
Ta	x-exe	mpt status:			$\Box$				nstructions)
			<b>⊻</b> 501(c)(3)	) ◀ (insert no.) ☐ 4947(a)(1) or	☐ 527	H(c) Grou	exemption	number 🕨	•
VV.	ebsi	te:► ww	w.vassar.edu						
<b>(</b> Forr	n of o	rganization	: 🗹 Corporation 🗌 Trust 🔲	Association ☐ Other ▶		L Year of form	ation: 1861	M State of	f legal domicile: NY
Pa	art I		mary						
				on or most significant activities: e accessible "the means of a thoro	ough, well-p	roportioned a	nd liberal ed	ducation" t	hat inspires each
		individual	to lead a purposeful life. The	College makes possible an educati	ion that pro	notes analyti	cal, informe	d, and inde	ependent thinking
				late expression; and nurtures inte dard of engagement in teaching a					
<u>ب</u>		curriculum	n; and a residential campus th	at fosters a learning community. F	Founded in :	.861 to provi	de women a	n educatio	n equal to that
Ē				ow open to all and strives to pursu which all members, including thos					
Ę		empowere	ed to thrive.	•					
<u> </u>									
ಠ									
Sel				n discontinued its operations or dis					24
acumues a Governance	l		•	erning body (Part VI, line 1a) . rs of the governing body (Part VI,				3	29
AC	l		,	n calendar year 2019 (Part V, line	•		•	5	3,684
	l		nber of individuals employed in nber of volunteers (estimate in	, , ,	•		•	6	3,459
	l		•	Part VIII, column (C), line 12				7a	732,518
	l							7b	3,16
				<u> </u>		Pr	ior Year	(	Current Year
G:	8	Contribut	tions and grants (Part VIII, line	1h)			65,871,	979	39,748,81
Ž.	9	Program	service revenue (Part VIII, line	e 2g)			177,537,	440	177,846,88
Rəvenue	10	Investme	ent income (Part VIII, column (	A), lines 3, 4, and 7d )			54,298,	579	39,677,35
_	11	Other rev	/enue (Part VIII, column (A), li	nes 5, 6d, 8c, 9c, 10c, and 11e)			3,796,		2,721,22
	-			(must equal Part VIII, column (A),			301,504,		259,994,27
	l		, ,	IX, column (A), lines 1–3).			71,275,		71,644,01
	l		,	X, column (A), line 4)				0	
S 68	l			e benefits (Part IX, column (A), lir	•		120,892,		123,714,81
Expenses	Ι.		<b>5</b> , ,	column (A), line 11e)	• •		39,	526	118,47
3	l		raising expenses (Part IX, column	nes 11a–11d, 11f–24e)			85,527,	071	81,768,28
	l			equal Part IX, column (A), line 25			277,734,		277,245,58
	l		•	.8 from line 12	-		23,769,		-17,251,31
× %			Too oxponed and and and			Beginning	of Current Y		End of Year
Net Assets or Fund Balances									
Bal	1		ets (Part X, line 16)				1,664,684,	555	1,663,039,02
2 E	l		ilities (Part X, line 26)				349,104,		384,293,64
			ts or fund balances. Subtract I	ine 21 from line 20	•		1,315,579,	619	1,278,745,38
	irt II		ature Block	xamined this return, including acc	ompanying	schedules an	d statement	s and to t	he hest of my
now	ledge	and belie		plete. Declaration of preparer (other					
any k	nowl	edge.							
							21-05-03		
Sign		Signat	ure of officer			Dat	e		
lere	•		que Crump Controller						
			r print name and title	1-			•		
		P	rint/Type preparer's name	Preparer's signature	D	<b>I</b>	eck 📙 if	PTIN	
Paid		<u> </u>	irm's name				employed m's EIN ►		
Pre∣		CI					5		
Use	Ur	ייע   ּ	ïrm's address ▶			Pho	one no.		
∕lay t	he IF	RS discuss	this return with the preparer	shown above? (see instructions)				□Ye	es 🗌 No

Cat. No. 11282Y

Form **990** (2019)

Form	990 (2019)				Page <b>2</b>
Pa	rt III Statement of Progra	m Service Accomplish	nments		
	Check if Schedule O conta	ains a response or note to a	ny line in this Part III .		🗆
1	Briefly describe the organization'	s mission:			
to lea judgr supp camp open	nission of Vassar College is to maked a purposeful life. The College ment; encourages articulate expresorts a high standard of engagements a high standard of engagements that fosters a learning commuration all and strives to pursue diversibers, including those from underresorts.	akes possible an education ssion; and nurtures intellect it in teaching and learning, nity. Founded in 1861 to pro ity, inclusion, and equity as	that promotes analytica tual curiosity, creativity scholarship and artistic ovide women an educat essential components	al, informed, and independen , respectful debate and enga endeavor; a broad and deep ion equal to that once availal of a rich intellectual and cultu	t thinking and sound ged citizenship. Vassar curriculum; and a residential ole only to men, Vassar is now
2	Did the organization undertake a		rices during the year wh	ich were not listed on	
	the prior Form 990 or 990-EZ?				☐ Yes ☑ No
_	If "Yes," describe these new serv				
3	Did the organization cease condu	· ·	hanges in how it condu	cts, any program	
	services?				. 🗌 Yes 🗹 No
4	Describe the organization's progr Section 501(c)(3) and 501(c)(4) expenses, and revenue, if any, for	organizations are required	to report the amount of		
4a	(Code: ) (Expe	nses \$ 154,234,889	including grants of \$	71,531,205 ) (Revenue \$	148,880,271 )
	See Additional Data				
4b	(Code: )(Expe	nses \$ 28,368,212	including grants of \$	0 ) (Revenue \$	0 }
	See Additional Data				·
4c	(Code: ) (Expe	nses \$ 23,685,470	including grants of \$	0 ) (Revenue \$	19,948,458 )
	See Additional Data				
	(Code: ) (Expe	nses \$ 16,535,238	including grants of \$	112,805 ) (Revenue \$	10,519,078 )
	Other program services include resear	ch expenditures, general progra	am overhead costs, and aux	ciliary enterprise revenue and exp	enditures.
4d	Other program services (Describ	e in Schedule O.)			
	(Expenses \$ 16,535	,238 including grants of	112,8	05 ) (Revenue \$	10,519,078 )
4e	Total program service expens	ses ► 222,823,80			

Par	t IV	Checklist of Required Schedules			
_	_			Yes	No
1		e organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete dule A</i>	1	Yes	
2	Is the	e organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 🥞	2	Yes	
3		he organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates ublic office? If "Yes," complete Schedule C, Part I	3		No
4		ion <b>501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) ion in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	Yes	
5		e organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, ssments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		No
6	to pro	he organization maintain any donor advised funds or any similar funds or accounts for which donors have the right ovide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete dule D,Part I	6		No
7		he organization receive or hold a conservation easement, including easements to preserve open space, invironment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	Yes	
8		he organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>	8	Yes	
9	for ar	he organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian mounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation ces? If "Yes," complete Schedule D, Part IV	9		No
10		he organization, directly or through a related organization, hold assets in temporarily restricted endowments, lanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11		e organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, as applicable.			
а		he organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete dule D,</i> Part VI.	11a	Yes	
	asset	he organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total is reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Yes	
	total	he organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
	in Pa	he organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported rt X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did th	he organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
f		he organization's separate or consolidated financial statements for the tax year include a footnote that addresses organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏	11f	Yes	
12a		he organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete dule D, Parts XI and XII 📆	12a	Yes	
b	W 4	the organization included in consolidated, independent audited financial statements for the tax year? es," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		103	No
13	Is the	e organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did th	he organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
	Did th busin	he organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, ness, investment, and program service activities outside the United States, or aggregate foreign investments at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did th	he organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any gn organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16		he organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to r foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Yes	
17		he organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, nn (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17	Yes	
18	lines	he organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	comp	he organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," plete Schedule G, Part III	19		No
20a	Did th	he organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Ye	es" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21		he organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic rnment on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . .

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,		V	
** 1		V	
** 1		Yes	No
column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
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	
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	
Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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
Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
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
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
Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🛸	29	Yes	
Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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
Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections	33	Yes	
Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34	Yes	
Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35b	Yes	
Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	36		No
Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that			No
Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b>	38	Yes	
	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  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year?  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  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-E27 If "Yes," complete Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II  Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee, therefor a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV  Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV  A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  A family member of any individual described in line 28a? If "Yes," complete Schedule L	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 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24b 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 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  24d 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 "res," complete Schedule L, Part I.  25a It she organization are 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 organizations from Forms 990 or 990-E27 If "res," complete Schedule L, Part II.  25d The organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of family member of any of these persons? If "res," complete Schedule L, Part III.  25d The organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or aphotose film instructions for applicable film the self-self-self-self-self-self-self-self-	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.  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24b  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  Did the organization maintain an escrow account other than a refunding escrow at any time during the year?  24d  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 in a prior year, and that the transaction was not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I .  Did the organization revort any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part II .  Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV .  25a a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV .  25a a 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 286? If "Yes," complete Schedule L, Part IV .  25a a 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 286? If "Yes," complete Schedule I, Part IV .  25a a 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 286? If "Yes," complete Schedule I, Part IV .  25a a 35% controlled entity organization organization individual described in line 28a or 286? If "Yes," complete Schedule I, Part IV .  25a a 35m described III

Yes

No

	Statements Berneling Other IDC Filings and Toy Compliance (continued)			Page 5
	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country: ►EI , FR , IT , SP	4a	Yes	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			
a h	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		140
	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?	15 16		No No
	If "Yes," complete Form 4720, Schedule O.			

orm	990 (2019)			Page <b>6</b>
Pai	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		nse to	ines
Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 30			
	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 29			
2		2		No
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	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	<b>8</b> b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	ı.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
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	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	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	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," 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 status with respect to such arrangements?			
_		16b		
<u>Se</u> 17	ection C. Disclosure  List the states with which a copy of this Form 990 is required to be filed▶			
1/	AK , CO , MA , MI , MN , NH , NV , OH , SC	<u>.                                    </u>		
18	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)			
19	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.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:  Name			

(A)

Name and title

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

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

✓

(F)

Estimated

amount of other

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount

of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000

of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the

organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

(C)

Position (do not check more

than one box, unless person

(D)

Reportable

compensation

(E)

Reportable

compensation

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(B)

Average

hours per

week (list is both an officer and a from the from related compensation director/trustee) any hours organization organizations from the for related (W-2/1099-(W-2/1099organization and Individual trustee or director Highest compensatemployee Former organizations MISC) MISC) related Institutional Trustee below dotted organizations employee line) Ē See Additional Data Table

	t VII Section A. Officers, Direct	ors. Trustees	. Kev I	Emp	love	es.	and	Hial	hest Co	mpens	ate	d Employees	(conti	inued)	Page 8
T di	(A) Name and title	(B) Average hours per week (list any hours for related	Position than of is b	on (de	(C) o not ox, u	) t ch inle: ficer	eck moss pers	ore son	Rep comp fro orga	(D) ortable ensatio om the nization	n	(E) Reportable compensatio from related organization	n I	(F) Estima amount o compeni from organizat	ated of other sation the
		Highest compensated employee  Key employee  Officer  Institutional Trustee or director  organizations below dotted line)					Former	١ ،	2/1099- IISC)		(W-2/1099- MISC)		related organizations		
See	Additional Data Table														
							<u> </u>	+							
								-							
							1								
41.6							<u> </u>						$\perp$		
	Sub-Total						<b>▶</b>						+		
d 1	otal (add lines 1b and 1c)						▶		4,	,225,078			0		1,220,079
2	Total number of individuals (including of reportable compensation from the			e list	ed al	bov	e) who	rec	eived mo	ore than	\$10	00,000			
														Yes	No
3	Did the organization list any <b>former</b> of			ee, k	ey e	mpl	oyee,	or hi	ghest co	mpensa	ted	employee on			
	line 1a? If "Yes," complete Schedule J			-	•	•	• •	•			٠		3		No
4	For any individual listed on line 1a, is organization and related organizations individual											the	4	Yes	
5	Did any person listed on line 1a receives revices rendered to the organization									ation or	indi\ •	idual for	5		No
Se	ction B. Independent Contract	ors													
1	Complete this table for your five higher from the organization. Report comper												mpens	sation	
		(A) nd business addre		•						T		(B) iption of services		(C Comper	
Comp	ass Group USA	na basiness adare								Food Se					,829,117
	x 417632 n, MA 02241														
	rick Fisher & Partners Architects									Architec	t Ser	vices		1	,786,208
	3 Santa Monica Blvd ngeles, CA 90025														
	Brothers Investments									Investm	ent N	Manager		1	,740,342
860 V 3rd Fl	/ashington Street oor														
	ork, NY 10014 apital Partners LLC									Investm	ent /	Advisor		1	,664,656
	faritime Plz													-	,,
5th Fl	Suite 500 rancisco, CA 94111							_							
Lone	Savin									Investm	ent N				735,685
Grenr	enwich Plaza wich, CT 06830														
	otal number of independent contractor ompensation from the organization		not lim	ited t	o th	ose	listed	abov	ve) who	received	mo	re than \$100,0	00 of		<del>_</del>
	,														- ()

		(2019)	- 6 5							Page <b>9</b>
Part	VIII				respo	onse or note to anv	line in this Part VIII			🗆
		Greek ii Series	i di C	o contains c	. гозро	AND OF HOLE TO GITY	(A) Total revenue	<b>(B)</b> Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
10	16	a Federated campa	igns	5	<b>1</b> a	70,335		revenue		512 - 514
ons, Gifts, Grants Similar Amounts	ļ	<b>b</b> Membership dues	5.	.	<b>1</b> b	0				
57.0 10.0 10.0 10.0 10.0 10.0 10.0 10.0 1	,	<b>c</b> Fundraising even	ts .	[	1c	0				
fts,	,	<b>d</b> Related organizat	tions	s	<b>1</b> d	0				
. Gi	'	e Government grants	(con	tributions)	1e	3,493,612				
Contributions, Gifts, Grants and Other Similar Amounts	1	f All other contributio and similar amounts above	s not	included	1f	36,184,871				
Contribution and Other	!	g Noncash contributio lines 1a - 1f:\$	ns in	ncluded in	<b>1</b> g	5,511,309				
<u>ت</u>		<b>h Total.</b> Add lines 1	1a-1	.f	•	>	39,748,818			
						Business Code	140 000 271	140 000 271	0	
ø.	2a	Tuition and Fees				611310	148,880,271	148,880,271	0	U
Program Service Revenue	b	Room and Board				611310	27,738,027	27,738,027	0	0
vice R	c	Other Program Reven	iue			611310	1,228,582	1,228,582	0	0
in Ser	d									
Progra	е									0
	f	All other program	serv	ice revenue.			0	0	0	U
		<b>Total.</b> Add lines 2				177,846,880	_		,	
	3	Investment income similar amounts) .		luding divide		nterest, and other	13,726,75	7	385,130	13,341,627
	l	Income from invest				ond proceeds		0 (	0	0
	5	Royalties						0 (	0	0
				(i) Rea	al	(ii) Personal				
	6a	Gross rents	6a	1,6	596,751		0			
	b	Less: rental					_			
		expenses Rental income	6b	(	564,971		<u> </u>			
	C	or (loss)	6с	1,0	31,780	)	o l			
	c	Net rental income	or	(loss)			1,031,78	0 (	0	1,031,780
	_	_		(i) Securi	ities	(ii) Other				
	/a	Gross amount from sales of assets other than inventory	7a	214,6	596,669	)	D			
	b	Less: cost or other basis and sales expenses	7b	188,6	514,495	131,57	5			
	c	Gain or (loss)	7c	26,0	082,174	-131,57	5			
		l Net gain or (loss)	•		• •	• • •	25,950,59 <sup>-</sup>	9 (	347,388	25,603,211
Other Revenue	8a	Gross income from fu (not including \$ contributions reported	d on	0 of line 1c).						
eve		See Part IV, line 18	•		8a	0				
<u>ب</u> ت	l	Less: direct expen			8b	0		n	0	0
ţ.		: Net income or (los	S) T	rom tundrais	ing ev	ents •	1			
	9a	Gross income from See Part IV, line 19			9a	0				
	b	Less: direct expen	ses		9b	0	]			
	٥	Net income or (los	s) fr	rom gaming	activit	ies \blacktriangleright	7	0	0	0
	10	aGross sales of inve returns and allowa			10a	880,458				
	b	Less: cost of goods	s so	ld	<b>10</b> b	582,235				
	C	Net income or (los			invent		298,22	3 298,223	0	0
	11	Miscellaneo Auxiliary Revenue		evenue		Business Code 90009	1,202,70	1,202,704	1 0	o
	b	Commission Rever	nue			90009	188,51	7 (	0	188,517
		All atherenes						0	0 0	0
		I All other revenue  Total. Add lines 1:			_			<u> </u>	, 0	
		! Total revenue. Se			- •		1,391,22	1		
		. rotarrevenue, S	ce If	าวน นับเบิกิร	• •	• • • •	259,994,27	8 179,347,80	7 732,518	40,165,135 Form <b>990</b> (2019)

Form 990 (2019)				Page <b>10</b>
Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must co		_		ımn (A).
Check if Schedule O contains a response or note to an		(B)	(C)	⊔ (D)
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	112,805	112,805		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	70,616,027	70,616,027		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	915,178	915,178		
<b>4</b> Benefits paid to or for members	0	0		
<b>5</b> Compensation of current officers, directors, trustees, and key employees	4,269,905	2,572,943	1,078,534	618,428
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
<b>7</b> Other salaries and wages	83,911,995	67,129,596	12,586,799	4,195,600
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	6,877,525	5,673,958	859,691	343,876
9 Other employee benefits	22,063,963	18,202,769	2,757,996	1,103,198
<b>10</b> Payroll taxes	6,591,430	5,273,144	988,714	329,572
11 Fees for services (non-employees):				
a Management	0	0	0	0
<b>b</b> Legal	654,396	0	654,396	0
c Accounting	297,445	0	297,445	0
<b>d</b> Lobbying	0	0	0	0
e Professional fundraising services. See Part IV, line 17	118,472			118,472
f Investment management fees	11,010,492	0	11,010,492	0
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	4,474,697	2,684,818	223,735	1,566,144
<b>12</b> Advertising and promotion	35,293	25,411	1,765	8,117
13 Office expenses	6,431,232	3,919,236	2,218,231	293,765
14 Information technology	3,567,094	3,565,934	972	188
15 Royalties	10,359	5,249	5,110	0
<b>16</b> Occupancy	8,179,574	5,071,336	3,026,442	81,796
17 Travel	3,101,508	1,922,935	341,166	837,407
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials .	0	0	0	0
19 Conferences, conventions, and meetings	1,350,253	569,103	470,305	310,845
20 Interest	11,082,066	8,843,426	2,014,776	223,864
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	18,889,812	15,074,070	3,434,168	381,574
<ul> <li>23 Insurance</li> <li>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.)</li> </ul>	970,919	284,597	559,277	127,045
a Food Service	4,718,543	3,538,907	1,179,636	0
<b>b</b> JYA Programs	3,580,501	3,580,501	0	0
c Library Materials	1,936,442	1,936,442	0	0
d Memberships	490,331	350,679	117,877	21,775
e All other expenses	987,331	954,745	11,913	20,673
25 Total functional expenses. Add lines 1 through 24e	277,245,588	222,823,809	43,839,440	10,582,339
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Form 990 (2019)

1

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Assets

11

12

13

14

15

16

17

18

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20

21

23

24

25

26

27

28

31

32

33

Liabilities 22

Fund Balances

ō 29

Assets 30 End of year

Page **11** 

12,819,582

69,133,148

13,838,558

369.699

2.381.161

7,680,960

463,836,370

268,367,717

815.123.177

8,574,052

22,501,414

3,870,594

269.929.969

1,663,039,023

0

0

0

0

0

87,991,665

384.293.642

261.041.062

1,017,704,319

1,278,745,381

1,663,039,023

Form 990 (2019)

914.599

Check if Schedule O contains a response or note to any line in this Part IX	•			
			3egir	nnir

Accounts receivable, net

Notes and loans receivable, net . . . .

Inventories for sale or use . . Prepaid expenses and deferred charges .

10a Land, buildings, and equipment: cost or other

Investments—publicly traded securities .

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses .

Investments—other securities. See Part IV, line 11 .

**Total assets.** Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties .

Organizations that follow FASB ASC 958, check here <a> \square</a> and

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances .

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity 

Other liabilities (including federal income tax, payables to related third parties,

Organizations that do not follow FASB ASC 958, check here ightharpoonup and

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

Retained earnings, endowment, accumulated income, or other funds

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

basis. Complete Part VI of Schedule D

b Less: accumulated depreciation

Intangible assets .

Grants payable .

Deferred revenue . . .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Tax-exempt bond liabilities . .

Cash-non-interest-bearing									
Savings and temporary cash	inv	estr	nen	ts					
Pledges and grants receivab	le. n	et							

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).

10a

10b

873,232,470

409,396,100

Beginning of year

5,274,481

58,781,193

16.296.800

227.593

2.537.883

7,690,498

470,359,111

308,127,378

785.842.672

8,804,184

24,509,756

2.599.864

247,220,054

1,664,684,555

742.762

0 5

0 6

1

2

3

4

7

9

10c

11

12

14

15

16

17

19

20

23

25

26

27

28

29

30

31

32

33

0 13

0

0 18

0 21

0 22

0

0 24

74,775,262

349.104.936

292,934,612

1,022,645,007

1,315,579,619

1,664,684,555

Yes

Yes

Yes (2019)

2c

3a

3b

of the audit, review, or compilation of its financial statements and selection of an independent accountant?

Audit Act and OMB Circular A-133?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

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.

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

## **Additional Data**

**Software ID:** 19009572 **Software Version:** v1.00

Instruction - Vassar students choose among 30 departments, 5 interdisciplinary programs, 13 multidisciplinary programs, 51 majors, and approximately 1,000 courses to

**EIN:** 14-1338587

Name: VASSAR COLLEGE

Form 990 (2019) Form 990, Part III, Line 4a:

chart a rigorous course of study that explores their most compelling interests.

Academic Services - Advising and support services to provide guidance to our students to help them accomplish their goals. The mission of the academic services division is

to ensure and to strengthen their fulfilling experience as a Vassar student.

Form 990, Part III, Line 4b:

Form 990, Part III, Line 4c: Student Services - As a residential college, Vassar is committed to providing support services to help students make the most of their time at Vassar. The Office of the Dean of the College oversees and coordinates services that directly impact the quality of student life, both academic and non-academic.

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

organization

219,435

262,803

219,831

221,609

211,289

220,265

201,447

organizations

0

0

0

0

0

0

0

113,932

67,133

101,613

64,120

56,529

42,220

56,325

any hours

40.00

40.00

40.00

40.00

40.00

40.00

40.00

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

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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 employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Elizabeth Howe Bradley President and Trustee	40.00	Х		х				530,528	0	147,906
Tim Kane VP for Alumnae Affairs and Dev	40.00			х				336,464	0	82,661
Stephen Dahnert - Through 01 2020 VP for Fin and Admin	40.00			х				315,255	0	89,031

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Χ

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Marianne Begemann Dean of Str Plan and Acad Res

Jonathan Chenette - Through 06 2019

......

VP for Tech and HR; Chief Information Officer

Dean of Faculty

James H Merrell

Paul A Ruud

Robert DeMaria

Professor of English

Professor of History

Carlos Leoncio Garcia

Professor of Economics

Christopher Roellke

Professor of Education

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

organization

150,982

151,584

158,352

109,987

102,657

organizations

0

0

0

0

0

0

63,078

54,296

47,229

18,882

20,739

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

	for related organizations below dotted line)	Individual trustee or director	MISC) MISC) MISC) MISC  MISC		(W- 2/1099- MISC)	organization and related organizations		
Amanita Duga-Carroll  VP for Communications	40.00			×		208,337	0	47,220
Robert K Brigham Professor of History	40.00				х	196,267	0	57,934
Carlos Alamo Dean of College	40.00			х		222,146	0	27,463
William Hoynes - From 08 2019 Dean of Faculty	40.00			х		185,840	0	61,768

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Χ

40.00

40.00

40.00

40.00

40.00

4.00

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

William Hoynes - From 08 2019
Dean of Faculty
Angelique Crump
Controller

......

...... Dean of Admissions and Student Fin Services

Brvan A Swarthout - From 01 2020

Stephen R Rock - Through 07 2019

Sonva Smith - From 07 2019

Trustee and Committee Chair

VP for Fin and Admin

Dean of Faculty

Wesley Dixon

Eric Beringause

Secretary of the Board

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

0

0

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0

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

	any hours	and	a di	recto	r/tr	ustee	)	organization	organizations	from the
	for related organizations below dotted line)		Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization an related organizations
Jamshed J Bharucha Trustee	2.00	х						0	0	
Jason Blum Trustee	2.00	х						0	0	
Beth Burnam	2.00									

2.00 .......

2.00

4.00

2.00

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4.00

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Trustee
Beth Burnam
Trustee
Mark Burstein
Trustee

......

Camilla Campbell

Sharon Chang

Brian Farkas

Robyn Field

Anthony J Friscia

Jeffrey A Goldstein

Trustee and Board Chair

Trustee and Committee Chair

Trustee

Trustee

Trustee and Committee Chair

Trustee

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Estimated Average Reportable than one box, unless amount of other hours per compensation 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,

	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
Lorna Bade Goodman Trustee and Committee Chair	4.00	Х						0	0	0
Stephen Hankins Trustee	2.00	х						0	0	0
Maryellen Cattani Herringer Trustee and Committee Chair	4.00	х						0	0	0
Huang Hung Trustee	2.00	Х						0	0	0

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Maryellen Cattani Herringer
Trustee and Committee Chair
Huang Hung
Trustee

......

Leslie Jackson Chihuly

Trustee and Committee Chair

Geraldine Bond Laybourne

...... Trustee and Committee Chair

Trustee

Philip Jefferson

Lisa Kudrow

John McCormick

Natalie Nixon

Trustee

Trustee

Trustee

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

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0

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

and Independent Contractors

Tamar Smith Pichette

Milbrey Rennie Taylor

Debra Beth Fagel Treyz

Trustee

Trustee

Trustee

Trustee

Kathy Putnam

	any hours	and	a dir	ecto	r/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)	(Ŵ- 2/1099- MISC)	organization and related organizations
Tanya Odom	2.00	Х						0	0	0
Trustee										
Mark Ordan Trustee and Committee Chair	4.00	X						0	0	0
Carol S Ostrow  Trustee and Committee Chair	4.00	X						0	0	0
Cynthia Patton Trustee	2.00	Х						0	0	0

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	m 99			rganization is a sect 4947(a)(1) nonexe ▶ Attach to Form		2019			
		the Treasury	► Go to <u>www.irs</u>	.gov/Form990 for i	nstructions and	I the latest info	ormation.	Open to Public Inspection	
Nam	il Reven <b>e of th</b> AR COLI	nie Service he organiza	tion				Employer identific	<u> </u>	
VASSA	ik COLI	LEGE					14-1338587		
	rt I		for Public Charity State				See instructions.		
	rganız		a private foundation because	•			(A)(!)		
1		•	onvention of churches, or as			. ,, ,			
2	<b>✓</b>		scribed in <b>section 170(b)(</b>		`	, ,			
3		·	or a cooperative hospital serv	_			-		
4		A medical r name, city,	esearch organization operator and state:	ed in conjunction with	a hospital descri	ibed in <b>section :</b>	170(b)(1)(A)(iii). E	nter the hospital's	
5		_	ation operated for the benefi (iv). (Complete Part II.)	t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	bed in <b>section 170</b>	
6		A federal, s	tate, or local government or	governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)(A	ı)(v).		
7			ation that normally receives ( <b>0(b)(1)(A)(vi).</b> (Complete		s support from a	governmental u	nit or from the gener	al public described in	
8		A communi	ty trust described in <b>sectior</b>	170(b)(1)(A)(vi).	(Complete Part I	I.)			
9			ural research organization de rant college of agriculture. S					ege or university or a	
10		from activit investment	ation that normally receives: lies related to its exempt fur income and unrelated busin See section 509(a)(2). (Co	ctions—subject to ceres taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	ipport from gross	
11		An organiza	ation organized and operated	d exclusively to test fo	r public safety. S	ee section 509	(a)(4).		
12		more public	ation organized and operated ly supported organizations of through 12d that describes	described in <b>section 5</b>	<b>09(a)(1)</b> or <b>se</b>	ction 509(a)(2	). See <b>section 509(</b> a		
a		<b>Type I.</b> A so	supporting organization oper n(s) the power to regularly a Part IV, Sections A and B.	ated, supervised, or co appoint or elect a majo	ontrolled by its s	upported organiz	zation(s), typically by		
b		Type II. A manageme	supporting organization sup nt of the supporting organiza plete Part IV, Sections A	ervised or controlled i ation vested in the sar					
С		Type III f	unctionally integrated. A sorganization(s) (see instruction)	supporting organizatio				ted with, its	
d		Type III n	on-functionally integrate integrated. The organizations). You must complete Par	<b>d.</b> A supporting organi n generally must satis	ization operated fy a distribution	in connection wi requirement and	th its supported orgar		
e		Check this	box if the organization receiver or Type III non-functionally	ved a written determir	nation from the I		pe I, Type II, Type II	I functionally	
f	Enter		• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · ·	-		<u> </u>		
g	Provi	de the follow	ing information about the su	pported organization(	s).				
	-			(iii) Type of organization (described on lines 1-10 above (see instructions))  (iv) Is the organization listed in your governing document?  (v) Amount of monetary support (see instructions)					
					Yes	No			
Tota			tion Act Notice, see the I		Cat. No. 11285		Schedule A (Form 9		

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

Page 2

	If the organization failed	d to qualify unde	r the tests listed	l below, please	complete Part II	11.)		
<u>s</u>	ection A. Public Support		T					
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2	.019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") .	22,110,693	46,665,533	69,404,890	65,871,979	39	9,748,818	243,801,913
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0		0	(
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0		0	(
4	Total. Add lines 1 through 3	22,110,693	46,665,533	69,404,890	65,871,979	39	9,748,818	243,801,913
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							50,682,933
	amount shown on line 11, column							
6	(f) <b>Public support.</b> Subtract line 5 from line 4.							193,118,980
S	ection B. Total Support							
	Calendar year	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2	2019	(f) Total
7	(or fiscal year beginning in) Amounts from line 4.	22,110,693	46,665,533	69,404,890	65,871,979	30	9,748,818	243,801,913
8	Gross income from interest,	22,110,033	10,003,333	03,101,030	03,071,373		,,, 10,010	213,001,310
•	dividends, payments received on							
	securities loans, rents, royalties and income from similar sources	8,354,039	8,225,164	13,415,303	14,226,701	15	5,423,508	59,644,715
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0		3,163	3,163
10	 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	227,559	363,978	302,249		188,517	1,082,303
11	<b>Total support.</b> Add lines 7 through 10							304,532,094
12	Gross receipts from related activities,	etc. (see instruction	ons)			12		861,206,980
13	First five years. If the Form 990 is f	or the organization	's first, second, th	ird, fourth, or fifth	tax year as a sec	tion 501(	c)(3) orga	nization,
	check this box and $\boldsymbol{stop\ here}\ \boldsymbol{.}\ \boldsymbol{.}\ \boldsymbol{.}$						▶ □	
S	ection C. Computation of Publi	ic Support Perc	entage					
14	Public support percentage for 2019 (li	ine 6, column (f) di	ivided by line 11, o	column (f))		14		63.415 %
15	Public support percentage for 2018 So	chedule A, Part II, I	line 14			15		62.247 %
<b>16</b> a	<b>33 1/3% support test—2019.</b> If the	e organization did r	not check the box	on line 13, and lin	e 14 is 33 1/3% o	r more, cl	neck this b	ох
b	and stop here. The organization qua 33 1/3% support test—2018. If the	lifies as a publicly s ne organization did	supported organiza not check a box o	ation In line 13 or 16a, a		 /3% or m	 iore, check	. ▶ ☑ this
<b>17</b> a	box and <b>stop here.</b> The organization <b>10%-facts-and-circumstances tes</b> is 10% or more, and if the organization Part VI how the organization meets	t— <b>2019.</b> If the orgon meets the "facts	ganization did not s-and-circumstance	check a box on lines" test, check this	e 13, 16a, or 16b box and <b>stop he</b>	, and line e <b>re.</b> Expla	14 nin	. ▶□
b	organization .  10%-facts-and-circumstances te 15 is 10% or more, and if the organi Explain in Part VI how the organizati	st—2018. If the or zation meets the "f on meets the "facts			ne 13, 16a, 16b, o this box and <b>sto</b> nization qualifies a	 or 17a, ar <b>p here.</b> as a publi	 nd line cly	_
18	supported organization	on did not check a	box on line 13, 10	 6a, 16b, 17a, or 1	.    .   .   .  .  . 7b, check this box	 and see		▶⊔

Р	art III Support Schedule for						
	(Complete only if you cl						er Part II. If
S	the organization fails to ection A. Public Support	quality under	the tests listed i	pelow, please co	ompiete Part II.)		
30	Calendar year	( ) 2015	(1) 2016	( ) 2247	(1) 2010		(O.T.)
	(or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(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						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513  Tax revenues levied for the						
•	organization's benefit and either paid						
_	to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
<b>L</b>	3 received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6.)						
Se	ection B. Total Support		1	<del></del>			Г
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975.						
С	Add lines 10a and 10b.						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
12	(Explain in Part VI.) <b>Total support.</b> (Add lines 9, 10c,						
13	11, and 12.).						
14	First five years. If the Form 990 is for	the organization	n's first, second, th	nird, fourth, or fift	h tax year as a sec	tion 501(c)(3) o	ganization <u>,</u>
	check this box and <b>stop here</b>						▶ ⊔
	ection C. Computation of Public S			! (6))		1 1	
15	Public support percentage for 2019 (lin		•			15	
16	Public support percentage from 2018 S	-	<u> </u>			16	
	ection D. Computation of Investr Investment income percentage for 201			line 13 column (f	:))	17	
17 10	Investment income percentage for 201	-		-		17	
18 10-	331/3% support tests—2019. If the		•			18   33 1/3% and lin	e 17 is not
	more than 33 1/3%, check this box and s						
	more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the						
ט	not more than 33 1/3%, check this box	-			•		_
20	Private foundation. If the organization	-	-				
	Frivate foundation. If the organization	ni ulu not check a	a DOX ON UNE 14, I	.a, or iad, check	, unis pox and see I	HSGRUCHONS	. 📂 📖

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

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the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If "No," describe in <b>Part VI</b> 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.

3a 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.

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

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Schedule A (Form 990 or 990-EZ) 2019

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 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

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported 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? 5b

5c Substitutions only. Was the substitution the result of an event beyond the organization's control?

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its 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 the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

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

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

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," answer line 10b below. 10a

	edule A (101111 330 01 330 E2) 2013			age 3			
Pa	rt IV Supporting Organizations (continued)						
_			Yes	No			
	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					
	A family member of a person described in (a) above?	11b					
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	11c					
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 <b>Part VI</b> 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 henefit of any supported organization other than the supported organization(s) that	-					
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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting						
	organization.	2					
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 <b>Part VI</b> how control or management of the	1					
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).						
S	ection D. All Type III Supporting Organizations		v				
_			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?	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 <b>Part VI</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	3					
S	ection E. Type III Functionally-Integrated Supporting Organizations						
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 <b>Part VI</b> how you supported a government entity (see	instru	ctions)				
2	Activities Test. Answer (a) and (b) below.	ſ	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 <b>Part VI identify those supported organizations and explain</b> 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					
ı	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? <i>Provide details in Part VI.</i>	3a					
	<b>b</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 <b>Part VI.</b> the role played by the organization in this regard.	3h					

3b

Schedule A (Form 990 or 990-EZ) 2019 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 Add lines 1 through 3 4 4 5 Depreciation and depletion 5 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) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) **1**d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt use assets 2 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see 4 instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035 6 6 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Current Year Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 4 4 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in <b>Part VI</b> ). See instructions	
7	Total annual distributions. Add lines 1 through 6.	

7	<b>Total annual distributions.</b> Add lines 1 through 6.			
8	Distributions to attentive supported organizations to wh details in <b>Part VI</b> ). See instructions	nich the organization is respor	nsive (provide	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations	(i)	(ii) Underdistributions	(iii) Distributable

8	Distributions to attentive supported organizations to wh details in $\bf Part\ VI)$ . See instructions	ich the organization is respons	sive (provide	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in <b>Part VI</b> ). See instructions.			
3	Excess distributions carryover, if any, to 2019:			_

9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in <b>Part VI</b> ). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
<b>b</b> From 2015			
c From 2016			
<b>d</b> From 2017			

f Total of lines 3a through e		
g Applied to underdistributions of prior years		
h Applied to 2019 distributable amount		
i Carryover from 2014 not applied (see instructions)		
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
4 Distributions for 2019 from Section D, line 7:		
<u></u> \$		
Applied to underdistributions of prior years		
<b>b</b> Applied to 2019 distributable amount		
c Remainder. Subtract lines 4a and 4b from 4.		
5 Remaining underdistributions for years prior to		

e From 2018. . . . . .

d Excess from 2018. e Excess from 2019.

j Remainder. Subtract lines 39, 31, and 31 from 31.		
4 Distributions for 2019 from Section D, line 7:		
<u>      \$                              </u>		
Applied to underdistributions of prior years		
<b>b</b> Applied to 2019 distributable amount		
c Remainder. Subtract lines 4a and 4b from 4.		
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.		
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.		
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.		

	See instructions.		
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.		
7	<b>Excess distributions carryover to 2020.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
а	Excess from 2015		
b	Excess from 2016		
	Excess from 2017		

Schedule A (Form 990 or 990-EZ) (2019)

Schedule A (Form 990 or 990-E	Z) 2019 Page <b>8</b>
Section A, lines 1 Part IV, Section D	Iformation. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, 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; 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, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See
	Facts And Circumstances Test
990 Schedule A, Suppler	nental Information
Return Reference	Explanation
Schedule A, Part II, Line 10	Other income includes miscellaneous revenue.

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• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

**Political Campaign and Lobbying Activities** 

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

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

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

DLN: 93493124003441

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

EZ)

**SCHEDULE C** (Form 990 or 990-

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

Open to Public Inspection

f the  s  f the  f the  free	Section 527 organizations: Comple organization answered "Yes" o Section 501(c)(3) organizations tha Section 501(c)(3) organizations tha	n Form 990, Part IV, Line 4, or Form 99 t have filed Form 5768 (election under so t have NOT filed Form 5768 (election un n Form 990, Part IV, Line 5 (Proxy Tax is), then	90-EZ, Part VI, lin ection 501(h)): Co der section 501(h	e <b>47 (Lobbying Activities</b> mplete Part II-A. Do not co )): Complete Part II-B. Do r	mplete Part II-B. not complete Part II-A.
Nar	me of the organization			Employer iden	tification number
VAS	SSAR COLLEGE			14-1338587	
Par	t I-A Complete if the orga	nization is exempt under sectio	n 501(c) or is	a section 527 organiz	zation.
1	Provide a description of the orgar "political campaign activities")	nization's direct and indirect political cam	npaign activities in	Part IV (see instructions f	or definition of
2		ditures (see instructions)			\$
3	Volunteer hours for political camp	paign activities (see instructions)			
Par		nization is exempt under sectio			
1		ax incurred by the organization under se			\$
2	•	ax incurred by organization managers ur			\$
3	If the organization incurred a sec	tion 4955 tax, did it file Form 4720 for t	his year?	•••••	🗌 Yes 🔲 No
4a	Was a correction made?				🗌 Yes 🔲 No
b	If "Yes," describe in Part IV.				
Par	t I-C Complete if the orga	nization is exempt under sectio	n 501(c), exce	ept section 501(c)(3)	•
1	·	led by the filing organization for section	· ·		\$
2		ganization's funds contributed to other or			\$
3	Total exempt function expenditur	es. Add lines 1 and 2. Enter here and on	Form 1120-POL,	line 17b ▶	\$
4	Did the filing organization file For	rm 1120-POL for this year?			☐ Yes ☐ No
5	organization made payments. For of political contributions received	employer identification number (EIN) of reach organization listed, enter the amo that were promptly and directly delivere ee (PAC). If additional space is needed,	unt paid from the ed to a separate p	filing organization's funds. olitical organization, such a	Also enter the amount
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
1					
2					
3					
4					
5					

Schedule C, Part II-B, Line 1

	<b>t II-B</b> Complete if the organization is exempt under section 501(c)(3) and has NOT file Form 5768 (election under section 501(h)).	ed 		
For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(7	a)	(b)
activi		Yes	No	Amount
1	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:			
а	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	1
С	Media advertisements?		No	1
d	Mailings to members, legislators, or the public?		No	
е	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	<del> </del>
i	Other activities?	Yes		
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			1
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
	Complete if the organization is exempt under section 501(c)(4), section 501(c)(501(c)(6).			Yes N
1	Were substantially all (90% or more) dues received nondeductible by members?		ŀ	1
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		ŀ	3
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			_
	Complete if the organization is exempt under section 501(c)(4), section 501(c)(a) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."	ÌIÍ-A,		
1	Dues, assessments and similar amounts from members	1		
	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).			
2	Current year	1 ,	1	
		2a	1	
2 a b	Carryover from last year	2a 2b		
а				
a b	Carryover from last year	2b		
a b c	Carryover from last year  Total	2b 2c 3		
a b c 3	Carryover from last year	2b 2c 3		
a b c 3 4	Carryover from last year	2b 2c 3		
a b c 3 4	Carryover from last year	2b 2c 3 4 5		
a b c 3 4 5 Pro	Carryover from last year	2b 2c 3 4 5	A, lines	1 and 2 (see

The College pays membership dues to several organizations which may engage in lobbying activities on behalf of their members. Expenses are not readily determinable, but are less than \$5,000.

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(Form 990)

DLN: 93493124003441

OMB No. 1545-0047

0

## **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.

Open to Public ► Attach to Form 990. Department of the Treasury ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service Name of the organization **Employer identification number** VASSAR COLLEGE 14-1338587 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year . . . . . . . . . 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year . . . . . . . 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . . . . ☐ Yes ☐ No 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible ☐ Yes ☐ No **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure ✓ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year 1 1 2b Number of conservation easements on a certified historic structure included in (a) . . . . . 0 20 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year 🕨 Number of states where property subject to conservation easement is located > 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . . . . . . . . . . . . ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) ✓ Yes In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

1a Land .

**d** Equipment .

**b** Buildings . . . .

 ${f c}$  Leasehold improvements

Sche	dule D	(Form 990) 2019										Pag	e <b>2</b>
Par	1111	Organizations M	aintaining Coll	ections o	of Art, Hi	storical 1	reas	ures, o	r Other	Similar A	ssets (	continued)	
3		the organization's acq (check all that apply):		, and other	records, o	check any o	f the f	ollowing t	hat are a	significant	use of it	s collection	
а	<b>✓</b>	Public exhibition				d 🗸		n or exch		ırams			
b	<b>✓</b>	Scholarly research				e 🗸	Oth	erer	ction				
С	<b>✓</b>	Preservation for future	e generations										
4	Provid Part >	de a description of the XIII.	organization's coll	ections and	l explain h	ow they fur	ther th	ne organiz	zation's e	xempt purp	ose in		
5		ig the year, did the org is to be sold to raise fur									<b>☑</b> γ.	es 🗆 No	
Pai	rt IV	Escrow and Cust Complete if the or X, line 21.			" on Forn	n 990, Par	t IV,	line 9, o	r reporte	ed an amo	unt on I	Form 990, Part	
1a		e organization an agent ded on Form 990, Part									☐ <b>Y</b> €	es 🗆 No	
b	If "Y∈	es," explain the arrange	ement in Part XIII	and comple	ete the foll	owing table	:				Amount		
С	Begin	nning balance							1c				
d	Addit	ions during the year .							1d				
е		butions during the year							1e				
f	Endin	ng balance							1f				
2a	Did +k	he organization include	an amount on For	-m 990 Pai	rt V line 2	1 for accre	w or c	ustodial s	scount li	shility2		es 🗆 No	
		_								•	_	es 🗆 No	
	rt V	es," explain the arrange Endowment Fun		Check ner	e ir the exp	planation na	is bee	n provide	d in Part .	X111	. ⊔		
Pa	rt v	Complete if the or		ered "Yes	" on Forn	n 990. Par	t IV.	line 10.					
				(a) Curre		(b) Prior ye			ears back	(d) Three ye	ears back	(e) Four years back	ĸ
<b>1</b> a	Beginn	ing of year balance .		1,117	,379,506	1,082,83	31,323	1,00	02,570,163	928	,816,580	982,974,37	'5
b	Contrib	outions		16	,472,009	22,26	8,477	ļ ļ	53,805,270	21	,058,823	14,043,30	)2
c	Net inv	estment earnings, gair	ns, and losses	20	,890,765	67,00	7,926		79,893,167	103	3,319,519	-17,092,07	<u>'0</u>
d	Grants	or scholarships		17	,080,515	<b>1</b> 5,94	17,787	:	15,247,251	14	,723,622	13,494,42	24
		expenditures for facilition	es	39	,686,115	38,78	30,433	;	38,190,026	35	5,901,137	37,614,60	)3
f	Admini	istrative expenses .			0		0		0		0		0
g	End of	year balance		1,097	,975,650	1,117,37	79,506	1,08	32,831,323	1,002	,570,163	928,816,58	30
2		de the estimated perce d designated or quasi-e	-	nt year end 14.09 %	,	line 1g, col	umn (	a)) held a	s:				_
b		anent endowment 🕨											
_		*****		12 %									
С		orarily restricted endov percentages on lines 2a	***************************************		<b>n</b> º/a								
За	Are th	here endowment funds nization by:				on that are	held a	nd admin	istered fo	r the		Yes No	_
	(i) ur	nrelated organizations									3	a(i) Yes	_
		elated organizations .										a(ii) No	_
b		es" on 3a(ii), are the re	<del>-</del>		•							3b	_
4		ribe in Part XIII the inte			n's endow	ment funds							
Pa	rt VI	Land, Buildings, Complete if the or			" on Form	1 990 Bar	+ 1\/	line 11a	See Fo	rm 990 P	art V li	ne 10	
	Descri	iption of property	(a) Cost or oth			r other basis				depreciation	<del>, ' ' - '</del>	(d) Book value	
			(investme	nt)	l			1					

## 182,201,464 86,104,918 96,096,546 ${f e}$ Other . Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 463,836,370

539,843

0

0

3,904,503

1,586,030

2,419,161

97,677,786

584,903,683

235,340,503

87,950,679

2,125,873

2,419,161

9,727,107

353,467,683

Part VII	Investments—Other Securities.  Complete if the organization answered "Yes" on	Form 990. Part IV. line 1	1h.See Form 990. P	art X. line 12.
	(a) Description of security or category	(b) Book value	(c) Method	of valuation:
(1) Financia	(including name of security)	0	Cost or end-of-	year market value
(2) Closely-	held equity interests	0		
( <b>3)</b> Other <u> </u>		278,008,140		F
(B) Real Esta	ate, Oil, and Gas	64,427,560		F
	ble Real Estate	3,841,762		F
(D) Venture				<u>.                                    </u>
(E)	Сарісаі	468,845,715		<u> </u>
(F)				
(G)				
(H)				
	(() ( ) (5 ) (20 ) (1) (1) (1) (1)	245 422 455		_
Part VIII	n (b) must equal Form 990, Part X, col. (B) line 12.)  Investments—Program Related.	815,123,177		
	Complete if the organization answered 'Yes' on	Form 990, Part IV, line 1		
	(a) Description of investment		(b) Book value	(c) Method of valuation: Cost or end-of-year market
(1)				value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total (Colum	n (b) must equal Form 990, Part X, col.(B) line 13.)			
Part IX	Other Assets.		<b>•</b>	_
	Complete if the organization answered 'Yes' on F  (a) Descriptio		1d. See Form 990, Part	(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mm (b) must equal Form 990, Part X, col.(B) line 15.)			<b>•</b>
Part X	<b>Other Liabilities.</b> Complete if the organization answered 'Yes' on F	Form 990, Part IV, line 1	<u>1e or 11f.See Form 9</u>	990, Part X, line 25.
1.	(a) Description of			(b) Book value
	income taxes			0
	ble Government Loan Funds Value of Beneficiary Payments			1,017,305 11,334,771
	Held for Others			1,146,885
	Pension Obligation			29,435,842
	tirement Obligation Post Retirement Benefit Obligation			12,547,530 32,509,332
(8)	- 334 Neurement benefit Obligation			32,303,332
(9)				
(10)				
	n (b) must equal Form 990, Part X, col.(B) line 25.)		<u> </u>	87,991,665
2. Liability fo	or uncertain tax positions. In Part XIII, provide the text o	_	zation's financial staten	nents that reports the organization
uncertain ta	x positions under FIN 48 (ASC 740). Check here if the te	xt of the footnote has been	provided in Part XIII	✓

2

а

b

1

2

C

d

е 3

b

5

Part XIII

See Additional Data Table

4

Schedule D (Form 990) 2019

Page 4

172,384,028

-7,561,264

179,945,292

209,218,266

12,021,664

197,196,602

80,048,986

277.245.588

Schedule D (Form 990) 2019

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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 .

3 4 b

Add lines **4a** and **4b** . . . . . . . . C

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

Net unrealized gains (losses) on investments . . . .

Donated services and use of facilities . . . . . .

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

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Part XII

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

Donated services and use of facilities . .

Prior year adjustments . . . . . . Other losses . . . . . . .

Other (Describe in Part XIII.) . . . .

Subtract line 2e from line 1 . . . . . . . . . . .

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

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 . . .

Add lines 2a through 2d .

Return Reference

Total expenses and losses per audited financial statements . . . . . .

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

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.

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

4a 4b

2a

2b

2a 2b

2c

2d

4a

4b

Explanation

11,010,492 69,038,494

12,021,664

11,010,492

69.038.494

-8.143.499

0

4c

3

2e

3

4c

5

5

80,048,986 259,994,278

chedule D (Form 990) 2019	Page <b>5</b>
Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2019

## **Additional Data**

Name: VASSAR COLLEGE

**EIN:** 14-1338587

The College's conservation easement has no attributed value and is not recorded in the financial statements.

**Software ID:** 19009572

**Software Version:** v1.00

**Supplemental Information** 

Explanation

Return Reference

Supplemental Information	
Return Reference	Explanation
Schedule D, Part III, Line 4	The College's Frances Lehman Loeb Art Center maintains collections of paintings, sculpture s, prints, photographs and ceramics for use by faculty and students as a complement to the curriculum in a variety of instructional disciplines.

Sı

Supplemental Information	
Return Reference	Explanation
	The College's Endowment Funds are maintained according to donor restrictions and earnings are used to support scholarships and a variety of programs including instruction, research , and academic support.

S

Supplemental Information	
Return Reference	Explanation
Schedule D, Part X, Line 2	The College generally does not provide for income taxes since it is a tax-exempt organizat ion under section $501(c)(3)$ of the Internal Revenue Code. U.S. GAAP permits an organizatio n to recognize the benefit and requires accrual of an uncertain tax position only when the position is "more likely than not" to be sustained in the event of examination by tax aut horities. Tax positions deemed to meet the "more likely than not" threshold are recorded a s a tax expense in the current year. The College has analyzed all open tax years and belie ves it has no significant uncertain tax positions.

plemental Information	
Return Reference	Explanation
edule D, Part XI, Line 2d	Cost of Goods Sold - Computer Store and College Store \$582,235

Sup

upplemental Information	
Return Reference	Explanation
chedule D, Part XI, Line 4b	Scholarships \$69,038,494

Su

Supplemental Information					
Return Reference	Explanation				
Schedule D, Part XII, Line 2d	Cost of Goods Sold - Computer Store and College Store \$582,235; Adjustment to Minimum Pens ion Liability \$8,601,368; Post Retirement Benefit Changes Other Than Net Periodic Costs \$2,838,061; Total \$12,021,664				

upplemental Information				
Return Reference Explanation				
chedule D, Part XII, Line 4b	Scholarships \$69,038,494			

Su

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493124003441 OMB No. 1545-0047 SCHEDULE E **Schools** (Form 990 or 990-▶ Complete if the organization answered "Yes" on Form 990, 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 information. Inspection Department of the Treasury Namel Retherosganization **Employer identification number** VASSAR COLLEGE 14-1338587 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," 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 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing 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: 5a Nο **b** Admissions policies? . . . . . . . . 5b Νo c Employment of faculty or administrative staff? . 5c Νo **d** Scholarships or other financial assistance? . 5d Νo e Educational policies? . . 5e No f Use of facilities? . . 5f No **g** Athletic programs? . . . . . . 5g Νo 5h Νo If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. **6a** Does the organization receive any financial aid or assistance from a governmental agency? Yes 6a b Has the organization's right to such aid ever been revoked or suspended? . . . . . . . . . . . . . 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. Cat. No. 50085D Schedule E (Form 990 or 990-EZ) (2019)

Schedule E (Form 990 or 990EZ) (2019)					
Part II Supplemental Information. Provide the expla any other additional information. See instructions.	anations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide				
Return Reference	Explanation				
Schedule E, Part I, Line 3	Vassar College publicizes its non-discriminatory policy via brochures mailed to all Vassar College potential students as well as on the College's website.				
Schedule E, Part I, Line 6	Vassar College participates in the U.S. Department of Education Title IV Aid Programs and regularly receives awards for research from several federal agencies. The College also receives funding from New York State's Bundy Program.				

Program.

Schedule E (Form 990 or 990-EZ) (2019)

efile GRAPHIC print - DO NOT PROCESS   As Filed Data - DLN: 93493124003						93493124003441	
SCHEDULE F (Form 990)	Statement of	of Activities (	Outside the Un	ited Stat	es	OMB No. 1545-0047	
(1 01111 330)	► Complete if the or	-	Yes" to Form 990, Part IV, to Form 990.	line 14b, 15, or	16.	2019	
					Open to Public Inspection		
Name of the organization VASSAR COLLEGE				Em	ployer ider	ntification number	
VASSAR COLLEGE				14-	1338587		
	formation on Activi art IV, line 14b.	ties Outside the U	<b>Jnited States.</b> Comple	ete if the orga	anization a	inswered "Yes" on	
<del>-</del>	e grantees' eligibility fo	or the grants or assis	substantiate the amoun stance, and the selection	_		✓ Yes □ N	
J	Describe in Part V the	organization's proce	dures for monitoring the	use of its gra	ants and ot		
<b>3</b> Activites per Region. (	(The following Part I, lin	e 3 table can be dupli	cated if additional space i	s needed.)			
(a) Region	<b>(b)</b> Number offices in tregion		(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity lis program servic specific t service(s) in	ce, describe ype of	(f) Total expenditures for and investments in the region	
See Add'l Data			regiony				
3a Sub-total	n sheets to						
c Totals (add lines 3a ai	nd 3b)	5 5				342,258,24	
c Totals (and lines 3a al	na 30)	<u> </u>				j 342,258 <u>,</u>	

Cat. No. 50082W Schedule F (Form 990) 2019

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

0 - 1 - 1 - 1 - 1 - 1 - 1 - 1						Page <b>3</b>
			ed States. Complete if	the organization an	nswered "Yes" on Form 9	∂90, Part IV, line 16.
Part III can be duplicated i			<del></del>	<del></del>	<del></del>	<del></del>
(a) Type of grant or assistance (b) Reg	recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Scholarships Europe (includ Iceland and Gr	Greenland)		Check or Wire			
Scholarships Russia and the independent S	e newly 4 States	70,794	Check or Wire			
			<u> </u>	<u> </u>	<del> </del>	1
			<del> </del>		<del>                                     </del>	1
		-	<del> </del>		<del>                                     </del>	1
			-			1
			-			1
			<u> </u>		<del>                                     </del>	<del> </del>
			-			<del> </del>
			-			1
			-			1
			<u> </u>		1	1
			<u> </u>		1	1
			<u> </u>		<del>                                     </del>	<del> </del>
		!	<u> </u>			1
		!	<u> </u>		<del>                                     </del>	1
			<del> </del>		<del></del>	1
		!				1

Sche	dule F (Form 990) 2019		Page <b>4</b>
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)	<b>✓</b> 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	<b>☑</b> 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)	<b>✓</b> 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).	<b>⊻</b> 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)	<b>✓</b> 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).	<b>✓</b> Yes	□No

Schedule F (F	orm 990)	Page :
	Provide t amounts method)	nental Information  he information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide cional information. See instructions.
990 Sched	ule F, Su	pplemental Information
Return Re	eference	Explanation

Return Reference	Explanation
Schedule F, Part I, Line	Students who are awarded scholarships have funds credited to their account and use is restricted to purposes related to enrollment in a

program of study.

990 Schedule F, Supplemental Information

Return Reference	Explanation
Schedule F. Part I. Line 3	Expenses are accounted for using the accrual method of accounting and investments are accounted for using the fair market value.

990 Schedule F, Supplemental Information

Return Reference	Explanation
	The College invests in domestic and foreign limited partnerships that may own an interest in a foreign corporation, passive foreign investment company, or foreign partnership. Nevertheless, the College's activities may not reach thresholds required for filing Forms 926, 5471, 5713, 8621 or 8865. To the extent such a form was completed, it has been filed with the organization's form 990-T.

## **Additional Data**

Russia and the newly independent States

**Software ID:** 19009572 **Software Version:** v1.00

**EIN:** 14-1338587

Scholarships

70,794

Name: VASSAR COLLEGE

I — .							
IForm '	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	(†) Total expenditures for region
Europe (including Iceland and Greenland)	0	0	Grantmaking	Scholarships	844,384

0 Grantmaking

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 fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the reaion) Russia and the newly 1 |Program Services Academic Instruction 220,946 independent States Europe (including Iceland and 4 | Program Services Academic Instruction 1,697,467 Greenland)

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 fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the reaion) Central America and the 0 Investments 337,680,838 lInvestments Caribbean Europe (including Iceland and 0 Investments 1.216.790 Investments Greenland)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (e) If activity listed in (d) (d) Activities conducted (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of region agents in fundraising, program service(s) in region region services, grants to recipients located in the reaion) North America (including 527,024 0 IInvestments Investments Canada and Mexico, but not the United States)

DLN: 93493124003441

OMB No. 1545-0047

2019

Department of the Treasury Internal Revenue Service

Name of the organization

(Form 990 or 990-EZ)

**SCHEDULE G** 

**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 **Employer identification number** 

ASSAR COLLEGE					14-1338587	
Part I Fundraising Activities Form 990-EZ filers a	•	_			orm 990, Part IV, line	17.
1 Indicate whether the organiza	ation raised funds the	rough any	of the fo	ollowing activities. Check	all that apply.	
a 🗹 Mail solicitations			е	Solicitation of non-	-government grants	
b  Internet and email solicita	ations		f	✓ Solicitation of gove	ernment grants	
c Phone solicitations			g	Special fundraising	g even <b>t</b> s	
d 🗹 In-person solicitations						
<b>2a</b> Did the organization have a workey employees listed in Fo					· · · · · · —	es 🗆 No
<b>b</b> If "Yes," list the 10 highest part to be compensated at least \$			draisers)	pursuant to agreements	under which the fundrais	er is
<ul><li>i) Name and address of individual or entity (fundraiser)</li></ul>	(ii) Activity	fundrais custo cont	Did ser have ody or rol of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Grenzebach Glier and Associates PO Box 775324	Consulting		No	0	79,104	-79,104
Chicago, IL 60677	Consulting					
Reichenbach Consulting LLC 1 Tyler Road			No	0	39,368	-39,368
Ithaca, NY 14850						
otal			. ▶	0	118,472	-118,472
3 List all states in which the orga licensing.	nization is registered	or licens	ed to soli	icit contributions or has b	een notified it is exempt	from registration or

AK, AL, AR, AZ, CO, CT, DC, HI, MA, ME, MI, MN, MS, NC, NH, NJ, NV, NY, OH, OR, PA, SC, UT, VA, WA

	rt II Fundraising Events. Compl				
	than \$15,000 of fundraising		d gross income on Form	990-EZ, lines 1 and	6b. List events with
	gross receipts greater than \$	(a)Event #1	<b>(b)</b> Event #2	(c)Other events	(d) Total events (add col. (a) through
		(event type)	(event type)	(total number)	col. <b>(c)</b> )
Keverkie					
200					
¥					
	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
	4 Cash prizes				
N T	5 Noncash prizes				
Experises	6 Rent/facility costs				
Š	7 Food and beverages				
Zied Zied	Sentertainment				
2	Other direct expenses	through O in column (d)			
	11 Net income summary. Subtract line 10				
Pai	rt III Gaming. Complete if the org			V, line 19, or reported	l i more than \$15,000
	on Form 990-EZ, line 6a.	1			1
E		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Revenue					
<u>.</u>	1 Gross revenue				
TSe.	2 Cash prizes				
7	3 Noncash prizes				
វ	3 Noncash prizes				
ង ប្ដូ	4 Rent/facility costs				
ži Delo	4 Rent/facility costs				
វ រូវ ភ្ន			☐ Yes%	☐ Yes%	
វ រដ្ឋភ្ជុំ 	4 Rent/facility costs	☐ Yes%	☐ Yes % ☐ No	☐ Yes %	
<u>1</u> 1910 –	4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor	□ No	1_		
	4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2	No	□ No	□ No ►	
	4 Rent/facility costs	No through 5 in column (d)	No	No	
<b></b>	4 Rent/facility costs	No  through 5 in column (d)  t line 7 from line 1, column  tion conducts gaming activities	No	<ul><li>No</li><li> ▶</li><li> ▶</li></ul>	Ves □No
a b	4 Rent/facility costs	through 5 in column (d)  through 5 in column (d)	No  nn (d)	No	☐ Yes ☐ No
9 a	4 Rent/facility costs	through 5 in column (d)  thine 7 from line 1, column  tion conducts gaming activating activities in each column.	No  nn (d)	No	
9 a	4 Rent/facility costs	through 5 in column (d)  thine 7 from line 1, column  cion conducts gaming activities in each column  censes revoked, suspend	No  nn (d)	No	
a b	4 Rent/facility costs  5 Other direct expenses  6 Volunteer labor  7 Direct expense summary. Add lines 2  8 Net gaming income summary. Subtract the state(s) in which the organization licensed to conduct of If "No," explain:	through 5 in column (d)  thine 7 from line 1, column  cion conducts gaming activities in each column  censes revoked, suspend	No  nn (d)	No	

Sche	dule G (Form 990 or 990-EZ) 2019					- 1	Page <b>3</b>
11	Does the organization conduct gaming	activities with nonmemb	pers?	[	Yes	□No	
12	Is the organization a grantor, beneficial formed to administer charitable gamin		r a member of a partnership or other entity	_	⊒ Yes	_	
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	cords:			
	Name •						
	Address ►	·					
				[	□Yes	□No	
b	If "Yes," enter the amount of gaming r amount of gaming revenue retained by		organization • \$ and the	e			
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:						
а	Is the organization required under state retain the state gaming license? .		distributions from the gaming proceeds to	г	□Yes	Пис	
b	Enter the amount of distributions requi	red under state law distr	ributed to other exempt organizations or spent		162	100	
	in the organization's own exempt activ						
Pai			nations required by Part I, line 2b, columns pplicable. Also provide any additional inforr				s.
	Return Reference		Explanation				
Sche	dule G, Part I, Line 2a		isers were engaged to provide fundraising consul llect contributions or run a campaign on behalf of			e Colleg	e and

Schedule G (Form 990 or 990-EZ) 2019

DLN: 93493124003441 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule I OMB No. 1545-0047 **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ► Attach to Form 990. Department of the Inspection ► Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization **Employer identification number** VASSAR COLLEGE 14-1338587 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1

✓ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization cash (book, FMV, appraisal, noncash assistance or assistance grant or government assistance other) (1) See Additional Data (2)(4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50055P Schedule I (Form 990) 2019

Fellowships with required periodic written reports of activities to the College.

enrollment in a program of study.

school and other aid.

Scholarships restricted to purposes related to

Scholarships related to enrollment in nursery

Explanation

Schedule I (Form 990) 2019

Part III

(1)

(3)

(4)

(5)

(6)

(7)

Part IV

Return Reference

Schedule I, Part III

Schedule I, Part I, Line 2

1402

16

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

(c) Amount of

cash grant

952.377

30,053

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

also makes small contributions to other local non-profit and governmental entities who are not part of the campaign.

Recipients of fellowships are required to submit periodic written reports of their activities to the College.

69,633,597

(d) Amount of

noncash assistance

Vassar College raises funds for, and makes contributions to, a wide variety of 501(C)(3) organizations in the greater Poughkeepsie area. These organizations are selected annually by a committee of employees and students after review of their activities and mission. Employees and students also volunteer time at each organization. Funds are collected annually from the gifts of employees, students, trustees and friends of Vassar as part of the "Community Works" campaign. Vassar

Students who are awarded scholarships have funds credited to their account and the use is restricted to purposes related to enrollment in a program of study.

(e) Method of valuation (book,

FMV, appraisal, other)

Page 2

(f) Description of noncash assistance

Schedule I (Form 990) 2019

## **Additional Data**

Family Services Inc

Kingston, NY 12401

40 Aaron Ct

50 North Hamilton Street Poughkeepsie, NY 12601 Ulster Literacy Association Inc Software ID: 10000572

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

organization	(-)	if applicable	grant	cash	(book, FMV, appraisal,	ł
or government			_	assistance	other)	l
						l

or government		assistante	
			1
			1

(a) Name and address of (b) FIN (c) IRC section (d) Amount of cash (e) Amount of non- (f) Method of valuation

501(C)(3)

501(C)(3)

Name:	VASSAR CO

14-1338399

22-2484450

8,298

5,298

Soldware 15.	13003372
Software Version:	v1.00
EIN:	14-1338587
Name:	VASSAR COLLEGE

(g) Description of non-cash assistance (h) Purpose of grant

Basic needs assistance

organization's mission

or assistance

Grant to support

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable arant cash non-cash assistance or assistance assistance other) or government

Poughkeepsie Alliance Inc 47-2422261 501(C)(3) 10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Grant to support PO Box 347 organization's mission Poughkeepsie, NY 12602

efil	e GRAPHIC pr	int - DO NOT PROCESS A	s Filed Data	a -	DLN: 9349	312	4003	441	
Sch	nedule J	Cor	npensati	ion Information	ОМВ	No.	1545-0	047	
(For	m 990)	For certain Officers	, Directors, T	rustees, Key Employees, and Highest		_			
		Complete if the organ		ited Employees ered "Yes" on Form 990, Part IV, line 23.	2	20	19	)	
			▶ Attach	to Form 990.					
•	tment of the Treasury al Revenue Service	► Go to <u>www.irs.gov/</u>	<u>Form990</u> for	instructions and the latest information.			o Put ectio		
	ne of the organiza	ation		Employer	identificatio				
VAS	SAR COLLEGE			14-133858	7				
Pa	rt I Questi	ons Regarding Compensatio	on	-					
	•						Yes	No	
1a				the following to or for a person listed on Form y relevant information regarding these items.					
	First-class	s or charter travel	$ \mathbf{V} $	Housing allowance or residence for personal use	e				
	_	companions		Payments for business use of personal residence	e				
		nification and gross-up payments	<b>✓</b>	Health or social club dues or initiation fees					
	☐ Discretion	nary spending account	V	Personal services (e.g., maid, chauffeur, chef)					
b				follow a written policy regarding payment or ve? If "No," complete Part III to explain		ıь	Yes		
2		Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?							
	directors, truste	es, officers, including the CEO/Exe	cutive Director	r, regarding the items checked on Line 1a?					
3				d to establish the compensation of the					
		EO/Executive Director. Check all the discount of the compered or a compered to the compered or		not check any boxes for methods CEO/Executive Director, but explain in Part III.					
	, 	•	<b>✓</b>						
		ation committee ent compensation consultant	✓	Written employment contract Compensation survey or study					
		of other organizations	$\overline{\checkmark}$	Approval by the board or compensation commit	tee				
		-							
4	During the year related organiza		0, Part VII, Se	ction A, line 1a, with respect to the filing organiz	ation or a				
а	_	ance payment or change-of-contro	l navment?			4a		No	
b		• •		ified retirement plan?		4b		No	
c	•		•	nsation arrangement?		4c		No	
	If "Yes" to any o	of lines 4a-c, list the persons and p	rovide the app	licable amounts for each item in Part III.					
	- 1/ \/-	/ ./							
5		), 501(c)(4), and 501(c)(29) o	_	must complete lines 5-9. the organization pay or accrue any					
5		ontingent on the revenues of:		the organization pay or accrue any					
а	The organization	1?			!	5a		No	
b	Any related orga	anization?			. [	5b		No	
	If "Yes," on line	5a or 5b, describe in Part III.							
6		ed on Form 990, Part VII, Section A ontingent on the net earnings of:	A, line 1a, did	the organization pay or accrue any					
а	The organization	1?			<u> </u>	5a		No	
b				$\bullet = \bullet =$	<u> </u>	5b		No	
	•	6a or 6b, describe in Part III.							
7				the organization provide any nonfixed rt III		7		No	
8	subject to the in	nitial contract exception described i	n Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," describe					
	ın Part III .     .					8		No	
9				presumption procedure described in Regulations		9			
For F	Paperwork Redu	iction Act Notice, see the Instru	uctions for Fo	orm <b>990.</b> Cat. No. 50053T <b>S</b>	chedule 1 (F	orm	990)	2019	

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on Schedule J. report compensation from the organization on row (i) and from related organizations, described in the

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.										
<b>Note.</b> The sum of columns (B)(i)-(iii) for each listed individual must equal the total	al amount of	Form 990, Part VII, S	ection A, line 1a, a							
(A) Name and Title	<b>(B)</b> B	reakdown of W-2 and/ compensation		and other	( <b>D)</b> Nontaxable benefits	benefits columns Compe				
	(i) Base compensat	e (ii) ion Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990			
See Additional Data Table				1						

Schedule J (Form 990) 2019	Page 3
Part III Supplemental Infor	mation
Provide the information, explanation, o	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
Schedule J, Part I, Line 1a	On campus housing is provided for the President and the Dean of Faculty as a condition of employment and for the convenience of the College. In addition, housekeeping service is also provided for the President. The estimated value of this housing and housekeeping service is included in Part II, column D. Annual dues for clubs are paid by the College and provided to the President for the benefit of the College. Dues paid according to contract are treated as imputed income and are included in Part II, column B III.
Schedule J, Part I, Line 3	Vassar participates in a third party data collection process with 25 peer colleges. We submit data annually to a professional compensation analyst, who summarizes

Ithe data as a range with quartiles. The report is provided to the Personnel and Compensation Committee of the Board of Trustees, who will use this information to determine raises for all Senior Officers and reports their findings through the President and the Vice President for Finance and Administration. Committee records

are maintained by the Secretary of the Board of Trustees for the permanent files of the Board. We believe that our policy meets the requirements of the rebuttable presumption.

Schedule 1 (Form 990) 2019

**Software ID:** 19009572 **Software Version:** v1.00

**EIN:** 14-1338587

Name: VASSAR COLLEGE

Form 990. Schedule 1. Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Volume A Prince and Deve   (1)	Form 990, Schedule	₃ J,	Part II - Officers, D	irectors, Trustees, K	ey Employees, and I	lighest Compensate	d Employees				
Processor of Landson Hardon   Companies   Companies	(A) Name and Title			of W-2 and/or 1099-MIS	Compensation	(C) Retirement and	nt and (D) Nontaxable (E) Total of columns (F) Con				
Procedure for Tracters				Bonus & incentive	Other reportable		benefits	(B)(i)-(D)	reported as deferred on		
Time State   10		(i)	526,904	0	3,624	33,600	114,306	678,434	0		
Volume A Prince and Deve   (1)		(ii)	0	0	0	0	0	0	0		
Darw	1Tim Kane VP for Alumnae Affairs and	(i)	335,690	0	774	33,600	49,061	419,125	0		
Sephen Dament - Through   Color   Co		(ii)	0	0	0	0	0	0	0		
Various main Authority   Various main Author	Stephen Dahnert - Through 01 2020	Ĺ	314,481	0	774	52,600	36,431	404,286	0		
Dean of striken and Acad   Ras   (ii)		ļ	217 847	0	1 500	36 305	07.630	222.260			
ACIV stopher Scellice   (i)	Dean of Str Plan and Acad				1,588	26,295	87,638	333,368			
Professor of Educations (i) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		-	199 577	0	0	0	0	0	0		
Donathan Chenette		l	199,377 		20,254	26,692	/4,921	321,444	0		
Sonathan Chromatics   Characteristics   Charac			260,517	0	2.286	43.994	23.139	329.936	0		
Sames   Merrell   Professor of History   (i)   219,323   0   2,286   27,553   36,567   285,729   0   0   0   0   0   0   0   0   0	Through 06 2019		0					0	0		
Carlot Learner Gards   Vir For Each and NR; Chief Information Officer   Vir For Each	<b>6</b> James H Merrell	(i)	219,323	0	2,286	27,553	36,567	285,729	0		
Victor Tech and HR; Chief   Victor	, , , , , , , , , , , , , , , , , , , ,	(ii)	0	0	0	0	0	0	0		
Information Officer   (ii)		(i)	211,127	0	162	23,946	32,584	267,819	0		
Professor of Economics	Information Officer	(ii)	0	0	0	0	0	0	0		
Septent DeMaria   Front Online   Fortissor of English   Fortissor		(i)	219,077	0	1,188	26,896	15,324	262,485	0		
Professor of English   (ii)			0	0	0	0	0	0	0		
10   10   10   10   10   10   10   10		(i)	199,211	0	2,236	25,466	30,859	257,772	0		
VP for Communications		-	0	0	0	0	0	0	0		
11   12   12   13   14   15   15   15   15   15   15   15		(i)	207,563	0	774	24,908	22,312	255,557	0		
Professor of History  (ii) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		-	0	0	0	0	0	0	0		
12Carlos Alamo Dean of College		(i)	190,121	0	6,146	24,006	33,928	254,201	0		
Dean of College		(ii)	0	0	0	0	0	0	0		
13	<b>12</b> Carlos Alamo Dean of College	(i)	221,968	0	178	26,636	827	249,609	0		
William Hoynes - From 08 2019			0	0	0	0	0	0	0		
2019   Dean of Faculty   (ii)   0   0   0   0   0   0   0   0   0	<b>13</b> William Hoynes - From 08	(i)	185,229	0	611	23,899	37,869	247,608	0		
Controller (ii) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2019 Dean of Faculty		0	0	0	0	0	0	0		
15 Stephen R Rock - Through 07 2019 (ii) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	<b>14</b> Angelique Crump Controller	(i)	150,851	0	131	19,062	44,017	214,061	0		
Stephen R Rock - Through 07 2019 Dean of Faculty     (ii)     0     0     0     0     0     0     0     0     0       Bryan A Swarthout - From 01 2020     (iii)     0     0     134     18,526     35,770     205,880     0		-	0	0	0	0	0	0	0		
Dean of Faculty (17) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Stephen R Rock - Through	(i)	154,430	0	3,923	20,255	26,974	205,582	0		
Bryan A Swarthout - From 01 2020 (7ii) 203,860 0	Dean of Faculty	(ii)	0	0	0	0	0	0	0		
01 2020 VP for Fin and Admin         (ii)         0         0         0         0         0         0	Bryan A Swarthout - From	(i)	151,450	0	134	18,526	35,770	205,880	0		
	VP for Fin and Admin	(ii)	0	0	0	0	0	0	0		

Schedule K

(Form 990)

DLN: 93493124003441

OMB No. 1545-0047

2019

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. **Supplemental Information on Tax-Exempt Bonds** 

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

				explanations	s, and any additional	informatior	ı in Part	t VΙ.					_	• <b>U</b> I .		
	rtment of the Treasury nal Revenue Service		►G		► Attach to Form 996 Form 990 for instruct	0.			rmation					en to Pu Inspectio		
Name	e of the organization	ı	, , , , , , , , , , , , , , , , , , ,	o to <u>www.ms.gov/</u>	101 mstruce	ions und th	e lucese		illucioni		Emple	yer iden		n number		
VAS	SAR COLLEGE										14-13	338587				
Pa	rt I Bond Iss	sues														
	(a) Issuer na	ame	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	orice		(f) Description	on of purpose	e (g) D	efeased	(h)	) On	(i) Pool	
														alf of	finan	ıcing
											Yes	No	Yes	No No	Yes	No
A	Dutchess County L Development Corp		27-3106797	267045DC3	06-06-2013	87,9	68,505	CAPI	TAL IMPROVE	EMENTS	163	X	163	X	103	X
В	Dutchess County L Development Corp		27-3106797	267045JY9	04-25-2017	112,1	20,277	REFU	JND ISSUE D	ATED 04/18		X		Х		Х
С	Dutchess County L Development Corp		27-3106797	267045NG3	04-02-2020	74,2	06,511	SEE F	PART VI			×		X		X
Pa	rt II Proceed	s		I							<b>I</b>	· · · · · · · · · · · · · · · · · · ·				
						,	Α		E	3	(	С			D	
1								0		1,185,000			0			
2								0		0			0			
3							88,049,975 112,120,277			74,208,	.638					
4								0 0					0			
5							2,180	,072		0		0				
6								0		0		0				
7							663	,134		1,032,568		796,654				
8						0 0				0						
9						1,976 0				0						
10							84,964	,879		0			0			
11							239	,914	;	111,087,709		50,489,	.502			
12								0		0		22,922,	.482			
13	Year of substantia	al completion .				20	)16		20	17						
						Yes	No	,	Yes	No	Yes	No		Yes	<u>                                     </u>	No
14	Were the bonds is bonds (or, if issue	ssued as part of ed prior to 2018	f a current refunding 3, a current refundin	g issue of tax-exemp g issue)?	t 		Х		Х		X					
15	bonds (or, if issue	ed prior to 2018		ding issue)? .   .			х			Х		Х				
16	Has the final alloc	cation of procee	eds been made? .			Х			Х			X				
17					he final allocation of	Х			Х		Х					
В-																
- (2)	rt Ⅲ Private I	Business Use	<u> </u>				Α	ı	E	<u> </u>			<u> </u>		D	
						Yes	No	,	Yes	No	Yes	No		Yes	<del></del>	No
1				a member of an LLC,	which owned property		X		. 55	X		X				

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

Χ

Χ

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

hedge with respect to the bond issue?

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

Was the hedge terminated?

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 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

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 nongualified bonds of

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

b

C

d

6

8a

Part IV

b

C

Arbitrage

Page 2

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

0 %

0 %

0 %

В

Yes

Χ

Χ

No

Χ

Χ

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Χ

Χ

Νo

Χ

Χ

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Χ

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Yes

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No

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Χ

Χ

Χ

Х

C

0.1 %

0 %

0.1 %

D

Schedule K (Form 990) 2019

No

Yes

Χ

Χ

0.1 %

0 %

0.1 %

Yes

Χ

Χ

Х

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

В

No

Explanation

No

Yes

Yes

Nο

No

Yes

Χ

Nο

Yes

Χ

THE PURPOSE OF THE ISSUE IS TO REFUND PRIOR ISSUE DATED: 04/29/2010 AND VARIOUS CAPITAL IMPROVEMENTS

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

Yes

Χ

Page 3

No

D

D

Nο

Yes

Yes

Schedule K (Form 990) 2019

period?

Part V

Part VI

**Arbitrage** (Continued)

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?

Term of GIC . . . . . . . . . .

requirements of section 148? . . .

Return Reference

Schedule K, Part I, Column f-04/02/2020 74,206,511 Dutchess

County Local Development Corp

Return Reference	Explanation
Schedule K, Part II, Line 3-06/06/2013 87,968,505 Dutchess County Local Development Corp	THE TOTAL PROCEEDS EXCEED THE ISSUE PRICE DUE TO INVESTMENT EARNINGS

Di Di

Return Reference	Explanation
Schedule K, Part II, Line 3-04/02/2020 74,206,511 Dutchess County Local Development Corp	THE TOTAL PROCEEDS EXCEED THE ISSUE PRICE DUE TO INVESTMENT EARNINGS

Return Reference	Explanation
chedule K, Part II, Line 11- 6/06/2013 87,968,505 utchess County Local evelopment Corp	THE OTHER SPENT ARE THE PROCEEDS USED TO PAY THE NEW YORK STATE ISSUER FEE

06 Du De

Return Reference	Explanation
Schedule K, Part II, Line 11- 04/25/2017 112,120,277 Outchess County Local Development Corp	THE OTHER SPENT PROCEEDS ARE THE REFUNDING PROCEEDS THAT ARE NO LONGER IN ESCROW

Return Reference	Explanation
chedule K, Part II, Line 11- 4/02/2020 74,206,511 utchess County Local evelopment Corp	THE OTHER SPENT PROCEEDS ARE THE REFUNDING PROCEEDS THAT ARE NO LONGER IN ESCROW

Du De

Return Reference	Explanation
chedule K, Part IV, Line 2c- 6/06/2013 87,968,505 utchess County Local evelopment Corp	AN ARBITRAGE CALCULATION WAS COMPLETED on 06/06/2018

06 Du

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493124003441 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2019 ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** VASSAR COLLEGE 14-1338587 **Types of Property** (b) (c) (d) (a) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . 472,065 Independent Appraisals Art—Historical treasures Art—Fractional interests Books and publications Clothing and household · . . . . . Cars and other vehicles Boats and planes . . Intellectual property . . Χ 156 5,028,244 Fair Market Value Securities—Publicly traded . 10 Securities—Closely held stock . Securities—Partnership, LLC, or trust interests . . . . 12 Securities—Miscellaneous . Qualified conservation contribution-Historic structures . . . . 14 Qualified conservation contribution—Other . Real estate—Residential 15 Real estate—Commercial . 17 Real estate—Other . . 18 Collectibles . . . . 19 Food inventory . . . 20 Drugs and medical supplies . Taxidermy . . . . . 21 22 Historical artifacts . 23 Scientific specimens . . Archeological artifacts . . Χ 11,000 Independent Appraisals Musical Other ► ( Instrument 25 Other ▶ ( \_\_\_\_\_ Other ▶ ( \_ 27 28 Other ► ( Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 30a Nο **b** If "Yes," describe the arrangement in Part II. 31 Yes Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Yes **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. Schedule M (Form 990) (2019) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J

Schedule M (Form 990) (2019)	Page :	
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.		
Return Reference	Explanation	
Schedule M, Part I, Line 32b	Gifts of securities are received by registered brokers and sold on behalf of Vassar College. Proceeds from sales are deposited into the College bank accounts.	
	Schedule M (Form 990) (2019	

efile GRAPH	IC prin	t - DO NOT PROCESS	As Filed Data -		DLN	: 93493124003441
SCHEDUL (Form 990 or EZ)	990-	Complete to prov Form 990 o	ride information fo • 990-EZ or to prov ▶ Attach to Forn	on to Form 990 or 9 r responses to specific questi ide any additional informatio n 990 or 990-EZ. 90 for the latest information.	ions on on.	OMB No. 1545-0047 2019 Open to Public Inspection
Mannel Betherofg VASSAR COLLEGE	Par Nization	١			Employer ident	tification number
990 Schedule	e O, Su	pplemental Information	1			
Return Reference	Explanation					
Form 990, Part I, Line 19	General Statement Regarding the COVID-19 Pandemic In December 2019, an outbreak of a novel strain of Coronavirus (COVID-19) emerged globally, and in March 2020 the World Health Org anization declared the spread of COVID-19 a worldwide pandemic. As a result, the College's campus was closed in March 2020 and moved the remainder of the spring 2020 semester to virtual learning. Students received refunds and future statement credits for their unused ho using, meal plans, and other mandatory fees through the end of the semester, resulting in lost revenue of \$6,472,768, which would have been included in student tuition, fees, room and board, net on the statement of activities for the fiscal year ending June 30, 2020. The impact of the revenue loss was lessened by the expense reductions which included cancell ed travel and events, lower utilities, and other operating expense constraints. The COVID-19 pandemic continues to have significant effects on higher education, global markets, sup ply chains, businesses, and communities. Specific to the College, COVID-19 has impacted various parts of its 2020 operations and financial results and may impact portions of its 20 21 operations and financial results, including, but not limited to, declines in enrollment , loss of auxiliary revenues, additional bad debts, costs for increased use of technology and safety protocols, or potential shortages of personnel. Management believes that the Co llege is taking appropriate actions to mitigate the negative impact.					

990 Schedule O, Supplemental Information Return Explanation

Reference	
Form 990, Part V. Line	The total number of 1098-T forms included on this line = 3,108.

Return Explanation
Reference

990 Schedule O, Supplemental Information

Line 7b

Form 990,
Part VI,
Section A,

Under a shared governance model, the Board delegates responsibility, with accountability, of certain matters, to the faculty, students, the alumnae and alumni of the College.

Return Explanation

Form 990,
Part VI,
Pa

Part VI,
Section B,
Line 11b

990 to the Audit Committee which reviews the entire form 990 as a draft prior to the comp
letion of the review by the College's certified public accountant. The final version, excl
uding Schedule B, is provided to all members of the Board of Trustees prior to submission.

990 Schedule O, Supplemental Information

990 Schedule O, Supplemental Information

Return

Reference	Explanation
Form 990,	Vassar College issues conflict of interest questionnaires to officers, directors, trustees
Part VI,	and other members of the faculty and administration with significant budgetary responsibi
Section B,	lities. Once the completed forms are submitted to the Secretary of the Board and reviewed
Line 12c	by the Vice President for Finance and Administration, the Chair of the Board, and the Chai
	r of the Audit Committee, the College responds to any disclosures with appropriate action
	including requiring persons to recuse themselves from involvement with any decisions for w
	high the relationship would represent an actual or potential conflict of interest

Evolunation

990 Schedule O, Supplemental Information

the rebuttable presumption.

Return

Reference	
Form 990,	Vassar participates in a third party data collection process with 25 peer colleges. We sub
Part VI,	mit data annually to a professional compensation analyst, who summarizes the data as a ran
Section B,	ge with quartiles. The report is provided to the Personnel and Compensation Committee of t
Line 15	he Board of Trustees, who will use this information to determine raises for all Senior Off
	icers and reports their findings through the President and the Vice President for Finance
	and Administration. Committee records are maintained by the Secretary of the Roard of Trus

tees for the permanent files of the Board. We believe our policy meets the requirements of

**Explanation** 

Return Explanation
Reference

990 Schedule O, Supplemental Information

Form 990,
Part VI,
Section C,
Line 19

Vassar publishes its governing documents in print and online, the conflict of interest policy is published online, and annual audited financial statements are available online and in print form by request.

990 Schedule O, Supplemental Information

Return

Reference	
Form 990,	The officers noted on Part VII are the corporate officers of the College who manage the da
Part VII,	ily operations and do not include Board officers who oversee the affairs of the College.
Section A,	
Line 1a	

Explanation

Return Explanation

990 Schedule O, Supplemental Information

Reference	
Form 990,	Post Retirement Benefits Changes Other than Net Periodic Benefits Cost (\$2,838,061); Adjus
Part XI, Line	tment for Minimum Pension Liability (\$8,601,368); Total Other Changes in Net Assets (\$11,4
9	39,429).

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

(Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

VASSAR COLLEGE

## **Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

DLN: 93493124003441

2019

Open to Public Inspection

**Employer identification number** 

		1 111/2 11 =	000 0 171/ 11	14-1338587			
Part I Identification of Disregarded Entities. Complete if th  (a)  Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country	(d) ate Total income	(e) End-of-year assets	<b>(f)</b> Direct controllin entity	g	
(1) College Properties LLC 124 Raymond Avenue Box 655 Poughkeepsie, NY 12604 14-1817534	Realty Investment	NY	-175,552	4,222,605	VASSAR COLLEGE		_
							_
							_
Part II Identification of Related Tax-Exempt Organizations. related tax-exempt organizations during the tax year.	Complete if the org	anization answered	l "Yes" on Form 990	), Part IV, line 34 b	pecause it had one o	r more	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	Section (13) co	ontrolle itity?
						Yes	No
For Paperwork Reduction Act Notice, see the Instructions for Form 990		Cat. No. 5013	 35Y		Schedule R (Form	   990) 2	019

art IV Identification of Related Organizat because it had one or more related org								Yes	No		Yes	No	
								1			+		
						ı	1						
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	dı (state	(c) Legal omicile or foreign ountry)	Direc	(d) et controlling		<b>(f)</b> Share of total income		(g) e of end year assets	-of- Perc	( <b>h)</b> entage ership	(1	(i) ection 512 .3) contro entity? Yes N
POOLED INCOME FUNDS (3) 4 RAYMOND AVENUE UGHKEEPSIE, NY 12604	INVESTMENT SUPPORT		NY	N/A	Ī	-							
CHARITABLE REMAINDER UNITRUSTS (12)	INVESTMENT SUPPORT		NY	N/A	Т	-							+
4 RAYMOND AVENUE UGHKEEPSIE, NY 12604													
CHARITABLE REMAINDER ANNUITY TRUST (2)	INVESTMENT SUPPORT		NY	N/A	Т	-							
4 RAYMOND AVENUE UGHKEEPSIE, NY 12604													

Schedule R (Form 990) 2019		F	Page <b>3</b>				
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.		Ye	s No				
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?							
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		1a	No				
<b>b</b> Gift, grant, or capital contribution to related organization(s)		1b	No				
c Gift, grant, or capital contribution from related organization(s)		1c	No				
d Loans or loan guarantees to or for related organization(s)		1d	No				
e Loans or loan guarantees by related organization(s)	ı	1e	No				
f Dividends from related organization(s)		1f	No				
g Sale of assets to related organization(s)		<b>1</b> g	No				
h Purchase of assets from related organization(s)		1h	No				
i Exchange of assets with related organization(s)		1i	No				
j Lease of facilities, equipment, or other assets to related organization(s)		1j	No				
k Lease of facilities, equipment, or other assets from related organization(s)		1k	No				
I Performance of services or membership or fundraising solicitations for related organization(s)		11	No				
m Performance of services or membership or fundraising solicitations by related organization(s)		1m	No				
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		1n	No				
o Sharing of paid employees with related organization(s)		10	No				
p Reimbursement paid to related organization(s) for expenses		<b>1</b> p	No				
<b>q</b> Reimbursement paid by related organization(s) for expenses		<b>1</b> q	No				
r Other transfer of cash or property to related organization(s)		1r	No				
s Other transfer of cash or property from related organization(s)		1s Yes	;				
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 the	resholds.						
(a) (b) (c) (d) Name of related organization Transaction Amount involved Method of determining an							

Schedule R (Form 990) 2019

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.

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	Ar	(e) e all partners section 501(c)(3) ganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	te	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General d managin partner?	or g ?	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
	1		1			ı				Schedul	e R (Form	990	0) 2019

Schedule R (Fo	rm 990) 2019		Page <b>5</b>
Part VII	Supplemental Info	ormation	
	Provide additional infor	mation for responses to questions on Schedule R. (see instructions).	
Retu	ırn Reference	Explanation	