For Paperwork Reduction Act Notice, see the separate instructions.

Department of the

Treasury

Return of Organization Exempt From Income Tax

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

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

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

2019

DLN: 93493110006041 OMB No. 1545-0047

Open to Public Inspection

				uning 07-01-2019 and ending 0	06-30-20	020			
			C Name of organization	ining 07 01 2015 7 and change	0 50 2		D Employe	r identifi	cation number
			LAFAYETTE COLLEGE				24-0705	686	
Martin Color Color									
			Doing business as						
			Number and street (or P.O. box if m	ail is not delivered to street address) Roo	m/suite		E Telephone	e number	
					111, 54125		(610) 33	30-5136	
				ntry, and ZIP or foreign postal code			()		
			EASTON, PA 180421778				G Gross red	eipts \$ 96	59,424,566
			F Name and address of principa	al officer:	Н	(a) Is this a	aroup ret	urn for	
	Demployer identification number 24-0796666								
				UIS HALL	н	(b) Are all s	ubordinate	es	
[Tax	-exer	npt status:	·	(income as)	,]			at (aaa	
1 147	- 1 14	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		(Insert no.)	· I			•	•
J VV	edsit	:e:► vv vv	W.LAFAYETTE.EDO			(or Group e.	xemption	namber	
V			. 7 Composition Tours Tours	ariahian D Ohlan 🏲	LY	ear of formatio	n: 1826	M State	of legal domicile: PA
K FOIII	1 01 01	ganization.	Corporation III Trust III Asst	ociation					
Pa	ırt I	Sum	mary		I		I		
မှ	<u> </u>	PROVISIO	N OF EDUCATIONAL SERVICES AS	S AN ACCREDITED FOUR-YEAR UNDE	RGRADL	JATE COLLEG	E.		
See	_								
Ë	-								
Š O					of more	than 25% o	f its net as	sets.	1
	3	Number o	of voting members of the governing	ng body (Part VI, line 1a)				3	35
დ ე	4	Number o	of independent voting members of	the governing body (Part VI, line 1b)			4	34
Tie	5	Total nun	nber of individuals employed in ca	lendar year 2019 (Part V, line 2a) .				5	2,628
2	6	Total nun	nber of volunteers (estimate if ne	cessary)			-	6	3,527
ĕ	7a	Total unr	elated business revenue from Par	VIII, column (C), line 12				7a	-159,686
	b	Net unrel	ated business taxable income from	m Form 990-T, line 39				7b	0
						Prior	Year		Current Year
Qı	8	Contribut	tions and grants (Part VIII, line 1h)				31,281,1	34	20,135,118
Ę	9	Program	service revenue (Part VIII, line 2g				174,963,5	52	175,394,687
)∧ċ{	10	Investme	ent income (Part VIII, column (A),	ines 3, 4, and 7d)			24,186,1	62	29,775,451
_	11	Other rev	venue (Part VIII, column (A), lines	5, 6d, 8c, 9c, 10c, and 11e)			4,250,7	46	3,155,084
	12	Total reve	enue—add lines 8 through 11 (mu	st equal Part VIII, column (A), line 12	2)		234,681,5	94	228,460,340
	13	Grants ar	nd similar amounts paid (Part IX, o	column (A), lines 1–3)			52,048,7	94	56,678,768
	14	Benefits p	paid to or for members (Part IX, c	olumn (A), line 4)				0	0
ξ	15	Salaries,	other compensation, employee be	enefits (Part IX, column (A), lines 5-1	.0)		94,698,1	85	96,397,351
nse	16 a	Professio	nal fundraising fees (Part IX, colu	mn (A), line 11e)			257,3	88	163,391
ре	b	Total fundr	raising expenses (Part IX, column (D),	line 25) ▶5,616,490					
Щ	17	Other exp	penses (Part IX, column (A), lines	11a-11d, 11f-24e)	-		82,791,1	14	75,351,386
	18	Total exp	enses. Add lines 13–17 (must equ	ual Part IX, column (A), line 25)			229,795,4	81	228,590,896
	19	Revenue	less expenses. Subtract line 18 fr	om line 12			4,886,1	13	-130,556
<u>ک ۵</u>			`			Beginning of	Current Ye	ear	End of Year
anc anc									
Bal	20	Total ass	ets (Part X, line 16)			1,	387,145,0	11	1,381,563,896
₹ 2	21	Total liab	ilities (Part X, line 26)				385,773,8	60	376,262,651
zű	22	Net asset	s or fund balances. Subtract line	21 from line 20		1,	001,371,1	51	1,005,301,245
			, 10 10 true, correce, and complete	- Declaration of property (other than					The preparer has
		IN ADDRESS.				2024			
		B					J4-19		
пеге	i			LER					
		17		Proparer's signature	Inata	1	ln	TIN	
Da:-			imy type preparer a fiame	Treparer 3 signature		~	☐ if P		+
		<u> </u>	irm's name	I N LLP				746749	
		፣! -							
use	Un	'У ғ	irm's address ▶ 220 S 6TH STREET SU	TE 300		Phone	no. (612) 3	76-4500	
			MINNEAPOLIS, MN 55	402					
May t	he IR	S discuss	this return with the preparer sho	wn above? (see instructions)				V	es 🗆 No

Cat. No. 11282Y

Form **990** (2019)

Form	990 (2019)					Page 2
Pa	t Statement	of Program Servi	ce Accomplis	hments		
	Check if Sched	dule O contains a resp	onse or note to	any line in this Part III .		🗹
1	Briefly describe the o	rganization's mission:				
SEE S	SCHEDULE O					
	Diddle					
2	-	, -		vices during the year wh	nich were not listed on	☐ Yes ☑ No
	•	r 990-EZ?				□ Yes 🛂 No
3	If "Yes," describe the			changes in how it condu	icto any program	
3	_		nake significant	changes in how it condu	icts, any program	□Yes ▼No
	services? If "Yes," describe the					⊔ Yes ⊻ No
4	Describe the organiza Section 501(c)(3) and	ation's program servic	e accomplishmer ons are required	I to report the amount o	largest program services, as me f grants and allocations to others	
4a	(Code:) (Expenses \$	164,767,590	including grants of \$	56,678,767) (Revenue \$	146,577,636)
	See Additional Data					
4b	(Code:) (Expenses \$	30,218,000	including grants of \$	0) (Revenue \$	28,817,051)
	See Additional Data					
4c	(Code:) (Expenses \$		including grants of \$) (Revenue \$)
	Other program comis	cos (Dossribo in Sabas	lulo O)			
4u	(Expenses \$	ces (Describe in Schec inc	lule 0.) cluding grants of	\$) (Revenue \$)
		1110	9 9. 4	т	, (+	,

Par	tiV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🥞	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 2	3		No .
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III .			NI -
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right	5		No
7	to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D,Part 2	6		No
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🕲	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 2	11b	Yes	
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 2	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 😼	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	n (2019)

			Pag
Checklist of Required Schedules (continued)			
Did the constitution was at most than \$5,000 of another water and the constitution at the configuration in dividuals an Boot IV		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? <i>If "Yes," complete Schedule J</i>	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		N ₁
A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		N ₁
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		N-
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	21		N
Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		N-
Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R. Part I	33		N
Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
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 within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		N-
Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		N-
Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		N
Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Statements Regarding Other IRS Filings and Tax Compliance			_
Check if Schedule O contains a response or note to any line in this Part V			1 1
	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. 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 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 maintain an escrow account other than a refunding escrow 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 of uning the year? If "Yes," complete Schedule L, Part I. Is the ansaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part II. 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, or substantial contributor, or a 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 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. A fami	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Parl IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III. 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 I. Parts I and III. Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of true last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 246 through 249 and complete Schedule K. If "No.," for Intel® 250 time 258. Did the organization haves any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an accrow account other than a refuncing escrow at any time during the year to defease any tax-exempt bonds? Did the organization maintain an excrow account other than a refuncing escrow at any time during the year? Did the organization and the part of issuer for bonds outstanding at any time during the year? Did the organization as an "on behalf of issuer for bonds outstanding at any time during the year? Escetion 501(C3), 501(C)(4), and 501(C)(29) organizations. Did the organization expanse 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 regalizations prior Forms 950 or 990–622 If "Yes," complete Schedule I., Part II Did the organization export shall be negated in an excess benefit transaction with a disqualified person of unine, year of the regalization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributions or 35% controlled entity or family member of any of these persons II "Yes," complete Schedule II. Part IV Did the organization organization substantial cont	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III. 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 employees? If "Yes," complete Schedule I. Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the lest day of the year, that was issued after December 31, 2002? If "Yes," answer kines 24b through 24d and complete Schedule I. If "IN," go to line 25s. Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the lest day of the year, that was issued after December 31, 2002? If "Yes," answer kines 24b through 24d and complete Schedule I. If "IN," go to like 25s. Did the organization maintain an ascrow account other than a refunding escrow at any time during the year? 24c of the organization maintain an escrow account other than a refunding escrow at any time during the year? 24d of the organization as any in behalf of "issue for bonds outstanding at any time during the year? 24d of the organization with a disqualified person during the year? If "Yes," complete Schedule I. Part! 25d of the organization ask and the engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I. Part II 15d the organization ask and the engage 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 provide a grant or cather assistance to any current or former officer, director, trustee, key employee, created or founder, substantial contributor, or 25% controlled entity of family member of any individual described in line 28a? If "Yes," complete Schedule I. Part IV 25d of the organization receiv

1a

1b

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

 ${f b}$ Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .

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

4,189

0

1c

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Pai	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			
	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	
За	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: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	4a		No
5.5	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?			No No
		5b		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	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?			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
	If "Yes," indicate the number of Forms 8282 filed during the year			
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	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	Sponsoring organizations maintaining donor advised funds. 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			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			_
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	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		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No

Form	990 (2019)			Page 6
Par	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	" respo	onse to l	ines
Se	ction A. Governing Body and Management			
_		\longrightarrow	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 35			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 34			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	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?	7 b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	
			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	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	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		
Se	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed▶			
	PA			
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.			
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest			
20	policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records:			
	►CRAIG BECKER 730 SULLIVAN ROAD 030 MARQUIS HALL EASTON, PA 180421798 (610) 330-5957		orm 904	1 (2019)

 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. Isist 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 organizations. List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable 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 nor any related organization and any related organizations. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours for related organization from the organization is both an officer and a director/trustee) (C) Average hours per week (list any hours for related organization below dotted line) (B) Average hours per week (list any hours for related organization from the organization from the organization hold organization hold of the compensation from the organization hold organiz	Form 990 (2019)											Page 7
As Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. ■ 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 organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations for the order in which to list the persons above. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ (B) Name and title ■ (C) Position (do not check more than subject or the organization or any related organization or trustee) and the organization or			Truste	es, I	Key	En	nploy	ees	, Highest Comp	ensated Employ	yees,	
La Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. 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 furrent key employees, if any. See instructions for definition of "key employee." List all of the organization's furrent key employees, if any. See instructions for definition of "key employee." List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 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 organization and any related organization or any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours for related organizations below dotted line) Average hours per beneficer and a director/trustee) List all of the organization or any related organization	Check if Schedule O contains a	response or no	te to an	y line	in t	his	Part VI	١.				. 🗆
■ 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, more than \$10,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization. ■ List all of the organization which to list the persons above. □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ (B) Average hours per week (list any hours for related organizations below dotted line) ■ (C) Reportable compensation from the organization organization organization organization organizations organi	Section A. Officers, Directors, Tru	istees, Key E	mploy	ees,	an	d H	lighe	st C	Compensated En	nployees		
■ 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 freportable compensation 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. See instructions for the order in which to list the persons above. □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization organization from the organization of related organizations below dotted line) ■ Check this box if neither the organization below dotted line) ■ Check this box if neither the organization or any related organization of from the organization of from the organization of the compensation from the organization and related organizations below dotted line) ■ Check this box if neither the organization or any related organization organization or any related organization or any related organization organiza	year.		•						, ,		-	n's tax
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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 from the organization and any related organizations. ■ List all of the organization from the organization and any related organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 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 organizations. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization organization (W-2/1099-MISC) ■ Check this box if neither the organization nor any related organization organization nor any related organization organization organization (W-2/1099-MISC) ■ Check this box if neither the organization nor any related organization nor any related organization nor any related organization nor any neithe												
■ 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. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours below dotted line) (C) (D) (E) Reportable compensation from the organization (do not check more than one box, unless person is both an officer and a director/trustee) (C) (D) (E) Reportable compensation from the organization (W-2/1099-MISC) (W-2/1099-MISC) MISC) MISC) (F) Estimated amount of other compensation from the organization and related organizations organizations.												
Average hours per week (list any hours for related organizations) below dotted line) Continue to the person of the order in which to list the persons above. Continue to the order in which to list the persons above.	of reportable compensation from the organiz	ation and any re	elated o	rgani	zatio	ons.			. ,	·	·	
(A) Name and title (B) Average hours per week (list any hours for related organizations below dotted line) (B) Average hours per week (list any hours for related organizations below dotted line) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (B) Average hours per week (list any hours for related organization (W-2/1099-MISC) (B) Reportable compensation from the organization (W-2/1099-MISC) (W-2/1099-MISC) MISC) (F) Estimated amount of other compensation from the organization and related organizations organizations	organization, more than \$10,000 of reportab	le compensatio	n from t								е	
Name and title Average hours per week (list any hours for related organizations below dotted line) Name and title Average hours per week (list any hours for related organizations below dotted line) Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer	☐ Check this box if neither the organizatio	n nor any relate	d organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee.		
it steed		Average hours per week (list any hours	than o is b	ne bo oth a direct	o no ox, u n of or/t	t che inles ficer	s pers	on	Reportable compensation from the organization	Reportable compensation from related organizations	Estim amount comper from	ated of other sation the
See Additional Data Table		organizations below dotted	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		` '	rela	ted
	See Additional Data Table											

BANGOR, PA 180132506

compensation from the organization ▶ 62

	(A) Name and title	(B) Average hours per week (list any hours for related		ne bo	ox, u n off	t che inle: ficer	ss pers	son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations		(F) Estima amount o compens	ited f other sation the
		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)		organizati relate organiza	ed
See /	Additional Data Table						_				+		
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11.6	ub-Total						<u> </u> ▶				\perp		
	oub-Total		 A		Ċ		•						
_ d 1	,						▶		6,145,507)		950,639
2	Total number of individuals (including of reportable compensation from the			e liste	ed al	bove	e) who	rece	eived more than \$1	00,000			
3	Did the organization list any former of line 1a? <i>If "Yes," complete Schedule J</i>	,		ee, k	ey er	mplo	oyee, o	or hi	ghest compensated	employee on	3	Yes	No No
4	For any individual listed on line 1a, is organization and related organization individual									n the	4	Yes	
5	Did any person listed on line 1a receiv									ividual for	-	res	
	services rendered to the organization	· · ·	ete Sch	edule	J fo	r su	ich pei	rson			5		No
Se	ction B. Independent Contract Complete this table for your five high		d indepe	ender	nt co	ntra	ctors	that	received more than	1 \$100,000 of com	npens	sation	
	from the organization. Report comper	sation for the c									· - 1	(C	
TUDN	Name a	(A) nd business addre	:SS						Desc CONSTRUCT	ription of services		Compen	
	SPRING GARDEN STREET SUITE 22								CONSTRUC	ITON		13,	409,058
PHILA	DELPHIA, PA 19130 APPETIT MANAGEMENT COMPANY								DINING SER	PVICES		7	838,988
	YORKMONT ROAD								DINING 3EF	(VICLS		/,	030,900
CHAR	DLOTTE, NC 28217 D BUILDING CORP								CONSTRUC	TION		2	040,517
74 WE	ST BROAD STREET SUITE 200								CONSTRUC	1101		۷,	040,317
	EHEM, PA 18018 ALLEY PROPERTIES INC								CONSTRUC	FION		1,	893,738
	ASE HOLLOW ROAD												
	WELL, NJ 08525 LL LAYMAN & JORDAN PC								LEGAL SER\	/ICES		1,	827,106
	ROADWAY												

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

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

orm 9 Part		(2019) Statement	of F	Revenue						Page 9
					respo	onse or note to any	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1a	Federated campa	aigns	s	1a			revenue		512 - 514
tributions, Gifts, Grants Other Similar Amounts		b Membership due:	_	.	1b					
Gra nou		Fundraising even			1c					
ts, (d Related organiza		Į.	1d					
Gif ilai		Government grants		ļ	1e	2,078,388				
ns,	f	F All other contribution	ns, g	ا ifts, grants,						
er S		and similar amounts above	s not	included	1f	18,056,730				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributio	ons in	cluded in						
Cont and (١.			ا	1g					
<u>ة ت</u>	<u> </u>	h Total. Add lines	la-l	· · ·	•	-	20,135,118			
		TUTTON AND FEE				Business Code	145,631,686	145,631,686		
a.	2a	TUITION AND FEES				611710	113,031,000	113,031,000		
Program Service Revenue	b	AUXILIARY SERVICES	5			611710	28,817,051	28,817,051		
æ		ATHLETICS/SPORTS	NETA	WO.		1	945,950	945,950		
ice	С	ATTILLTICS/SPORTS	NEIV	VO		611710	,	,		
Ser)	d									
an	u					-				
ıßo.	е									
4	f	All other program	carv	ice revenue						
		Total. Add lines 2				175,394,687				
		Investment income								
	s	imilar amounts) .				•	-34,268,727		-158,062	-34,110,665
		Income from invest				_				
	51	Royalties	ı.	(i) Rea		(ii) Personal	* <u> </u> 			
				(1) 1(0)	41	(ii) i cisonai	1			
		Gross rents	6a		313,399	•				
	b	Less: rental expenses	6b	;	399,618	3				
	С	Rental income								
	d	or (loss) Net rental income	6c		113,781					413,781
	u	Net rental income		(i) Secur	ities	(ii) Other	1			415,701
	7a	Gross amount		.,			1			
		from sales of assets other than inventory	7a	802,9	994,010	0				
	b	Less: cost or other basis and sales expenses	7b	738,4	143,100	506,73	2			
	С	Gain or (loss)	7c	64,	550,910	-506,73	2			
	d	Net gain or (loss)				· · · •	64,044,178			64,044,178
Other Revenue	8a	Gross income from fu (not including \$ contributions reporte	d on	of						
ě		See Part IV, line 18	•		8a					
7		Less: direct expen			8b					
ŧ	C	Net income or (los	S) II	om fundrais	ing ev	ents •	7			
	9a	Gross income from								
	_	See Part IV, line 19			9a					
		Less: direct expen Net income or (los			9b	ios				
	·	inet income or (los	55) 11	om gaming	activit	les >				
	10a	Gross sales of inve	entor	ry, less						
		returns and allowa			10a	1,416,754 1,614,776				
		Less: cost of good			10ь		-198,022		-14,812	-183,210
ŀ	C	Net income or (los Miscellaneo	_		invent	Business Code			,	
	11	aINVESTMENT INC				90009	9 2,308,327			2,308,327
	b	FEES, FINES AND	COS	ST R		90009	9 630,998		13,188	617,810
	С									
		All other								
		All other revenue Total. Add lines 1				▶				
							2,939,325			
	12	Total revenue. S	ee ir	istructions	• •	· · · •	228,460,340	175,394,687	-159,686	
										Form 990 (2019)

Р	art IX Statement of Functional Expenses				
	Section $501(c)(3)$ and $501(c)(4)$ organizations must		_		mn (A).
	Check if Schedule O contains a response or note to a	ny line in this Part IX			<u> U</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	63,100	63,100		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	56,615,668	56,615,668		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	4,097,548	484,280	3,293,248	320,020
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	69,886,794	58,118,790	8,826,325	2,941,679
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	6,386,971	5,048,681	1,006,483	331,807
9	Other employee benefits	10,797,069	8,512,605	1,718,069	566,395
10	Payroll taxes	5,228,969	4,133,321	824,000	271,648
11	Fees for services (non-employees):				
a	ı Management				
Ŀ	DLegal	903,925	66,594	813,453	23,878
c	Accounting	157,779		157,779	
c	Lobbying				
e	Professional fundraising services. See Part IV, line 17	163,391			163,391
f	Investment management fees	612,012		612,012	
ç	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	12,535,906	10,308,684	2,191,232	35,990
12	Advertising and promotion	75,972	65,723	9,449	800
13	Office expenses	2,177,747	1,574,316	361,881	241,550
14	Information technology	2,793,074	500,756	2,146,733	145,585
15	Royalties				
16	Occupancy	4,291,465	3,920,297	371,168	
17	Travel	4,570,885	4,133,866	304,941	132,078
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings	1,265,126	620,114	277,293	367,719
20	Interest	10,294,186	9,911,919	382,267	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	15,646,141	13,593,243	2,052,898	
23	Insurance	1,800,034	490,352	1,309,682	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a AUXILIARY SERVICES	8,158,414	8,158,414		
		2,942,104		5,033	17
	b NON OFFICE SUPPLIES		2,937,054	·	
	c ALLOCATION OF INDIRECT	0	-655,329	655,329	
	d e All other expenses	7,126,616	6,383,142	669,541	73,933
	Total functional expenses. Add lines 1 through 24e	228,590,896	194,985,590	27,988,816	5,616,490
	Joint costs. 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).				

Cash-non-interest-bearing

Accounts payable and accrued expenses

or family member of any of these persons

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

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 ▶

Organizations that do not follow FASB ASC 958, check here ▶

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

Retained earnings, endowment, accumulated income, or other funds

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,

Grants payable .

Deferred revenue . .

Tax-exempt bond liabilities

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

Form 990 (2019)

End of year

Beginning of year

56,024

20,145,066

1.279.224

2,729,588

3,299,596

4,167,423

81,812,031

385.773.860

301,029,540

700,341,611

1,001,371,151

1,387,145,011

272,340,932

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29

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33

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Page **11**

12,292

12,142,394

882,491

5,520,221

3,618,441

3,429,480

80,077,569

376.262.651

319.043.875

686,257,370

1,005,301,245

1,381,563,896

Form 990 (2019)

270,592,055

2	Savings and temporary cash investments .			62,579,195	2	66,897,772
3	Pledges and grants receivable, net			24,516,328	3	15,032,538
4	Accounts receivable, net		[3,834,603	4	2,468,595
5	Loans and other payables to any current or forn key employee, creator or founder, substantial c entity or family member of any of these persons	ontribut	or, or 35% controlled		5	
6	Loans and other receivables from other disquali section $4958(f)(1)$), and persons described in section $4958(f)(1)$				6	
7	Notes and loans receivable, net		[7	
8	Inventories for sale or use		[733,867	8	659,226
9	Prepaid expenses and deferred charges			2,026,942	9	1,976,627
10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	666,240,517			
ь	Less: accumulated depreciation	10b	269,735,436	381,747,925	10c	396,505,081
11	Investments—publicly traded securities .			236,430,239	11	219,502,151
12	Investments—other securities. See Part IV, line	11 .	[653,215,405	12	674,745,193
13	Investments—program-related. See Part IV, line	e 11 .		2,769,173	13	2,492,613
14	Intangible assets		[14	
15	Other assets. See Part IV, line 11		[19,235,310	15	1,271,808
16	Total assets. Add lines 1 through 15 (must eq	ual line	34)	1,387,145,011	16	1,381,563,896

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

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Fund Balances

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Assets 30

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

3a

3b

Yes

Yes (2019)

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.

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

Software Version:

Name: LAFAYETTE COLLEGE

EIN: 24-0795686

Form 990 (2019)

Form 990, Part III, Line 4a:

LAFAYETTE COLLEGE IS A LIBERAL ARTS COLLEGE OFFERING BACHELOR OF ARTS AND BACHELOR OF SCIENCE DEGREES IN FOUR DISCIPLINES IN HUMANITIES, ENGINEERING, NATURAL SCIENCES, AND SOCIAL SCIENCES. IN FALL 2019, THE 2,633 FULL-TIME STUDENTS CAME FROM 31 STATES AND 27 COUNTRIES. THE STUDENT-TO-FACULTY RATIO AT THE COLLEGE IS APPROXIMATELY 10 TO 1, 240 OF THE 243 FULL-TIME FACULTY HOLD A DOCTORATE OR OTHER TERMINAL DEGREE. APPROXIMATELY 47% OF THE STUDENTS ATTENDING LAFAYETTE COLLEGE RECEIVE FINANCIAL ASSISTANCE. 642 STUDENTS WERE AWARDED AN UNDERGRADUATE DEGREE, LAFAYETTE COLLEGE HAS A FOUR-YEAR GRADUATION RATE OF 84% AND SIX-YEAR GRADUATION RATE OF 88%. APPROXIMATELY 97% OF THE COLLEGE'S GRADUATES WERE EMPLOYED, IN GRADUATE SCHOOL, OR SECURED INTERNSHIPS WITHIN 6 MONTHS AFTER GRADUATION.

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

Form 990, Part III, Line 4b:

LAFAYETTE EXPERIENCE BEYOND THE CLASSROOM.

STUDENTS ARE DEEPLY ENGAGED ACADEMICALLY AND HAVE SIGNIFICANT OPPORTUNITIES TO ENGAGE IN A VAST OFFERING OF EXTRACURRICULAR AND CO-CURRICULAR POSSIBILITIES. LAFAYETTE COLLEGE OFFERS MORE THAN 250 STUDENT CLUBS AND ORGANIZATIONS, 23 NCAA DIVISION 1 ATHLETIC PROGRAMS, AND

NUMEROUS EXPERIENCES IN THE FINE ARTS AND PERFORMING ARTS ALL OF WHICH ARE COMPLEMENTED BY A STRONG STUDENT LIFE PROGRAM THAT ENHANCES THE

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

and Independent Contractors

VP OF DEVELOPMENT & COLLEGE RELATIONS

ASSOC VP FOR FINANCE, PLANNING & CAPITAL

GREGORY V MACDONALD

INVESTMENT ASSOCIATE

CRAIG BECKER

BUDGET

LI ZHAO

VP OF ENROLLMENT MANAGEMENT

	any hours	and	a dir	ecto	or/tr	ustee)	organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
ALISON R BYERLY PRESIDENT	50.00	х		х				816,569	0	100,911	
JOSEPH S BOHRER CHIEF INVESTMENT OFFICER	50.00			х				516,641	0	37,178	
ROGER A DEMARESKI VP OF FINANCE & ADMINISTRATION/TREASURER	50.00			х				476,875	0	50,491	
SAIYID A RIZVI PROVOST	50.00			х				454,081	0	48,894	
MERVIN A BURTON DIRECTOR OF INVESTMENTS	50.00					х		425,830	0	32,048	
LESLIE F MUHLFELDER VP OF HUMAN RESOURCES & GENERAL COUNSEL	50.00			х				348,835	0	78,530	
	F0.00										

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60,753

151,542

49,134

30,276

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266,703

284,410

278,884

PROVUST							
MERVIN A BURTON	50.00			V	425.020		
DIRECTOR OF INVESTMENTS				, x	425,830		
LESLIE F MUHLFELDER	50.00		_		348,835		
VP OF HUMAN RESOURCES & GENERAL COUNSEL			^		346,633		
KIMBERLY A SPANG	50.00						
	•••••		Х		360,966		

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(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) organization organizations from the

and Independent Contractors

ANNETTE DIORIO

MARK EYERLY

ROBERT E SELL

CHAIR

VICE CHAIR

ALMA SCOTT-BUCZAK

LINDA ASSANTE CARRASCO

VP OF CAMPUS LIFE/SR. DIVERSITY OFFICER

VP FOR MARKETING & COMMUNICATIONS

ASSOC VP FOR HUMAN RESOURCES

	any nours	and	a dir	ecto	or/tr	ustee))	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
BRUCE A MURPHY KIRBY PROFESSOR OF GOVERNMENT & LAW	50.00					х		258,518	0	46,312
JOHN E MEIER PROVOST	50.00			х				268,394	0	32,226
FRANCIS B O'HANLON HEAD MEN'S BASKETBALL COACH	50.00					×		253,413	0	46,593
JOHN KINCAID	50.00					x		248,567	0	34,571

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231,455

221,991

200,306

43,523

32,647

40,798

34,212

FRANCIS B O'HANLON	50.00			×	253,413	
HEAD MEN'S BASKETBALL COACH				_ ^	255,415	
JOHN KINCAID	50.00			x	248,567	
PROFESSOR/DIRECTOR OF MEYNER CENTER					210,307	
JOHN L O'KEEFE	50.00		×		233,069	
VP & CHIEF INFORMATION OFFICER			``			

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(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 person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

	any nours	anu	a uii	ecto		ustee	1	Organization	organizations	Irom the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
ANGEL L MENDEZ SECRETARY	5.00	Х		х				0	0	0
EDWARD W AHART EXECUTIVE COMMITTEE	3.00	х						0	0	0
SAMUEL R CHAPIN EXECUTIVE COMMITTEE	3.00	х						0	0	0
ANTONIO F FERNANDEZ	3.00	Х						0	0	0

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EXECUTIVE COMMITTEE	
ANTONIO F FERNANDEZ	Ī
EXECUTIVE COMMITTEE	
SUSAN L FOX	
EXECUTIVE COMMITTEE	

LEO A HELMERS

BARBARA LEVY

EXECUTIVE COMMITTEE

EXECUTIVE COMMITTEE

EXECUTIVE COMMITTEE

EXECUTIVE COMMITTEE

EXECUTIVE COMMITTEE

JUDSON C LINVILLE

PAMELA S PASSMAN

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NANCY J KUENSTNER

and Independent Contractors

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

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TRUSTEE

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TRUSTEE

LISA J KASSEL

JOHN A FRY

MICHAEL C HEANEY

HAROLD N KAMINE

TANUJA MAJUMDAR DEHNE

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	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		Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
JB REILLY EXECUTIVE COMMITTEE	3.00	Х						0	0	0
JAMES L BENJAMIN TRUSTEE	2.00	Х						0	0	0
JAMES R BIRLE JR	2.00	х						0	0	0

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TRUSTEE							
JAMES R BIRLE JR	2.00	X			0	0	
TRUSTEE		Α.			9	Ŭ	
HARRY S CHERKEN	2.00	×			0	0	
TRUSTEE						Ŭ	
SEBASTIAN J CRAPANZANO	2.00			·			

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

	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)	(W- 2/1099- MISC)	organization and related organizations
JEFFERSON W KIRBY TRUSTEE	2.00	Х						0	0	0
CLAUDINE D LILIEN TRUSTEE	2.00	х						0	0	0
KEVIN R MANDIA	2.00	.,								

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TRUSTEE		,,,					
CLAUDINE D LILIEN	2.00					0	
TRUSTEE		^				9	
KEVIN R MANDIA	2.00	x				0	
TRUSTEE		^				J	
D CHRISTIAN MCCUMBER	2.00						
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and Independent Contractors

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CYNTHIA Y PAIGE

JOSE A RODRIGUEZ

DAVID M ROTH ESQ

PETER S RUGGIERO

LAUREN A STEINITZ

WYNNE A WHITMAN

......

and Independent Contractors
(A)
Name and Title

ALVIN M YEARWOOD

TRUSTEE

	hours per week (list any hours for related organizations below dotted line)
	2.00
• • • •	

(B)

Average

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

Reportable compensation from the organization (W-2/1099-MISC)

(D)

Reportable compensation from related organizations (W- 2/1099-MISC)

(E)

compensation from the organization and related organizations

Estimated

amount of other

Position (do not check more than one box, unless person is both an officer and a director/trustee) Institutiona employee .00 Χ

efil	e GR/	<u>APHIC prii</u>	nt - DO NOT PROCESS	As Filed Data -			DLN: 9	3493110006041			
SCI	HFD	ULE A	- Dublic #	Charity Statu	e and Dul	hlic Sunn	ort	OMB No. 1545-0047			
(For	m 99			ganization is a sect	ion 501(c)(3)	organization o		2019			
990I	LZ)			4947(a)(1) nonexe ► Attach to Form 9	990 or Form 99	00-EZ.					
		f the Treasury	► Go to <u>www.irs</u>	.gov/Form990 for i	nstructions and	I the latest info	ormation.	Open to Public Inspection			
Nam	e of th	nue Service he organiza OLLEGE	tion				Employer identific	ation number			
		OLLLGL					24-0795686				
	rt I		for Public Charity State				See instructions.				
1 ne c	rganız		a private foundation because onvention of churches, or as	•			(A)(:)				
		•	,			, ,, ,					
2	✓		scribed in section 170(b)(,	, ,					
3	Ш	·	or a cooperative hospital serv	-			-				
4		A medical r name, city,	esearch organization operate and state:	ed in conjunction with	a hospital descri	ibed in section :	170(b)(1)(A)(iii). E	nter the hospital's			
5		-	ation operated for the benefit (iv). (Complete Part II.)	t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	ped in section 170			
6		A federal, s	tate, or local government or	governmental unit de	scribed in sectio	on 170(b)(1)(A	ı)(v).				
7			ation that normally receives at the state of		s support from a	governmental u	nit or from the gener	al public described in			
8		A communi	ty trust described in section	170(b)(1)(A)(vi).	(Complete Part I	I.)					
9			ural research organization de rant college of agriculture. So					ege or university or a			
10		from activit investment	ation that normally receives: dies related to its exempt fun income and unrelated busin dee section 509(a)(2). (Co	ctions—subject to cer ess taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	pport from gross			
11			ation organized and operated		r public safety. S	See section 509	(a)(4).				
12		more public	ation organized and operated by supported organizations of through 12d that describes	lescribed in section 5	09(a)(1) or sec	ction 509(a)(2). See section 509(a				
a		Type I. 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 a	ervised or controlled i ation vested in the sar							
c		Type III f	unctionally integrated. A sorganization(s) (see instructi	supporting organizatio				ted with, its			
d		Type III n functionally	on-functionally integrated integrated. The organization in You must complete Par	d. 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 received Type III non-functionally	ed 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(r '						
	(i) N	Name of supp organization		(iii) Type of organization (described on lines 1- 10 above (see instructions))	in your governing document? monetary support other sup n lines e (see						
					Yes	No					
Tota			tion Act Notice, see the Ir		Cat. No. 11285			 90 or 990-EZ) 2019			

Page 2

	Part II Support Schedule for						
	(Complete only if you ch						under Part III.
_	If the organization failed Section A. Public Support	to quality unde	er the tests listed	a below, please	complete Part 1	11.)	
	Calendar year						T
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") .	27,747,289	40,798,536	33,481,862	31,244,561	20,135,118	153,407,366
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	27,747,289	40,798,536	33,481,862	31,244,561	20,135,118	153,407,366
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						11,933,498
6	Public support. Subtract line 5 from line 4.						141,473,868
:	Section B. Total Support						_
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7		27,747,289	40,798,536	33,481,862	31,244,561	20,135,118	153,407,366
8	-	, ,	, ,	, ,	, ,	, ,	, ,
	dividends, payments received on securities loans, rents, royalties and income from similar sources	9,000,126	9,391,557	23,653,817	1,993,336	-33,296,726	10,742,110
9	Net income from unrelated business activities, whether or not the business is regularly carried on	88,267					88,267
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).	867,269	1,832,825	2,982,683	3,842,479	2,926,137	12,451,393
11	10						176,689,136
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	832,966,29
13	First five years. If the Form 990 is f	or the organization	n's first, second, th	ird, fourth, or fifth	n tax year as a sec	tion 501(c)(3) or	ganization,
	check this box and stop here						
_:	Section C. Computation of Publi						
14	Public support percentage for 2019 (li	ne 6, column (f) d	livided by line 11,	column (f))		14	80.070 %
15	Public support percentage for 2018 So	chedule A, Part II,	line 14			15	67.850 %
	a 33 1/3% support test—2019. If the						
	and stop here. The organization qual b 33 1/3% support test—2018. If th	ne organization did	l not check a box o	on line 13 or 16a,	and line 15 is 33 1	./3% or more, che	ck this
17	box and stop here. The organization a 10%-facts-and-circumstances tes is 10% or more, and if the organization in Part VI how the organization meets	t— 2019. If the or on meets the "fact	ganization did not s-and-circumstanc	check a box on lir es" test, check thi	ne 13, 16a, or 16b s box and stop he	, and line 14 ere. Explain	▶⊔
İ	organization	st—2018. If the o	organization did no 'facts-and-circums	t check a box on li tances" test, checl	ine 13, 16a, 16b, k this box and sto	or 17a, and line p here.	▶□

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, 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	() 2010	(O.T.)
	(or fiscal year beginning in) ▶	(a) 2015	(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						
L	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				Г
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(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.) Total support. (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 stop here						▶ ⊔
	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 Part VI how the supported organizations are designated. If designated by class or purpose,	
	describe the designation. If historic and continuing relationship, explain.	1

Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described

in section 509(a)(1) or (2). 2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.

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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10b

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 Part VI.	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 Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	-		
2	ne the organization operate for the benefit of any supported organization of the trian the supported organization(s) that perated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit arried 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 Part VI 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 Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
_		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax			
	year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ions):		
	The organization satisfied the Activities Test. Complete line 2 below.			
	b			
•	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.	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 Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
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 Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.	3h		

3b

1	Type III Non-Functionally Integrated 509(a)(3) Supporting O Check here if the organization satisfied the Integral Part Test as a qualifying true.			. Part VIV. See
	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

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 Part VI). See instructions	
7	Total annual distributions. Add lines 1 through 6.	

7 Total annual distributions. Add lines 1 through 6.					
Distributions to attentive supported organizations to who details in Part VI). See instructions	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 Part VI).					

8 Distributions to attentive supported organizations to wh details in Part VI). See instructions	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			
Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
b From 2015			
c From 2016		-	

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 Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
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

j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7:

a Applied to underdistributions of prior years **b** Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4.

instructions)

d Excess from 2018. e Excess from 2019.

\$

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

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

Schedule A (Form 990 or 990-EZ) 2019 Page 8 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions). Facts And Circumstances Test 990 Schedule A, Supplemental Information Return Reference Explanation FEES FINES COST RECOVERY - 2015 AMOUNT: \$ 503,417, 2016 AMOUNT: \$ 418,255, 2017 AMOUNT: \$ SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER 613,962. 2018 AMOUNT: \$ 615,534. 2019 AMOUNT: \$ 617,810. INVESTMENT INCOME REBATES COMMISS IONS AND OTHER - 2015 AMOUNT: \$ 363,852. 2016 AMOUNT: \$ 1,414,570. 2017 AMOUNT: \$ 2,368,72 INCOME: 1. 2018 AMOUNT: \$ 3,226,945. 2019 AMOUNT: \$ 2,308,327.

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For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ.

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

OMB No. 1545-0047

DLN: 93493110006041

Schedule C (Form 990 or 990-EZ) 2019

Cat. No. 50084S

Inspection

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

EZ)

SCHEDULE C (Form 990 or 990-

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

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

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

• Section 527 organizations: Complete Part I-A only. If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B. Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of the organization **Employer identification number** LAFAYETTE COLLEGE 24-0795686 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") Political campaign activity expenditures (see instructions) 2 3 Volunteer hours for political campaign activities (see instructions) Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 ☐ Yes ☐ No Was a correction made? ☐ Yes ☐ No If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b....... Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received funds. If none, enter and promptly and -0-. directly delivered to a separate political organization. If none, enter -0-. 2 5

Sche	dule C (Form 990 or 990-EZ) 2019				Р	age 3
	rt II-B Complete if the organization is exempt under section 501(c)(3) and has NOT fil Form 5768 (election under section 501(h)).	ed				age S
For e	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a)		(b)	
activ		Yes	No	.	Amour	nt
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		
c	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?	Yes			6	56,438
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No			
i	Other activities?		No			
j	Total. Add lines 1c through 1i				6	56,438
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					
C	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?					
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	(5), c	r sect	tion		
	W				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		<u> </u>
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			3		<u> </u>
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?					\(\(\(\) \)
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes.")(6)
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
a	Current year	2a				
b	Carryover from last year	2b				
c	Total	2c 3				
3 4	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				
P	art IV Supplemental Information	1	1			

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

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

ASSISTANCE IN SECURING FEDERAL AND STATE GRANTS.

LEGISLATION ON THE COLLEGE'S BEHALF. THE COLLEGE EMPLOYS THE DELTA DEVELOPMENT GROUP FOR

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DLN: 93493110006041

OMB No. 1545-0047

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.

3,031,800

10,521,765

Internal Revenue Service

(Form 990)

1

6

5

6

8

Open to Public ► Attach to Form 990. Department of the Treasury ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization **Employer identification number** LAFAYETTE COLLEGE 24-0795686 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 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 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 Part II **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 2 easement on the last day of the tax year. Held at the End of the Year 2b Number of conservation easements on a certified historic structure included in (a) 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 > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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 2 following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

b Buildings

 ${f c}$ Leasehold improvements

 ${f d}$ Equipment . . .

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

e Other . .

Part		'									Page 2
	1111	Organizations M	aintaining Collec	tions of Art,	Histori	cal T	reası	ıres, or Other	Similar A	ssets (con	tinued)
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):										
а	✓	Public exhibition			d	✓	Loan	or exchange prog	ırams		
b	✓	Scholarly research			е		Othe	r			
С	✓	Preservation for future	e generations								
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.										
5		ig the year, did the org is to be sold to raise fu								☐ Yes	☑ No
Part	t IV		odial Arrangeme ganization answere		rm 990	, Part	IV, li	ne 9, or reporte	ed an amou	unt on For	m 990, Part
1a		e organization an agent ded on Form 990, Part								Yes	☑ No
b	If "Y∈	es," explain the arrange	ement in Part XIII and	d complete the f	ollowina	table:			Α	mount	
c	Beginning balance			•	_			1c			
d	Addit	ions during the year .						1d			
e	Distri	butions during the yea	r					1e			
f	Endin	ng balance						1f			
2a	Did tl	he organization include	an amount on Form	990, Part X, line	21, for	escrow	or cu	ıstodial account lia	bility?	✓ Yes	□ No
b	If "Ye	es," explain the arrange	ement in Part XIII. Ch	eck here if the e	explanat	ion has	s been	provided in Part >	KIII	✓	
Par	t V	Endowment Fun						_			
		Complete if the or	ganization answere	ed "Yes" on Fo a) Current year		, Part Prior yea		ne 10. (c) Two years back	(d) Three ye	arc back (a)	Four years back
La E	Beainn	ing of year balance .		861,783,526		870,744		833,069,757		,730,899	809,061,387
	-	outions		18,379,803		18,402	2,651	21,306,093	11	,203,342	13,123,784
		/estment earnings, gair	ns, and losses	26,736,866		16,998	3,749	59,205,615	88,	,282,832	-7,354,992
		or scholarships	· —	8,842,283		8,817	7,916	8,175,815	8,	,041,278	7,654,691
e (Other (expenditures for faciliti ograms		32,165,568		32,433	3,775	31,783,314	30,	,368,897	28,795,873
f /	Admini	istrative expenses .		2,985,851		3,110	0,806	2,877,713	2,	,737,141	3,648,716
g E	End of	year balance		862,906,493		861,783	3,526	870,744,623	833,	,069,757	774,730,899
2	Provid	de the estimated perce	ntage of the current y	ear end balance	e (line 1	g, colu	mn (a)) held as:	l	l .	
а	Board	d designated or quasi-e	endowment ► 25.	260 %	·		·				
b	Perm	anent endowment ►	45.360 %								
С	Temp	orarily restricted endo	wment ▶ 29.380	%							
_	The p	percentages on lines 2a	, 2b, and 2c should e	qual 100%.							
За		here endowment funds nization by:	not in the possession	of the organiza	ition tha	t are h	eld an	d administered fo	r the		Yes No
	(i) ur	nrelated organizations								3a(i)) Yes
b	. ,	elated organizations as es" on 3a(ii), are the re		sted as required	on Sche	 edule R				3a(ii 3b) No
4		ribe in Part XIII the inte	-	•							
Par	t VI	Land, Buildings,		od "Voc" on Fo	rm 000	Dart	T\/ !:	no 11a - Soo For	-m 000 D-	ort V line :	10
	Descri	iption of property	ganization answere (a) Cost or other b		t or other						Book value
			(investment)	(= / 533			/			()	-
						10.00	01,739				10,001,739

490,302,311

66,368,085

80,433,320

19,135,062

178,831,501

32,073,010

58,830,925

311,470,810

34,295,075

21,602,395

19,135,062

Part VII	Investments—Other Securities. Complete if the organization answered "Yes" on	Form 990 Part IV line 1	11h See Form 990 D	art Y line 12
	(a) Description of security or category	(b) Book value	(c) Method	d of valuation:
1) Financial	(including name of security)		Cost or end-of-	year market value
2) Closely-l	held equity interests			
3) Other <u> </u>	TT. MUTUAL FUNDS	9,941,723		F
3) EVENT D	RIVED/DISTRESSED	26,613,129		F
	HORT EQUITY	412,758,329		F
	TRAT/ABS RETURN	96,767,606		F
E) REAL EST		2,810,845		F
				F
F) PRIVATE G)	EQUIT	125,853,561		<u>r</u>
H)				
otal. (Columi	n (b) must equal Form 990, Part X, col. (B) line 12.)	► 674,745,193		
art VIII	Investments—Program Related. Complete if the organization answered 'Yes' on (a) Description of investment	Form 990, Part IV, line 1	1c. See Form 990, F	Part X, line 13. (c) Method of valuation: Cost or end-of-year market value
1)				
2)				
3)				
4)				
5)				
5)				
7)				
B)				
9)				
otal. (Columi Part IX	n (b) must equal Form 990, Part X, col.(B) line 13.) Other Assets.		•	
	Complete if the organization answered 'Yes' on (a) Descripti		1d. See Form 990, Pari	t X, line 15. (b) Book value
1)	(a) Description	011		(b) Book value
2)				
3)				
4)				
5)				
6) 7)				
7)				
8)				
9)				
	mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities.		<u> </u>	•
	Complete if the organization answered 'Yes' on		1e or 11f.See Form	
	(a) Description of	liability		(b) Book value
-	ncome taxes ED GIVING LIABILITY			19,047,932
	TIREMENT BENEFITS		41,141,000	
	SSET RETIREMENT OBLIGATION		1,935,585	
5) INT. RAT 5)	E HEDGE/SWAP AGREEMENTS			17,953,052
7)				
8)				
9)				
10)				
	n (b) must equal Form 990, Part X, col.(B) line 25.)	of the footnote to the error		80,077,569
	or uncertain tax positions. In Part XIII, provide the text of positions under FIN 48 (ASC 740). Check here if the to			

2

1

2

C

d

е 3

b

5

Part XIII

See Additional Data Table

4

а

Schedule D (Form 990) 2019

Page 4

-51,914,174

229,862,722

-1,402,382

228,460,340

174,209,951

2,014,394

172,195,557

56,395,339

228.590.896

Schedule D (Form 990) 2019

d

Recoveries of prior year grants Other (Describe in Part XIII.) е 3 4

Subtract line **2e** from line **1**

Donated services and use of facilities . .

Prior year adjustments

Other (Describe in Part XIII.) . . .

Add lines 2a through 2d .

Return Reference

Amounts included on Form 990, Part VIII, line 12, but not on line 1: Add lines **4a** and **4b**

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

Total expenses and losses per audited financial statements

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

Net unrealized gains (losses) on investments

Investment expenses not included on Form 990, Part VIII, line 7b . b

C 5 Part XII

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 . . .

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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.

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

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

4b

2a

2b

2c

2d

4a

2a 2b

2c

2d

4a

4b

Explanation

-531.719

-51.382.455

612,012

-2,014,394

2,014,394

612,012

55.783.327

2e

3

4c

5

2e

3

4c

5

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

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

Schedule D (Form 990) 2019

Additional Data

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

Software ID:

Name: LAFAYETTE COLLEGE

Supplemental Information

Return Reference

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

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

Cupplemental Information

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

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Supplemental Information						
Return Reference	Explanation					
	SCHOLARSHIPS AND FELLOWSHIPS -55,974,824. CHANGE IN ANNUITIES PAYABLE ESTIMATE 2,868,959. CHANGE IN FV OF INTEREST RATE HEDGE/SWAP AGREEMENTS -3,687,590. CHANGE IN POST RETIREMENT BENEFIT COST 5,411,000.					

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	RENTAL REVENUES TO EXTENT EXPENDED -399,618. COLLEGE STORE (COGS) REVENUES TO EXTENT EXPENDED -1,614,776. DIRECT SPECIAL EVENT EXPENSES

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Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	RENTAL REVENUES TO EXTENT EXPENDED 399,618. COLLEGE STORE (COGS) REVENUES TO EXTENT EXPENDED 1,614,776. DIRECT SPECIAL EVENT EXPENSES

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	SCHOLARSHIPS AND FELLOWSHIPS 55,974,824. NONOPERATING EXPENSES -191,497.

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

Supplemental Information	
Return Reference	Explanation
III, LINE 4	ER 2.7 BILLION YEARS AGO AND THE ORBICULAR TEXTURE EARNED IT THE INFORMAL NAME OF THE LEOP ARD ROCK. THE COLLECTION IS ENJOYED BY THE LAFAYETTE COMMUNITY, ELEMENTARY AND SECONDARY S TUDENTS, YOUTH GROUPS, AND THE COMMUNITY AT LARGE.

DLN: 93493110006041 efile GRAPHIC print - DO NOT PROCESS As Filed Data -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** LAFAYETTE COLLEGE 24-0795686 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 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 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, PART I, LINE 3	SEE SUPPLEMENTAL PAGE
SCHEDULE E, PART I, LINE 6	THE COLLEGE RECEIVES FINANCIAL AID AND ASSISTANCE FROM VARIOUS FEDERAL AND STATE GOVERNMENTAL AGENCIES UNDER THEIR RESPECTIVE STUDENT FINANCIAL AID ASSISTANCE PROGRAMS. FEDERAL GRANT PROGRAMS INCLUDE PELL GRANTS, DIRECT LOAN PROGRAMS, WORK-STUDY, THE PERKINS LOAN PROGRAM, AND FEDERAL SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANTS. STATE PROGRAMS INCLUDE THE PENNSYLVANIA HIGHER EDUCATION ASSISTANCE AGENCY. IN ADDITION, THE COLLEGE IS AWARDED RESEARCH GRANTS AND OTHER PROJECT GRANTS BY VARIOUS FEDERAL AND STATE AGENCIES.
FORM 990, SCHEDULE E, PART I, LINE 3	THE COLLEGE'S RACIAL NONDISCRIMINATORY POLICY IS PUBLICIZED

WITHIN THE COLLEGE'S CATALOG WHICH CAN BE FOUND AT HTTP://CATALOG.LAFAYETTE.EDU/. IN ADDITION, THE COLLEGE HAS A SEPARATE DIVERSITY AND INCLUSIVENESS STATEMENT WHICH IS ALSO INCLUDED WITHIN THE COLLEGE'S CATALOG AT HTTP://CATALOG.LAFAYETTE.EDU/.

Schedule F (Form 990 or 990-F7) (2019)

SCHEDULE F State		ement of	Activities (Outside the Un	ited State	es	OMB No. 1545-0047
(Form 990) Department of the Treasury	lete if the organization answered "Yes" to Form 990, Part IV, line 14b, 1 Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest informatio					2019 Open to Public Inspection	
nternal Revenue Service							·
Name of the organization LAFAYETTE COLLEGE					Emp	loyer ider	ntification number
						795686	
Part I General In Form 990, P			outside the U	United States. Comple	ete if the orga	nization a	inswered "Yes" on
1 For grantmakers.	Does the or	ganization ma	intain records to	substantiate the amoun	t of its grants	and	
other assistance, th	e grantees'	eligibility for th	ne grants or assis	stance, and the selection	n criteria used		
to award the grants	or assistan	ce?					☑ Yes ☐ No
2 For grantmakers. outside the United S		Part V the org	anization's proce	edures for monitoring the	use of its gra	nts and ot	her assistance
3 Activites per Region.	(The following	ng Part I, line 3	table can be dupli	icated if additional space i	s needed.)		
(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	fundraising, program	(e) If activity list program servic specific ty service(s) in t	e, describe pe of	(f) Total expenditures for and investments in the region
See Add'l Data							
3a Sub-total	n sheets to	(0				296,639,776
			0				1,428,868 298,068,644
Part I	. <u></u>	(

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

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

Type of grant or assistance	uplicated if addit (b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash	(g) Description of noncash	(h) Method of valuation
		recipients	Cash grant	aispui sement	assistance	assistance	(book, FMV, appraisal, other

Schedule F (Form 990) 2019					
Par	TIV Foreign Forms				
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	☑ Yes	□No		
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)				
		Yes	✓ No		
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)				
	Corporations. (See Instructions for Form 3471)	✓ Yes	□No		
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621).	☑ Yes	□No		
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)				
	(see Instructions for Form 6665)	✓ Yes	□No		
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).	Yes	☑ No		

Schedule F (Form 990) 2019 Page 5
Part V	Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
Return Reference	dule F, Supplemental Information Explanation

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 3:	ACCRUAL

990 Schedule F, Supplemental Information Return Reference Explanation

PART III ACCOUNTING METHOD:

Additional Data

EUROPE

Software ID: Software Version:

EIN: 24-0795686

Name: LAFAYETTE COLLEGE

6,236,420

orm 990 Schedule F Part I - Activities Outside The United States							
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region		
CENTRAL AMERICA & CARIBBEAN	0	0	INVESTMENTS		290,303,914		

0 INVESTMENTS

Form 990 Schedule F Part I - Activities Outside The United States								
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region			
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	ACADEMIC SUPPORT	25			
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	INSTRUCTION	46,072			

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 region) CENTRAL AMERICA AND THE 0 IPROGRAM SERVICES RESEARCH 423 CARIBBEAN EAST ASIA AND THE PACIFIC 0 PROGRAM SERVICES 1,680 IACADEMIC SUPPORT

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 reaion agents in service(s) in region region services, grants to recipients located in the reaion) EAST ASIA AND THE PACIFIC 0 PROGRAM SERVICES INSTRUCTION 47,724 EAST ASIA AND THE PACIFIC 0 PROGRAM SERVICES RESEARCH 3,518

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 reaion agents in services, grants to service(s) in region region recipients located in the reaion) EAST ASIA AND THE PACIFIC 0 PROGRAM SERVICES STUDENT SERVICES 7,282 EUROPE 0 PROGRAM SERVICES ACADEMIC SUPPORT 11,530

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 reaion agents in service(s) in region region services, grants to recipients located in the reaion) **EUROPE** 0 PROGRAM SERVICES INSTRUCTION 1.181.966 EUROPE 0 PROGRAM SERVICES RESEARCH 39,712

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 reaion agents in service(s) in region region services, grants to recipients located in the reaion) **EUROPE** 0 PROGRAM SERVICES STUDENT SERVICES 20,840 NORTH AMERICA 0 PROGRAM SERVICES ACADEMIC SUPPORT 141

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 region) 0 IMANAGEMENT AND INSTITUTIONAL SUPPORT 45 NORTH AMERICA IGENERAL 0 PROGRAM SERVICES 1,224 NORTH AMERICA INSTRUCTION

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 reaion agents in service(s) in region region services, grants to recipients located in the reaion) NORTH AMERICA 0 PROGRAM SERVICES RESEARCH 3.791 NORTH AMERICA 0 PROGRAM SERVICES STUDENT SERVICES 4,741

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 reaion agents in services, grants to service(s) in region region recipients located in the reaion) 0 PROGRAM SERVICES ACADEMIC SUPPORT SOUTH AMERICA SOUTH AMERICA 0 PROGRAM SERVICES RESEARCH 441

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 reaion agents in service(s) in region region services, grants to recipients located in the reaion) SOUTH ASIA 0 PROGRAM SERVICES INSTRUCTION 1.778 SOUTH ASIA 0 PROGRAM SERVICES STUDENT SERVICES 4,638

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 reaion agents in services, grants to service(s) in region region recipients located in the reaion) SUB-SAHARAN AFRICA 0 PROGRAM SERVICES INSTRUCTION 144,600 SUB-SAHARAN AFRICA 0 PROGRAM SERVICES STUDENT SERVICES 6,114

DLN: 93493110006041 OMB No. 1545-0047

Supplemental Information Regarding

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

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.

ame of the organization AFAYETTE COLLEGE					Employer ide	entification number
AFATETTE COLLEGE					24-0795686	
Part I Fundraising Activi Form 990-EZ filers a	•	_		answered "Yes" on Fo	orm 990, Part IV, line	17.
Indicate whether the organiza	ation raised funds thr	ough any	of the fo	llowing activities. Check	all that apply.	
a Mail solicitations			e	✓ Solicitation of non-	government grants	
b Internet and email solicita	ations		f	✓ Solicitation of gove	ernment grants	
c Phone solicitations			g	✓ Special fundraising	g events	
d 🗹 In-person solicitations						
2a Did the organization have a workey employees listed in For						es 🗆 No
b If "Yes," list the 10 highest pa to be compensated at least \$5			draisers)	pursuant to agreements (
i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrai custo cont	Did ser have ody or 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
	GIFT LEGACY SERVICE & UPGRADE	Yes	No No	0	5,500	
CAMARILLO, CA 93012	DAY OF GIVING					
AMPLO (GRADUWAY)	CROWDFUNDING PLATFORM		No	0	20,000	
SEATTLE, WA 98109						
	CAMPAIGN CONSULTING		No	0	113,411	(
LATHAM, NY 12110	LICENSE AND					
IMODULES SOFTWARE INC	CONSULTING SERVICE		No	0	24,480	
OVERLAND PARK, KS 66225						
otal			•		163,391	
CRESENDO INTERACTIVE INC 110 CAMINO RUIZ CAMARILLO, CA 93012 AMPLO (GRADUWAY) 939 WESTLAKE AVENUE N SEATTLE, WA 98109 WASHBURN & MCGOLDRICK 950 NEW LOUDON ROAD STE 210 LATHAM, NY 12110 IMODULES SOFTWARE INC PO BOX 25671 OVERLAND PARK, KS 66225	SERVICE & UPGRADE DAY OF GIVING, CROWDFUNDING PLATFORM CAMPAIGN CONSULTING LICENSE AND CONSULTING SERVICE	cont contrit Yes	No No No	0	5,500 20,000 113,411 24,480	

	rt II Fundraising Events. Compl				
	than \$15,000 of fundraising of		d gross income on Form	990-EZ, lines 1 and	6b. List events with
	gross receipts greater than \$	(a)Event #1	(b) Event #2	(c)Other events	(d) Total events (add col. (a) through
		(event type)	(event type)	(total number)	col. (c))
Keverkie					
2 4					
Y					
	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
	4 Cash prizes				
ņ	5 Noncash prizes				
CADE ISES	6 Rent/facility costs				
Š	7 Food and beverages				
<u> </u>	8 Entertainment				
5	9 Other direct expenses				
	10 Direct expense summary. Add lines 4	-			
)ai	11 Net income summary. Subtract line 10 t IIII Gaming. Complete if the org			V line 19 or reported	 more than \$15,000
	on Form 990-EZ, line 6a.	I	1		1
E E		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Keverkie					
_	1 Gross revenue				
^			+		
000	2 Cash prizes				
Sherises	2 Cash prizes				
Clear Experises	3 Noncash prizes				
	3 Noncash prizes		☐ Yes %	☐ Y es%	
	3 Noncash prizes	☐ Yes <u>%</u>	☐ Yes % ☐ No	☐ Yes % ☐ No	
	3 Noncash prizes	□ No	1_	<u></u>	
	3 Noncash prizes	No	□ No	□ No ►	
sected to the local control of	3 Noncash prizes	No through 5 in column (d)	No	No	
)	3 Noncash prizes	No through 5 in column (d) thine 7 from line 1, column ion conducts gaming action	No	No ▶ ▶	Vec No
	3 Noncash prizes	through 5 in column (d) It line 7 from line 1, columnion conducts gaming action	No nn (d)	No ▶ ▶	☐ Yes ☐ No
) a	3 Noncash prizes	through 5 in column (d) thine 7 from line 1, columnion conducts gaming activities in each columning activities act	No mn (d)	No	
	3 Noncash prizes	through 5 in column (d) thine 7 from line 1, columnion conducts gaming activities in each columning activities in each column (d)	No mn (d)	No	
a b	3 Noncash prizes	through 5 in column (d) thine 7 from line 1, columnion conducts gaming activities in each columning activities in each column (d)	No mn (d)	No	

Sche	dule G (Form 990 or 990-EZ) 20	19				F	age 3
11	Does the organization conduct	gaming activities with nonmembers	5?		Yes	Пио	
12	Is the organization a grantor, be formed to administer charitable		member of a partnership or other entity		Yes		
13	Indicate the percentage of gam	ing activity conducted in:					
а	The organization's facility .			13a			%
b	An outside facility			13b			%
14	Enter the name and address of	the person who prepares the organ	nization's gaming/special events books and	records:			
	Name •						
	Address >						
15a			m the organization receives gaming		· 🗆 Yes	Пио	
b	If "Yes," enter the amount of g	aming revenue received by the org ained by the third party ► \$	anization ▶ \$ and	the			
c	If "Yes," enter name and addre	ss of the third party:					
	Name •						
	Address ►						
16	Gaming manager information:						
	Name 🟲						
	Gaming manager compensation	1 ▶ \$					
	Description of services provided	d ▶					
	☐ Director/officer	☐ Employee	☐ Independent contractor				
17	Mandatory distributions:						
а	•		stributions from the gaming proceeds to		□Yes	Пио	
b	Enter the amount of distributio	ns required under state law distribu	ited to other exempt organizations or spen	Ī	□ 1es		
		pt activities during the tax year 🕨	•				
Pai			ions required by Part I, line 2b, colum licable. Also provide any additional inf				s.
	Return Reference		Explanation				

DLN: 93493110006041 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No. 1545-0047 Schedule I **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. ▶ Attach to Form 990. Department of the ► Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization **Employer identification number** LAFAYETTE COLLEGE 24-0795686

Open to Public Inspection

Part I General Information	ation on Grants	and Assistance					
Does the organization main the selection criteria used t						e, and	☑ Yes ☐ No
2 Describe in Part IV the orga	anization's procedui	res for monitoring the u	se of grant funds in the U	nited States.			
			and Domestic Governme ditional space is needed.	ents. Complete if the o	rganization answered "Yes"	on Form 990, Part IV, line	21, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section							3
3 Enter total number of other For Paperwork Reduction Act Notice			<u> </u>	Cat. No. 5005			nedule I (Form 990) 2019
FOI PAPERWORK REGUCTION ACT NOTIC	e, see the instructio	IIS IUI FUFM YYU.		Cat. NO. 5005	Jr .	SCI	redule 1 (FOFM 990) 2019

Schedule I (Form 990) 2019

Return Reference

PART I, LINE 2:

PART III. LINE 1

Page 2

Schedule I (Form 990) 2019

(1) INSTITUTIONAL SCHOLARSHIP A
(2)
ACADEMIC PRIZES, AWARDS, AND
EELL OWCLUDG

AWARDS FELLOWSHIPS (3) CARES ACT GRANTS TO STUDENTS

Part III can be duplicated if additional space is needed

Explanation

(3)

(4) (5)

(6)

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

> THE COLLEGE CONSIDERS THE AWARDING OF FINANCIAL AID (PRIMARILY GRANTS, SCHOLARSHIPS, LOANS, AND WORK-STUDY) TO ITS STUDENTS, INCLUDING NON-RESIDENT ALIEN STUDENTS, TO BE A U.S. BASED ACTIVITY AS STUDENTS OF THE COLLEGE ARE DEEMED TO BE LIVING IN THE UNITED STATES THROUGHOUT THEIR COMPLETION OF THE COLLEGE'S ACADEMIC CURRICULUM AND SUPPORTING PROGRAMS. THE COLLEGE AWARDS SCHOLARSHIPS AND FELLOWSHIPS ON THE BASIS OF MERIT AND/OR FINANCIAL NEED. THE SELECTION CRITERIA ARE BASED ON THE CALCULATED EXPECTED FAMILY CONTRIBUTION. WHICH IS DERIVED BY

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

(b) Number of

recipients

1260

223

855

AND THAT REIMBURSEMENT COSTS INCURRED BY SUB-RECIPIENTS ARE ALLOWED.

(c) Amount of

cash grant

176,004

464,840

(d) Amount of

noncash assistance

55,974,824 FMV

LAFAYETTE COLLEGE MAINTAINS A POLICY DEFINING ITS PROCEDURES FOR MONITORING THE USE OF SPONSORED FUNDS BY SUB-RECIPIENTS WHO ARE PERFORMING A PORTION OF A SPONSORED PROJECT EXTERNALLY AWARDED TO LAFAYETTE. THIS POLICY PROVIDES GUIDANCE TO ENSURE THAT SUB-RECIPIENTS CONDUCT THEIR PORTION OF SPONSORED PROJECTS IN COMPLIANCE WITH THE LAWS, REGULATIONS, TERMS AND CONDITIONS OF AWARDS AND SUB AWARDS,

ACCORDANCE WITH APPLICABLE FEDERAL, STATE, AND OTHER REQUIREMENTS, AS WELL AS RELEVANT INTERNAL COLLEGE POLICIES AND OPERATIONAL

AWARDED SCHOLARSHIPS ARE CREDITED TO THE STUDENT'S ACCOUNT AT THE COLLEGE AND ARE APPLIED TO BILLED CHARGES.

USING COMPLEX FORMULAS INVOLVING FAMILIES' INCOME, ASSETS, AND HOUSEHOLD SIZES INCLUDING, AMONG OTHER FACTORS, DEPENDENTS IN COLLEGE. THE COLLEGE'S FINANCIAL AID OFFICE ADMINISTERS AND MONITORS THESE AWARDS TO HELP ENSURE THAT THESE FUNDS ARE AWARDED TO ELIGIBLE RECIPIENTS IN

GUIDELINES. ACADEMIC PRIZES, AWARDS, FELLOWSHIP, AND INTERNSHIPS ARE AWARDED BASED ON A REVIEW BY THE APPLICABLE ACADEMIC DEPARTMENT. ALL

ol N/A

o N/A

(e) Method of valuation (book,

FMV, appraisal, other)

N/A

N/A

CREDIT TO STUDENT'S ACCOUNT

Additional Data

YALE UNIVERSITY

NEW HAVEN, CT 065081873 BOISE STATE UNIVERSITY

1910 UNIVERSITY DRIVE BOISE, ID 83725

PO BOX 1873

Software ID: **Software Version:**

06-0646973

82-0290701

EIN: 24-0795686 Name: LAFAYETTE COLLEGE

9,924

7,124

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

(, , , , , , , , , , , , , , , , , , ,	(-,	()	()	(-)	(1)	1
organization		if applicable	grant	cash	(book, FMV, appraisal,	١
or government				assistance	other)	١

(a) Name and address or	(D) EIN	(c) IRC section	(a) Amount of cash	(e) Amount of non-	(T) Method of Valuatio
organization		if applicable	grant	cash	(book, FMV, appraisal
or government				assistance	other)

501(C)3

501(C)3

Mothod of valuation

O N/A

0 N/A

(h) Purpose of grant

(g) Description of non-cash assistance

or assistance

N/A

N/A

NIH GRANT

NIH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (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 organization if applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government

501(C)3 7.967 l IN/A LEHIGH UNIVERSITY 24-0795445 OIN/A INIH GRANT

306 S NEW STREET SUITE 451 BETHLEHEM, PA 18015

efil	e GRAPHIC pr	int - DO NOT PROCESS A	s Filed Data	a -	DLN: 93	49311	10006	041	
Schedule J (Form 990)		Cor	npensati	ion Information	0	MB No.	1545-0	0047	
		For certain Officers, Directors, Trustees, Key Employees, and Highest							
		► Complete if the organ		ated Employees vered "Yes" on Form 990, Part IV,	, line 23.	2019			
D	▶ Attach to Form 990.					Open to Public			
•	partment of the Treasury ernal Revenue Service							n	
	ne of the organiza AYETTE COLLEGE	ation			Employer identifica	tion nu	ımber		
					24-0795686				
Pa	rt I Questi	ons Regarding Compensation	on				l		
1 a	Check the appro	oniate hoy(es) if the organization r	provided any of	the following to or for a person lister	d on Form		Yes	No	
				y relevant information regarding thes					
		s or charter travel	✓	Housing allowance or residence for	personal use				
		companions		Payments for business use of person	nal residence				
	✓ Tax idemi	nification and gross-up payments	∠	Health or social club dues or initiation					
	☐ Discretion	nary spending account	\checkmark	Personal services (e.g., maid, chauf	feur, chef)				
b	If any of the box	xes on Line 1a are checked, did the	e organization	follow a written policy regarding pays	ment or				
		•		ve? If "No," complete Part III to expl	ain	1 b	Yes		
2				or allowing expenses incurred by all r, regarding the items checked on Lir	ne 1a? . .	2	Yes		
	•								
3		if any, of the following the filing or EO/Executive Director. Check all tl		ed to establish the compensation of the not check any boxes for methods	ne				
				CEO/Executive Director, but explain i	n Part III.				
	✓ Compensa	ation committee		Written employment contract					
		ent compensation consultant	✓	Compensation survey or study					
	☐ Form 990	of other organizations	\checkmark	Approval by the board or compensa	tion committee				
4	During the year related organiza		0, Part VII, Se	ction A, line 1a, with respect to the fi	ling organization or a				
а	Receive a sever	ance payment or change-of-contro	pl payment? .			4a		No	
b	Participate in, o	r receive payment from, a supplen	nental nonqual	ified retirement plan?		4b		No	
c				nsation arrangement?		4c		No	
	If "Yes" to any o	of lines 4a-c, list the persons and p	provide the app	olicable amounts for each item in Part	: 111.				
	Only 501(c)(3), 501(c)(4), and 501(c)(29) o	rganizations	must complete lines 5-9.					
5				the organization pay or accrue any					
	•	ontingent on the revenues of:							
а		1?				5a		No	
b	-	anızatıon? 5a or 5b, describe in Part III.				5b		No	
6	For persons liste	•	A, line 1a, did	the organization pay or accrue any					
а	The organization	1?				6a		No	
b	-					6b		No	
	If "Yes," on line	6a or 6b, describe in Part III.							
7	For persons liste payments not d	ed on Form 990, Part VII, Section , escribed in lines 5 and 6? If "Yes,"	A, line 1a, did t describe in Pa	the organization provide any nonfixed rt III	d 	7	Yes		
8	subject to the ir	nitial contract exception described	in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," de 					
9	If "Yes" on line	8, did the organization also follow	the rebuttable	presumption procedure described in	Regulations section	8		No	
For F		iction Act Notice, see the Instri			 i0053T Schedule 3	9 (Form	1 990)	2019	

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

For each individual whose compensation must be reported 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. Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) 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				I	•			

Page 3

Schedule 1 (Form 990) 2019

Schedule J (Form 990) 2019

PART I, LINE 1A	TRAVEL FOR COMPANIONS - IN ACCORDANCE WITH COLLEGE POLICY, IN LIMITED INSTANCES WITH DOCUMENTATION FOR THE BUSINESS PURPOSE FULFILLED
	BY THE COMPANION AND ANY REQUIRED PRIOR APPROVALS, THE COLLEGE WILL PAY FOR TRAVEL EXPENSES OF A COMPANION WHEN THE COMPANION TRAVEL
	IS 1] FOR A BONA FIDE BUSINESS PURPOSE, AND 2] IMPORTANT TO THE ACHIEVEMENT OF THE COLLEGE'S PURPOSES THAT REQUIRE THE TRAVEL OF THE
	EMPLOYEE AND COMPANION. TAX INDEMNIFICATION - DURING CALENDAR YEAR 2019, A \$3,110 TAX EQUALIZATION PAYMENT WAS MADE TO ALISON BYERLY
	(PRESIDENT). THE PAYMENT IS IN ACCORDANCE WITH THE EMPLOYMENT CONTRACT AND/OR AUTHORIZATIONS FROM THE BOARD OF TRUSTEES AND ARE
	SPECIFIC TO THE PRESIDENT. HOUSING ALLOWANCE - AS PART OF THEIR EMPLOYMENT CONTRACT AND FOR THE CONVENIENCE OF THE COLLEGE, A COLLEGE-
	OWNED RESIDENCE WAS PROVIDED TO OFFICER ALISON BYERLY (PRESIDENT). THE HOUSING PROVIDED IS LOCATED ON COLLEGE PROPERTY AND IS IN
	CONJUNCTION WITH THE OFFICER'S DUTIES. THE ESTIMATED ANNUAL VALUE OF THE HOUSING PROVIDED IS INCLUDED AS A NONTAXABLE BENEFIT IN THIS
	RETURN IN THE AMOUNT OF \$49,120 FOR PRESIDENT BYERLY. IT IS THE POLICY OF THE COLLEGE'S BOARD OF TRUSTEES THAT THE PRESIDENT RESIDE ON
	COLLEGE PROPERTY. THE PRESIDENT DETERMINES IF THE DUTIES OF OTHER OFFICERS REQUIRE THEM TO RESIDE ON COLLEGE PROPERTY. PERSONAL SERVICES
	- IN ACCORDANCE WITH THE POLICY OF THE COLLEGE'S BOARD OF TRUSTEES AND THE PRESIDENT'S EMPLOYMENT CONTRACT, THE PRESIDENT OF THE
	COLLEGE IS REQUIRED TO RESIDE ON COLLEGE PROPERTY. THE PRESIDENT'S HOUSE SERVES NOT ONLY AS A RESIDENCE, BUT ALSO AS A HOST LOCATION FOR
	MANY COLLEGE EVENTS AND THE COLLEGE PROVIDES STAFF TO MAINTAIN THE HOME. FOR CALENDAR YEAR 2019, \$7,457 WAS THE PORTION OF THE
	HOUSEKEEPER'S SALARY DETERMINED TO BE FOR PERSONAL SERVICES AND INCLUDED AS REPORTABLE COMPENSATION. SOCIAL CLUB - THE COLLEGE
	MAINTAINS A SOCIAL CLUB MEMBERSHID IN THE NAME OF THE DESCIDENT THAT IS DRIMADILY LISED FOR BUSINESS BURDOSES INCLUDING FUNDACIONS AND

JMAINTAINS A SOCIAL CLUB MEMBERSHIP IN THE NAME OF THE PRESIDENT THAT IS PRIMARILY USED FOR BUSINESS PURPOSES. INCLUDING FUNDRAISING AND

DONOR RELATION ACTIVITIES.

PART I, LINE 3 THE COMPENSATION COMMITTEE ESTABLISHES THE PRESIDENT'S COMPENSATION. THE COMMITTEE REVIEWS DATA OBTAINED FROM ITS EXTERNAL COMPENSATION CONSULTANT ON PRESIDENTIAL SALARIES FROM COMPARABLE INSTITUTIONS AND UPDATES OR ADJUSTS THAT DATA THROUGH SURVEYS AND

OTHER AVAILABLE RESOURCES. IN ADDITION, AN ANNUAL PERFORMANCE REVIEW IS CONDUCTED. PART I, LINE 7

FROM TIME TO TIME CERTAIN EMPLOYMENT CONTRACTS CONTAIN BONUS CLAUSES. THESE BONUSES ARE BASED ON METRICS SPECIFIC TO THE POSITION, IN ADDITION, FROM TIME TO TIME, THE GOVERNING BODY PROVIDES BONUSES TO OFFICERS, DIRECTORS, KEY EMPLOYEES, AND OTHER STAFF BASED ON

PERFORMANCE THEY DEEM TO BE WORTHY OF THE AWARD. THESE BONUSES ARE COMPLETELY DISCRETIONARY.

Software ID: Software Version:

EIN: 24-0795686

Name: LAFAYETTE COLLEGE

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

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1ALISON R BYERLY	(i)	553,292	175,000	88,277	26,600	74,311	917,480	<u> </u>
PRESIDENT	(ii)	0	0	00,2,7			0	
1JOSEPH S BOHRER	(i)	347,592	160,000	9,049	26,600	10,578	553,819	0
CHIEF INVESTMENT OFFICER	(ii)	0	0	0	0	0	0	0
2 ROGER A DEMARESKI VP OF FINANCE &	(i)	380,592	35,000	61,283	26,600	23,891	527,366	0
ADMINISTRATION/TREAS	(ii)	0	0	0	0	0	0	0
3 SAIYID A RIZVI PROVOST	(i)	343,650	100,000	10,431	26,600	22,294	502,975	0
	(ii)	0	0	0	0	0	0	0
4MERVIN A BURTON DIRECTOR OF INVESTMENTS	(i)	235,236	190,000	594	23,079	8,969	457,878	0
	(ii)	0	0	0	0	0	0	0
5 LESLIE F MUHLFELDER VP OF HUMAN RESOURCES &	(i)	323,589	15,000	10,246	26,600	51,930	427,365	0
GENERAL COUN	(ii)	0	0	0	0	0	0	0
6 KIMBERLY A SPANG VP OF DEVELOPMENT &	(i)	306,742	40,000	14,224	26,600	34,153	421,719	0
COLLEGE RELATION	(ii)	0	0	0	0	0	0	0
7 GREGORY V MACDONALD VP OF ENROLLMENT	(i)	241,112	20,000	5,591	23,913	127,629	418,245	0
MANAGEMENT	(ii)	0	0	0	0	0	0	0
8 CRAIG BECKER ASSOC VP FOR FINANCE,	(i)	238,946	5,000	40,464	23,708	25,426	333,544	0
PLANNING & CAP	(ii)	0	0	0	0	0	0	0
9 LI ZHAO INVESTMENT ASSOCIATE	(i)	153,685	125,000	199	15,329	14,947	309,160	0
	(ii)	0	0	0	0	0	0	0
10BRUCE A MURPHY KIRBY PROFESSOR OF	(i)	252,275	0	6,243	24,668	21,644	304,830	0
GOVERNMENT & LAW	(ii)	0	0	0	0	0	0	0
11 JOHN E MEIER PROVOST	(i)	256,787 	0	11,607	23,750	8,476 	300,620	0
12FRANCIS B O'HANLON	(ii)	0	0	0	0	0	0	0
HEAD MEN'S BASKETBALL COACH	(i)	247,759	0	5,654	24,263	22,330	300,006	0
13JOHN KINCAID	(ii)	0	0	0	0	0	0	0
PROFESSOR/DIRECTOR OF MEYNER CENTER	(i)	245,249	0	3,318	23,638	10,933	283,138	0
14JOHN L O'KEEFE	(ii) (i)	231,500	0	0	0	0	0	0
VP & CHIEF INFORMATION OFFICER				1,569	22,563	20,960	276,592 	
15ANNETTE DIORIO	(ii) (i)	221,324	8,000	2 121	21 275	11 272	264 103	0
VP OF CAMPUS LIFE/SR. DIVERSITY OFFI			6,000	2,131	21,375	11,272	264,102	
16MARK EYERLY	(ii) (i)	219,595	0	2,396	21,350	0 19,448	0 262,789	0
VP FOR MARKETING & COMMUNICATIONS	(ii)	ol		2,390			202,709	
17ALMA SCOTT-BUCZAK	(i)	175,057	0	25,249	10,188	24,024	234,518	0
ASSOC VP FOR HUMAN RESOURCES	(ii)	 o						
	<u>r ′</u>		0	0	٥	٥	0	<u> </u>

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Schedule K

(Form 990)

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, and any additional information in Part VI.

OMB No. 1545-0047

DLN: 93493110006041

▶ Attach to Form 990. Open to Public Department of the Treasury Internal Revenue Service ▶Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization **Employer identification number** LAFAYETTE COLLEGE 24-0795686 Part I **Bond Issues** (a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (f) Description of purpose (q) Defeased (h) On (i) Pool behalf of financing issuer Yes No Yes No Yes No NORTHAMPTON CITY GPA 23-3007498 66353LCF2 11-26-2013 35,146,792 REFUND SERIES 98A, 98B, VAR. Χ Χ Χ (SERIES 2013 A) CAP. PROJECTS NORTHAMPTON CITY GPA 23-3007498 66353LAY3 04-30-2010 26,689,800 REFUND SERIES 10A, VAR. CAP. Х Χ (SERIES 2010 A AND B) **PROJECTS** 21,520,883 COLLEGE REFUNDING REVENUE NORTHAMPTON CITY GPA 23-3007498 66353LDL8 10-02-2018 Χ Χ Χ (SERIES 2018) BONDS NORTHAMPTON CITY GPA 23-3007498 66353LAG2 09-14-2006 15,100,000 CONSTRUCT./RENOV. ATHLETIC (SERIES 2006) **FACILITIES** Part II **Proceeds** В C Α D 21,150,000 4,100,000 2 Total proceeds of issue. 3 26,690,421 21,520,883 35,146,792 15,312,344 4 5 108,121 6 346,792 370,883 8 9 10,709 10 4,400,421 15,193,514 12,600,000 11 22,290,000 21,150,000 22,200,000 12 13 2013 2018 2007 Yes Yes No Yes No No Yes No Were the bonds issued as part of a current refunding issue of tax-exempt 14 Χ Χ Χ Χ Were the bonds issued as part of an advance refunding issue of taxable 15 Χ Χ Χ Χ Χ 16 Does the organization maintain adequate books and records to support the final allocation of 17 Χ Χ Χ Χ **Private Business Use** Part 🎹

Was the organization a partner in a partnership, or a member of an LLC, which owned property

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

No

Yes

No

Χ

Χ

Yes

Yes

Yes

No

Χ

No

Χ

Private Business Use (Continued)

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

Exception to rebate?

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 superintegrated?

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

Schedule K (Form 990) 2019

Part Ⅲ

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Part IV

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C

Arbitrage

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		Γ
3a	Are there any management or service contracts that may result in private business use of	Γ
	bond-financed property?	ı

If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? Are there any research agreements that may result in private business use of bond-financed

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

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

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

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 nonqualified bonds of

Page **2**

No

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No

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Yes

Χ

Yes

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Schedule K (Form 990) 2019

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Yes

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Yes

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Yes

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Yes

Χ

No

Explanation ISSUER NAME: NORTHAMPTON CITY GPA (SERIES 2013 A) DATE THE REBATE COMPUTATION WAS PERFORMED: 06/23/2017 ISSUER NAME: NORTHAMPTON CITY GPA (SERIES 2010 A AND B) DATE THE REBATE COMPUTATION WAS PERFORMED: 02/13/2015 ISSUER NAME: NORTHAMPTON CITY GPA (SERIES 2006) DATE THE

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

Page 3

No

D

Nο

Yes

Χ

C

Nο

Yes

Χ

В

No

Yes

Were gross proceeds invested in a guaranteed investment contract Χ (GIC)?

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

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

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

PERFORMED: 03/16/2015

Schedule K (Form 990) 2019

period?

Part V

Part VI

PERFORMED

Arbitrage (Continued)

requirements of section 148? . . .

Return Reference

DATE REBATE COMPUTATION

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?

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

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

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

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

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule K **Supplemental Information on Tax-Exempt Bonds** (Form 990)

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI. ▶ Attach to Form 990.

OMB No. 1545-0047

Open to Public

DLN: 93493110006041

Inspection

Department of the Treasury Internal Revenue Service Name of the organization LAFAYETTE COLLEGE

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

Employer identification number 24-0795686 Part I **Bond Issues** (b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (f) Description of purpose (g) Defeased (h) On (i) Pool (a) Issuer name behalf of financing issuer Yes No Yes No Yes No NORTHAMPTON CITY GPA 10,190,000 REFUND SERIES 93 Х Χ 23-3007498 66353LAA5 04-02-2003 (SERIES 2003) Х NORTHAMPTON CITY GPA 23-3007498 66353LDE4 06-14-2017 158,271,482 CONTRUCTION/PARTIAL ADVANCE Χ Χ REFUNDING PRIOR BOND (SERIES 2017) Part ${f I}$ **Proceeds** Α В C D

2

3

5 6 7

8 9

10 11 12

13 14

15 16 17

2

Part III

Are there any lease arrangements that may result in private business use of bond-financed For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Were the bonds issued as part of a current refunding issue of tax-exempt

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

Private Business Use

Has the final allocation of proceeds been made?

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

Was the organization a partner in a partnership, or a member of an LLC, which owned property

Α Yes

Yes

Χ

Χ

Yes

Yes

Χ

Х

No

158,271,482

1,011,988

60,764,690

77,259,495

19,235,310

No

Χ

Χ

Χ

Χ

Yes

Yes

C

No

D No Yes

Yes

Schedule K (Form 990) 2019

No

No

Х Cat. No. 50193E

No

Χ

10,190,000

10,190,000

No

Χ

2003

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

Exception to rebate?

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

Was the hedge superintegrated?

hedge with respect to the bond issue?

the issue are remediated in accordance with the requirements under

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

Has the organization or the governmental issuer entered into a qualified

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

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

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

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

Schedule K (Form 990) 2019

b

C

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8a

Part IV

b

C

Arbitrage

Page **2**

No

D

Schedule K (Form 990) 2019

No

Yes

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В

No

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Yes

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Yes

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Yes

C

No

If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? Are there any research agreements that may result in private business use of bond-financed Schedule K (Form 990) 2019

Part IV

(GIC)?

period?

Part V

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

requirements of section 148? . . .

Yes	No	Yes	No	Yes
	Х		Х	

Χ

В

No

Page 3

No

D

D

Nο

Yes

Yes

Nο

Yes No Yes No Yes Has the organization established written procedures to ensure that violations of federal tax

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

requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?

DLN: 93493110006041 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** LAFAYETTE COLLEGE 24-0795686 Part I Types of Property (a) (b) (c) (d) 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 3,072,300 APPRAISAL 1 Art-Works of art . . Χ 11 Art—Historical treasures Art—Fractional interests 4 Books and publications Clothing and household goods Cars and other vehicles **7** Boats and planes . . 8 Intellectual property . . . Securities-Publicly traded . Χ 67 4,478,618 HIGH/LOW OF DAILY MV 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures Qualified conservation contribution—Other . Real estate—Residential . Real estate—Commercial . Real estate—Other . . 35,912 APPRAISAL 18 Collectibles Χ 19 Food inventory . . 20 Drugs and medical supplies . 21 Taxidermy 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . 25 Other ▶ (EQUIPMENT) Χ 16,934 FMV 26 Other ▶ (GOODS/SERVICE) Χ 1,961 FMV 27 Other ▶ (______) 28 Other ► (___ Number of Forms 8283 received by the organization during the tax year for contributions 29 12 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 30a Nο **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Yes 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, 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 2						
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						
PART I, COLUMN (B):	NUMBER OF CONTRIBUTORS						
PART I, LINE 32B:	THE COLLEGE'S INVESTMENT BROKER/MANAGER LIQUIDATES DONATED SECURITIES SECURITIES.						
	Schedule M (Form 990) (2019)						

efile GRAPH	DL	N: 93493110006041				
SCHEDUL (Form 990 or EZ)	Complete to provide information for responses to specific questions for provide any additional inform ► Attach to Form 990 or 990-EZ. ► Go to <u>www.irs.gov/Form990</u> for the latest informa	uestions on nation. tion.	OMB No. 1545-0047 2019 Open to Public Inspection			
Mamel Betharofgi LAFAYETTE COLLEG 990 Schedule		24-0795686	ntification number			
Return Reference	Explanation					
FORM 990, PART III, LINE 1: MISSION STATEMENT	IN AN ENVIRONMENT THAT FOSTERS THE FREE EXCHANGE OF IDEAS, LAFAYETTE COLLEGE SEEKS TO NURT URE THE INQUIRING MIND AND TO INTEGRATE INTELLECTUAL, SOCIAL, AND PERSONAL GROWTH. THE COLLEGE STRIVES TO DEVELOP STUDENTS' SKILLS OF CRITICAL THINKING, VERBAL COMMUNICATION, AND QUANTITATIVE REASONING AND THEIR CAPACITY FOR CREATIVE ENDEAVOR; IT ENCOURAGES STUDENTS TO EXAMINE THE TRADITIONS OF THEIR OWN CULTURE AND THOSE OF OTHERS; TO DEVELOP SYSTEMS OF VALUES THAT INCLUDE AN UNDERSTANDING OF PERSONAL, SOCIAL, AND PROFESSIONAL RESPONSIBILITY; AND TO REGARD EDUCATION AS AN INDISPENSABLE, LIFELONG PROCESS.					

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

Return Explanation
Reference

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

Return

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

Explanation

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

Return Reference	Explanation
FORM 990.	THE PROCESS FOR DETERMINING THE COMPENSATION OF THE OFFICERS OF THE ADMINISTRATION: THE PR

Evolunation

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

Return Explanation
Reference

FORM 990,	THE COLLEGE'S AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE COLLEGE'S PUBLIC WEBSITE.
PART VI,	THE COLLEGE'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT AVAILABLE TO THE
SECTION C,	PUBLIC ON ITS WEBSITE. REQUESTS FOR COPIES OF FORMS 990 AND 990T ARE PROVIDED PROMPTLY UP
LINE 19	ON REQUEST IN EITHER HARD-COPY OR ELECTRONIC FORMS, AND THE COLLEGE DOES NOT CHARGE FOR EI
	THER COPYING OR MAILING COSTS, AFTER THE FILING OF THE FORM 900 RETURN FOR THE SAME TAY VE

AR, THE COLLEGE WILL PROVIDE A COPY TO GUIDESTAR FOR PUBLICATION ON THEIR WEBSITE.

990 Schedule O, Supplemental Information

Doturn

Reference	Ехріанацон
FORM 990, PART XI.	CHANGE IN ESTIMATE ANNUITIES PAYABLE 2,868,959. CHANGE IN FV OF HEDGE/SWAPS -3,687,590. CHANGE IN POSTRETIREMENT BENEFITS 5.411,000.
LINE 9:	

Evalanation

efile GRAPHIC print - DO NOT PROCESS
SCHEDULE R

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

As Filed Data -

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

2019

DLN: 93493110006041

Open to Public Inspection

Employer identification number

LAFAYETTE COLLEGE							24-0	795686				
Part I Identification of Disregarded Entities. Complete	if the orgar	nization answ	ered "Ye	s" on Form	990, Part	IV, line	33.					
(a) Name, address, and EIN (if applicable) of disregarded entity		(b) (c) Primary activity Legal domici or foreign c					come	(e) End-of-year assets		(f) Direct controlli entity		
Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year.		ete if the org	anization	answered	"Yes" on F	orm 990	, Part :	IV, line 34 b	ecause	e it had one or	more	
Name, address, and EIN of related organization		(b) ary activity	Legal dor	(c) nicile (state In country)	(di Exempt Cod) le section	Public (if secti	(e) charity status on 501(c)(3))	Di	(f) rect controlling entity	Section (13) co ent	ntrolle ity?
(1)SCHAEFER BERTHA B UW BNY MELLON PO BOX 185	PERPETUAL	_ TRUST		PA	501(C)(3)		PF		LAFAYE	TTE COLLEGE	Yes	No
PITTSBURGH, PA 15230 23-6293005												
(2)WOLFE DUMONT 1 W 4TH ST 4TH FL	PERPETUAL	_ TRUST		NC	501(C)(3)		PF		LAFAYE	TTE COLLEGE	Yes	
WINSTON SALEM, NC 27101 23-6013820												
(3)ANNA P DENLINGER TRUST 1 W 4TH ST 4TH FL	PERPETUAL	_ TRUST		NC	501(C)(3)		PF		LAFAYE	TTE COLLEGE	Yes	
WINSTON SALEM, NC 27101 22-6144493 (4)CHARLES W BLAIR 10 S DEARBORN	PERPETUAL	_ TRUST		IL	501(C)(3)		PF		LAFAYE	TTE COLLEGE	Yes	
CHICAGO, IL 60603 72-6130983												
(5)EDWARD BRINKER TR FBO CLAUDIA PO BOX 185	PERPETUAL	_ TRUST		PA	501(C)(3)		PF		LAFAYE	TTE COLLEGE	Yes	
PITTSBURGH, PA 15230 25-6770250												
For Paperwork Reduction Act Notice, see the Instructions for Form	990.		Ca	t. No. 5013	5Y				Sch	edule R (Form	9901 2	019

Part III Identification of Related Organ one or more related organizations	nizations Taxable as a P treated as a partnership	during the ta	Comple x year.	te if th	e org	anization	answ	ered "Yo	es" on Forn	า 990,	Part I	V, line 34,	beca	use it	t had	
(a) Name, address, and EIN o related organization	(a) Name, address, and EIN of related organization			(c) (degal Direction control c		(e) Predomin. income(relate unrelate excluded f tax unde sections 5 514)	inant Share elated, ted, from der 512-			(h) Disproprtionate r allocations?		(i) Code V-UBI amount in bo 20 of Schedule K-: (Form 1065)	x man part	aging :ner?	Perce	() ntage ership
						,				Yes	No		Yes	No		
							_									
							_		+							
Part IV Identification of Related Organ because it had one or more relate	nizations Taxable as a C d organizations treated as	Corporation a corporation	or Trus	t. Com st durii	plete	if the org e tax yea	ganiza r.	ition ans	swered "Ye:	s" on F	orm 9	990, Part I	/, line	34		
(a) Name, address, and EIN of related organization	(b) Primary activity	do (state	(c) egal emicile or foreign untry)		(d) Direct controlli entity		(C corp,	e) of entity , S corp, rust)	(f) Share of total income		(g) of end- year assets	of- Perce	h) entage ership	(1	13) cor entit	
(1)CHARITABLE REMAINDER UNITRUSTS (27)	INVESTMENTS		PA PA		LAFAYE	ETTE	Т					100.0	00 %		Yes Yes	No
					COLLE	GE										
(2)CHARITABLE REMAINDER ANNUITY TRUSTS (2)	INVESTMENTS		PA		LAFAYE COLLEC	ETTE GE	T					100.0		١,	Yes	
					COLLL											
		<u> </u>														

Schedule R (Form 990) 2019				P	age 3
Part V Transactions With Related Organizations. Complete if the organization answered	"Yes" on Form 990, Pa	art IV, line 34, 351	b, or 36.		
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more relative	ated organizations listed in	n Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	No
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)				1e	No
f Dividends from related organization(s)				1f	No
g Sale of assets to related organization(s)				1g	No
h Purchase of assets from related organization(s)				1h	No
i Exchange of assets with related organization(s)				1i	No
${f j}$ 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
l Performance of services or membership or fundraising solicitations for related organization(s)				11	No
$m{m}$ 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				1p	No
q Reimbursement paid by related organization(s) for expenses				1q	No
r Other transfer of cash or property to related organization(s)				1r	No
${f s}$ 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 th	is line, including covered	relationships and tra	insaction thresholds.		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining a	amount involve	ed
(1)CHARITABLE REMAINDER TRUSTS	S	834,829	CASH VALUE		

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 exc	clusion for certain inv	estment p	partnerships.			· .											
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		Are all partners		Are all partners I		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No					
										Schedul	e R (Forn	n 99	0) 2019				

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Part VII	Supplemental Info	ormation			
	Provide additional infor	mation for responses to questions on Schedule R. (see instructions).			
Return Reference		Explanation			