#### \*\* PUBLIC DISCLOSURE COPY \*\*

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

▶ 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.

Open to Public

| A                       | רטו נוופ            | 2018 calendar year, or tax year beginning 000 1, 2016 and 0  | enaing C       | ON 30, 2013               | <b>,</b>   |
|-------------------------|---------------------|--|----------------|---------------------------|--|
| В                       | Check if applicable | C Name of organization   |                | D Employer identif        | ication number                                   |
|                         | Addres              | LAFAYETTE COLLEGE  |                | ]                         |  |
|                         | Name<br>change      | Doing business as  |                | 24-0                      | 795686   |
|                         | Initial<br>return   | Number and street (or P.O. box if mail is not delivered to street address)   | Room/suite     | E Telephone numb          | er   |
|                         | Final return/       | 730 SULLIVAN ROAD, 030 MARQUIS HALL  |                | (610                      | ))-330-5136                                      |
|                         | termin<br>ated      |  |                |                           | 744,380,446.                                     |
| Г                       | Ameno               |  |                | H(a) Is this a group      |  |
| F                       | Applic              |  |                | for subordinate           |  |
| _                       | tiòn<br>pendir      | SAME AS C ABOVE  |                | H(b) Are all subordinates | ······ — —                                       |
| _                       | T                   |  | or 527         |                           |  |
|                         |                     | empt status: X 501(c)(3) 501(c) ( ) ( (insert no.) 4947(a)(1) c<br>e: ► WWW • LAFAYETTE • EDU  | JI 32 <i>I</i> | <b>-</b> 1 ′              | a list. (see instructions)                       |
|                         |                     |  | I Veer         | H(c) Group exempti        |  |
|                         |                     |  | L Year         | of formation: 1020        | <b>M</b> State of legal domicile: <b>PA</b>      |
| P                       |                     | Summary  | T C T C T T    | OF FRIGATIO               | \313 T   |
| æ                       | 1                   | Briefly describe the organization's mission or most significant activities:  | LSTON          | OF EDUCATIO               | NAL  |
| ä                       |                     | SERVICES AS AN ACCREDITED FOUR-YEAR UNDER  |                |                           |  |
| Ë                       | 2                   | Check this box $lacktriangle$ if the organization discontinued its operations or dispos  | sed of more    | e than 25% of its net a   |  |
| Š                       | 3                   | Number of voting members of the governing body (Part VI, line 1a)  |                | 3                         |  |
| ص<br>ص                  | 4                   | Number of independent voting members of the governing body (Part VI, line 1b)  |                | 4                         |  |
| es                      | 5                   | Total number of individuals employed in calendar year 2018 (Part V, line 2a)   |                | 5                         | 2596   |
| Activities & Governance | 6                   | Total number of volunteers (estimate if necessary)   |                | 6                         | 3511   |
| Ę                       | 7 a                 | Total unrelated business revenue from Part VIII, column (C), line 12   |                |                           | -695,518.  |
| ⋖                       |                     | Net unrelated business taxable income from Form 990-T, line 38   |                |                           | 0.   |
|                         |                     | ·  |                | Prior Year                | Current Year                                     |
| a)                      | 8                   | Contributions and grants (Part VIII, line 1h)  |                | 33,519,231                |  |
| ž                       | 1                   | Program service revenue (Part VIII, line 2g)   |                | 65,756,261                |  |
| Revenue                 |                     | Investment income (Part VIII, column (A), lines 3, 4, and 7d)  |                | 60,046,272                |  |
| ď                       |                     | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   |                | 3,543,531                 |  |
|                         | 1                   | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   |                | 262,865,295               |  |
| _                       |                     | Grants and similar amounts paid (Part IX, column (A), lines 1-3)   |                | 47,050,544                |  |
|                         | 1                   |  |                | 0,                        |  |
|                         | I                   | Benefits paid to or for members (Part IX, column (A), line 4)  Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) |                | 89,692,023                | _  |
| Ses                     | 15                  |  |                | 250,792                   |  |
| Expenses                | 10a                 | Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)  6,024,30               | ~~···· ⊢       | 250,152                   | 237,300.   |
| X                       | _b                  |  |                | 78,357,656                | 82,791,114.                                      |
|                         | 1/                  | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   |                | 215,351,015               | 229,795,481.                                     |
|                         |                     | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  |                |                           |  |
|                         | 19                  | Revenue less expenses. Subtract line 18 from line 12   |                | 47,514,280                | <del>                                     </del> |
| Net Assets or           |                     |  | Ве             | ginning of Current Year   | End of Year                                      |
| Sset                    | 20                  | Total assets (Part X, line 16)   |                | 1,376,620,355             | 1,387,145,011.                                   |
| T A                     | 21                  | Total liabilities (Part X, line 26)  |                | 81,363,019                |  |
|                         |                     | Net assets or fund balances. Subtract line 21 from line 20   |                | 95,257,336                | 1,001,371,151.                                   |
|                         | art II              | Signature Block  |                |                           |  |
|                         |                     | lties of perjury, I declare that I have examined this return, including accompanying schedules   |                |                           | ny knowledge and belief, it is                   |
| true                    | , correc            | t, and complete. Declaration of preparer (other than officer) is based on all information of wh  | iich preparei  | has any knowledge.        |  |
|                         |                     | Chal De  |                | 6/2/202                   | 20   |
| Sig                     | ın                  | Signature of officer   |                | Date                      |  |
| He                      | re                  | ANDREA BOHN, ASST VP - FINANCE & CONTROLL  | ĿΕR            |                           |  |
|                         |                     | Type or print name and title   |                |                           |  |
|                         |                     | Print/Type preparer's name Preparer's signature  |                | Date Check                | PTIN   |
| Pai                     | d                   | KAREN GRIES KAREN GRIES  |                | 05/12/20 if self-emplo    | yed P00078514                                    |
| Pre                     | parer               | Firm's name CLIFTONLARSONALLEN LLP   |                | Firm's EIN ▶              | 41-0746749                                       |
| Use                     | Only                | Firm's address 610 W. GERMANTOWN PIKE, STE. 40   | 0.0            |                           |  |
|                         |                     | PLYMOUTH MEETING, PA 19462   |                | Phone no. 21              | 15-643-3900                                      |
| Ма                      | y the IF            | RS discuss this return with the preparer shown above? (see instructions)   |                |                           | X Yes No   |

| Pa | Statement of Program Service Accomplishments  Check if Schedule O contains a response or note to any line in this Part III                            |
|----|---|
| 1  | Briefly describe the organization's mission:  SEE SCHEDULE O  |
|    |   |
|    |   |
|    | Did the averagination and subtract on a legistic and management of the average being the average and linked on the                                    |
| 2  | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes X No      |
|    | If "Yes," describe these new services on Schedule O.  |
| 3  | Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No                                 |
|    | If "Yes," describe these changes on Schedule O.   |
| 4  | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.                  |
|    | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and          |
| 4a | revenue, if any, for each program service reported.  (Code: ) (Expenses \$ 156,579,645. including grants of \$ 52,048,794.) (Revenue \$ 140,908,276.) |
| Tu | LAFAYETTE COLLEGE IS A LIBERAL ARTS COLLEGE OFFERING BACHELOR OF ARTS   |
|    | AND BACHELOR OF SCIENCE DEGREES IN FOUR DISCIPLINES IN HUMANITIES,  |
|    | ENGINEERING, NATURAL SCIENCES, AND SOCIAL SCIENCES. IN FALL 2018, THE   |
|    | 2,642 FULL-TIME STUDENTS CAME FROM 32 STATES AND 52 COUNTRIES. THE  |
|    | STUDENT-TO-FACULTY RATIO AT THE COLLEGE IS APPROXIMATELY 10 TO 1. 235 OF THE 239 FULL-TIME FACULTY HOLD A DOCTORATE OR OTHER TERMINAL DEGREE.         |
|    | APPROXIMATELY 46% OF THE STUDENTS ATTENDING LAFAYETTE COLLEGE RECEIVE   |
|    | FINANCIAL ASSISTANCE. 634 STUDENTS WERE AWARDED AN UNDERGRADUATE  |
|    | DEGREE. LAFAYETTE COLLEGE HAS A FOUR-YEAR GRADUATION RATE OF 86% AND  |
|    | SIX-YEAR GRADUATION RATE OF 90%. APPROXIMATELY 97% OF THE COLLEGE'S   |
|    | GRADUATES WERE EMPLOYED, IN GRADUATE SCHOOL, OR SECURED INTERNSHIPS WITHIN 6 MONTHS AFTER GRADUATION.   |
| 4b | (Code: ) (Expenses \$ 32,167,000 • including grants of \$ 0 • ) (Revenue \$ 34,055,276 • )  |
| 70 | AS A RESIDENTIAL COLLEGE, LAFAYETTE STUDENTS COMPLEMENT THEIR ACADEMIC  |
|    | SCHOLARSHIP WITH A MYRIAD OF OPPORTUNITIES TO CONNECT WITH ONE ANOTHER  |
|    | AND LEARN FROM THE LARGE WORLD REPRESENTED ON THE COLLEGE'S CAMPUS. AS  |
|    | PART OF THEIR EXPERIENCE AT A RESIDENTIAL COLLEGE, LAFAYETTE STUDENTS   |
|    | ARE DEEPLY ENGAGED ACADEMICALLY AND HAVE SIGNIFICANT OPPORTUNITIES TO ENGAGE IN A VAST OFFERING OF EXTRACURRICULAR AND CO-CURRICULAR                  |
|    | POSSIBILITIES. LAFAYETTE COLLEGE OFFERS MORE THAN 250 STUDENT CLUBS AND   |
|    | ORGANIZATIONS, 23 NCAA DIVISION 1 ATHLETIC PROGRAMS, AND NUMEROUS   |
|    | EXPERIENCES IN THE FINE ARTS AND PERFORMING ARTS ALL OF WHICH ARE   |
|    | COMPLEMENTED BY A STRONG STUDENT LIFE PROGRAM THAT ENHANCES THE   |
|    | LAFAYETTE EXPERIENCE BEYOND THE CLASSROOM.  |
| 4c | (Code:) (Expenses \$  |
|    |   |
|    |   |
|    |   |
|    |   |
|    |   |
|    |   |
|    |   |
|    |   |
|    |   |
|    |   |
| 4d | Other program services (Describe in Schedule O.)  |
|    | (Expenses \$ including grants of \$ ) (Revenue \$ )   |
| 4e | Total program service expenses ► 188,746,645.   |
|    | Form <b>990</b> (2018)  |

#### Part IV Checklist of Required Schedules

|          |  |          | Yes | No   |
|----------|--|----------|-----|--|
| 1        | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  |          | 77  |  |
| _        | If "Yes," complete Schedule A  | 1        | X   | _  |
| 2        | Is the organization required to complete Schedule B, Schedule of Contributors?   | 2        | Λ   |  |
| 3        | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for  | 3        |     | x  |
| 4        | public office? If "Yes," complete Schedule C, Part I  Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect                               | 3        |     | - 25   |
| 4        | during the tax year? If "Yes," complete Schedule C, Part II  | 4        | Х   |  |
| 5        | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or   | <u> </u> |     |  |
| Ū        | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III   | 5        |     | Х  |
| 6        | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to  |          |     |  |
| _        | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I   | 6        |     | X  |
| 7        | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.      | 7        |     | x  |
| 8        | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete   | <b>-</b> |     | - 25   |
| 0        | Schedule D, Part III   | 8        | х   |  |
| 9        | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for  | <u> </u> |     |  |
| _        | 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        | Х   |  |
| 10       | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent  |          |     |  |
|          | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V   | 10       | X   |  |
| 11       | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X   |          |     |  |
|          | as applicable.   |          |     |  |
| а        | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,  |          | 77  |  |
|          | Part VI  | 11a      | Х   |  |
| b        | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total  |          | Х   |  |
| _        | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total              | 11b      | - 1 | _  |
| C        | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII   | 11c      |     | x  |
| d        | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in   |          |     |  |
| _        | Part X, line 16? If "Yes," complete Schedule D, Part IX  | 11d      |     | Х  |
| е        | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  | 11e      | X   |  |
| 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      | Х   |  |
| 12a      | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete  |          |     |  |
|          | Schedule D, Parts XI and XII   | 12a      | Х   |  |
| b        | Was the organization included in consolidated, independent audited financial statements for the tax year?  |          |     | x  |
| 40       | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  | 12b      | Х   |  |
| 13       | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 13       | X   |  |
| 14a      | Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | 14a      | 21  |  |
| b        | 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      | х   |  |
| 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       | Х   |  |
| 16       | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to   |          |     |  |
|          | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  | 16       |     | X  |
| 17       | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,  |          |     |  |
|          | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I   | 17       | X   | <u> </u>   |
| 18       | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines   |          | v   |  |
| 40       | 1c and 8a? If "Yes," complete Schedule G, Part II  | 18       | Х   | <del>                                     </del> |
| 19       | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"   | 19       |     | X  |
| 20a      | complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   | 20a      |     | X  |
| 20a<br>b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   | 20a      |     | <del></del>                                      |
| 21       | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or  |          |     | $\vdash$   |
|          | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  | 21       | Х   |  |
|          |  |          |     |  |

#### Part IV Checklist of Required Schedules (continued)

|      |   |                  | Yes  | No |
|------|---|------------------|------|----|
| 22   | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on   |                  |      |    |
|      | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III   | 22               | Х    |    |
| 23   | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current  |                  |      | 1  |
|      | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete  |                  |      | 1  |
|      | Schedule J  | 23               | Х    |    |
| 24a  | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the   |                  |      | ĺ  |
|      | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete  |                  | 37   | ĺ  |
|      | Schedule K. If "No," go to line 25a   | 24a              | Х    | Х  |
|      | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | 24b              |      | ^  |
| С    | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease  | 24c              |      | x  |
| ч    | any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  | 24d              |      | X  |
|      | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit  | 2 <del>1</del> u |      |    |
|      | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I   | 25a              |      | х  |
| b    | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and  |                  |      |    |
|      | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete   |                  |      | ĺ  |
|      | Schedule L, Part I  | 25b              |      | Х  |
| 26   | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or   |                  |      |    |
|      | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"  |                  |      |    |
|      | complete Schedule L, Part II  | 26               |      | X  |
| 27   | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial  |                  |      | ĺ  |
|      | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member   |                  |      | X  |
| 00   | of any of these persons? If "Yes," complete Schedule L, Part III  | 27               |      | _^ |
| 28   | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): |                  |      |    |
| a    | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV   | 28a              |      | х  |
|      | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  | 28b              |      | X  |
|      | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,   |                  |      |    |
|      | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  | 28c              |      | х  |
| 29   | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  | 29               | Х    |    |
| 30   | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation   |                  |      |    |
|      | contributions? If "Yes," complete Schedule M  | 30               | Х    |    |
| 31   | Did the organization liquidate, terminate, or dissolve and cease operations?  |                  |      |    |
|      | If "Yes," complete Schedule N, Part I   | 31               |      | X  |
| 32   | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete  |                  |      | v  |
| 22   | Schedule N, Part II   | 32               |      | X  |
| 33   | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I          | 33               |      | X  |
| 34   | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and   | 33               |      |    |
| ٠,   | Part V, line 1  | 34               | х    | l  |
| 35 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a              | Х    |    |
|      | 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              |      | Х  |
| 36   | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  |                  |      |    |
|      | If "Yes," complete Schedule R, Part V, line 2   | 36               |      | X  |
| 37   | Did the organization conduct more than 5% of its activities through an entity that is not a related organization  |                  |      | 77 |
|      | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  | 37               |      | X  |
| 38   | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  | 20               | Х    | 1  |
| Pa   | Note. All Form 990 filers are required to complete Schedule O   | 38               | - 22 |    |
|      | Check if Schedule O contains a response or note to any line in this Part V  |                  |      |    |
|      |   |                  | Yes  | No |
| 1a   | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2930  |                  |      |    |
|      | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0  |                  |      |    |
|      | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  |                  |      |    |
|      | (gambling) winnings to prize winners?   | 1c               |      |    |

### Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

| 2a  |          |  |                              |            | Yes | No |  |  |  |  |
|---|----------|--|------------------------------|------------|-----|----|--|--|--|--|
| b If a least one is reported on line 2a, did the organization file all required footed employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to 6-file (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a X  b If Yes, has it filed a Form 900-T for this year? If 'No' to this 3b, provide an explanation in Schedule O  3b X  4 At any time during the calendary early, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  4a At any time the name of the foreign country.  5b If 'Yes,' enter the name of the foreign country (such as a bank account, securities account, or other financial Accounts (FBAR).  5c If 'Yes' to line Sa or Sb, did the organization that it was or is a party to a prohibited tax of the organization provided in the payor?  5c If 'Wes,' include the number of Forms 88822 filed during the year  5c Did the organization provided account provided in the payor?  5d Different provided in organization provided in the year of the value of the goods or services provided?  5d Different provided in organization provided in the year organization received a contribution of qualified intellectual property for which it was required to the Form 88981 as equired?  5d Different provided in the organization received a contribution of qualified intellectual property. did the organization     | 2a       | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,                  |                              |            |     |    |  |  |  |  |
| Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a X  b if "Yes," has it filed a Form 990-T for this year? If "No" to line 8b, provide an explanation in Schedule O  3b X  a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  4a 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)?  5b If "Yes," enter the name of the foreign country. For See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a Does the organization the organization file Form 8888-17?  5b If "Yes," old 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?  7 Organizations that may receive deductible contributions an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 If "Yes," did the organization notify the donor of the value of the goods or services provided?  7 Do If the organization receive a payment in excess of S7s made path yas a contribution and party for goods and services provided to the payor?  7 To If Yes," indicate the number of Forms 8282 filed during the year  9 If If "Yes," indicate the number of Forms 8282 filed during the year  10 If the organization received a contribution of care, boats, airplanes, or other vehicles, did the organization file Form 1980 or equivalent to the sponsoring organization have any taxable distributions un     |          | filed for the calendar year ending with or within the year covered by this return                            | 2a 2596                      |            |     |    |  |  |  |  |
| 3a DX bit the organization have unrelated business gross income of \$1,000 or more during the year?  4b if 11 **es*, has at Itide a Form 990 Tor this year of 11 **or to in 83,000 or more during the year?  5b if 11 **es*, instancial account? in a foreign country; fouch as a bank account, securities account, or other financial account? A law of 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 Accounts (FBAR).  5c instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5c instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5c instructions for thing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5c instructions for thing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5c instructions for the organization the foreign country.  5c in 11 **es* foreign for the organization for the Graph Report of Foreign Bank and Financial Accounts (FBAR).  5c in 11 **es* foreign for instructions for instru     | b        | If at least one is reported on line 2a, did the organization file all required federal employment tax return | ns?                          | 2b         | Х   |    |  |  |  |  |
| b If Yes, *Insel titlled a Form 990.T for this year? If *No* to fine 3b, provide an explanation in Schedule O  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account; securities account, or other financial account)?  4a X  b If Yes, *enter the name of the foreign country; Such as a bank account; securities account, or other financial accounts (FBAR).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization a party to a prohibited fax shelter transaction?  5b Did any taxable party netify the organization that it was or is a party to a prohibited atx shelter transaction?  5c Did any contributions that were not tax deductible as charitable contributions?  6a Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible on the every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).  6b If Yes, * did the organization receive aparimet in excess of \$5\times and party to a prohibited or paying organization shall many receive deductible contributions under section 170(c).  6c Did the organization sella, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8282?  6c Did the organization sella, exchange, or otherwise dispose of tangible personal property for which it was required to the form 8282 filed during the year  6 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7c X  7d Did the organization received a contribution of carb, boats, airplanes, or other vehicles, did the organization file a Form 1088-07  7a Sponsoring organization has a contribution of the organization file form 889 as required?  7b Did the sponsoring organization maintaining donor advisor, or re     |          | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions     | )                            |            |     |    |  |  |  |  |
| 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).  **A **  **B *** If **Yes,** foreit the name of the foreign country (such as a bank account, securities account, or other financial Accounts (FBAR).  **B **A **  **B **B **A **         | За       | Did the organization have unrelated business gross income of \$1,000 or more during the year?                |                              | 3a         |     |    |  |  |  |  |
| financial account in a foreign country, 'such as a bank account, securities account, or other financial account)?  See instructions for filing requirements for findEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b Did any taxable party notify the organization file Form 8886-17?  6a Does the organization shall were not tax deductible as charitable contributions?  7b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that many receive deductible contributions under section 170(c).  8b If 'Yes,' did the organization network expressed in the payor?  7c Organizations that many receive deductible contributions under section 170(c).  8c Did the organization receive apment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7c Did the organization network expressed is pose of tangible personal property for which it was required to the Form 8282?  7c Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7r Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1096-C?  8 Sponsoring organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1096-C?  9 Sponsoring organization make any taxable distributions under section 4966?  9 Sponsoring organization make any taxable distributions under section 4966?  9 Section 801(c)(17) organizations. Enter:  1 In  |          |  |                              | 3b         | Х   |    |  |  |  |  |
| b 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).  5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5b IX of If "Yes" to line \$a or \$b, in did not organization file Form 888-7?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6a X  5b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7b Organizations that may receive deductible contributions under section 170(c).  8b If "Yes," did the organization nective apayment in excess of \$75 made partly as contribution and partly for goods and services provided to the payor?  7c If If "Yes," did the organization nective the donor of the value of the goods or services provided?  7c If If "Yes," did the organization neceive apayment in excess of \$75 made partly as contribution and partly for goods and services provided to the payor?  7c If If "Yes," did the organization neceive apayment in excess of \$75 made partly as contribution and partly for goods and services provided to the payor?  7c If If Yes, "did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7d If "Yes," did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  7f If the organization have excess business holdings at any time during the year?  8 Sponsoring organization make any texable distributions under section 4986?  9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9b Did Gross r | 4a       |  |                              |            |     | l  |  |  |  |  |
| See instructions for filing requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR).  8 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  8 In Ves' to line Sa or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  8 In Ves' to line Sa or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  8 In Ves' to line Sa or 5b, did the organization file Form 8886-17.  8 Oces the organization shall were not tax deductible as charitable contributions?  9 If Yes', idl the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  9 If Yes, idl the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  9 If Yes, idl the organization netwer apament in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  9 If Yes, idl the organization netwer apament in excess of \$75 made party as a contribution of 170(c).  10 In the organization received a payment in excess of \$75 made party as a contribution of the vesses provided?  10 In the organization received a payment in excess of \$75 made party as a contribution of the vesses of targible personal property for which it was required to life Form 8282?  10 If Yes, indicate the number of Form 8282 filed during the year  10 If Yes, indicate the number of Form 8282 filed during the year  11 In the organization received a contribution of qualified intellectual property, did the organization file Form 8289 as required?  12 If the organization received a contribution of cars, boats, airylanes, or other vehicles, did the organization file a Form 1098-C?  12 In the organization service and contribution of using the organization file organization make organization make any taxebile distributions under section 490 file organization file a Form 8290  |          |  | account)?                    | 4a         |     | X  |  |  |  |  |
| 5 A Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5 C If "Yes" to line 5a or 5b, did the organization file Form 8886 ??  6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that twen or tax deductible as charitable contributions?  6 J Ves." did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organization sthat may receive deductible contributions under section 170(c).  8 Did the organization that may receive deductible contributions under section 170(c).  9 Did the organization to notify the donor of the value of the goods or services provided?  10 If "Yes," indicate the number of Forms 8282 filed during the year  10 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  11 Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098 C?  12 Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098 C?  13 Sponsoring organization make any taxable distributions under section 4966?  14 Did the sponsoring organization make any taxable distributions under section 4966?  15 Section 501(c)(12) organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?  15 Section 501(c)(12) organizations. Enter:  16 Organization expense of port my 50, pay 11 Ull, line 12  17 Section 501(c)(12) organizations. Enter:  18 Section 501(c)(12) organizations. Enter:  19 Section 501(c)(12) organizations. Enter:  20 Organization in members or shareholders  21 Section 501(c)(12) organizations included on Part VIII, line 12  21 Section      | b        |  |                              |            |     |    |  |  |  |  |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6 If "Yes" to line 5a or 5b, did the organization file Form 8886 T?  8 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?  8 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible include with every solicitation and party for goods and services provided to the payor?  7 Organizations that may receive deductible contributions under section 170(c).  8 Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  7 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  8 Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  9 Did the organization neceived a contribution of unified intellectual property, did the organization file Form 8893 as required?  1 M If the organization received a contribution of caris, boats, airganes, or other vehicles, did the organization file Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make a distribution to a donor advised fund maintained by the sponsoring organization make a result without the donor, donor advisor, or related person?  9 Sponsoring organizations maintaining donor advised funds.  10 Did the sponsoring organization make a first bid full formation file form 1041?  11 Section 501(K)? organizations. Enter:  12 Initiation fees and capital contributions included on Part VIII, l    | _        |  |                              |            |     | 37 |  |  |  |  |
| til "Yes" to line 5a or 5b, did the organization file Form 8886-T7  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a bid the organization neceive a payment in excess of \$75 mate partly sa a contribution and partly for goods and services provided to the payor?  7 b If "Yes," did the organization notify the donor of the value of the goods or services provided?  7 b If "Yes," indicate the number of Forms 8282 filed during the year  8 b If "Yes," indicate the number of Forms 8282 filed during the year  9 b Id the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 c X  9 if If the organization received a contribution of qualified intellectual property, did the organization file Form 1086-C?  8 Sponsoring organization exceived a contribution of qualified intellectual property, did the organization file a Form 1086-C?  9 Sponsoring organization make any taxable distributions under section 4966?  9 Sponsoring organization make any taxable distributions under section 4966?  9 Sponsoring organization make any taxable distributions under section 4966?  9 Section 501(c)(7) organizations. Enter:  a Instation fees and capital contributions included on Part VIII, line 12  b Gross received from them.)  10 Section 501(c)(29) qualified norprofit health insurance issuers.  a Is the organization incended on Part VIII, line 12, for public use of club facilities  10 Gross received from them.)  12 Section 501(c)(29) qualified norprofit health pians in more than one state?  Note, See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves the     | _        |  |                              |            |     |    |  |  |  |  |
| 6a Des 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?  b (if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7 If "Yes," in did the organization notify the donor of the value of the goods or services provided?  7 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?  7 To I will be organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7 To I will be organization receive a payment in excess of \$75 made partly as a contribution of the gibble personal property for which it was required to like Form 8282?  8 Obtained the number of Forms 8282 filed during the year  9 Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  9 Sponsoring organization make any premiums, directly or indirectly, on a personal benefit contract?  9 Sponsoring organization received a contribution of qualified intellectual property, did the organization file Form 8998 as required?  9 Sponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organization make a distribution to a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?  9 Sponsoring organization make and taxable distributions under section 49667  9 Sponsoring organization section form the maintain section 49 |          |  |                              |            |     |    |  |  |  |  |
| any contributions that were not tax deductible as charitable contributions?  b  |          |  |                              | 5C         |     |    |  |  |  |  |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7   | ьа       |  |                              | <b>C</b> - |     | v  |  |  |  |  |
| were not tax deductible?  Organization shat may receive deductible contributions under section 170(c).  a Did the organization shat may receive deductible contributions under section 170(c).  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  | <b>b</b> |  |                              | ьа         |     |    |  |  |  |  |
| 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization during the year, pay premiums, directly or indirectly, to na personal benefit contract? f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1996-C? Sponsoring organization have excess business holdings at any time during the year? Sponsoring organization make any taxable distributions under section 4966? Sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Section 501(c)(7) organizations. Enter: Gross income from members or shareholders Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  Section 501(c)(2) organizations. Enter: Gross income from there sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  Section 501(c)(2) organizations included on Part VIII, line 12.  If "Yes," enter the amount of tax-exempt interest received or accrued during the year.  It has organization incensed to issue qualified health plans in more than one state?  If "Yes," enter the amo     | Ь        |  | -                            | 6h         |     |    |  |  |  |  |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  b if "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization and the payor?  to Did the organization and the payor of the value of the goods or services provided?  to file Form 8282?  d if "Yes," indicate the number of Forms 8282 filed during the year  b Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7c  | 7        |  |                              | OD         |     |    |  |  |  |  |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7c   |          |  | vices provided to the payor? | 72         |     | x  |  |  |  |  |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," enter the amount of reserves on hand  17  | h        |  |                              |            |     |    |  |  |  |  |
| to file Form 8282?  d   | C        |  |                              | 7.5        |     |    |  |  |  |  |
| d if "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7   | ·        |  | •                            | 7c         |     | Х  |  |  |  |  |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7  | d        | I  | 1                            |            |     |    |  |  |  |  |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h If the organization received a contribution of qualified intellectual property, did the organization file Form 1098-C?  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?  Sponsoring organization make any taxable distributions under section 4966?  9a  Did the sponsoring organization make any taxable distributions under section 4966?  9a  Did the sponsoring organization make any taxable distributions under section 4966?  9a  Did the sponsoring organization make any taxable distributions under section 4966?  9a  Did the sponsoring organization make any taxable distributions under section 4966?  9a  Did the sponsoring organization make any taxable distributions under section 4966?  9a  Did the sponsoring organization make any taxable distributions under section 4966?  9a  Did the sponsoring organization make any taxable distributions under section 4966?  9a  Did the sponsoring organization make any taxable distributions under section 4966?  9a  Did the sponsoring organization make any taxable distributions under section 4966?  9a  Did the sponsoring organization make any taxable distributions under section 4966?  9a  Did the sponsoring organizations. Enter:  10a  Did the sponsoring organizations. Enter:  11b  Did  Did  Did  Did  Did  Did  Did  Di  | e        |  | •                            | 7e         |     | Х  |  |  |  |  |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  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 Description organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make any taxable distribution to a donor, donor advisor, or related person?  10 Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10 Did  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.)  12 Section 501(c)(21) organizations the article trusts. 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.  b 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  c Enter the amount of reserves on hand  13c   | f        |  |                              |            |     | Х  |  |  |  |  |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.  9 Sponsoring organizations maintaining donor advised funds.  a Did the sponsoring organization make any taxable distributions under section 4966?  9 bid the sponsoring organization make any taxable distributions under section 4966?  9 bid the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9 bid the sponsoring organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross income from members or shareholders  a Gross income from members or shareholders  b Gross income from members or shareholders  a 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?  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a 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.  b 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 in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves on hand  13b  17b  17b  17c  18a  2 Inter the amount of reserves on hand  18b  17c  18b  18b  18b  18b  18b  18c  18c  18   | g        |  |                              | 7g         |     |    |  |  |  |  |
| sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Bection 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12  Cross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Cross income from members or shareholders  Cross income from members or shareholders  Cross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  Cross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  Cross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  Cross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  Cross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  Cross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  Cross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  Cross income from other sources (Do not net amount of tax-exempt interest received or accrued during the year  Ital  Cross income from other sources (Do not net amount of tax-exempt interest received or accrued during the year  Ital  Cross income from other sources (Do not net amounts due or paid to other sources against amounts due or receive any payments for indoor tanning sources during the tax year?  Ital  Cross income from other sources (Do not net amount of reserves on hand  Cross income from other sources (Do not net amount of rese      | h        |  |                              |            |     |    |  |  |  |  |
| 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12  | 8        |  |                              |            |     |    |  |  |  |  |
| a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from ther 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? 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. a 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. b 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 c Enter the amount of reserves on hand 13a Initiation is licensed to issue qualified health plans c Enter the amount of reserves on hand 13a Initiation is licensed to issue qualified health plans 13b Initiation is licensed to issue qualified health plans 13c Initiation is licensed to issue qualified health plans 13c Initiation is licensed to issue qualified health plans 13c Initiation is licensed to issue qualified health plans 13b Initiation is licensed to issue qualified health plans 13c Initiation is licensed to issue qualified health plans 13b Initiation is licensed to issue qualified health plans 13b Initiation is licensed to issue qualified health plans 13b Initiation is licensed to issue qualified health plans 13c Initiation is licensed to issue qualified health plans 13c Initiation is licensed to issue       |          | sponsoring organization have excess business holdings at any time during the year?                           |                              | 8          |     |    |  |  |  |  |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 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.) 11a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 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. a 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. b 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 c Enter the amount of reserves on hand 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 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 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?   | 9        | Sponsoring organizations maintaining donor advised funds.  |                              |            |     |    |  |  |  |  |
| 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 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? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a 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. b 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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 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? If "Yes," see instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X  | а        | Did the sponsoring organization make any taxable distributions under section 4966?                           |                              | 9a         |     |    |  |  |  |  |
| a Initiation fees and capital contributions included on Part VIII, line 12  | b        | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?            |                              | 9b         |     |    |  |  |  |  |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities   | 10       |  | ı                            |            |     |    |  |  |  |  |
| 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?  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.  a 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.  b 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  c Enter the amount of reserves on hand  13b  13b  13b  14a X  b 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 X  If "Yes," see instructions and file Form 4720, Schedule N.   | а        |  |                              |            |     |    |  |  |  |  |
| 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? 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. a 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. b 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 c Enter the amount of reserves on hand 13c  14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  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? If "Yes," see instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X   | b        |  | 10b                          |            |     |    |  |  |  |  |
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| 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?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a 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.  b 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  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  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?  If "Yes," see instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X  |          |  | 11a                          |            |     |    |  |  |  |  |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a 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.  b 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  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X  | b        |  | 446                          |            |     |    |  |  |  |  |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a 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.  b 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  c Enter the amount of reserves on hand 13c 13b  14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X  b 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 X  If "Yes," see instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X   | 10-      |  |                              | 40-        |     |    |  |  |  |  |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a 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.  b 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  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  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?  If "Yes," see instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  15 X  |          |  |                              | ıza        |     |    |  |  |  |  |
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| Note. See the instructions for additional information the organization must report on Schedule O.  b 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  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  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?  If "Yes," see instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X   |          |  |                              | 132        |     |    |  |  |  |  |
| b 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  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  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?  If "Yes," see instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  18 X  | а        |  |                              | 104        |     |    |  |  |  |  |
| organization is licensed to issue qualified health plans c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  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 X  16 "Yes," see instructions and file Form 4720, Schedule N.  18 the organization an educational institution subject to the section 4968 excise tax on net investment income?  18 X  | b        |  |                              |            |     |    |  |  |  |  |
| c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  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?  If "Yes," see instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X   |          |  | 13b                          |            |     |    |  |  |  |  |
| 14aDid the organization receive any payments for indoor tanning services during the tax year?14aXbIf "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O14b15Is 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?15XIf "Yes," see instructions and file Form 4720, Schedule N.16X16Is the organization an educational institution subject to the section 4968 excise tax on net investment income?16X  | С        |  |                              |            |     |    |  |  |  |  |
| b 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 X  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X   |          |  | <u>'</u>                     | 14a        |     | Х  |  |  |  |  |
| 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?  If "Yes," see instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X   |          |  |                              |            |     |    |  |  |  |  |
| excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X  |          |  |                              |            |     |    |  |  |  |  |
| If "Yes," see instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X  |          |  |                              | 15         |     | X  |  |  |  |  |
| 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X   |          |  |                              |            |     |    |  |  |  |  |
| If "Yes," complete Form 4720, Schedule O.   | 16       |  | t income?                    | 16         |     | X  |  |  |  |  |
|   |          | If "Yes," complete Form 4720, Schedule O.  |                              |            |     |    |  |  |  |  |

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

|          | <u> </u>   |                            |        |        |        | Δ       |
|----------|--|----------------------------|--------|--------|--------|---------|
| Sec      | tion A. Governing Body and Management  |                            |        |        |        |         |
|          |  | 1 1                        | 3 E    |        | 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 relationsh  | ip with any other          |        |        |        |         |
|          | officer, director, trustee, or key employee?   |                            | L      | 2      | X      |         |
| 3        | Did the organization delegate control over management duties customarily performed by or under the   | ne direct supervision      |        |        |        |         |
|          | of officers, directors, or trustees, or key employees to a management company or other person?   |                            | L      | 3      |        | X       |
| 4        | Did the organization make any significant changes to its governing documents since the prior Form  | 990 was filed?             |        | 4      |        | Х       |
| 5        | Did the organization become aware during the year of a significant diversion of the organization's as  | sets?                      | Г      | 5      |        | Х       |
| 6        | Did the organization have members or stockholders?   |                            | Г      | 6      |        | Х       |
| 7a       | Did the organization have members, stockholders, or other persons who had the power to elect or a  |                            |        |        |        |         |
|          | more members of the governing body?  |                            |        | 7a     |        | Х       |
| b        | Are any governance decisions of the organization reserved to (or subject to approval by) members,  |                            | ···· [ |        |        |         |
|          | persons other than the governing body?   |                            |        | 7b     |        | Х       |
| 8        | Did the organization contemporaneously document the meetings held or written actions undertaken during the year  |                            | ····   |        |        |         |
| а        | The governing body?  |                            |        | 8a     | Х      |         |
| b        | Each committee with authority to act on behalf of the governing body?  |                            | - 1    | 8b     | Х      |         |
| 9        | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real   |                            | ····   |        |        |         |
| _        | organization's mailing address? If "Yes," provide the names and addresses in Schedule O  |                            |        | 9      |        | Х       |
| Sec      | tion B. Policies (This Section B requests information about policies not required by the Internal F  |                            |        |        |        |         |
|          | and the second of the second o |                            |        |        | Yes    | No      |
| 10a      | Did the organization have local chapters, branches, or affiliates?   |                            | Γ      | 10a    |        | X       |
|          | If "Yes," did the organization have written policies and procedures governing the activities of such or  |                            | ····   |        |        |         |
| -        | and branches to ensure their operations are consistent with the organization's exempt purposes?  |                            |        | 10b    |        |         |
| 112      | Has the organization provided a complete copy of this Form 990 to all members of its governing body  |                            |        | 11a    | Х      |         |
| b        | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  | ay before thing the form   | ''     | 114    |        |         |
| 12a      | 51.11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |                            |        | 12a    | х      |         |
| b        | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris   |                            |        | 12b    | X      |         |
|          | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "   |                            | ····   | 120    |        |         |
| ·        | in Schedule O how this was done  |                            |        | 12c    | х      |         |
| 13       |  |                            |        | 13     | X      |         |
|          | •  |                            |        | 14     | X      |         |
| 14<br>15 | Did the organization have a written document retention and destruction policy?   |                            |        | 14     | 21     |         |
| 15       | Did the process for determining compensation of the following persons include a review and approve   |                            |        |        |        |         |
| _        | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  |                            |        | 15-    | Х      |         |
|          | The organization's CEO, Executive Director, or top management official   |                            |        | 15a    | X      |         |
| D        | Other officers or key employees of the organization  |                            |        | 15b    | 21     |         |
| 16-      | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  | mont with a                |        |        |        |         |
| ıoa      | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange   |                            |        | 16-    |        | Х       |
| 1.       | taxable entity during the year?  |                            | ····   | 16a    |        | Λ       |
| D        | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in initial wards as a grant and a supplied to the control of the |                            |        |        |        |         |
|          | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of the control of | inization's                |        | 401    |        |         |
| 800      | exempt status with respect to such arrangements?   |                            |        | 16b    |        |         |
|          | tion C. Disclosure   |                            |        |        |        |         |
| 17       | List the states with which a copy of this Form 990 is required to be filed PA  |                            | -1/01  |        |        | - I - I |
| 18       | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, a  | na 990-1 (Section 501)     | င)(3)S | only)  | availa | abie    |
|          | for public inspection. Indicate how you made these available. Check all that apply.  | in Calmadul (C)            |        |        |        |         |
|          |  | n in Schedule O)           |        |        |        |         |
| 19       | Describe in Schedule O whether (and if so, how) the organization made its governing documents, co  | onflict of interest policy | , and  | tınanı | cial   |         |
|          | statements available to the public during the tax year.  |                            |        |        |        |         |
| 20       | State the name, address, and telephone number of the person who possesses the organization's be  | ooks and records           |        |        |        |         |
|          | CRAIG BECKER - 610-330-5957  | 0040 1700                  |        |        |        |         |
|          | 730 SULLIVAN ROAD, 030 MARQUIS HALL, EASTON, PA  | L8042-1798                 |        |        |        |         |

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| Clist any hours for related organizations below line)   Easy    | (A) Name and Title        | (B) Average hours per week   | box                            | not c<br>, unle       | ss pe   | ition<br>more<br>rson | than<br>is bot               | h an   | (D) Reportable compensation from | (E) Reportable compensation from related | (F) Estimated amount of other                           |
|--|---------------------------|--|--------------------------------|-----------------------|---------|-----------------------|------------------------------|--------|----------------------------------|--|---|
| CHAIR  |                           | (list any<br>hours for<br>related<br>organizations<br>below<br>line) | Individual trustee or director | Institutional trustee | Officer | Key employee          | Highest compensated employee | Former | the<br>organization              | organizations                            | compensation<br>from the<br>organization<br>and related |
| Carrier  |                           | 5.00   | ١.,                            |                       | ,,      |                       |                              |        |                                  | 0  | •   |
| VICE CHAIR   |                           | <u> </u>   | X                              |                       | X       |                       |                              |        | 0.                               | 0.                                       | 0.  |
| (3) ANGEL L. MENDEZ   S.00   X   |                           | 5.00   | ١,,                            |                       | ,,      |                       |                              |        |                                  | 0  | 0   |
| X  |                           | <u> </u>   | X                              |                       | X       |                       |                              |        | 0.                               | 0.                                       | 0.  |
| (4) JAMES R. FISHER  |                           | 5.00   | ļ ,,                           |                       | ,,      |                       |                              |        |                                  | 0  | 0   |
| X  |                           | 2 00   | X                              |                       | X       |                       |                              |        | 0.                               | 0.                                       | 0.  |
| STATE   STAT |                           | 3.00   | Į.,                            |                       |         |                       |                              |        |                                  | 0  | ^   |
| X  |                           | 3 00   | Α                              |                       |         |                       |                              |        | 0.                               | 0.                                       | 0.  |
| CASES   CASE |                           | 3.00   | Į.,                            |                       |         |                       |                              |        |                                  | 0  | 0   |
| X  |                           | 2 00   | ^                              |                       |         |                       |                              |        | 0.                               | 0.                                       | 0.  |
| (7) SAMUEL R. CHAPIN   3.00  |                           | 3.00   | ₩.                             |                       |         |                       |                              |        |                                  | 0  | 0   |
| X  |                           | 3 00   | ^                              |                       |         |                       |                              |        | 0.                               | 0.                                       | 0.  |
| (8) DONALD E. MOREL, JR.         3.00           EXECUTIVE COMMITTEE         X         0.         0.         0.           (9) LEO A. HELMERS         3.00         0.         0.         0.         0.           EXECUTIVE COMMITTEE         X         0.         0.         0.         0.           (11) SUSAN L. FOX         3.00         0.         0.         0.         0.         0.           EXECUTIVE COMMITTEE         X         0.         0  |                           | 3.00   | ₩.                             |                       |         |                       |                              |        |                                  | 0  | 0   |
| X  |                           | 3 00   | ^                              |                       |         |                       |                              |        | 0.                               | 0.                                       | <u> </u>  |
| Second column  | •                         | 3.00   | ₩.                             |                       |         |                       |                              |        | 0                                | 0  | 0   |
| X  |                           | 3 00   | ^                              |                       |         |                       |                              |        | 0.                               | 0.                                       | <u></u>   |
| Color  |                           | 3.00   | v                              |                       |         |                       |                              |        | n                                | 0  | 0   |
| X  |                           | 3 00   | ^                              |                       |         |                       |                              |        | 0.                               | 0.                                       | <u></u>   |
| Susan L. Fox   3.00  |                           | 3.00   | v                              |                       |         |                       |                              |        | 0                                | 0  | n   |
| X  |                           | 3 00   | ^                              |                       |         |                       |                              |        | 0.                               | 0.                                       | <u></u>   |
| Column   C |                           | 3.00   | x                              |                       |         |                       |                              |        | 0                                | 0  | 0   |
| X   0. 0.   0.     (13) EDWARD W. AHART   3.00   |                           | 3.00   | 123                            |                       |         |                       |                              |        | 0.                               | •  |   |
| Column   C |                           | 3.00   | x                              |                       |         |                       |                              |        | 0.                               | 0.                                       | 0.  |
| X   0. 0. 0.   |                           | 3.00   |                                |                       |         |                       |                              |        |                                  |  |   |
| (14) JAMES L. BENJAMIN       3.00         EXECUTIVE COMMITTEE       X       0.0.0.         (15) JAMES R. BIRLE, JR.       2.00         TRUSTEE       X       0.0.0.         (16) HARRY S. CHERKEN       2.00       X         TRUSTEE       X       0.0.0.         (17) ANTONIO F. FERNANDEZ       2.00       0.0.0.  |                           |  | x                              |                       |         |                       |                              |        | 0.                               | 0.                                       | 0.  |
| EXECUTIVE COMMITTEE  |                           | 3.00   | <del> </del>                   |                       |         |                       |                              |        | •                                |  |   |
| TRUSTEE   X   0.   0.   0.   |                           |  | x                              |                       |         |                       |                              |        | 0.                               | 0.                                       | 0.  |
| TRUSTEE X 0. 0. 0. (16) HARRY S. CHERKEN 2.00 X 0. 0. (17) ANTONIO F. FERNANDEZ 2.00   | (15) JAMES R. BIRLE JR.   | 2.00   |                                |                       |         |                       |                              |        | -                                | -  |   |
| (16) HARRY S. CHERKEN         2.00           TRUSTEE         X           (17) ANTONIO F. FERNANDEZ         2.00  | •                         |  | X                              |                       |         |                       |                              |        | 0.                               | 0.                                       | 0.  |
| TRUSTEE X 0. 0. 0. (17) ANTONIO F. FERNANDEZ 2.00  | (16) HARRY S. CHERKEN     | 2.00   |                                |                       |         |                       |                              |        |                                  |  |   |
| (17) ANTONIO F. FERNANDEZ 2.00   |                           |  | X                              |                       |         |                       |                              |        | 0.                               | 0.                                       | 0.  |
| TRUSTEE   X       0.   0.   0.   | (17) ANTONIO F. FERNANDEZ | 2.00   |                                |                       |         |                       |                              |        |                                  |  |   |
|  | TRUSTEE                   |  | X                              |                       |         |                       |                              |        | 0.                               | 0.                                       | 0.  |

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|  | TIE CODDEC   |                                |                       |         |              |                                 |             |  | 24 0773                                    | OOO Page O   |
|--|--|--------------------------------|-----------------------|---------|--------------|---------------------------------|-------------|--|--|--|
| Part VII Section A. Officers, Directors,   | Trustees, Key Em   | ploy                           | ees                   | , and   | d Hi         | ghe                             | st C        | ompensated Employe                     | es (continued)                             |  |
| (A)  | (B)  |                                |                       | (0      | C)           |                                 |             | (D)                                    | (E)  | (F)  |
| Name and title                             | Average<br>hours per<br>week   | box                            | not c<br>, unle       | ss pe   | more<br>rson | than<br>is bot<br>or/trus       | h an        | Reportable<br>compensation<br>from     | Reportable<br>compensation<br>from related | Estimated amount of other  |
|  | (list any<br>hours for<br>related<br>organizations<br>below<br>line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated<br>employee | Former      | the<br>organization<br>(W-2/1099-MISC) | organizations<br>(W-2/1099-MISC)           | compensation<br>from the<br>organization<br>and related<br>organizations |
| (18) JOHN A. FRY                           | 2.00   |                                |                       |         |              |                                 |             |  |  |  |
| TRUSTEE                                    |  | Х                              |                       |         |              |                                 |             | 0.                                     | 0.   | 0.   |
| (19) MICHAEL C. HEANEY TRUSTEE             | 2.00   | Х                              |                       |         |              |                                 |             | 0.                                     | 0.   | 0.   |
| (20) HAROLD N. KAMINE                      | 2.00   |                                |                       |         |              |                                 |             |  |  |  |
| TRUSTEE                                    |  | Х                              |                       |         |              |                                 |             | 0.                                     | 0.   | 0.   |
| (21) LISA J. KASSEL                        | 2.00   |                                |                       |         |              |                                 |             |  |  |  |
| TRUSTEE                                    |  | Х                              |                       |         |              |                                 |             | 0.                                     | 0.   | 0.   |
| (22) JEFFERSON W. KIRBY<br>TRUSTEE         | 2.00   | х                              |                       |         |              |                                 |             | 0.                                     | 0.   | 0.   |
| (23) NANCY J. KUENSTNER TRUSTEE            | 2.00   | х                              |                       |         |              |                                 |             | 0.                                     | 0.   | 0.   |
| (24) CLAUDINE D. LILIEN TRUSTEE            | 2.00   | х                              |                       |         |              |                                 |             | 0.                                     | 0.   | 0.   |
| (25) KEVIN R. MANDIA TRUSTEE               | 2.00   | х                              |                       |         |              |                                 |             | 0.                                     | 0.   | 0.   |
| (26) D. CHRISTIAN MCCUMBER                 | 2.00   |                                |                       |         |              |                                 |             | -                                      |  |  |
| TRUSTEE                                    |  | х                              |                       |         |              |                                 |             | 0.                                     | 0.   | 0.   |
| 1b Sub-total                               |  |                                |                       |         |              |                                 | <u> </u>    | 0.                                     | 0.   | 0.   |
| c Total from continuation sheets to Pa     | art VII, Section A   |                                |                       |         |              |                                 | <b>&gt;</b> | 5,588,442.                             |  | 911,537.   |
| d Total (add lines 1b and 1c)              |  |                                |                       |         |              |                                 | <u> </u>    | 5,588,442.                             | 0.   | 911,537.   |
| 2 Total number of individuals (including t | but not limited to th  | ose                            | liste                 | ed al   | oove         | e) wł                           | no re       | eceived more than \$100                | 0.000 of reportable                        |  |

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

| 3 | Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual                                       | 3 |   | х |
|---|--|---|---|---|
| 4 | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | 4 | Х |   |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person                       | 5 |   | Х |

#### **Section B. Independent Contractors**

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address   | (B) Description of services     | (C)<br>Compensation |
|---|---------------------------------|---------------------|
| TURNER CONSTRUCTION COMPANY, 1500 SPRING  |                                 |                     |
| GARDEN STREET, SUITE 220, PHILADELPHIA, PA  | CONSTRUCTION                    | 38,509,566.         |
| BON APPETIT MANAGEMENT COMPANY  |                                 |                     |
| 2400 YORKMONT ROAD, CHAROLOTTE, NC 28217  | DINING SERVICES                 | 10,249,473.         |
| DEL VALLEY PROPERTIES INC   |                                 |                     |
| 11 CHASE HOLLOW ROAD, HOPEWELL, NJ 08525  | CONSTRUCTION                    | 4,019,690.          |
| PAYETTE ASSOCIATES INC  |                                 |                     |
| 290 CONGRESS STREET, BOSTON, MA 02210   | CONSTRUCTION                    | 1,024,782.          |
| AEGIS PROPERTY GROUP, 1600 MARKET STREET,   | CONSTRUCTION                    |                     |
| SUITE 1701, PHILADELPHIA, PA 19130  | MANAGEMENT                      | 797,293.            |
| 2 Total number of independent contractors (including but not limited to those liste | d above) who received more than |                     |
| \$100,000 of compensation from the organization                                     |                                 |                     |

\$100,000 of compensation from the organization 
SEE PART VII, SECTION A CONTINUATION SHEETS

| Form 990 LAFAYETTE                               | COLLEC                   | <u>}E</u>             |                       |                   |              |                              |        |                    | 24-079          | 5686                         |
|--|--------------------------|-----------------------|-----------------------|-------------------|--------------|------------------------------|--------|--------------------|-----------------|------------------------------|
| Part VII Section A. Officers, Directors, Tru     | stees, Key Er            | nplo                  | oyee                  | s, aı             | nd F         | ligh                         | est    | Compensated Employ | ees (continued) |                              |
| (A)  | (B)                      |                       | _                     | (C                |              |                              |        | (D)                | (E)             | (F)                          |
| Name and title                                   | Average                  |                       |                       | Posi              | •            |                              |        | Reportable         | Reportable      | Estimated                    |
|  | hours                    | (cl                   | heck                  | all t             | hat          | арр                          | ly)    | compensation       | compensation    | amount of                    |
|  | per                      | ,                     |                       |                   |              | Ė                            | Ë      | from               | from related    | other                        |
|  | week                     | ١.                    |                       |                   |              | ) yee                        |        | the                | organizations   | compensation                 |
|  | (list any                | director              |                       |                   |              | em plo                       |        | organization       | (W-2/1099-MISC) | from the                     |
|  | hours for                | or di                 | æ                     |                   |              | ated                         |        | (W-2/1099-MISC)    |                 | organization                 |
|  | related<br>organizations | nstee                 | trust                 |                   | ee           | Suadi                        |        |                    |                 | and related<br>organizations |
|  | below                    | dual tr               | tional                |                   | nploy        | st con                       | L      |                    |                 | Organizations                |
|  | line)                    | Individual trustee or | Institutional trustee | Officer           | Key employee | Highest compensated employee | Former |                    |                 |                              |
| (27) CYNTHIA Y. PAIGE                            | 2.00                     |                       |                       |                   |              |                              |        |                    |                 |                              |
| TRUSTEE  |                          | х                     |                       |                   |              |                              |        | 0.                 | 0.              | 0.                           |
| (28) PAMELA S. PASSMAN                           | 2.00                     |                       |                       |                   |              |                              |        |                    |                 |                              |
| TRUSTEE  |                          | Х                     |                       |                   |              |                              |        | 0.                 | 0.              | 0.                           |
| (29) DAVID A. REIF                               | 2.00                     |                       |                       |                   |              |                              |        |                    |                 |                              |
| TRUSTEE  |                          | Х                     |                       |                   |              |                              |        | 0.                 | 0.              | 0.                           |
| (30) S. KENT ROCKWELL                            | 2.00                     |                       |                       |                   |              |                              |        |                    |                 |                              |
| TRUSTEE  |                          | Х                     |                       |                   |              |                              |        | 0.                 | 0.              | 0.                           |
| (31) JOSE A. RODRIGUEZ                           | 2.00                     |                       |                       |                   |              |                              |        |                    |                 |                              |
| TRUSTEE  |                          | Х                     |                       |                   |              |                              |        | 0.                 | 0.              | 0.                           |
| (32) DAVID M. ROTH, ESQ.                         | 2.00                     | l                     |                       |                   |              |                              |        |                    | •               |                              |
| TRUSTEE  | 0 00                     | Х                     |                       |                   |              |                              |        | 0.                 | 0.              | 0.                           |
| (33) WYNNE A. WHITMAN                            | 2.00                     |                       |                       |                   |              |                              |        |                    | 0               | •                            |
| TRUSTEE  | 0 00                     | Х                     |                       |                   |              |                              |        | 0.                 | 0.              | 0.                           |
| (34) ALVIN M. YEARWOOD                           | 2.00                     |                       |                       |                   |              |                              |        |                    | 0               | •                            |
| TRUSTEE  | F0 00                    | Х                     |                       |                   |              |                              |        | 0.                 | 0.              | 0.                           |
| (35) ALISON R. BYERLY                            | 50.00                    | ٦,                    |                       | ,                 |              |                              |        | C21 C00            | 0.              | 100 766                      |
| PRESIDENT  | 50.00                    | Х                     |                       | Х                 |              |                              |        | 631,690.           | 0.              | 100,766.                     |
| (36) JOSEPH S. BOHRER                            | 30.00                    |                       |                       | x                 |              |                              |        | 539,724.           | 0.              | 36,398.                      |
| CHIEF INVESTMENT OFFICER (37) ROGER A. DEMARESKI | 50.00                    |                       |                       | ^                 |              |                              |        | 339,124.           | 0.              | 30,390.                      |
| VP OF FINANCE & ADMINISTRATION/TREAS             | 30.00                    |                       |                       | x                 |              |                              |        | 421,352.           | 0.              | 48,772.                      |
| (38) ANNETTE DIORIO                              | 50.00                    |                       |                       | ^                 |              |                              |        | 421,332.           | 0.              | 40,772                       |
| VP OF CAMPUS LIFE/SR. DIVERSITY OFFI             | 30.00                    |                       |                       | x                 |              |                              |        | 226,546.           | 0.              | 31,470.                      |
| (39) MARK EYERLY                                 | 50.00                    |                       |                       | ^                 |              |                              |        | 220,340.           | 0.              | 31,470                       |
| VP FOR MARKETING & COMMUNICATIONS                | 30.00                    |                       |                       | $ _{\mathbf{x}} $ |              |                              |        | 209,086.           | 0.              | 41,269.                      |
| (40) LESLIE F. MUHLFELDER                        | 50.00                    |                       |                       |                   |              |                              |        | 203,000            |                 | 11,200                       |
| VP OF HUMAN RESOURCES & GENERAL COUN             |                          |                       |                       | $ \mathbf{x} $    |              |                              |        | 333,037.           | 0.              | 76,139.                      |
| (41) JAMES F. KRIVOSKI                           | 50.00                    |                       |                       |                   |              |                              |        | 000,000            |                 | ,                            |
| VP & LIAISON TO BOARD OF TRUSTEES                |                          |                       |                       | $ \mathbf{x} $    |              |                              |        | 201,621.           | 0.              | 28,768.                      |
| (42) GREGORY V. MACDONALD                        | 50.00                    |                       |                       |                   |              |                              |        | ,                  | -               | ,                            |
| VP OF ENROLLMENT MANAGEMENT                      |                          |                       |                       | x                 |              |                              |        | 258,072.           | 0.              | 100,762.                     |
| (43) JOHN L. O'KEEFE                             | 50.00                    |                       |                       |                   |              |                              |        |                    |                 | -                            |
| VP & CHIEF INFORMATION OFFICER                   |                          |                       |                       | x                 |              |                              |        | 226,091.           | 0.              | 43,855.                      |
| (44) KIMBERLY A. SPANG                           | 50.00                    |                       |                       |                   |              |                              |        |                    |                 |                              |
| VP OF DEVELOPMENT & COLLEGE RELATION             |                          | L                     |                       | Х                 |              | L                            | L      | 328,972.           | 0.              | 59,048.                      |
| (45) SAIYID A. RIZVI                             | 50.00                    |                       |                       |                   |              |                              |        |                    |                 |                              |
| PROVOST  |                          | <u> </u>              |                       | Х                 |              | L                            | L      | 361,825.           | 0.              | 47,662.                      |
| (46) CRAIG BECKER                                | 50.00                    |                       |                       |                   |              |                              |        |                    |                 |                              |
| ASSOC VP FOR FINANCE, PLANNING & CAP             |                          |                       |                       |                   | X            |                              |        | 271,543.           | 0.              | 47,618.                      |
|  |                          |                       |                       |                   |              |                              |        |                    |                 |                              |
| Total to Part VII, Section A, line 1c            |                          |                       |                       |                   |              |                              |        |                    |                 |                              |

| Form 990 LAFAYETITE                          | a COPPEC       | źΕ                             |                       |         |              |                              |          |                    | 24-079          | 2000          |
|--|----------------|--------------------------------|-----------------------|---------|--------------|------------------------------|----------|--------------------|-----------------|---------------|
| Part VII Section A. Officers, Directors, Tru | ıstees, Key Er | nplo                           | oyee                  | s, a    | nd l         | ligh                         | est      | Compensated Employ | ees (continued) |               |
| (A)  | (B)            |                                | _                     |         | C)           |                              |          | (D)                | (E)             | (F)           |
| Name and title                               | Average        |                                |                       | Pos     |              | 1                            |          | Reportable         | Reportable      | Estimated     |
|  | hours          | (cl                            |                       |         |              | арр                          | ly)      | compensation       | compensation    | amount of     |
|  | per            | Ť                              |                       |         |              | Ė                            | <u> </u> | from               | from related    | other         |
|  | week           |                                |                       |         |              | yee                          |          | the                | organizations   | compensation  |
|  | (list any      | ector                          |                       |         |              | old m                        |          | organization       | (W-2/1099-MISC) | from the      |
|  | hours for      | or din                         | a)                    |         |              | ited e                       |          | (W-2/1099-MISC)    |                 | organization  |
|  | related        | ste e                          | ruste                 |         |              | suac                         |          |                    |                 | and related   |
|  | organizations  | Individual trustee or director | Institutional trustee |         | Key employee | Highest compensated employee |          |                    |                 | organizations |
|  | below          | Jivid                          | stituti               | Officer | yem          | jhest                        | Former   |                    |                 |               |
|  | line)          | 프                              | Ë                     | ₽       | ş.           | Ξ̈́                          | 요        |                    |                 |               |
| (47) ALMA SCOTT-BUCZAK                       | 50.00          |                                |                       |         | l            |                              |          | 100 600            |                 | 40 400        |
| ASSOC VP FOR HUMAN RESOURCES                 | 45 00          |                                |                       |         | Х            |                              |          | 197,677.           | 0.              | 40,482        |
| (48) SCOTT R. HUMMEL                         | 45.00          |                                |                       |         |              | l                            |          | 000 440            | •               | E2 240        |
| DIRECTOR OF ENGINEERING                      |                |                                |                       |         |              | Х                            |          | 233,442.           | 0.              | 53,342        |
| (49) MERVIN A. BURTON                        | 50.00          |                                |                       |         |              | l                            |          | 406 400            |                 | 04 500        |
| DIRECTOR OF INVESTMENTS                      |                |                                |                       |         |              | Х                            |          | 406,103.           | 0.              | 31,520        |
| (50) JOHN KINCAID                            | 45.00          |                                |                       |         |              |                              |          |                    | _               |               |
| PROFESSOR/DIRECTOR OF MEYNER CENTER          |                |                                |                       |         |              | Х                            |          | 240,704.           | 0.              | 33,597        |
| (51) BRUCE A. MURPHY                         | 45.00          |                                |                       |         |              | l                            |          | 050 400            |                 | 44 555        |
| KIRBY PROFESSOR OF GOVERNMENT & LAW          | 45 00          |                                |                       |         |              | X                            |          | 250,139.           | 0.              | 44,577        |
| (52) FRANCIS B. O'HANLON                     | 45.00          |                                |                       |         |              | l                            |          | 050 010            |                 | 45 400        |
| HEAD MEN'S BASKETBALL COACH                  |                |                                |                       |         |              | Х                            |          | 250,818.           | 0.              | 45,492        |
|  |                |                                |                       |         |              |                              |          |                    |                 |               |
|  |                |                                |                       |         |              |                              |          |                    |                 |               |
|  |                |                                |                       |         |              |                              |          |                    |                 |               |
|  |                |                                |                       |         |              |                              |          |                    |                 |               |
|  |                |                                |                       |         |              |                              |          |                    |                 |               |
|  |                |                                |                       |         |              |                              |          |                    |                 |               |
|  |                |                                |                       |         |              |                              |          |                    |                 |               |
|  |                |                                |                       |         |              |                              |          |                    |                 |               |
|  |                |                                |                       |         |              |                              |          |                    |                 |               |
|  |                |                                |                       |         |              |                              |          |                    |                 |               |
|  |                |                                |                       |         |              |                              |          |                    |                 |               |
|  |                |                                |                       |         |              |                              |          |                    |                 |               |
|  |                |                                |                       |         |              |                              |          |                    |                 |               |
|  |                |                                |                       |         |              |                              |          |                    |                 |               |
|  |                |                                |                       |         |              |                              |          |                    |                 |               |
|  |                |                                |                       |         |              |                              |          |                    |                 |               |
|  |                |                                |                       |         |              |                              |          |                    |                 |               |
|  |                |                                |                       |         |              |                              |          |                    |                 |               |
|  |                |                                |                       |         |              |                              |          |                    |                 |               |
|  |                |                                |                       |         |              |                              |          |                    |                 |               |
|  |                |                                |                       |         |              |                              |          |                    |                 |               |
|  |                |                                |                       |         |              |                              |          |                    |                 |               |
|  |                | 1                              |                       |         |              |                              |          |                    |                 |               |
|  |                |                                |                       |         |              |                              |          |                    |                 |               |
|  |                | 1                              |                       |         |              |                              |          |                    |                 |               |
|  |                |                                |                       |         |              |                              |          |                    |                 |               |
|  |                | 1                              |                       |         |              |                              |          |                    |                 |               |
|  | •              | _                              |                       | _       |              | _                            |          |                    |                 |               |
|  |                |                                |                       |         |              |                              |          |                    |                 | 911,537       |

Form 990 (2018) LAFAYET'
Part VIII Statement of Revenue

|  |      | Check if Schedule O conta   | ains a response      | or note to any lin      | e in this Part VIII                   |  |   |  |
|--|------|---|----------------------|-------------------------|---------------------------------------|--|---|--|
|  |      |   |                      | ,                       | (A)<br>Total revenue                  | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business<br>revenue | Revenue excluded from tax under sections 512 - 514 |
| t t  | 1 a  | Federated campaigns   | 1a                   |                         |                                       |  |   |  |
| Contributions, Gifts, Grants and Other Similar Amounts |      | Membership dues   |                      |                         |                                       |  |   |  |
|  |      | Fundraising events  |                      | 36,574.                 |                                       |  |   |  |
| ifts<br>r A  |      | Related organizations   |                      | ,                       |                                       |  |   |  |
| n,<br>Bisi   |      | Government grants (contributi   | ······               | 1,142,996.              |                                       |  |   |  |
| ons  |      | All other contributions, gifts, grant   | · —                  | 1,142,550.              |                                       |  |   |  |
| e ţi   | '    |   |                      | 30 101 564              |                                       |  |   |  |
| 흥리   |      | similar amounts not included abov   |                      | 30,101,564.             |                                       |  |   |  |
| no d   |      | Noncash contributions included in lines   |                      | 4,279,406.              | 31,281,134.                           |  |   |  |
| 9  |      | Total. Add lines 1a-1f  | <u></u>              |                         | 31,201,134.                           |  |   |  |
| •  | •    | TUITION AND FEES  |                      | Business Code<br>611710 | 138,757,248.                          | 138,757,248.                           |   |  |
| /ice   | 2 a  | ` <del></del>   |                      | 611710                  |                                       |  |   |  |
| Je n   | b    | ·   |                      |                         | 34,055,276.                           | 34,055,276.                            |   |  |
| wen S  | C    | ATHLETICS/SPORTS NETWORK  |                      | 611710<br>611710        | 1,384,160.                            | 1,384,160.<br>766,868.                 |   |  |
| Program Service<br>Revenue                             | С    | CENTER FOR TALENTED YOU   |                      | 611/10                  | 766,868.                              | /00,000.                               |   |  |
| Pro_   | e    |   |                      |                         |                                       |  |   |  |
| _  |      | All other program service reve  |                      |                         | 174 062 552                           |  |   |  |
| -  |      | Total. Add lines 2a-2f  |                      |                         | 174,963,552.                          |  |   |  |
|  | 3    | Investment income (including  |                      |                         | 501,788.                              |  | -723,908.                               | 1 225 606  |
|  |      | other similar amounts)  |                      |                         | 501,788.                              |  | -123,900.                               | 1,225,696.   |
|  | 4    | Income from investment of tax   |                      |                         |                                       |  |   |  |
|  | 5    | Royalties   |                      |                         |                                       |  |   |  |
|  | •    | Our community   | (i) Real             | (ii) Personal           |                                       |  |   |  |
|  |      | Gross rents   | 767,640.<br>501,128. |                         |                                       |  |   |  |
|  |      | Less: rental expenses   | 266,512.             |                         |                                       |  |   |  |
|  |      | Rental income or (loss)   | ,                    |                         | 266,512.                              |  |   | 266,512.   |
|  |      | · ·   | (i) Can witing       |                         | 200,312.                              |  |   | 200,312.   |
|  | / a  | Gross amount from sales of  | (i) Securities       | (ii) Other              |                                       |  |   |  |
|  |      | assets other than inventory   | 531,077,634.         |                         |                                       |  |   |  |
|  | E.   | Less: cost or other basis   | 506 560 813          | 923 447                 |                                       |  |   |  |
|  |      | and sales expenses  | 24 507 921           | 823,447.<br>-823,447.   |                                       |  |   |  |
|  |      | Gain or (loss)  |                      | · ·                     | 22 604 274                            |  |   | 23,684,374.  |
|  |      | Net gain or (loss)  |                      | ······                  | 23,684,374.                           |  |   | 23,004,374.  |
| ne   | 8 a  | Gross income from fundraising   | -                    |                         |                                       |  |   |  |
| ver  |      | including \$ 36   |                      |                         |                                       |  |   |  |
| Be   |      | contributions reported on line  | ,                    | 82,751.                 |                                       |  |   |  |
| Other Reven  |      | Part IV, line 18  |                      | 48,926.                 |                                       |  |   |  |
| ŏ  |      | Less: direct expenses   |                      |                         | 33,825.                               |  |   | 33,825.  |
|  |      | <ul> <li>Net income or (loss) from fund</li> <li>Gross income from gaming ac</li> </ul> |                      | <b>&gt;</b>             | 33,025.                               |  |   | 33,025.  |
|  | ъa   |   |                      |                         |                                       |  |   |  |
|  |      | Part IV, line 19  |                      |                         |                                       |  |   |  |
|  |      | <ul><li>Less: direct expenses</li><li>Net income or (loss) from gam</li></ul>           |                      | <b>&gt;</b>             |                                       |  |   |  |
|  |      | Gross sales of inventory, less  |                      |                         |                                       |  |   |  |
|  | IU a | - ·   |                      | 1 863 468               |                                       |  |   |  |
|  |      | and allowances  |                      |                         |                                       |  |   |  |
|  |      | Less: cost of goods sold  |                      |                         | 107,930.                              |  | 12,390.                                 | 95,540.  |
|  |      | Net income or (loss) from sale  |                      |                         | 107,930.                              |  | 12,390.                                 | 93,340.  |
|  | 11 - | Miscellaneous Revenue OTHER REVENUE   | <u> </u>             | Business Code<br>900099 | 3,226,945.                            |  |   | 3,226,945.   |
|  | II a |   | ECOVERY              | 900099                  | 615,534.                              |  | 16,000.                                 | 599,534.   |
|  | -    | ·   |                      | 33333                   | 313,334.                              |  | 10,000.                                 | 333,334.   |
|  | 0    | All other revenue   |                      |                         |                                       |  |   |  |
|  |      | Total. Add lines 11a-11d  |                      | <b>•</b>                | 3,842,479.                            |  |   |  |
|  | 12   | Total revenue. See instructions   |                      |                         | 234,681,594.                          | 174,963,552.                           | -695,518.                               | 29,132,426.  |
|  | 12   | . J.a. 1010mag. Ood manadidila  |                      |                         | , , , , , , , , , , , , , , , , , , , | , ,                                    |   | , , 0 •  |

832009 12-31-18

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

| 36011 | on 501(c)(3) and 501(c)(4) organizations must con<br>Check if Schedule O contains a respo   |                            |                          | ompiete column (A).             |                         |
|-------|---|----------------------------|--------------------------|---------------------------------|-------------------------|
| Do i  | not include amounts reported on lines 6b,   | (A)                        | (B)                      | (C)                             | _ (D)                   |
|       | 8b, 9b, and 10b of Part VIII.   | Total expenses             | Program service expenses | Management and general expenses | Fundraising<br>expenses |
| 1     | Grants and other assistance to domestic organizations   | 101 561                    | 101 561                  |                                 |                         |
|       | and domestic governments. See Part IV, line 21  | 101,561.                   | 101,561.                 |                                 |                         |
| 2     | Grants and other assistance to domestic   | F1 000 F01                 | F1 000 F01               |                                 |                         |
|       | individuals. See Part IV, line 22   | 51,902,781.                | 51,902,781.              |                                 |                         |
| 3     | Grants and other assistance to foreign  |                            |                          |                                 |                         |
|       | organizations, foreign governments, and foreign   | 44 450                     | 44 450                   |                                 |                         |
|       | individuals. See Part IV, lines 15 and 16   | 44,452.                    | 44,452.                  |                                 |                         |
| 4     | Benefits paid to or for members   |                            |                          |                                 |                         |
| 5     | Compensation of current officers, directors,  | 4 200 050                  | 400 000                  | 2 455 600                       | 251 600                 |
|       | trustees, and key employees   | 4,329,059.                 | 499,830.                 | 3,477,629.                      | 351,600                 |
| 6     | Compensation not included above, to disqualified  |                            |                          |                                 |                         |
|       | persons (as defined under section 4958(f)(1)) and   |                            |                          |                                 |                         |
|       | persons described in section 4958(c)(3)(B)  | 60 656 000                 | 56 054 400               | 2 5 2 2 2 2 3                   | 2 4 2 4 5 5 5 6         |
| 7     | Other salaries and wages  | 68,656,003.                | 56,054,130.              | 9,500,297.                      | 3,101,576               |
| 8     | Pension plan accruals and contributions (include  | 6 164 24-                  | 4 010 505                | 014 000                         | 225 425                 |
|       | section 401(k) and 403(b) employer contributions)   |                            | 4,912,785.               | 914,923.                        | 337,137                 |
| 9     | Other employee benefits   |                            | 8,309,513.               | 1,567,703.                      | 577,679                 |
| 10    | Payroll taxes   | 5,093,383.                 | 4,058,934.               | 755,907.                        | 278,542                 |
| 11    | Fees for services (non-employees):  |                            |                          |                                 |                         |
| а     | Management  |                            |                          | 24.2 4.54                       | 45.560                  |
| b     | Legal   | 828,032.                   |                          | 810,464.                        | 17,568                  |
| С     | Accounting  | 169,921.                   |                          | 169,921.                        |                         |
| d     | Lobbying  | 255 222                    |                          |                                 | 055 000                 |
| е     | Professional fundraising services. See Part IV, line 17   | 257,388.                   |                          | F14 000                         | 257,388                 |
| f     | Investment management fees  | 711,980.                   |                          | 711,980.                        |                         |
| g     | Other. (If line 11g amount exceeds 10% of line 25,  | 1.0.044 4.54               | 10 006 540               | 0 001 061                       | 440 445                 |
|       | column (A) amount, list line 11g expenses on Sch 0.)  | 13,241,151.                |                          | 2,891,964.                      | 112,447<br>150          |
| 12    | Advertising and promotion   | 113,562.                   |                          | 38,590.                         |                         |
| 13    | Office expenses   | 2,286,458.                 |                          | 431,382.                        | 258,328                 |
| 14    | Information technology  | 1,832,042.                 | 329,599.                 | 1,474,171.                      | 28,272                  |
| 15    | Royalties   | F 004 200                  | 4 606 000                | 207 400                         |                         |
| 16    | Occupancy   | 5,074,379.                 |                          | 387,489.                        | 000 000                 |
| 17    | Travel  | 6,421,519.                 | 5,428,105.               | 763,591.                        | 229,823                 |
| 18    | Payments of travel or entertainment expenses  |                            |                          |                                 |                         |
|       | for any federal, state, or local public officials   | 0.000.000                  | 000 440                  | 628 820                         | 440 400                 |
| 19    | Conferences, conventions, and meetings  | 2,079,287.                 | 993,448.                 | 637,732.                        | 448,107                 |
| 20    | Interest  | 7,939,247.                 | 7,539,387.               | 399,860.                        |                         |
| 21    | Payments to affiliates  | 14 454 462                 | 10 212 470               | 2 140 204                       |                         |
| 22    | Depreciation, depletion, and amortization   | 14,454,463.                | 12,313,479.              | 2,140,984.                      |                         |
| 23    | Insurance   | 2,228,089.                 | 273,850.                 | 1,954,239.                      |                         |
| 24    | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) |                            |                          |                                 |                         |
|       | amount, list line 24e expenses on Schedule 0.)  | 0 FE1 670                  | 0 FE1 670                |                                 |                         |
|       | AUXILIARY SERVICES  | 9,551,679.                 | 9,551,679.               | 1 260 570                       |                         |
| b     | NON OFFICE SUDDITES   | 4,269,570.                 | 2 271 260                | 4,269,570.                      |                         |
| С.    | NON OFFICE SUPPLIES   | 3,382,692.                 | 3,371,369.               | 11,323.                         |                         |
| d     | ALLOCATION OF INDIRECT  | 0.                         | -682,195.<br>7,148,738.  | 682,195.<br>1,032,614.          | 25,691                  |
|       | All other expenses  | 8,207,043.<br>229,795,481. |                          | 35,024,528.                     | 6,024,308               |
| 25    | ·   | <u>443,133,401•</u>        | 100,740,043.             | 33,044,340.                     | 0,044,300               |
| 26    | 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)  |                            |                          |                                 | Form <b>990</b> (2018   |
|       |   |                            |                          |                                 |                         |

| Ра            | rt X | Balance Sheet   |             |                            |                             |     |                             |
|---------------|------|---|-------------|----------------------------|-----------------------------|-----|-----------------------------|
|               |      | Check if Schedule O contains a response or not                                  | e to ar     | ny line in this Part X     |                             |     |                             |
|               |      |   |             |                            | (A)                         |     | (B)                         |
|               |      |   |             |                            | Beginning of year           |     | End of year                 |
|               | 1    | Cash - non-interest-bearing   |             |                            | 21,899.                     | 1   | 56,024.                     |
|               | 2    | Savings and temporary cash investments  |             |                            | 43,176,338.                 | 2   | 62,579,195.                 |
|               | 3    | Pledges and grants receivable, net  |             |                            | 27,901,634.                 | 3   | 24,516,328.                 |
|               | 4    | Accounts receivable, net  |             |                            | 3,657,780.                  | 4   | 3,834,603.                  |
|               | 5    | Loans and other receivables from current and for                                | rmer c      | officers, directors,       |                             |     |                             |
|               |      | trustees, key employees, and highest compensa                                   | ated er     | nployees. Complete         |                             |     |                             |
|               |      | Part II of Schedule L   |             |                            |                             | 5   |                             |
|               | 6    | Loans and other receivables from other disquali                                 | fied pe     | rsons (as defined under    |                             |     |                             |
|               |      | section 4958(f)(1)), persons described in section                               | 4958(       | c)(3)(B), and contributing |                             |     |                             |
|               |      | employers and sponsoring organizations of sect                                  | ion 50      | 1(c)(9) voluntary          |                             |     |                             |
| şţ            |      | employees' beneficiary organizations (see instr).                               | Comp        | lete Part II of Sch L      |                             | 6   |                             |
| Assets        | 7    | Notes and loans receivable, net   |             |                            |                             | 7   |                             |
| ⋖             | 8    | Inventories for sale or use   |             |                            | 675,988.                    | 8   | 733,867.                    |
|               | 9    | Prepaid expenses and deferred charges   |             |                            | 2,019,119.                  | 9   | 2,026,942.                  |
|               | 10a  | Land, buildings, and equipment: cost or other                                   |             |                            |                             |     |                             |
|               |      | basis. Complete Part VI of Schedule D   | 10a         | 636,815,931.               | 222 242 422                 |     | 201 747 205                 |
|               | b    | Less: accumulated depreciation  |             |                            |                             | 10c |                             |
|               | 11   | Investments - publicly traded securities  |             |                            | 299,999,312.                | 11  | 236,430,239.                |
|               | 12   | Investments - other securities. See Part IV, line 1                             |             |                            | 601,969,323.                | 12  | 653,215,405.                |
|               | 13   | Investments - program-related. See Part IV, line                                | 11          |                            | 3,039,704.                  | 13  | 2,769,173.                  |
|               | 14   | Intangible assets   |             |                            | 60 045 565                  | 14  | 10 005 010                  |
|               | 15   | Other assets. See Part IV, line 11  |             |                            | 60,215,765.                 | 15  | 19,235,310.                 |
|               | 16   | Total assets. Add lines 1 through 15 (must equa                                 |             |                            | 1,376,620,355.              | 16  | 1,387,145,011.              |
|               | 17   | Accounts payable and accrued expenses   | 12,445,291. | 17                         | 20,145,066.                 |     |                             |
|               | 18   | Grants payable  |             |                            | 1,246,125.                  | 18  | 1,279,224.                  |
|               | 19   | Deferred revenue  |             |                            | 3,525,024.                  | 19  | 2,729,588.                  |
|               | 20   | Tax-exempt bond liabilities   |             |                            | 274,089,871.                | 20  | 272,340,932.                |
|               | 21   | Escrow or custodial account liability. Complete I                               |             |                            | 3,063,533.                  | 21  | 3,299,596.                  |
| Liabilities   | 22   | Loans and other payables to current and former                                  |             |                            |                             |     |                             |
| ≝             |      | key employees, highest compensated employee                                     |             |                            |                             |     |                             |
| <u>ia</u>     |      | Complete Part II of Schedule L  | 1 000 066   | 22                         | 4 167 400                   |     |                             |
| _             | 23   | Secured mortgages and notes payable to unrela                                   |             |                            | 4,088,866.                  | 23  | 4,167,423.                  |
|               | 24   | Unsecured notes and loans payable to unrelated                                  |             |                            |                             | 24  |                             |
|               | 25   | Other liabilities (including federal income tax, pa                             |             |                            |                             |     |                             |
|               |      | parties, and other liabilities not included on lines                            |             | •                          | 92 004 200                  |     | 01 012 021                  |
|               |      | Schedule D  |             |                            | 82,904,309.<br>381,363,019. |     | 81,812,031.<br>385,773,860. |
|               | 26   | Total liabilities. Add lines 17 through 25                                      |             |                            | 301,303,019.                | 26  | 303,773,000.                |
|               |      | Organizations that follow SFAS 117 (ASC 958                                     |             | ck nere 🚩 🔼 and            |                             |     |                             |
| Ses           | 07   | complete lines 27 through 29, and lines 33 and                                  |             |                            | 305,159,806.                | 27  | 301,029,540.                |
| <u>la</u>     | 27   | Unrestricted net assets   |             |                            | 329,596,462.                | 28  | 314,094,534.                |
| Fund Balances | 28   | Temporarily restricted net assets   |             |                            | 360,501,068.                | 29  | 386,247,077.                |
| ဋ             | 29   | Permanently restricted net assets  Organizations that do not follow SFAS 117 (A |             | 0) abaals bara <b>N</b>    | 300,301,000.                | 29  | 300,247,077.                |
| Ē             |      |   | SC 95       | 8), check here             |                             |     |                             |
| S.            | 20   | and complete lines 30 through 34.   |             |                            |                             | 200 |                             |
| Net Assets or | 30   | Capital stock or trust principal, or current funds                              |             |                            |                             | 30  |                             |
| t As          | 31   | Paid-in or capital surplus, or land, building, or ed                            |             |                            |                             | 31  |                             |
| Ne.           | 32   | Retained earnings, endowment, accumulated in                                    |             |                            | 995,257,336.                | 32  | 1,001,371,151.              |
| •             | 33   | Total net assets or fund balances   |             |                            | 1,376,620,355.              | 33  |                             |
|               | 34   | Total liabilities and net assets/fund balances                                  |             |                            | 1,370,020,355.              | 34  | 1,387,145,011.              |

Form **990** (2018)

097-4YQ1

| Pa | rt XI Reconciliation of Net Assets  |         |       |      |     |        |
|----|---|---------|-------|------|-----|--------|
|    | Check if Schedule O contains a response or note to any line in this Part XI   |         |       |      |     | X      |
|    |   |         |       |      |     |        |
| 1  | Total revenue (must equal Part VIII, column (A), line 12)   | 1       |       | ,68  |     |        |
| 2  | Total expenses (must equal Part IX, column (A), line 25)  | 2       |       | ,79  |     |        |
| 3  | Revenue less expenses. Subtract line 2 from line 1  | 3       |       | , 88 |     |        |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                             | 4       |       | , 25 |     |        |
| 5  | Net unrealized gains (losses) on investments  | 5       |       | -46  | 9,0 | 75.    |
| 6  | Donated services and use of facilities  | 6       |       |      |     |        |
| 7  | Investment expenses   | 7       |       |      |     |        |
| 8  | Prior period adjustments  | 8       |       |      |     |        |
| 9  | Other changes in net assets or fund balances (explain in Schedule O)  | 9       | 1     | ,69  | 6,7 | 77.    |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,                    |         |       |      |     |        |
|    | column (B))   | 10      | 1,001 | ,37  | 1,1 | 51.    |
| Pa | rt XII Financial Statements and Reporting   |         |       |      |     |        |
|    | Check if Schedule O contains a response or note to any line in this Part XII  |         |       |      |     |        |
|    |   |         |       |      | Yes | No     |
| 1  | Accounting method used to prepare the Form 990: Cash X Accrual Other  |         |       |      |     |        |
|    | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule        | Ο.      |       |      |     |        |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?                       |         |       | 2a   |     | X      |
|    | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed       | a no b  |       |      |     |        |
|    | separate basis, consolidated basis, or both:  |         |       |      |     |        |
|    | Separate basis Consolidated basis Both consolidated and separate basis  |         |       |      |     |        |
| b  | Were the organization's financial statements audited by an independent accountant?                                    |         |       | 2b   | X   |        |
|    | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat       | e basis | 3,    |      |     |        |
|    | consolidated basis, or both:  |         |       |      |     |        |
|    | Separate basis Consolidated basis Both consolidated and separate basis  |         |       |      |     |        |
| С  | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the    | e audit | t,    |      |     |        |
|    | review, or compilation of its financial statements and selection of an independent accountant?                        |         |       | 2c   | Х   |        |
|    | If the organization changed either its oversight process or selection process during the tax year, explain in Sch     | edule ( | Э.    |      |     |        |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si    | ngle Au | ıdit  |      |     |        |
|    | Act and OMB Circular A-133?   |         |       | 3a   | X   |        |
| b  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required |         | ıdit  |      |     |        |
|    | or audits, explain why in Schedule O and describe any steps taken to undergo such audits                              |         |       | 3b   | X   |        |
|    |   |         |       | Form | 990 | (2018) |

#### **SCHEDULE A**

(Form 990 or 990-EZ)

00 01 000 22,

Department of the Treasury Internal Revenue Service

Total

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** Name of the organization LAFAYETTE COLLEGE 24-0795686 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. ☐ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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

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

| Sec  | ction A. Public Support                         |                      |                     |                           |                     |   |              |
|------|---|----------------------|---------------------|---------------------------|---------------------|---|--------------|
| Cale | ndar year (or fiscal year beginning in)         | (a) 2014             | <b>(b)</b> 2015     | (c) 2016                  | (d) 2017            | (e) 2018                                | (f) Total    |
| 1    | Gifts, grants, contributions, and               |                      |                     |                           |                     |   |              |
|      | membership fees received. (Do not               |                      |                     |                           |                     |   |              |
|      | include any "unusual grants.")                  | 25,830,722.          | 27,747,289.         | 40,798,536.               | 33,481,862.         | 31,244,561.                             | 159,102,970. |
| 2    | Tax revenues levied for the organ-              |                      |                     |                           |                     |   | _            |
|      | ization's benefit and either paid to            |                      |                     |                           |                     |   |              |
|      | or expended on its behalf                       |                      |                     |                           |                     |   |              |
| 3    | The value of services or facilities             |                      |                     |                           |                     |   |              |
|      | furnished by a governmental unit to             |                      |                     |                           |                     |   |              |
|      | the organization without charge                 |                      |                     |                           |                     |   |              |
| 4    | Total. Add lines 1 through 3                    | 25,830,722.          | 27,747,289.         | 40,798,536.               | 33,481,862.         | 31,244,561.                             | 159,102,970. |
|      | The portion of total contributions              |                      |                     | , ,                       |                     |   | · · ·        |
|      | by each person (other than a                    |                      |                     |                           |                     |   |              |
|      | governmental unit or publicly                   |                      |                     |                           |                     |   |              |
|      | supported organization) included                |                      |                     |                           |                     |   |              |
|      | on line 1 that exceeds 2% of the                |                      |                     |                           |                     |   |              |
|      | amount shown on line 11,                        |                      |                     |                           |                     |   |              |
|      | column (f)                                      |                      |                     |                           |                     |   | 3,638,586.   |
| 6    | Public support. Subtract line 5 from line 4.    |                      |                     |                           |                     |   | 155,464,384. |
|      | ction B. Total Support                          |                      |                     |                           |                     |   | , , ,        |
|      | ndar year (or fiscal year beginning in)         | (a) 2014             | <b>(b)</b> 2015     | (c) 2016                  | (d) 2017            | (e) 2018                                | (f) Total    |
|      | Amounts from line 4                             | 25,830,722.          | 27,747,289.         | 40,798,536.               | 33,481,862.         | 31,244,561.                             | 159,102,970. |
|      | Gross income from interest,                     | , ,                  | , ,                 | , ,                       | , ,                 | , ,                                     |              |
|      | dividends, payments received on                 |                      |                     |                           |                     |   |              |
|      | securities loans, rents, royalties,             |                      |                     |                           |                     |   |              |
|      | and income from similar sources                 | 14,508,841.          | 9,000,126.          | 9,391,557.                | 23,653,817.         | 1,993,336.                              | 58,547,677.  |
| 9    | Net income from unrelated business              | , ,                  | , , ,               | , ,                       | , , -               | , , ,                                   | , , -        |
| •    | activities, whether or not the                  |                      |                     |                           |                     |   |              |
|      | business is regularly carried on                |                      | 88,267.             |                           |                     |   | 88,267.      |
| 10   | Other income. Do not include gain               |                      |                     |                           |                     |   |              |
|      | or loss from the sale of capital                |                      |                     |                           |                     |   |              |
|      | assets (Explain in Part VI.)                    | 1 875 752.           | 867,269.            | 1 832 825.                | 2,982,683.          | 3 826 479.                              | 11,385,008.  |
| 11   | Total support. Add lines 7 through 10           |                      |                     |                           |                     | , | 229,123,922. |
| 12   | Gross receipts from related activities,         | etc (see instruction | ons)                |                           |                     | 12 801                                  | ,673,884.    |
|      | <b>First five years.</b> If the Form 990 is for | •                    | ,                   |                           |                     | •                                       | , ,          |
|      | organization, check this box and stop           | -                    |                     |                           | •                   |   |              |
| Sec  | ction C. Computation of Publ                    | ic Support Pe        | rcentage            |                           |                     |   |              |
|      | Public support percentage for 2018 (I           |                      |                     | olumn (f))                |                     | 14                                      | 67.85 %      |
| 15   | Public support percentage from 2017             |                      |                     |                           |                     | 15                                      | 60.66 %      |
| 16a  | 33 1/3% support test - 2018. If the o           |                      |                     |                           |                     | nore, check this bo                     | x and        |
|      | stop here. The organization qualifies           | as a publicly supp   | orted organization  |                           |                     |   | <b>▶</b> X   |
| b    | 33 1/3% support test - 2017. If the o           |                      |                     |                           |                     |   |              |
|      | and stop here. The organization qual            |                      |                     |                           |                     |   |              |
| 17a  | 10% -facts-and-circumstances tes                |                      |                     |                           |                     |   |              |
|      | and if the organization meets the "fac          | ts-and-circumstan    | ces" test, check th | nis box and <b>stop h</b> | ere. Explain in Par | t VI how the organ                      | ization      |
|      | meets the "facts-and-circumstances"             | test. The organiza   | tion qualifies as a | publicly supported        | lorganization       |   | <b>▶</b> □   |
| b    | 10% -facts-and-circumstances tes                |                      |                     |                           |                     |   |              |
|      | more, and if the organization meets the         | -                    |                     |                           |                     |   |              |
|      | organization meets the "facts-and-circ          |                      | •                   |                           | •                   |   |              |
| 18   | Private foundation. If the organization         |                      |                     |                           |                     |   |              |
|      | J   |                      | ,                   |                           |                     |   |              |

Schedule A (Form 990 or 990-EZ) 2018

#### Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Se   | ction A. Public Support   | , 1                 | ,                    |                        |                       |                      |           |
|------|---|---------------------|----------------------|------------------------|-----------------------|----------------------|-----------|
| Cale | endar year (or fiscal year beginning in) 🕨                                | (a) 2014            | <b>(b)</b> 2015      | (c) 2016               | (d) 2017              | (e) 2018             | (f) Total |
| 1    | Gifts, grants, contributions, and   |                     |                      |                        |                       |                      |           |
|      | membership fees received. (Do not   |                     |                      |                        |                       |                      |           |
|      | include any "unusual grants.")  |                     |                      |                        |                       |                      |           |
| 2    | Gross receipts from admissions,   |                     |                      |                        |                       |                      |           |
|      | merchandise sold or services per-   |                     |                      |                        |                       |                      |           |
|      | formed, 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 bus-  |                     |                      |                        |                       |                      |           |
|      | iness under section 513   |                     |                      |                        |                       |                      |           |
| 4    | Tax revenues levied for the organ-  |                     |                      |                        |                       |                      |           |
|      | ization'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  |                     |                      |                        |                       |                      |           |
|      | Amounts included on lines 1, 2, and                                       |                     |                      |                        |                       |                      |           |
|      | 3 received from disqualified persons                                      |                     |                      |                        |                       |                      |           |
| ŀ    | Amounts included on lines 2 and 3 received                                |                     |                      |                        |                       |                      |           |
|      | from other than disqualified persons that                                 |                     |                      |                        |                       |                      |           |
|      | exceed the greater of \$5,000 or 1% of the amount on line 13 for the year |                     |                      |                        |                       |                      |           |
| (    | Add lines 7a and 7b   |                     |                      |                        |                       |                      |           |
|      | Public support. (Subtract line 7c from line 6.)                           |                     |                      |                        |                       |                      |           |
|      | ction B. Total Support  |                     |                      |                        |                       | •                    |           |
| Cale | endar year (or fiscal year beginning in)                                  | (a) 2014            | <b>(b)</b> 2015      | (c) 2016               | (d) 2017              | (e) 2018             | (f) Total |
| 9    | Amounts from line 6   | . ,                 |                      |                        |                       | , ,                  |           |
|      | Gross income from interest,   |                     |                      |                        |                       |                      |           |
|      | dividends, payments received on   |                     |                      |                        |                       |                      |           |
|      | securities loans, rents, royalties, and income from similar sources       |                     |                      |                        |                       |                      |           |
| ŀ    | Unrelated business taxable income   |                     |                      |                        |                       |                      |           |
|      | (less section 511 taxes) from businesses                                  |                     |                      |                        |                       |                      |           |
|      | acquired after June 30, 1975  |                     |                      |                        |                       |                      |           |
|      | Add lines 10a and 10b   |                     |                      |                        |                       |                      |           |
|      | 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  |                     |                      |                        |                       |                      |           |
| 13   | assets (Explain in Part VI.)  |                     |                      |                        |                       |                      |           |
|      | First five years. If the Form 990 is for                                  | r the organization? | s first, second, thi | rd, fourth, or fifth t | tax vear as a section | on 501(c)(3) organi: | zation.   |
|      |   | -                   |                      |                        | •                     |                      |           |
| Se   | ction C. Computation of Publ  |                     |                      |                        |                       |                      |           |
|      | Public support percentage for 2018 (                                      |                     |                      | column (f))            |                       | 15                   | %         |
|      | Public support percentage from 2017                                       |                     |                      |                        |                       | 16                   | %         |
|      | ction D. Computation of Inve  |                     |                      |                        |                       | ·                    |           |
|      | Investment income percentage for 20                                       |                     |                      |                        | ·                     | 17                   | %         |
|      | Investment income percentage from   |                     |                      |                        |                       | 18                   | %         |
|      | a 33 1/3% support tests - 2018. If the                                    |                     |                      |                        |                       |                      |           |
|      | more than 33 1/3%, check this box a                                       |                     |                      |                        |                       |                      |           |
| ŀ    | 33 1/3% support tests - 2017. If the                                      |                     |                      |                        |                       |                      |           |
|      | line 18 is not more than 33 1/3%, che                                     |                     |                      |                        |                       |                      |           |
| 20   | Private foundation If the organization                                    |                     |                      |                        |                       |                      |           |

### Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 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.
- 2 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** 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.
- c 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.
- **4a** 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.*
- **b** 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 supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).
- 8 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).
- **9a** 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.**
- **b** 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.
- c 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.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

| _   |     | Yes | No |
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|     | 10b |     |    |

| Par      | t IV   Supporting Organizations <sub>(continued)</sub>  |             |     |     |
|----------|---|-------------|-----|-----|
|          |   |             | Yes | No  |
| 11       | Has the organization accepted a gift or contribution from any of the following persons?   |             |     |     |
| а        | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)                    |             |     |     |
|          | below, the governing body of a supported organization?  | l1a         |     |     |
| b        | A family member of a person described in (a) above?   | 1b          |     |     |
| С        | 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.           | l1c         |     |     |
|          | tion B. Type I Supporting Organizations   |             |     |     |
|          |   |             | Yes | No  |
| 1        | Did the directors, trustees, or membership of one or more supported organizations have the power to                             |             |     |     |
|          | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the              |             |     |     |
|          | tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or            |             |     |     |
|          | controlled the organization's activities. If the organization had more than one supported organization,                         |             |     |     |
|          | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported                       |             |     |     |
|          | organizations and what conditions or restrictions, if any, applied to such powers during the tax year.                          | 1           |     |     |
| 2        | Did the organization operate for the benefit of any supported organization other than the supported                             |             |     |     |
| _        | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in                      |             |     |     |
|          | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,                     |             |     |     |
|          | supervised, or controlled the supporting organization.  | 2           |     |     |
| Sect     | tion C. Type II Supporting Organizations  |             |     |     |
| 000      | non of Type in 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                |             | 163 | 140 |
| •        | or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control            |             |     |     |
|          | or management of the supporting organization was vested in the same persons that controlled or managed                          |             |     |     |
|          | the supported organization(s).  | 1           |     |     |
| Sact     | tion D. All Type III Supporting Organizations   | •           |     |     |
| <u> </u> | non B. All Type III Supporting Organizations  |             | Yes | No  |
| 4        | Did the expenization provide to each of its supported expenizations, by the last day of the fifth month of the                  |             | 163 | 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                    |             |     |     |
| <u>C</u> | supported organizations played in this regard.  | 3           |     |     |
|          | tion 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 yea(see instructions). |             |     |     |
| a        | The organization satisfied the Activities Test. Complete line 2 below.  |             |     |     |
| b        | The organization is the parent of each of its supported organizations. Complete line 3 below.                                   |             | ,   |     |
| С        | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)  | ctions<br>Î |     |     |
| 2        | Activities Test. Answer (a) and (b) below.  |             | Yes | No  |
| а        | 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                       |             |     |     |
|          | · · · · · · · · · · · · · · · · · · ·   | 2a          |     |     |
| b        | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more             |             |     |     |
|          | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the                    |             |     |     |
|          | reasons for the organization's position that its supported organization(s) would have engaged in these                          |             |     |     |
|          |   | 2b          |     |     |
| 3        | Parent of Supported Organizations. Answer (a) and (b) below.  |             |     |     |
| а        | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or                     |             |     |     |
|          | ··· · · · · · · · · · · · · · · · · ·   | 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.               | 3b          |     |     |

| Pa   | rt V Type III Non-Functionally Integrated 509(a)(3) Supportin                   | g Orga    | anizations                   |                                |
|------|---|-----------|------------------------------|--------------------------------|
| 1    | Check here if the organization satisfied the Integral Part Test as a qualifying | g trust o | n Nov. 20, 1970 (explain in  | Part VI.) See instructions. A  |
|      | other Type III non-functionally integrated supporting organizations must co     | mplete \$ | Sections A through E.        |                                |
| Sect | ion A - Adjusted Net Income   |           | (A) Prior Year               | (B) Current Year<br>(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         |                              |                                |
| Sect | ion B - Minimum Asset Amount  |           | (A) Prior Year               | (B) Current Year<br>(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):               |           |                              |                                |
| а    | Average monthly value of securities   | 1a        |                              |                                |
| b    | Average monthly cash balances   | 1b        |                              |                                |
| С    | Fair market value of other non-exempt-use assets                                | 1c        |                              |                                |
| d    | Total (add lines 1a, 1b, and 1c)  | 1d        |                              |                                |
| е    | Discount claimed for blockage or other  |           |                              |                                |
|      | factors (explain in detail in <b>Part VI</b> ):                                 |           |                              |                                |
| 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         |                              |                                |
| Sect | ion C - Distributable Amount  |           |                              | Current Year                   |
| 1    | Adjusted net income for prior year (from Section A, line 8, Column A)           | 1         |                              |                                |
| 2    | Enter 85% of line 1   | 2         |                              |                                |
| 3    | Minimum asset amount for prior year (from Section B, line 8, Column A)          | 3         |                              |                                |
| 4    | Enter greater of line 2 or line 3   | 4         |                              |                                |
| 5    | Income tax imposed in prior year  | 5         |                              |                                |
| 6    | Distributable Amount. Subtract line 5 from line 4, unless subject to            |           |                              |                                |
|      | emergency temporary reduction (see instructions)                                | 6         |                              |                                |
| 7    | Check here if the current year is the organization's first as a non-functional  | y integra | ated Type III supporting org | ganization (see                |
|      | instructions).  |           |                              |                                |

Schedule A (Form 990 or 990-EZ) 2018

|      | Type in Non-i directionally integrated 505                      | (a)(o) capporting cry         | (continuea)                            |   |
|------|---|-------------------------------|--|---|
| Sect | ion D - Distributions   |                               |  | Current Year                              |
| 1    | Amounts paid to supported organizations to accomplish exe       |                               |  |   |
| 2    | Amounts paid to perform activity that directly furthers exemp   |                               |  |   |
|      | organizations, in excess of income from activity                |                               |  |   |
| 3    | Administrative expenses paid to accomplish exempt purpose       | es of supported organization  | IS                                     |   |
| 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.              |                               |  |   |
| 8    | Distributions to attentive supported organizations to which the | ne organization is responsive | Э                                      |   |
|      | (provide details in Part VI). See instructions.                 |                               |  |   |
| 9    | Distributable amount for 2018 from Section C, line 6            |                               |  |   |
| 10   | Line 8 amount divided by line 9 amount                          |                               |  |   |
| Sect | ion E - Distribution Allocations (see instructions)             | (i)<br>Excess Distributions   | (ii)<br>Underdistributions<br>Pre-2018 | (iii)<br>Distributable<br>Amount for 2018 |
| 1    | Distributable amount for 2018 from Section C, line 6            |                               |  |   |
| 2    | Underdistributions, if any, for years prior to 2018 (reason-    |                               |  |   |
|      | able cause required- explain in Part VI). See instructions.     |                               |  |   |
| 3    | Excess distributions carryover, if any, to 2018                 |                               |  |   |
| а    | From 2013   |                               |  |   |
| b    | From 2014   |                               |  |   |
| С    | From 2015   |                               |  |   |
| d    | From 2016   |                               |  |   |
| е    | From 2017   |                               |  |   |
| f    | Total of lines 3a through e                                     |                               |  |   |
| g    | Applied to underdistributions of prior years                    |                               |  |   |
| h    | Applied to 2018 distributable amount                            |                               |  |   |
| i    | Carryover from 2013 not applied (see instructions)              |                               |  |   |
| j    | Remainder. Subtract lines 3g, 3h, and 3i from 3f.               |                               |  |   |
| 4    | Distributions for 2018 from Section D,                          |                               |  |   |
|      | line 7: \$  |                               |  |   |
| а    | Applied to underdistributions of prior years                    |                               |  |   |
| b    | Applied to 2018 distributable amount                            |                               |  |   |
| С    | Remainder. Subtract lines 4a and 4b from 4.                     |                               |  |   |
| 5    | Remaining underdistributions for years prior to 2018, if        |                               |  |   |
|      | any. Subtract lines 3g and 4a from line 2. For result greater   |                               |  |   |
|      | than zero, explain in <b>Part VI.</b> See instructions.         |                               |  |   |
| 6    | Remaining underdistributions for 2018. Subtract lines 3h        |                               |  |   |
|      | and 4b from line 1. For result greater than zero, explain in    |                               |  |   |
|      | Part VI. See instructions.                                      |                               |  |   |
| 7    | Excess distributions carryover to 2019. Add lines 3j            |                               |  |   |
|      | and 4c.   |                               |  |   |
| 8    | Breakdown of line 7:  |                               |  |   |
| а    | Excess from 2014  |                               |  |   |
| b    | Excess from 2015  |                               |  |   |
| С    | Excess from 2016  |                               |  |   |
| d    | Excess from 2017  |                               |  |   |
| е    | Excess from 2018  |                               |  |   |

Schedule A (Form 990 or 990-EZ) 2018

Part VI

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.) SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME: FEES, FINES, COST RECOVERY 2014 AMOUNT: \$ 592,731. 2015 AMOUNT: 503,417. 2016 AMOUNT: 418,255. 2017 AMOUNT: 613,962. 2018 AMOUNT: 615,534. STUDENT TELECOMMUNICATIONS **MISCELLANEOUS** 2014 AMOUNT: 1,283,021. 363,852. 2015 AMOUNT: 2016 AMOUNT: 1,414,570. 2017 AMOUNT: 2,368,721. 2018 AMOUNT: \$ 3,210,945.

**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,

# Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors** 

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2018

Name of the organization

LAFAYETTE COLLEGE

24-0795686

| Organization type (check one):   |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| Filers of:   | Section:   |  |  |  |  |  |  |
| Form 990 or 990-EZ   | $\overline{\mathbf{X}}$ 501(c)( $3$ ) (enter number) organization  |  |  |  |  |  |  |
|  | 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation   |  |  |  |  |  |  |
|  | 527 political organization   |  |  |  |  |  |  |
| Form 990-PF  | 501(c)(3) exempt private foundation  |  |  |  |  |  |  |
|  | 4947(a)(1) nonexempt charitable trust treated as a private foundation  |  |  |  |  |  |  |
|  | 501(c)(3) taxable private foundation   |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | is covered by the <b>General Rule</b> or a <b>Special Rule.</b><br>c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.  |  |  |  |  |  |  |
| General Rule   |  |  |  |  |  |  |  |
|  | on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or y one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.  |  |  |  |  |  |  |
| Special Rules  |  |  |  |  |  |  |  |
| sections 509(a)(1)<br>any one contribut  | For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. |  |  |  |  |  |  |
| year, total contrib  | For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.  |  |  |  |  |  |  |
| For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \bigset* |  |  |  |  |  |  |  |
| but it <b>must</b> answer "No" or  | hat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), n Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).   |  |  |  |  |  |  |

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization Employer identification number

# LAFAYETTE COLLEGE 24-0795686

| Part I       | Contributors (see instructions). Use duplicate copies of Part I if addit | onal space is needed.   |   |
|--------------|--|---|---|
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4  | (c) (d) Total contributions Type of contrib   | oution  |
| 1            |  | Person Payroll Noncash (Complete Part II finoncash contribut  | for   |
| (a)          | (b)  | (c) (d)   |   |
| No. 2        | Name, address, and ZIP + 4   | Total contributions  Type of contrib  Person Payroll Noncash (Complete Part II finoncash contribut) | ζ<br>in the state of the state o |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4  | (c) (d) Total contributions Type of contrib   |   |
| 3            |  | Person Payroll Noncash (Complete Part II finoncash contribut  | ζ<br>in the state of the state o |
| (a)          | (b)  | (c) (d)   |   |
| No. <u>4</u> | Name, address, and ZIP + 4   | Total contributions  Type of contrib  Person Payroll Noncash (Complete Part II f noncash contribut  | ζ<br>in the state of the state o |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4  | (c) (d) Total contributions Type of contrib   | ution   |
| 5            |  | Person Payroll Noncash (Complete Part II finoncash contribut  | ζ<br>ior  |
| (a)          | (b)  | (c) (d)   | ution   |
| No. 6        | Name, address, and ZIP + 4   | Total contributions  Type of contrib  Person Payroll Noncash (Complete Part II finoncash contribut  | ₹<br>□<br>□   |

#### LAFAYETTE COLLEGE

24-0795686

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additional | I space is needed.         |   |
|------------|---|----------------------------|---|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
| 7          |   | \$ <u>1,496,150.</u>       | Person Payroll Noncash X (Complete Part II for noncash contributions.)  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
| 8          |   | \$ <u>1,200,550</u> .      | Person X Payroll  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
| 9          |   | \$ 1,100,385.              | Person X Payroll Noncash (Complete Part II for noncash contributions.)  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d) Type of contribution  |
| 10         | Name, address, and Zir + 4  | \$ 800,000.                | Person X Payroll Noncash (Complete Part II for noncash contributions.)  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
| 11         |   | \$                         | Person X Payroll Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
| 12         |   | \$ 667,053.                | Person Payroll Noncash (Complete Part II for noncash contributions.)    |

Name of organization Employer identification number

#### LAFAYETTE COLLEGE

24-0795686

| Part II                      | Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. |   |                      |  |  |
|------------------------------|---|---|----------------------|--|--|
| (a)<br>No.<br>from<br>Part I | (b) Description of noncash property given   | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |  |  |
| 7                            | VARIOUS GROUPINGS OF PHOTOGRAPHS DEED OF GIFT FOR 2 SEGMENTS SIGNED ON NOVEMBER 28, 2018            | \$ <u>1,496,150</u> .                     | 12/31/18             |  |  |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given  | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |  |  |
| 12                           | 365 SHARES OF AMAZON.COM INC  | \$667,053.                                | 07/16/18             |  |  |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given  | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |  |  |
|                              |   | \$  |                      |  |  |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given  | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |  |  |
|                              |   | \$  |                      |  |  |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given  | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |  |  |
|                              |   | \$  |                      |  |  |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given  | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |  |  |
|                              |   | \$  |                      |  |  |

**Employer identification number** Name of organization 24-0795686 LAFAYETTE COLLEGE Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

### SCHEDULE C

(Form 990 or 990-EZ)

**Political Campaign and Lobbying Activities** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

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.

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

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

| , ,              | eparate instructions), then      |                                    |                           |  |  |
|------------------|----------------------------------|------------------------------------|---------------------------|--|--|
|                  | 1501(c)(4), (5), or (6) organiza | tions: Complete Part III.          |                           | le   |  |
| Name of or       | 9                                | ME COLLEGE                         |                           | Emp  | loyer identification number                      |
| Dort I A         |                                  | TE COLLEGE ganization is exempt un | dor postion 501(s)        | or is a section 527 a                          | 24-0795686                                       |
| Part I-A         | Complete if the org              | gamzation is exempt un             | der section 50 I(c)       | or is a section 527 of                         | organization.                                    |
| 4.5              |                                  |                                    |                           | . 5 . 104                                      |  |
|                  |                                  | zation's direct and indirect polit |                           |  | 0.   |
|                  |                                  | tures                              |                           |  | 0.   |
| 3 Volunt         | eer nours for political campa    | ign activities                     |                           |  |  |
| Part I-B         | Complete if the org              | ganization is exempt un            | der section 501(c)        | (3).   |  |
| 1 Enter          | the amount of any excise tax     | incurred by the organization ur    | nder section 4955         | <b>▶</b> \$                                    | 0.   |
| 2 Enter          | the amount of any excise tax     | incurred by organization manage    | gers under section 495    | 5 <b>&gt;</b> \$                               | 0.   |
| 3 If the         | organization incurred a section  | on 4955 tax, did it file Form 4720 | o for this year?          |  | Yes No   |
|                  |                                  |                                    |                           |  |  |
| <b>b</b> If "Yes | s," describe in Part IV.         |                                    |                           |  |  |
| Part I-C         | Complete if the org              | ganization is exempt un            | der section 501(c)        | , except section 501                           | (c)(3).  |
| 1 Enter          | the amount directly expended     | d by the filing organization for s | ection 527 exempt fund    | ction activities > \$                          | 3  |
| 2 Enter          | the amount of the filing organ   | nization's funds contributed to c  | other organizations for s | section 527                                    |  |
| exemp            | ot function activities           |                                    |                           | ▶\$  |  |
| 3 Total 6        | exempt function expenditures     | s. Add lines 1 and 2. Enter here   | and on Form 1120-POL      | -,   |  |
| line 17          | b                                |                                    |                           | ▶\$  | S  |
|                  |                                  | 1120-POL for this year?            |                           |  |  |
| 5 Enter          | the names, addresses and er      | mployer identification number (E   | EIN) of all section 527 p | olitical organizations to whic                 | ch the filing organization                       |
|                  |                                  | ation listed, enter the amount pa  |                           |  |  |
|                  | •                                | comptly and directly delivered to  |                           |  | ate segregated fund or a                         |
| politic          | al action committee (PAC). If    | additional space is needed, pro    | ovide information in Par  | t IV.  | 1  |
|                  | (a) Name                         | (b) Address                        | (c) EIN                   | (d) Amount paid from                           | (e) Amount of political                          |
|                  |                                  |                                    |                           | filing organization's funds. If none, enter -0 | contributions received and promptly and directly |
|                  |                                  |                                    |                           | lulius. Il florie, efiler -o                   | delivered to a separate                          |
|                  |                                  |                                    |                           |  | political organization.                          |
|                  |                                  |                                    |                           |  | If none, enter -0                                |
|                  |                                  |                                    |                           |  |  |
|                  |                                  |                                    |                           |  |  |
|                  |                                  |                                    |                           |  |  |
|                  |                                  |                                    |                           |  |  |
|                  |                                  |                                    |                           |  |  |
|                  |                                  |                                    |                           |  |  |
|                  |                                  |                                    |                           |  |  |
|                  |                                  |                                    |                           |  |  |
|                  |                                  |                                    |                           |  |  |
|                  |                                  |                                    |                           |  |  |
|                  |                                  |                                    |                           |  |  |

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

Schedule C (Form 990 or 990-EZ) 2018

LHA

832041 11-08-18

| Part II-A Complete if the org section 501(h)).                | ganization is e                      | xempt under section                                    | on 501(c)(3) and fil      | ed Form 5768 (e                  | lection under                      |
|---|--------------------------------------|--|---------------------------|----------------------------------|------------------------------------|
|   | ition belongs to ar                  | affiliated group (and list i                           | n Part IV each affiliated | group member's nar               | ne, address. EIN.                  |
| expenses, and sha   | -                                    | - · ·  |                           | 3 <b> </b>                       | ,,                                 |
| B Check ▶ ☐ if the filing organiza                            | tion checked box                     | A and "limited control" pr                             | ovisions apply.           |                                  |                                    |
|   | ts on Lobbying E<br>ditures" means a | xpenditures<br>mounts paid or incurred                 | .)                        | (a) Filing organization's totals | <b>(b)</b> Affiliated group totals |
| 1a Total lobbying expenditures to infl                        | uence public opin                    | on (grass roots lobbying)                              |                           |                                  |                                    |
| <b>b</b> Total lobbying expenditures to infl                  | uence a legislative                  | body (direct lobbying)                                 |                           |                                  |                                    |
| c Total lobbying expenditures (add I                          | ines 1a and 1b) $_{\cdot\cdot}$      |  |                           |                                  |                                    |
| d Other exempt purpose expenditur                             |                                      |  |                           |                                  |                                    |
| e Total exempt purpose expenditure                            |                                      |  |                           |                                  |                                    |
| f Lobbying nontaxable amount. Ent                             |                                      |  |                           |                                  |                                    |
| If the amount on line 1e, column (a) o                        |                                      | lobbying nontaxable an                                 |                           |                                  |                                    |
| Not over \$500,000  | <del></del>                          | of the amount on line 1e                               |                           |                                  |                                    |
| Over \$500,000 but not over \$1,00                            |                                      | 0,000 plus 15% of the ex                               |                           |                                  |                                    |
| Over \$1,000,000 but not over \$1,5                           |                                      | 5,000 plus 10% of the ex                               |                           |                                  |                                    |
| Over \$1,500,000 but not over \$17                            |                                      | 5,000 plus 5% of the exc                               | ess over \$1,500,000.     |                                  |                                    |
| Over \$17,000,000   | [ \$1,0                              | 000,000.   |                           |                                  |                                    |
| g Grassroots nontaxable amount (er                            | nter 25% of line 1f                  | )  |                           |                                  |                                    |
| h Subtract line 1g from line 1a. If zer                       |                                      |  |                           |                                  |                                    |
| i Subtract line 1f from line 1c. If zero                      | *                                    |  |                           |                                  |                                    |
| j If there is an amount other than ze                         | •                                    |  |                           |                                  |                                    |
| reporting section 4911 tax for this                           | _                                    | ,  |                           |                                  | Yes No                             |
|   |                                      | Averaging Period Under                                 |                           |                                  |                                    |
| (Some organizations t   |                                      | on 501(h) election do not<br>parate instructions for l | •                         | of the five columns I            | below.                             |
|   | Lobbying E                           | xpenditures During 4-Ye                                | ar Averaging Period       |                                  |                                    |
| Calendar year<br>(or fiscal year beginning in)                | <b>(a)</b> 2015                      | <b>(b)</b> 2016  | <b>(c)</b> 2017           | <b>(d)</b> 2018                  | (e) Total                          |
| 2a Lobbying nontaxable amount                                 |                                      |  |                           |                                  |                                    |
| <b>b</b> Lobbying ceiling amount (150% of line 2a, column(e)) |                                      |  |                           |                                  |                                    |
| c Total lobbying expenditures                                 |                                      |  |                           |                                  |                                    |
| <b>d</b> Grassroots nontaxable amount                         |                                      |  |                           |                                  |                                    |
| e Grassroots ceiling amount                                   |                                      |  |                           |                                  |                                    |
| (150% of line 2d, column (e))                                 |                                      |  |                           |                                  |                                    |
| (   |                                      |  |                           |                                  |                                    |
| f Grassroots lobbying expenditures                            |                                      |  |                           |                                  |                                    |

Schedule C (Form 990 or 990-EZ) 2018

# Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description   | (8               | a)             | (b)        |          |
|--|------------------|----------------|------------|----------|
| of the lobbying activity.  | Yes              | No             | Amo        | unt      |
| 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:   |                  |                |            |          |
| a Volunteers?  |                  | X              |            |          |
| <b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  |                  | X              |            |          |
| c Media advertisements?  |                  | X              |            |          |
| d Mailings to members, legislators, or the public?   |                  | X              |            |          |
| e Publications, or published or broadcast statements?  |                  | X              |            |          |
| f Grants to other organizations for lobbying purposes?   | 77               | Х              | <u> </u>   | <u> </u> |
| g Direct contact with legislators, their staffs, government officials, or a legislative body?  | X                | v              | 6 /        | ,600.    |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  |                  | X              |            |          |
| i Other activities?  |                  | Х              | 67         | 600      |
| j Total. Add lines 1c through 1i   |                  | X              | 6 /        | ,600.    |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?   |                  | Λ              |            |          |
| <b>b</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?   | on 501(c)        | (5) or se      | ction      |          |
| 501(c)(6).   | on 50 n(c)       | (5), 01 36     | Ction      |          |
| 331(3)(3)  |                  |                | Yes        | No       |
| Were substantially all (90% or more) dues received nondeductible by members?   |                  | 1              |            |          |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?  |                  |                |            |          |
| 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the  |                  |                |            |          |
| Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) |                  |                | ction      |          |
| 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered   |                  |                |            | e 3, is  |
| answered "Yes."  | ·                | ` '            | ŕ          | ·        |
| Dues, assessments and similar amounts from members   |                  | 1              |            |          |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi   |                  |                |            |          |
| expenses for which the section 527(f) tax was paid).   |                  |                |            |          |
| a Current year   |                  | 2a             |            |          |
| <b>b</b> Carryover from last year  |                  |                |            |          |
| c Total  |                  |                |            |          |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  |                  |                |            |          |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc   | cess             |                |            |          |
| does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p  | oolitical        |                |            |          |
| expenditure next year?   |                  | 4              |            |          |
| 5 Taxable amount of lobbying and political expenditures (see instructions)   |                  | 5              |            |          |
| Part IV Supplemental Information   |                  |                |            |          |
| 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 instructions); and Part II-B, line 1. Also, complete this part for any additional information.<br>PART II-B, LINE 1, LOBBYING ACTIVITIES:  | o list); Part II | I-A, lines 1 a | and 2 (see |          |
| , . ,  |                  |                |            |          |
| THE COLLEGE IS A MEMBER OF THE AMERICAN COUNCIL ON ED  | UCATIO           | ON, TH         | E          |          |
| ASSOCIATION OF INDEPENDENT COLLEGES AND UNIVERSITIES   | OF PEN           | INSYLV.        | ANIA,      |          |
| THE NATIONAL ASSOCIATION OF INDEPENDENT COLLEGES AND   | UNIVEF           | RSITIE         | S AND      |          |
| THE LEHIGH VALLEY ASSOCIATION OF INDEPENDENT COLLEGES  | . THRO           | OUGH T         | HESE       |          |
| ORGANIZATIONS, THE COLLEGE MAY, FROM TIME TO TIME, LO  | BBY TH           | E CIT          | Y OF       |          |

| Part IV   Supplemental Information (continued)                          |
|---|
| EASTON, THE COMMONWEALTH OF PENNSYLVANIA OR THE FEDERAL GOVERNMENT IN   |
| SUPPORT OF HIGHER EDUCATION ISSUES AND LEGISLATION OR IN THE ASSISTANCE |
| IN PROCURING GRANTS. THE COLLEGE NEITHER EMPLOYS A LOBBYIST OR          |
| LOBBYING FIRM NOR INCURS LOBBYING EXPENSES FOR LEGISLATION ON THE       |
| COLLEGE'S BEHALF. THE COLLEGE EMPLOYS THE DELTA DEVELOPMENT GROUP FOR   |
| ASSISTANCE IN SECURING FEDERAL AND STATE GRANTS.                        |
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097-4YQ1

# **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

LAFAYETTE COLLEGE

Employer identification number 24-0795686

| Pai | t I Organizations Maintaining Donor Advise   | ed Funds or Other Similar Funds or               | Accounts. Complete if the                 |  |  |
|-----|--|--|---|--|--|
|     | organization answered "Yes" on Form 990, Part IV, lir  | ne 6.  |   |  |  |
|     |  | (a) Donor advised funds                          | (b) Funds and other accounts              |  |  |
| 1   | Total number at end of year  |  |   |  |  |
| 2   | Aggregate value of contributions to (during year)  |  |   |  |  |
| 3   | Aggregate value of grants from (during year)   |  |   |  |  |
| 4   | 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 f  | funds                                     |  |  |
|     | are the organization's property, subject to the organization's   | exclusive legal control?                         | Yes No                                    |  |  |
| 6   | Did the organization inform all grantees, donors, and donor a  | advisors in writing that grant funds can be use  | ed only                                   |  |  |
|     | for charitable purposes and not for the benefit of the donor   | or donor advisor, or for any other purpose con   | ferring                                   |  |  |
|     |  |  |   |  |  |
| Pai | t II Conservation Easements. Complete if the or  | ganization answered "Yes" on Form 990, Part      | IV, line 7.                               |  |  |
| 1   | Purpose(s) of conservation easements held by the organizat   | tion (check all that apply).                     |   |  |  |
|     | Preservation of land for public use (e.g., recreation or   | education) Preservation of a historica           | ally important land area                  |  |  |
|     | Protection of natural habitat Preservation of a certified historic structure   |  |   |  |  |
|     | Preservation of open space   |  |   |  |  |
| 2   | Complete lines 2a through 2d if the organization held a quali  | ified conservation contribution in the form of a |   |  |  |
|     | day of the tax year.   |  | Held at the End of the Tax Year           |  |  |
|     | Total number of conservation easements   |  |   |  |  |
|     | Total acreage restricted by conservation easements   |  |   |  |  |
|     | Number of conservation easements on a certified historic st  |  | 2c  |  |  |
| d   | Number of conservation easements included in (c) acquired  |  |   |  |  |
| _   | listed in the National Register  |  |   |  |  |
| 3   | Number of conservation easements modified, transferred, re   | eleased, extinguished, or terminated by the orc  | ganization during the tax                 |  |  |
|     | year >   |  |   |  |  |
| 4   | Number of states where property subject to conservation ea   |  |   |  |  |
| 5   | Does the organization have a written policy regarding the pe   |  | Yes No                                    |  |  |
| 6   | violations, and enforcement of the conservation easements<br>Staff and volunteer hours devoted to monitoring, inspecting |  |   |  |  |
| 6   | Starr and volunteer nours devoted to monitoring, inspecting  | , nandling of violations, and emorcing conserv   | ation easements during the year           |  |  |
| 7   | Amount of expenses incurred in monitoring, inspecting, hand  | dling of violations, and enforcing conservation  | essements during the year                 |  |  |
| •   | S  | diring of violations, and emoroting conservation | casements during the year                 |  |  |
| 8   | Does each conservation easement reported on line 2(d) abo  | ve satisfy the requirements of section 170(h)(4  | 1)(B)(i)                                  |  |  |
| Ū   | and section 170(h)(4)(B)(ii)?  |  |   |  |  |
| 9   | In Part XIII, describe how the organization reports conservat  |  |   |  |  |
| _   | include, if applicable, the text of the footnote to the organiza   | •  |   |  |  |
|     | conservation easements.  |  | 3   |  |  |
| Pai | t III Organizations Maintaining Collections o  | of Art, Historical Treasures, or Othe            | er Similar Assets.                        |  |  |
|     | Complete if the organization answered "Yes" on Forn  | n 990, Part IV, line 8.                          |   |  |  |
| 1a  | If the organization elected, as permitted under SFAS 116 (A  | SC 958), not to report in its revenue statement  | t and balance sheet works of art,         |  |  |
|     | historical treasures, or other similar assets held for public ex   | hibition, education, or research in furtherance  | of public service, provide, in Part XIII, |  |  |
|     | the text of the footnote to its financial statements that descri   | ribes these items.                               |   |  |  |
| b   | If the organization elected, as permitted under SFAS 116 (A  | SC 958), to report in its revenue statement and  | d balance sheet works of art, historical  |  |  |
|     | treasures, or other similar assets held for public exhibition, e   | education, or research in furtherance of public  | service, provide the following amounts    |  |  |
|     | relating to these items:   |  |   |  |  |
|     | (i) Revenue included on Form 990, Part VIII, line 1  |  | ▶ \$ <u>1,638,650.</u>                    |  |  |
|     | (ii) Assets included in Form 990, Part X   |  | \$ 7,489,965.                             |  |  |
| 2   | If the organization received or held works of art, historical tre  |  |   |  |  |
|     | the following amounts required to be reported under SFAS 1   | 116 (ASC 958) relating to these items:           |   |  |  |
| а   | Revenue included on Form 990, Part VIII, line 1  |  | <b>&gt;</b> \$                            |  |  |
|     | Assets included in Form 990, Part X  |  | > \$                                      |  |  |
| LHA | For Paperwork Reduction Act Notice, see the Instruction  | s for Form 990.                                  | Schedule D (Form 990) 2018                |  |  |

097-4YQ1

|        | t III   Organizations Maintaining C  | Collections of Ar      | t Historical Tr                       | easures or Otl         | ner S   |         | 24-0/<br>ar <b>∆</b> sse |                 |       | ge <b>z</b> |
|--------|--|------------------------|---------------------------------------|------------------------|---|---------|--------------------------|-----------------|-------|-------------|
| 3      |  |                        |                                       |                        |   |         |                          |                 |       |             |
| 3      |  |                        |                                       |                        |   |         |                          |                 |       |             |
| _      | (check all that apply):  a X Public exhibition  d X Loan or exchange programs    |                        |                                       |                        |   |         |                          |                 |       |             |
|        |  |                        |                                       |                        |   |         |                          |                 |       |             |
| b      | X Preservation for future generations  | е                      | U Other                               |                        |   |         |                          |                 |       |             |
| с<br>4 | Provide a description of the organization's co                                   | allections and explain | how they further t                    | he organization's ex   | /amn  | t nurna | nee in Par               | + ¥III          |       |             |
| 5      | During the year, did the organization solicit o                                  |                        |                                       |                        |   |         | JJC IIII ai              | t Am.           |       |             |
| J      | to be sold to raise funds rather than to be ma                                   |                        |                                       |                        |   |         |                          | Yes             | X     | No          |
| Par    | t IV Escrow and Custodial Arran  |                        |                                       |                        |   |         |                          |                 |       | -110        |
|        | reported an amount on Form 990, Par  |                        |                                       |                        |   | 550     | , . u,                   |                 |       |             |
| 1a     | Is the organization an agent, trustee, custodi                                   | an or other intermed   | iary for contribution                 | s or other assets n    | ot inc  | luded   |                          |                 |       |             |
|        | on Form 990, Part X?   |                        |                                       |                        |   |         |                          | Yes             | X     | No          |
| b      | If "Yes," explain the arrangement in Part XIII                                   |                        |                                       |                        |   |         |                          |                 |       |             |
|        |  | •                      | · ·                                   |                        |   |         |                          | Amount          |       |             |
| С      | Beginning balance  |                        |                                       |                        |   | 1c      |                          |                 |       |             |
|        | Additions during the year  |                        |                                       |                        |   | 1d      |                          |                 |       |             |
|        | Distributions during the year  |                        |                                       |                        |   | 1e      |                          |                 |       |             |
| f      | Ending balance   |                        |                                       |                        |   | 1f      |                          |                 |       |             |
| 2a     | Did the organization include an amount on Fe                                     | orm 990, Part X, line  | 21, for escrow or co                  | ustodial account lia   | bility?                                       | ?       | L <u>X</u>               | Yes             |       | No          |
|        | If "Yes," explain the arrangement in Part XIII.                                  |                        |                                       |                        |   |         |                          |                 | X     |             |
| Par    | t V Endowment Funds. Complete i  | f the organization ans | swered "Yes" on Fo                    | orm 990, Part IV, line | e 10.   |         |                          |                 |       |             |
|        |  | (a) Current year       | (b) Prior year                        | (c) Two years back     |   |         | ears back                | (e) Four        |       |             |
|        | Beginning of year balance  | 870,744,623.           | 833,069,757.                          | 774,730,899            |   |         | 61,387.                  |                 | 811,  |             |
|        | Contributions  | 18,402,651.            | 21,306,093.                           |                        |   |         | 23,784.                  |                 | 547,  |             |
|        | Net investment earnings, gains, and losses                                       | 16,998,749.            | 59,205,615.                           |                        | _   |         | 54,992.                  |                 | 573,  |             |
| d      | Grants or scholarships   | 8,817,916.             | 8,175,815.                            | 8,041,278              | <u>·                                     </u> | 7,6     | 54,691.                  | 7,              | 142,  | 599.        |
| е      | Other expenditures for facilities  |                        |                                       |                        |   |         |                          |                 |       |             |
|        | and programs   | 32,433,775.            | 31,783,314.                           |                        | _   |         | 95,873.                  |                 | 383,  |             |
| f      | Administrative expenses  | 3,110,806.             | 2,877,713.                            |                        | _   |         | 48,716.                  |                 | 345,  |             |
| g      | End of year balance  | 861,783,526.           | 870,744,623.                          |                        | ·   | 774,7   | 30,899.                  | 809,            | 061,  | 387.        |
| 2      | Provide the estimated percentage of the curr                                     |                        | •                                     | a)) held as:           |   |         |                          |                 |       |             |
|        | Board designated or quasi-endowment  | 25.40                  | _%                                    |                        |   |         |                          |                 |       |             |
|        | Permanent endowment  43.73   | <del>0.8</del> 7 %     |                                       |                        |   |         |                          |                 |       |             |
| С      |  |                        |                                       |                        |   |         |                          |                 |       |             |
| 0-     | The percentages on lines 2a, 2b, and 2c sho                                      |                        |                                       |                        | . 41  |         |                          |                 |       |             |
| за     | Are there endowment funds not in the posse                                       | ssion of the organiza  | ition that are held a                 | na administered foi    | tne o   | organiz | zation                   | Г               | V     | N.          |
|        | by:  |                        |                                       |                        |   |         |                          |                 | Yes X | No          |
|        | <ul><li>(i) unrelated organizations</li><li>(ii) related organizations</li></ul> |                        |                                       |                        |   |         |                          | 3a(i)<br>3a(ii) |       | X           |
| h      | If "Yes" on line 3a(ii), are the related organiza                                | tions listed as requir |                                       |                        |   |         |                          |                 | _     |             |
| 4      | Describe in Part XIII the intended uses of the                                   |                        |                                       |                        |   |         |                          | _ <u></u>       |       |             |
|        | t VI Land, Buildings, and Equipm   |                        | WITICITE TUTIGS.                      |                        |   |         |                          |                 |       |             |
|        | Complete if the organization answere   |                        | . Part IV. line 11a. S                | See Form 990. Part     | X. line                                       | e 10.   |                          |                 |       |             |
|        | Description of property  | (a) Cost or ot         | · · · · · · · · · · · · · · · · · · · |                        |   | mulate  | ed                       | (d) Book        | value |             |
|        |  | basis (investm         | ' '                                   |                        |   | ciation |                          | (-,             |       |             |
| 1a     | Land   |                        | 8,13                                  | 4,633.                 |   |         |                          | 8,134           | 1,63  | 33.         |
|        | Buildings  |                        | 402,21                                | 0,635.169              | , 99  | 2,8     | 43.23                    | 2,217           | 7,79  | 92.         |
|        | Leasehold improvements   |                        |                                       |                        |   | 7,1     |                          | 4,273           |       |             |
|        | Equipment  |                        |                                       |                        | , 20  | 8,0     |                          | 9,736           |       |             |
|        | Other  |                        | 87,38                                 | 5,501.                 |   |         |                          | 7,385           |       |             |
| Total  | . Add lines 1a through 1e. (Column (d) must e                                    | qual Form 990, Part    | X, column (B), line 1                 | Oc.)                   |   |         | ▶ 38                     | 1,747           | 7,92  | 25.         |

Schedule D (Form 990) 2018

| Part VII Investments - Other Securities.                             |                          |   |                         |  |
|--|--------------------------|---|-------------------------|--|
| Complete if the organization answered "Yes"                          | on Form 990, Part IV, Ii | ine 11b. See Form 990, Part X, line 12. |                         |  |
| (a) Description of security or category (including name of security) | (b) Book value           | (c) Method of valuation: Cost or e      | nd-of-year market value |  |
| (1) Financial derivatives  |                          |   |                         |  |
| (2) Closely-held equity interests                                    |                          |   |                         |  |
| (3) Other  |                          |   |                         |  |
| (A) EQ. INSTIT. MUTUAL FUNDS   | 227,822,09               |   | T VALUE                 |  |
| (B) EVENT DRIVED/DISTRESSED  | 30,567,103               | 3. END-OF-YEAR MARKE                    |                         |  |
| (C) LONG/SHORT EQUITY  | 101,565,882              | 2. END-OF-YEAR MARKE                    |                         |  |
| (D) MULTI-STRAT/ABS RETURN   | 85,558,410               |   |                         |  |
| (E) REAL ESTATE  | 3,424,989                |   |                         |  |
| (F) PRIVATE EQUITY   | 107,424,899              | 9. END-OF-YEAR MARKE                    | T VALUE                 |  |
| (G) FIXED INCOME INSTIT.   |                          |   |                         |  |
| (H) MUTUAL FUNDS   | 96,852,020               |   | T VALUE                 |  |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)     | 653,215,40               | 5.                                      |                         |  |
| Part VIII Investments - Program Related.                             |                          |   |                         |  |
| Complete if the organization answered "Yes"                          | on Form 990, Part IV, I  | ine 11c. See Form 990, Part X, line 13. |                         |  |
| (a) Description of investment  | (b) Book value           | (c) Method of valuation: Cost or e      | nd-of-year market value |  |
| (1)  |                          |   |                         |  |
| (2)  |                          |   |                         |  |
| (3)  |                          |   |                         |  |
| (4)  |                          |   |                         |  |
| (5)  |                          |   |                         |  |
| (6)  |                          |   |                         |  |
| (7)  |                          |   |                         |  |
| (8)  |                          |   |                         |  |
| (9)  |                          |   |                         |  |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)     |                          |   |                         |  |
| Part IX Other Assets.  |                          |   |                         |  |
| Complete if the organization answered "Yes"                          |                          | ine 11d. See Form 990, Part X, line 15. |                         |  |
| (a)  | Description              |   | (b) Book value          |  |
| (1)  |                          |   |                         |  |
| (2)  |                          |   |                         |  |
| (3)  |                          |   |                         |  |
| (4)  |                          |   |                         |  |
| (5)  |                          |   |                         |  |
| (6)  |                          |   |                         |  |
| (7)  |                          |   |                         |  |
| (8)  |                          |   |                         |  |
| (9)  |                          |   |                         |  |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line        | e 15.)                   |   | <b>&gt;</b>             |  |
| Part X Other Liabilities.  |                          |   |                         |  |
| Complete if the organization answered "Yes"                          | on Form 990, Part IV, I  |   | 25.                     |  |
| 1. (a) Description of liability                                      |                          | (b) Book value                          |                         |  |
| (1) Federal income taxes   |                          |   |                         |  |
| (2) DEFERRED GIVING LIABILITY  |                          | 18,318,601.                             |                         |  |
| (3) POST RETIREMENT BENEFITS   |                          | 47,478,000.                             |                         |  |
| (4) COND. ASSET RETIREMENT OB  |                          | 1,749,968.                              |                         |  |
| (5) INT. RATE HEDGE/SWAP AGRE  | EMENTS                   | 14,265,462.                             |                         |  |
| (6)  |                          |   |                         |  |
| (7)  |                          |   |                         |  |
| (8)  |                          |   |                         |  |
| (9)  |                          |   |                         |  |

Schedule D (Form 990) 2018

81,812,031.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

| Sche     | edule D (Form 990) 2018 LAFAYETTE COLLEGE   |          |                             | 24-    | 0795686 Page          |
|----------|---|----------|-----------------------------|--------|-----------------------|
| Pa       | rt XI Reconciliation of Revenue per Audited Financial Statemer  | nts W    | /ith Revenue per F          |        |                       |
|          | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.                                   |          |                             |        |                       |
| 1        | Total revenue, gains, and other support per audited financial statements                                      |          |                             | 1      | 185,743,030           |
| 2        | Amounts included on line 1 but not on Form 990, Part VIII, line 12:   |          |                             |        |                       |
| а        | Net unrealized gains (losses) on investments  | 2a       | -469,075                    |        |                       |
| b        |   | 2b       |                             |        |                       |
| С        |   |          |                             |        |                       |
| d        | Other (Describe in Part XIII.)  |          | -50,063,101.                |        |                       |
|          | Add lines <b>2a</b> through <b>2d</b>   |          | •                           |        | -50,532,176           |
| 3        | Subtract line <b>2e</b> from line <b>1</b>  |          |                             | 3      | 236,275,206           |
| 4        | Amounts included on Form 990, Part VIII, line 12, but not on line 1:  |          |                             |        |                       |
| а        | Investment expenses not included on Form 990, Part VIII, line 7b  | 4a       | 711,980.                    |        |                       |
|          | Other (Describe in Part XIII.)  |          |                             |        |                       |
|          | Add lines <b>4a</b> and <b>4b</b>   |          | •                           | 4c     | -1,593,612            |
| 5        | Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)                 |          |                             |        | 234,681,594           |
|          | rt XII Reconciliation of Expenses per Audited Financial Stateme   |          |                             |        |                       |
|          | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.                                   |          |                             |        |                       |
| 1        | Total expenses and losses per audited financial statements  |          |                             | 1      | 175,359,644           |
| 2        | Amounts included on line 1 but not on Form 990, Part IX, line 25:   |          |                             | •      |                       |
| a        |   | 2a       | 1                           |        |                       |
|          |   | 2b       |                             | -      |                       |
| C        |   | 2c       |                             | 1      |                       |
|          | Other losses Other (Describe in Part XIII.)   |          | 2,305,592                   | 1      |                       |
|          |   |          | •                           | 2e     | 2,305,592             |
| 3        | Add lines 2a through 2d   |          |                             |        | 173,054,052           |
| 4        | Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: |          |                             | 3      | 17370317032           |
|          |   | 4a       | 711,980.                    |        |                       |
|          | Investment expenses not included on Form 990, Part VIII, line 7b  |          |                             |        |                       |
|          | Other (Describe in Part XIII.) Add lines <b>4a</b> and <b>4b</b>  |          | •                           | 4c     | 56,741,429            |
| _        | Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.)                |          |                             |        | 229,795,481           |
| 5<br>Da  | rt XIII Supplemental Information.   |          |                             | 1 5    | ZZJ, 1JJ, 401         |
|          |   | \        | a the anal Ohi Davit V line | 4. Day | t V. line O. Davit VI |
|          | ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II               |          |                             | 4; Par | t X, line 2; Part XI, |
| lines    | 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit                        | ionai ii | ntormation.                 |        |                       |
|          |   |          |                             |        |                       |
| Dλi      | RT IV, LINE 2B:   |          |                             |        |                       |
| <u> </u> | KI IV, HINE 2D.   |          |                             |        |                       |
| TIT!     | E COLLEGE MAINTAINS AGENCY FUNDS FOR THE IN   | T7E C    | THE TOTAL PROPERTY          | מאו    | THE ALIMINIT          |
| 1111     | E COLLEGE MAINIAINS AGENCI FONDS FOR THE IN   | 1 4 11 2 | TMENT CHOD A                | מוזע   | IIIE ADOMNI           |
| 7 0      | SOCIATION.  |          |                             |        |                       |
| AD       | DOCIATION:  |          |                             |        |                       |
|          |   |          |                             |        |                       |
|          |   |          |                             |        |                       |
| ר א כד   | DM 17 TINE 1.   |          |                             |        |                       |
| PA.      | RT V, LINE 4:   |          |                             |        |                       |
| TH       | E INTENT OF THE COLLEGE'S INVESTMENT GUIDEL   | INE      | S FOR ITS EN                | 1DOM   | MENT IS TO            |
| PR       | OVIDE A PREDICTABLE STREAM OF FUNDING TO TH   | IE C     | OLLEGE'S PRO                | GRA    | MS FROM THE           |
| EN       | DOWMENT WHILE SEEKING TO MAINTAIN THE PURCH   | IASI     | NG POWER OF                 | THE    | ENDOWMENT             |
| AS       | SETS. THE COLLEGE'S ENDOWMENT CONSISTS OF A   | PPR      | OXIMATELY 1,                | 300    | ENDOWED               |

FUNDS. EARNINGS ON ENDOWMENT FUNDS ARE DESIGNATED FOR SCHOLARSHIPS, Schedule D (Form 990) 2018

FUNDS THAT ARE ESTABLISHED FOR A VARIETY OF PURPOSES. ENDOWMENT

CONTRIBUTIONS INCLUDE GIFTS AS WELL AS TRANSFERS TO BOARD DESIGNATED

Part XIII | Supplemental Information (continued)

PROFESSORSHIPS, CHAIRS, STUDENT LOANS, INSTRUCTIONAL PROGRAMS, LIBRARY PURCHASES, GENERAL OPERATIONS, AND OTHER DESIGNATED PURPOSES.

#### 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.

#### PART XI, LINE 2D - OTHER ADJUSTMENTS:

| SCHOLARSHIPS AND FELLOWSHIPS                        | -51,759,878. |
|---|--------------|
| CHANGE IN ANNUITIES PAYABLE ESTIMATE                | 6,314,269.   |
| CHANGE IN FV OF INTEREST RATE HEDGE/SWAP AGREEMENTS | -3,060,492.  |
| CHANGE IN POST RETIREMENT BENEFIT COST              | -1,557,000.  |
| TOTAL TO SCHEDULE D, PART XI, LINE 2D               | -50,063,101. |
|   |              |

#### PART XI, LINE 4B - OTHER ADJUSTMENTS:

| -501,128.   |
|-------------|
| -1,755,538. |
| -48,926.    |
| -2,305,592. |
|             |

#### PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL REVENUES TO EXTENT EXPENDED

| COLLEGE | STORE | (COGS) | REVENUES | TO | EXTENT | EXPENDED | 1,755,538. |
|---------|-------|--------|----------|----|--------|----------|------------|
|         |       |        |          |    |        |          |            |

DIRECT SPECIAL EVENT EXPENSES

Schedule D (Form 990) 2018

501,128.

48,926.

Part XIII | Supplemental Information (continued)

TOTAL TO SCHEDULE D, PART XII, LINE 2D 2,305,592.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

SCHOLARSHIPS AND FELLOWSHIPS 51,759,878.

NONOPERATING EXPENSES 4,269,571.

TOTAL TO SCHEDULE D, PART XII, LINE 4B 56,029,449.

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 PAINTINGS, PRINTS, AND SCULPTURE; VINTAGE

PHOTOGRAPHS; AND CONTEMPORARY AMERICAN 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, AND MAKE ACCESSIBLE THE COLLEGE'S ART

COLLECTION TO THE STUDENTS, PUBLIC, AND SCHOLARS THROUGH EXHIBITIONS,

PUBLICATIONS, REPRODUCTIONS, AND BY GRANTING ACCESS FOR RESEARCH PURPOSES.

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 COMMERCIAL

(EX: TEXT BOOKS) AND ACADEMIC-SCHOLARLY PUBLICATIONS (GENERALLY AT NO

CHARGE OR A NOMINAL FEE).

THE LAFAYETTE COLLEGE'S SPECIAL COLLECTIONS AND COLLEGE ARCHIVES ARE HOME

TO APPROXIMATELY 20,000 RARE BOOKS AND MORE THAN 2,000 CUBIC FEET OF

Part XIII | Supplemental Information (continued)

MANUSCRIPTS AND ARCHIVES. THE HOLDINGS INCLUDE MANUSCRIPTS, RARE BOOK

COLLECTIONS ON STEPHEN CRANE, ANGLING, MINIATURE BOOKS, AND ARTISTS'

BOOKS; PAPERS OF FORMER TREASURY SECRETARY WILLIAM E. SIMON, NEW JERSEY

GOVERNOR ROBERT E. MEYNER AND CONGRESSWOMAN HELEN MEYNER; THE EARLY

RECORDS OF THE EASTON-BASED DIXIE CUP COMPANY AND THE PAPERS OF NOTED

ILLUSTRATOR AND ARTIST HOWARD CHANDLER CHRISTY.

THE COLLEGE ARCHIVES SERVE AS THE REPOSITORY FOR THE RECORDS OF LAFAYETTE COLLEGE, DATING BACK TO THE FOUNDING OF THE COLLEGE IN 1824-1826. IT IS CHARGED WITH RECORDS MANAGEMENT RESPONSIBILITIES FOR CURRENT COLLEGE RECORDS. THE ARCHIVES ALSO INCLUDE MORE THAN 50,000 PHOTOGRAPHS, AUDIO-VISUAL RECORDINGS, AND OBJECTS THAT DOCUMENT THE COLLEGE'S HISTORY.

THE DEPARTMENT 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 GIFTS OF MANY PRIVATE COLLECTIONS. THE COLLECTION IS

HOUSED IN VAN WICKLE HALL AND A LARGE NUMBER OF SPECIMENS ARE ON DISPLAY

IN THE GEOLOGY MUSEUM IN THE CENTER OF VAN WICKLE HALL. THE COLLECTION IS

MANAGED BY A PROFESSIONAL CURATOR WHO WORKS PART TIME TO CURATE THE

COLLECTION AND CYCLE MINERALS FROM STORAGE THROUGH THE DISPLAY CASES. THE

GROWTH AND MAINTENANCE OF THE COLLECTION IS PARTIALLY SUPPORTED BY AN

ENDOWED FUND GIFTED BY JOHN POHL ALONG WITH THE DONATION OF HIS MINERAL

COLLECTION IN 1952. THE COLLECTION HAS GROWN SIGNIFICANTLY DURING THE PAST

10 YEARS WITH DONATIONS TOTALING MORE THAN 1,000 SPECIMENS FROM SEVERAL

DONORS. THE CENTERPIECE OF THE COLLECTION IS A TWO-TON PIECE OF ORBUCULAR

GRANODIORITE QUARRIED IN WESTERN AUSTRALIA. THE GRANITOID FORMED IN A

MAGMA CHAMBER 2.7 BILLION YEARS AGO AND THE ORBICULAR TEXTURE EARNED IT

Schedule D (Form 990) 2018

| Part XIII   Supplemental Information (continued)                          |
|---|
| THE INFORMAL NAME OF THE LEOPARD ROCK. THE COLLECTION IS ENJOYED BY THE   |
| LAFAYETTE COMMUNITY, ELEMENTARY AND SECONDARY STUDENTS, YOUTH GROUPS, AND |
| THE COMMUNITY AT LARGE.   |
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## **SCHEDULE E**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Part I

# **Schools**

► 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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization LAFAYETTE COLLEGE

Employer identification number 24-0795686

|                       |   |                | YES                    | N |
|-----------------------|---|----------------|------------------------|---|
|                       | 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              | х                      |   |
|                       | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,  |                |                        |   |
|                       | catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?   | 2              | Х                      |   |
|                       | Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the   |                |                        |   |
|                       | period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes   |                |                        |   |
|                       | the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.   |                |                        |   |
|                       | If you need more space, use Part II   | 3              | Х                      |   |
|                       | SEE SUPPLEMENTAL PAGE   |                |                        |   |
|                       | Do so the aurentination registers the fellowing?  |                |                        |   |
|                       | Does the organization maintain the following?  Records indicating the regial composition of the student body, faculty, and administrative staff?  | 40             | х                      |   |
|                       | Records indicating the racial composition of the student body, faculty, and administrative staff?  Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?  | 4a<br>4b       | X                      | H |
|                       | Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student   | 40             |                        | H |
| _                     | admissions, programs, and scholarships?   | 4c             | х                      |   |
| 4                     | Copies of all material used by the organization or on its behalf to solicit contributions?  | 4d             | X                      |   |
| <b>.</b>              | If you answered "No" to any of the above, please explain. If you need more space, use Part II.  | -TG            |                        |   |
|                       |   |                |                        |   |
| _                     | Does the organization discriminate by race in any way with respect to:  | -              |                        |   |
|                       | Students' rights or privileges?   | 5a             | $\vdash \vdash \vdash$ | _ |
| •                     | Admissions policies?  | 5b             | $\vdash \vdash \vdash$ | _ |
| ;                     | Employment of faculty or administrative staff?  | 5c<br>5d       |                        |   |
|                       | Scholarships or other financial assistance?   | 5e             |                        |   |
| t                     | Educational policide?   |                |                        |   |
| d<br>e                | Educational policies? Use of facilities?  | 5f             |                        |   |
| d<br>e<br>f           | Use of facilities?  | 5f             |                        |   |
| d<br>e<br>f           | Use of facilities? Athletic programs?   | 5f<br>5g<br>5h |                        |   |
| d<br>e<br>f           | Use of facilities?  | 5g             |                        |   |
| d<br>e<br>f           | Use of facilities? Athletic programs? Other extracurricular activities?   | 5g             |                        |   |
| d<br>f<br>g<br>n      | Use of facilities? Athletic programs? Other extracurricular activities?   | 5g             | X                      |   |
| d<br>e<br>f<br>g<br>h | Use of facilities?  Athletic programs?  Other extracurricular activities?  If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.  Does the organization receive any financial aid or assistance from a governmental agency?   | 5g<br>5h       | X                      |   |
| d<br>e<br>f<br>g<br>h | Use of facilities?  Athletic programs?  Other extracurricular activities?  If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.  | 5g<br>5h<br>6a | Х                      |   |
| d<br>e<br>f<br>g<br>n | Use of facilities?  Athletic programs?  Other extracurricular activities?  If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.  Does the organization receive any financial aid or assistance from a governmental agency?  Has the organization's right to such aid ever been revoked or suspended? | 5g<br>5h<br>6a | X                      |   |

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

Schedule E (Form 990 or 990-EZ) 2018

Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information. LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID: 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)

Department of the Treasury Internal Revenue Service

# **Statement of Activities Outside the United States**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

2018
Open to Public Inspection

Name of the organization

LAFAYETTE COLLEGE

**Employer identification number** 

24-0795686

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region
(b) Number of offices offices offices agents, and in the region office of the region of t

|   | offices<br>in the region | agents, and independent contractors in the region | (by type) (such as, fundraising, pro-<br>gram services, investments, grants to<br>recipients located in the region) | is a program service,<br>describe specific type<br>of service(s) in the region | for and investments in the region |
|---|--------------------------|---|---|--|-----------------------------------|
|   |                          |   |   |  |                                   |
| CENTRAL AMERICA &                                 |                          |   |   |  |                                   |
| CARIBBEAN   | 0                        | 0   | INVESTMENTS   |  | 222,507,089.                      |
|   |                          |   |   |  |                                   |
| EAST ASIA AND THE                                 |                          |   |   |  |                                   |
| PACIFIC   | 0                        | 0   | INVESTMENTS   |  | 9,652,502.                        |
|   |                          |   |   |  |                                   |
|   |                          |   |   |  |                                   |
| NORTH AMERICA                                     | 0                        | 0   | INVESTMENTS   |  | 88,614,941.                       |
|   |                          |   |   |  |                                   |
|   |                          |   |   |  |                                   |
| SOUTH ASIA  | 0                        | 0   | INVESTMENTS   |  | 23,480,273.                       |
|   |                          |   |   |  |                                   |
| CENTRAL AMERICA AND                               |                          |   |   |  |                                   |
| THE CARIBBEAN                                     | 0                        | 0   | MANAGEMENT AND GENERAL  | INSTITUTIONAL SUPPORT  | 9,370.                            |
|   |                          |   |   |  | <u> </u>                          |
|   |                          |   |   |  |                                   |
| CENTRAL AMERICA AND THE CARIBBEAN                 | 0                        | 0   | PROGRAM SERVICES  | INSTRUCTION  | 102,545.                          |
| THE CIRCIDDENIA                                   |                          |   | I ROOMIN BERVICES   | INDINOCITON  | 102,343.                          |
|   |                          |   |   |  |                                   |
| CENTRAL AMERICA AND                               |                          |   |   |  |                                   |
| THE CARIBBEAN                                     | 0                        | 0   | PROGRAM SERVICES  | RESEARCH   | 2,611.                            |
|   |                          |   |   |  |                                   |
| EAST ASIA AND THE                                 |                          |   |   |  |                                   |
| PACIFIC   | 0                        |   | MANAGEMENT AND GENERAL  | INSTITUTIONAL SUPPORT  | 8,631.                            |
| 3 a Subtotal                                      | 0                        | 0   |   |  | 344,377,962.                      |
| <b>b</b> Total from continuation sheets to Part I | 0                        | 0   |   |  | 1,975,834.                        |
| c Totals (add lines 3a                            |                          |   |   |  | , , , , ,                         |
| and 3b)   | 0                        | 0   |   |  | 346,353,796.                      |

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

Schedule F (Form 990) 2018

| Schedule F (Form 990) LAFAYETTE COLLEGE 24-0795686 Page 1 Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3) |                                     |  |   |  |   |  |  |  |
|---|-------------------------------------|--|---|--|---|--|--|--|
|   |                                     |  | <del> </del>  |  | 1                                       |  |  |  |
| (a) Region  | (b) Number of offices in the region | (c) Number of<br>employees or<br>agents in<br>region | (d) Activities conducted in region<br>(by type) (i.e., fundraising,<br>program services, grants to<br>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<br>expenditures<br>for region |  |  |  |
|   |                                     |  |   |  |   |  |  |  |
| EAST ASIA AND THE PACIFIC   | 0                                   | 0  | PROGRAM SERVICES  | INSTRUCTION  | 115,627.                                |  |  |  |
| EAST ASIA AND THE   |                                     |  |   |  |   |  |  |  |
| PACIFIC   | 0                                   | 0  | PROGRAM SERVICES  | RESEARCH   | 10,974.                                 |  |  |  |
| EAST ASIA AND THE   |                                     |  |   |  |   |  |  |  |
| PACIFIC   | 0                                   | 0  | PROGRAM SERVICES  | STUDENT SERVICES   | 10,920.                                 |  |  |  |
|   |                                     |  |   |  |   |  |  |  |
| EUROPE  | 0                                   | 0  | MANAGEMENT AND GENERAL  | INSTITUTIONAL SUPPORT  | 14,529.                                 |  |  |  |
| EUROPE  | 0                                   | 0  | PROGRAM SERVICES  | ACADEMIC SUPPORT   | 2,343.                                  |  |  |  |
|   |                                     |  |   |  |   |  |  |  |
| EUROPE  | 0                                   | 0  | PROGRAM SERVICES  | INSTRUCTION  | 1,441,572.                              |  |  |  |
|   |                                     |  |   |  |   |  |  |  |
| EUROPE  | 0                                   | 0  | PROGRAM SERVICES  | RESEARCH   | 47,391.                                 |  |  |  |
|   |                                     |  |   |  | 0.756                                   |  |  |  |
| EUROPE  | 0                                   | 0  | PROGRAM SERVICES  | STUDENT SERVICES   | 2,756.                                  |  |  |  |
| MIDDLE EAST AND   | 0                                   | 0  | PROGRAM SERVICES  | INSTRUCTION  | 1,707.                                  |  |  |  |
|   |                                     |  |   |  |   |  |  |  |
| NORTH AMERICA   | 0                                   | 0  | MANAGEMENT AND GENERAL  | INSTITUTIONAL SUPPORT  | 342.                                    |  |  |  |
|   |                                     |  |   |  |   |  |  |  |
| Totals  |                                     |  |   |  |   |  |  |  |

| Schedule F (Form 990) |                                     | E COLLEG   |   | 24-0/95686   | Page <sup>1</sup>                       |
|-----------------------|-------------------------------------|--|---|--|---|
| Part I Continuation   | on of Activitie                     | s per Regio  | <b>n.</b> (Schedule F (Form 990), Part I, line 3  | 3)   |   |
| (a) Region            | (b) Number of offices in the region | (c) Number of<br>employees or<br>agents in<br>region | (d) Activities conducted in region<br>(by type) (i.e., fundraising,<br>program services, grants to<br>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<br>expenditures<br>for region |
|                       |                                     |  |   |  |   |
| NORTH AMERICA         | C                                   | 0  | PROGRAM SERVICES  | INSTRUCTION  | 45,946                                  |
| NORTH AMERICA         | C                                   | 0  | PROGRAM SERVICES  | RESEARCH   | 12,998                                  |
| NORTH AMERICA         | C                                   | 0  | PROGRAM SERVICES  | STUDENT SERVICES   | 2,068                                   |
|                       |                                     |  |   |  |   |
| SOUTH AMERICA         | C                                   | 0  | PROGRAM SERVICES  | INSTRUCTION  | 94,668                                  |
| SOUTH ASIA            | C                                   | 0  | PROGRAM SERVICES  | INSTRUCTION  | 1,318                                   |
| SOUTH ASIA            | C                                   | 0  | PROGRAM SERVICES  | RESEARCH   | 1,558                                   |
| SOUTH ASIA            |                                     | 0  | PROGRAM SERVICES  | STUDENT SERVICES   | 269                                     |
|                       |                                     |  |   |  |   |
| SUB-SAHARAN AFRICA    | C                                   | 0  | PROGRAM SERVICES  | INSTRUCTION  | 163,136                                 |
| SUB-SAHARAN AFRICA    | C                                   | 0  | PROGRAM SERVICES  | STUDENT SERVICES   | 5,712                                   |
|                       |                                     |  |   |  |   |
|                       |                                     |  |   |  |   |
| Totals                |                                     |  |   |  | 1,975,834.                              |

| Schedule | F (Form 990) 2018      | LAFAYETTE               | COLLEGE               | 24-0795686   |
|----------|------------------------|-------------------------|-----------------------|--|
| Part II  | Grants and Other Ass   | istance to Organizatio  | ns or Entities Outsid | de the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any |
|          | recipient who received | more than \$5,000. Part | II can be duplicated  | if additional space is needed.   |

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant           | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description<br>of noncash<br>assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|----------------------------|--|------------|--------------------------------|--------------------------|---------------------------------|----------------------------------|---|---|
|                            |  |            |                                |                          |                                 |                                  |   |   |
|                            |  |            | PROMOTION OF<br>HUMANITIES     | 44,452.                  | WIRE TRANSFER                   | 0.                               | N/A   | N/A   |
|                            |  |            |                                |                          |                                 |                                  |   |   |
|                            |  |            |                                |                          |                                 |                                  |   |   |
|                            |  |            |                                |                          |                                 |                                  |   |   |
|                            |  |            |                                |                          |                                 |                                  |   |   |
|                            |  |            |                                |                          |                                 |                                  |   |   |
|                            |  |            |                                |                          |                                 |                                  |   |   |
|                            |  |            |                                |                          |                                 |                                  |   |   |
|                            |  |            |                                |                          |                                 |                                  |   |   |
|                            |  |            |                                |                          |                                 |                                  |   |   |
|                            |  |            |                                |                          |                                 |                                  |   |   |
|                            |  |            |                                |                          |                                 |                                  |   |   |
|                            |  |            |                                |                          |                                 |                                  |   |   |
|                            |  |            |                                |                          |                                 |                                  |   |   |
|                            |  |            |                                |                          |                                 |                                  |   |   |
|                            |  |            |                                |                          |                                 |                                  |   |   |
|                            |  |            |                                |                          |                                 |                                  |   |   |
|                            |  |            | recognized as charities by the |                          | , recognized as tax-e           | xempt                            |   | 1   |

Schedule F (Form 990) 2018

3 Enter total number of other organizations or entities .

| Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.  Part III can be duplicated if additional space is needed. |            |                          |                          |                                 |                                  |                                       |  |  |
|--|------------|--------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|--|--|
| (a) Type of grant or assistance  | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) |  |
|  |            |                          |                          |                                 |                                  |                                       |  |  |
|  |            |                          |                          |                                 |                                  |                                       |  |  |
|  |            |                          |                          |                                 |                                  |                                       |  |  |
|  |            |                          |                          |                                 |                                  |                                       |  |  |
|  |            |                          |                          |                                 |                                  |                                       |  |  |
|  |            |                          |                          |                                 |                                  |                                       |  |  |
|  |            |                          |                          |                                 |                                  |                                       |  |  |
|  |            |                          |                          |                                 |                                  |                                       |  |  |
|  |            |                          |                          |                                 |                                  |                                       |  |  |
|  |            |                          |                          |                                 |                                  |                                       |  |  |

Page 4

# 

| 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)  | X 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   | X 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)  | X 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)   | X 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)  | X 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   | X No |

Schedule F (Form 990) 2018

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.

## PART I, LINE 2:

THE AMOUNTS REPORTED ON PART I ARE IDENTIFIED ON A REASONABLE EFFORTS BASIS WHERE SUCH ACTIVITIES WERE NOT TRACKED SEPARATELY UNDER THE COLLEGE'S ACCOUNTING PROCEDURES. THESE REASONABLE EFFORTS INCLUDE REVIEWS OF FINANCIAL RECORDS AND INTERVIEWS WITH COLLEGE PERSONNEL. THE COLLEGE EXPENDS FUNDS OUTSIDE OF THE UNITED STATES ON VARIOUS STUDY ABROAD PROGRAMS. STUDENTS ENROLLED IN STUDY ABROAD PROGRAMS PAY THEIR TUITION AND FEES DIRECTLY TO LAFAYETTE COLLEGE AND THE COLLEGE REMITS PAYMENTS TO THE OVERSEAS PROGRAM ON STUDENTS' BEHALF.

#### PART II, LINE 1

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

#### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

Part I

(Form 990 or 990-EZ)

## **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 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.

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

LAFAYETTE COLLEGE

Employer identification number 24-0795686

| required to complete this pa                              | rt.                                 |                                      |  |                                   |  |   |  |  |  |  |
|---|-------------------------------------|--------------------------------------|--|-----------------------------------|--|---|--|--|--|--|
| 1 Indicate whether the organization rai                   | sed funds through any of the follow | ing acti                             | vities.                                      | Check all that apply              |  |   |  |  |  |  |
| a X Mail solicitations                                    |                                     |                                      |  | overnment grants                  |  |   |  |  |  |  |
| <b>b</b> X Internet and email solicitation                |                                     |                                      |  |                                   |  |   |  |  |  |  |
| c X Phone solicitations                                   | g X Specia                          |                                      |  |                                   |  |   |  |  |  |  |
| d X In-person solicitations                               | <b>g</b> epoole                     | ar rarrare                           | g  | 3701113                           |  |   |  |  |  |  |
| 2 a Did the organization have a written                   | or oral agreement with any individu | al (inclu                            | dina o                                       | fficers directors true            | etage or   |   |  |  |  |  |
| key employees listed in Form 990, F                       |                                     |                                      |  |                                   |  | ☐ No  |  |  |  |  |
| <b>b</b> If "Yes," list the 10 highest paid indi          |                                     |                                      |  |                                   |  |   |  |  |  |  |
|   |                                     | suarii io                            | agree  | inents under which                | ine iunuraiser is to t   | e .   |  |  |  |  |
| compensated at least \$5,000 by the                       | e organization.                     |                                      |  |                                   |  |   |  |  |  |  |
| (i) Name and address of individual or entity (fundraiser) | (ii) Activity                       | fundr<br>have c<br>or cor<br>contrib | Did<br>aiser<br>ustody<br>trol of<br>utions? | (iv) Gross receipts from activity | (v) Amount paid<br>to (or retained by)<br>fundraiser<br>listed in col. (i) | (vi) Amount paid<br>to (or retained by)<br>organization |  |  |  |  |
| CRESENDO INTERACTIVE, INC                                 | GIFT LEGACY SERVICE &               | Yes                                  | No   |                                   |  |   |  |  |  |  |
| 110 CAMINO RUIZ, CAMARILLO,                               | UPGRADE                             |                                      | Х  | 0.                                | 5,500.   | 0.  |  |  |  |  |
| STEEGE THOMSON COMMUNICATIONS                             |                                     |                                      |  |                                   | ,  |   |  |  |  |  |
| - 4606 SPRUCE STREET,                                     | CAMPAIGN MARKETING                  |                                      | Х  | 0.                                | 209,644.   | 0.  |  |  |  |  |
| WASHBURN & MCGOLDRICK - 950                               |                                     |                                      |  | . •                               |  |   |  |  |  |  |
| NEW LOUDON ROAD, STE. 210,                                | CAMPAIGN CONSULTING                 |                                      | х  | 0.                                | 19,363.  | 0.  |  |  |  |  |
| IMODULES SOFTWARE, INC - PO                               | LICENSE AND CONSULTING              | 1                                    |  | •                                 | 13,303.  |   |  |  |  |  |
| BOX 25671, OVERLAND PARK, KS                              | SERVICE                             |                                      | х  | 0.                                | 22,881.  | 0.  |  |  |  |  |
| BOX 25071, OVERHAND PARK, KS                              | BERVICE                             |                                      | Α  | 0.                                | 22,001.  | 0.  |  |  |  |  |
|   |                                     |                                      |  |                                   |  |   |  |  |  |  |
|   |                                     | -                                    |  |                                   |  |   |  |  |  |  |
|   |                                     |                                      |  |                                   |  |   |  |  |  |  |
|   |                                     |                                      |  |                                   |  |   |  |  |  |  |
|   |                                     |                                      |  |                                   |  |   |  |  |  |  |
|   |                                     |                                      |  |                                   |  |   |  |  |  |  |
|   |                                     |                                      |  |                                   |  |   |  |  |  |  |
|   |                                     |                                      |  |                                   |  |   |  |  |  |  |
|   |                                     |                                      |  |                                   |  |   |  |  |  |  |
|   |                                     |                                      |  |                                   |  |   |  |  |  |  |
|   |                                     |                                      |  |                                   |  |   |  |  |  |  |
|   |                                     |                                      |  |                                   |  |   |  |  |  |  |
|   |                                     |                                      |  |                                   |  |   |  |  |  |  |
| Total   |                                     |                                      | •  |                                   | 257,388.   |   |  |  |  |  |
| 3 List all states in which the organization               |                                     |                                      | utions                                       | s or has been notified            |  | egistration   |  |  |  |  |
| or licensing.   |                                     |                                      |  |                                   |  | 9   |  |  |  |  |
| CA, FL, NH, NJ, NY, WA, PA                                |                                     |                                      |  |                                   |  |   |  |  |  |  |
|   |                                     |                                      |  |                                   |  |   |  |  |  |  |
|   |                                     |                                      |  |                                   |  |   |  |  |  |  |
|   |                                     |                                      |  |                                   |  |   |  |  |  |  |
|   |                                     |                                      |  |                                   |  |   |  |  |  |  |
|   |                                     |                                      |  |                                   |  |   |  |  |  |  |
|   |                                     |                                      |  |                                   |  |   |  |  |  |  |
|   |                                     |                                      |  |                                   |  |   |  |  |  |  |
|   |                                     |                                      |  |                                   |  |   |  |  |  |  |
|   |                                     |                                      |  |                                   |  |   |  |  |  |  |
|   |                                     |                                      |  |                                   |  |   |  |  |  |  |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2018

Schedule G (Form 990 or 990-EZ) 2018 LAFAYETTE COLLEGE 24-0795686 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events MC GOLF LACROSSE NONE (add col. (a) through OUTING AUCTION col. (c)) (event type) (event type) (total number) 66,715. 52,610. 119,325. 1 Gross receipts 36,574. 30,614 5,960 2 Less: Contributions 36,101. 46,650. 82,751. Gross income (line 1 minus line 2) 4 Cash prizes 2,443. 2,443. 5 Noncash prizes Direct Expenses 3,268. 14,610. 17,878. 6 Rent/facility costs 10,795. 10,795 7 Food and beverages 5,857. 5,857. 8 Entertainment 11,953. 9 Other direct expenses ..... 1,783. 10,170. 48,926. 10 Direct expense summary. Add lines 4 through 9 in column (d) 33,825. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue. 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs 5 Other direct expenses Yes Yes % Yes 6 Volunteer labor No

| а | Enter the state(s) in which the organization conducts gaming activities:  Is the organization licensed to conduct gaming activities in each of these states? | Yes | □ No |
|---|--|-----|------|
| Б | If "No," explain:  |     |      |
|   | Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  | Yes | No   |
|   |  |     |      |

Schedule G (Form 990 or 990-EZ) 2018

7 Direct expense summary. Add lines 2 through 5 in column (d)

832082 10-03-18

8 Net gaming income summary. Subtract line 7 from line 1, column (d)

| Schedule G (Form 990 or 990-EZ) 2018 LAFAYETTE COLLEGE 24-079  | 5686    | Page 3 |
|--|---------|--------|
| 11 Does the organization conduct gaming activities with nonmembers?  | Yes     | No     |
| 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed                                       |         |        |
| to administer charitable gaming?   | Yes     | ☐ No   |
| 13 Indicate the percentage of gaming activity conducted in:  |         |        |
| a The organization's facility  | ı       | %      |
| b An outside facility 13b  | ,       | %      |
| 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:   |         |        |
| Name ▶   |         |        |
| Address  |         |        |
| 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?   | Yes     | ☐ No   |
| <b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount  |         |        |
| of gaming revenue retained by the third party  \$\bigs\sum_{\text{\colored}}\$\$   |         |        |
| c If "Yes," enter name and address of the third party:   |         |        |
|  |         |        |
| Name   |         |        |
| Address  |         |        |
| 16 Gaming manager information:   |         |        |
| Name ▶   |         |        |
| Gaming manager compensation > \$   |         |        |
|  |         |        |
| Description of services provided   |         |        |
|  |         |        |
|  |         |        |
| Director/officer Employee Independent contractor   |         |        |
| 47. Manadatan diatributiana  |         |        |
| 17 Mandatory distributions:  |         |        |
| a Is the organization required under state law to make charitable distributions from the gaming proceeds to  | Vos     | □ No   |
| retain the state gaming license?  b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the | 1 103   | 140    |
| organization's own exempt activities during the tax year  \$\buildred{\subset}\$\$   |         |        |
| Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III,                                   | lines 9 | 9b 10b |
| 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.   | ,       | ,,     |
|  |         |        |
| SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:   |         |        |
|  |         |        |
|  |         |        |
| (I) NAME OF FUNDRAISER: CRESENDO INTERACTIVE, INC.   |         |        |
|  |         |        |
| (I) ADDRESS OF FUNDRAISER: 110 CAMINO RUIZ, CAMARILLO, CA 93012  |         |        |
|  |         |        |
|  |         |        |
| (I) NAME OF FUNDRAISER: STEEGE THOMSON COMMUNICATIONS  |         |        |
|  |         |        |
| (I) ADDRESS OF FUNDRAISER: 4606 SPRUCE STREET, PHILADELPHIA, PA 1  | 9139    |        |
|  |         |        |
| (I) NAME OF FUNDRAISER: WASHBURN & MCGOLDRICK  |         |        |

832083 10-03-18

Schedule G (Form 990 or 990-EZ) 2018

| Part IV Supplemental Information (continued)                               |
|--|
| (I) ADDRESS OF FUNDRAISER: 950 NEW LOUDON ROAD, STE. 210, LATHAM, NY 12110 |
| (I) NAME OF FUNDRAISER: IMODULES SOFTWARE, INC                             |
| (I) ADDRESS OF FUNDRAISER: PO BOX 25671, OVERLAND PARK, KS 66225           |
| FORM 990, SCHEDULE G, PART I, LINE 3                                       |
| NONE - AS AN ACCREDITED AND LICENSED INSTITUTION OF HIGHER EDUCATION,      |
| THE COLLEGE BELIEVES IT IS GENERALLY EXEMPT FROM THE REGISTRATION          |
| PROVISIONS THAT REQUIRE ORGANIZATIONS SOLICITING FUNDS FOR CHARITABLE      |
| PURPOSES TO REGISTER.  |
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## SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

| Name of the organization LAFAYETTI  | E COLLEGE            |                                    |                          |                                   |   |                                       | Employer identification number $24-0795686$ |
|---|----------------------|------------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|---|
| Part I General Information on Grants  | and Assistance       |                                    |                          |                                   |   |                                       |   |
| <ol> <li>Does the organization maintain records<br/>criteria used to award the grants or ass</li> <li>Describe in Part IV the organization's p</li> </ol> | istance?             |                                    |                          |                                   |   |                                       | tion X Yes No                               |
| Part II Grants and Other Assistance to  |                      |                                    |                          |                                   | anization answered "                                  | Yes" on Form 990, Par                 | t IV, line 21, for any                      |
| recipient that received more than   | \$5,000. Part II car | n be duplicated if add             | itional space is need    | ded.                              |   |                                       |   |
| 1 (a) Name and address of organization or government  | <b>(b)</b> EIN       | (c) IRC section<br>(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          |
| YALE UNIVERSITY PO BOX 1873   |                      |                                    |                          |                                   |   |                                       |   |
| NEW HAVEN, CT 06508-1873  | 06-0646973           | 501(C)3                            | 12,219.                  | 0.                                | N/A   | N/A                                   | NIH GRANT                                   |
| BOISE STATE UNIVERSITY<br>1910 UNIVERSITY DRIVE<br>BOISE, ID 83725  | 82-0290701           | 501(C)3                            | 9,081.                   | 0.                                | N/A   | N/A                                   | NIH GRANT                                   |
|   |                      |                                    |                          |                                   |   |                                       |   |
|   |                      |                                    |                          |                                   |   |                                       |   |
|   |                      |                                    |                          |                                   |   |                                       |   |
|   |                      |                                    |                          |                                   |   |                                       |   |
| <ul> <li>2 Enter total number of section 501(c)(3)</li> <li>3 Enter total number of other organization</li> </ul>   |                      | d Asista                           | he line 1 table          |                                   |   |                                       |   |

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance         | <b>(b)</b> Number of recipients | (c) Amount of cash grant | (d) Amount of non-<br>cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---|---------------------------------|--------------------------|---------------------------------------|---|---------------------------------------|
|   |                                 |                          |                                       |   |                                       |
| NSTITUTIONAL SCHOLARSHIP AWARDS         | 1238                            | 0.                       | 51,759,878.                           | FMV   | CREDIT TO STUDENT'S ACCOUNT           |
|   |                                 |                          |                                       |   |                                       |
| CADEMIC PRIZES, AWARDS, AND FELLOWSHIPS | 211                             | 142,903.                 | 0.                                    | N/A   | N/A                                   |
|   |                                 |                          |                                       |   |                                       |
|   |                                 |                          |                                       |   |                                       |
|   |                                 |                          |                                       |   |                                       |
|   |                                 |                          |                                       |   |                                       |
|   |                                 |                          |                                       |   |                                       |
|   |                                 |                          |                                       |   |                                       |

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

#### PART I, LINE 2:

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, AND THAT REIMBURSEMENT COSTS INCURRED

BY SUB-RECIPIENTS ARE ALLOWED.

# Part IV Supplemental Information

| PART | TTT | LINE  | 1 |
|------|-----|-------|---|
| LAKI |     | TTTME |   |

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 USING COMPLEX FORMULAS INVOLVING FAMILIES' INCOME, ASSETS, AND HOUSEHOLD SIZES INCLUDING, AMONG OTHER FACTORS, DEPENDENTS IN COLLEGE. THE COLLEGE'S FINANCIAL AID OFFICE ADMINISTERS AND MONITORS THESE AWARDS TO HELP ENSURE THAT THESE FUNDS ARE AWARDED TO ELIGIBLE RECIPIENTS IN ACCORDANCE WITH APPLICABLE FEDERAL, STATE, AND OTHER REQUIREMENTS, AS WELL AS RELEVANT INTERNAL COLLEGE POLICIES AND OPERATIONAL GUIDELINES. ACADEMIC PRIZES, AWARDS, FELLOWSHIP, AND INTERNSHIPS ARE AWARDED BASED ON A REVIEW BY THE APPLICABLE ACADEMIC DEPARTMENT. ALL AWARDED SCHOLARSHIPS ARE CREDITED TO THE STUDENT'S ACCOUNT AT THE COLLEGE AND ARE APPLIED TO BILLED CHARGES.

Schedule I (Form 990)

# **SCHEDULE J** (Form 990)

**Compensation Information** 

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

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

LAFAYETTE COLLEGE

**Questions Regarding Compensation** 

**Employer identification number** 24-0795686

|            |  |          | Yes | No   |
|------------|--|----------|-----|------|
| <b>1</b> a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,                               |          |     |      |
|            | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.   |          |     |      |
|            | First-class or charter travel  Housing allowance or residence for personal use   |          |     |      |
|            | Travel for companions Payments for business use of personal residence  |          |     |      |
|            | Tax indemnification and gross-up payments  Health or social club dues or initiation fees   |          |     |      |
|            | Discretionary spending account    X   Personal services (such as maid, chauffeur, chef)  |          |     |      |
|            |  |          |     |      |
| b          | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or  |          |     |      |
|            | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain   | 1b       | X   |      |
| 2          | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,                                     |          |     |      |
|            | trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?  | 2        | Х   |      |
|            |  |          |     |      |
| 3          | Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's                            |          |     |      |
|            | CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to                                   |          |     |      |
|            | establish compensation of the CEO/Executive Director, but explain in Part III.   |          |     |      |
|            | X Compensation committee   |          |     |      |
|            | Independent compensation consultant  X Compensation survey or study  |          |     |      |
|            | Form 990 of other organizations  X Approval by the board or compensation committee   |          |     |      |
|            |  |          |     |      |
| 4          | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing   |          |     |      |
|            | organization or a related organization:  |          |     | 37   |
| а          | Receive a severance payment or change-of-control payment?  | 4a       |     | X    |
|            | Participate in, or receive payment from, a supplemental nonqualified retirement plan?  | 4b       |     | X    |
| С          | Participate in, or receive payment from, an equity-based compensation arrangement?   | 4c       |     | Х    |
|            | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  |          |     |      |
|            | 0   11   504/ V0) 504/ V4)   1504/ V00)   11   1   1   5   0   |          |     |      |
| _          | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.   |          |     |      |
| 5          | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation                                    |          |     |      |
| _          | contingent on the revenues of:   |          |     | Х    |
| a          | The organization?  | 5a       |     | X    |
| D          | Any related organization?  If "Yes" on line 5a or 5b, describe in Part III.  | 5b       |     | - 23 |
| 6          |  |          |     |      |
| 6          | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: |          |     |      |
| _          |  | 6a       |     | х    |
| a<br>h     | The organization?  Any related organization?   | 6b       |     | X    |
| U          | Any related organization?  If "Yes" on line 6a or 6b, describe in Part III.  | UD       |     |      |
| 7          | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments                                     |          |     |      |
| •          | not described on lines 5 and 6? If "Yes," describe in Part III   | 7        | Х   |      |
| 8          | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the                                      | <u> </u> |     |      |
| •          | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III  | 8        |     | х    |
| 9          | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in   |          |     |      |
| Ū          | Regulations section 53.4958-6(c)?  | 9        |     |      |

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

Schedule J (Form 990) 2018

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

LAFAYETTE COLLEGE

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 aren't 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.

|                                      |      | (B) Breakdown of         | W-2 and/or 1099-MI                  | SC compensation                           | (C) Retirement and             | (D) Nontaxable | (E) Total of columns | (F) Compensation   |
|--------------------------------------|------|--------------------------|-------------------------------------|---|--------------------------------|----------------|----------------------|--|
| (A) Name and Title                   |      | (i) Base<br>compensation | (ii) Bonus & incentive compensation | (iii) Other<br>reportable<br>compensation | other deferred<br>compensation | benefits       | (B)(i)-(D)           | in column (B)<br>reported as deferred<br>on prior Form 990 |
| (1) ALISON R. BYERLY                 | (i)  | 528,807.                 | 25,000.                             | 77,883.                                   | 26,125.                        | 74,641.        | 732,456.             | 0.   |
| PRESIDENT                            | (ii) | 0.                       | 0.                                  | 0.  | 0.                             | 0.             | 0.                   | 0.   |
| (2) JOSEPH S. BOHRER                 | (i)  | 347,650.                 | 180,000.                            | 12,074.                                   | 26,125.                        | 10,273.        | 576,122.             | 0.   |
| CHIEF INVESTMENT OFFICER             | (ii) | 0.                       | 0.                                  | 0.  | 0.                             | 0.             | 0.                   | 0.   |
| (3) ROGER A. DEMARESKI               | (i)  | 366,520.                 | 25,000.                             | 29,832.                                   | 26,125.                        | 22,647.        | 470,124.             | 0.   |
| VP OF FINANCE & ADMINISTRATION/TREAS | (ii) | 0.                       | 0.                                  | 0.  | 0.                             | 0.             | 0.                   | 0.   |
| (4) ANNETTE DIORIO                   | (i)  | 214,899.                 | 10,000.                             | 1,647.                                    | 20,740.                        | 10,730.        | 258,016.             | 0.   |
| VP OF CAMPUS LIFE/SR. DIVERSITY OFFI | (ii) | 0.                       | 0.                                  | 0.  | 0.                             | 0.             | 0.                   | 0.   |
| (5) MARK EYERLY                      | (i)  | 207,068.                 | 0.                                  | 2,018.                                    | 20,353.                        | 20,916.        | 250,355.             | 0.   |
| VP FOR MARKETING & COMMUNICATIONS    | (ii) | 0.                       | 0.                                  | 0.  | 0.                             | 0.             | 0.                   | 0.   |
| (6) LESLIE F. MUHLFELDER             | (i)  | 314,032.                 | 8,000.                              | 11,005.                                   | 26,125.                        | 50,014.        | 409,176.             | 0.   |
| VP OF HUMAN RESOURCES & GENERAL COUN | (ii) | 0.                       | 0.                                  | 0.  | 0.                             | 0.             | 0.                   | 0.   |
| (7) JAMES F. KRIVOSKI                | (i)  | 197,898.                 | 0.                                  | 3,723.                                    | 19,054.                        | 9,714.         | 230,389.             | 0.   |
| VP & LIAISON TO BOARD OF TRUSTEES    | (ii) | 0.                       | 0.                                  | 0.  | 0.                             | 0.             | 0.                   | 0.   |
| (8) GREGORY V. MACDONALD             | (i)  | 230,611.                 | 20,000.                             | 7,461.                                    | 22,891.                        | 77,871.        | 358,834.             | 0.   |
| VP OF ENROLLMENT MANAGEMENT          | (ii) | 0.                       | 0.                                  | 0.  | 0.                             | 0.             | 0.                   | 0.   |
| (9) JOHN L. O'KEEFE                  | (i)  | 224,874.                 | 0.                                  | 1,217.                                    | 22,062.                        | 21,793.        | 269,946.             | 0.   |
| VP & CHIEF INFORMATION OFFICER       | (ii) | 0.                       | 0.                                  | 0.  | 0.                             | 0.             | 0.                   | 0.   |
| (10) KIMBERLY A. SPANG               | (i)  | 290,407.                 | 25,000.                             | 13,565.                                   | 26,125.                        | 32,923.        | 388,020.             | 0.   |
| VP OF DEVELOPMENT & COLLEGE RELATION | (ii) | 0.                       | 0.                                  | 0.  | 0.                             | 0.             | 0.                   | 0.   |
| (11) SAIYID A. RIZVI                 | (i)  | 330,892.                 | 20,000.                             | 10,933.                                   | 26,125.                        | 21,537.        | 409,487.             | 0.   |
| PROVOST                              | (ii) | 0.                       | 0.                                  | 0.  | 0.                             | 0.             | 0.                   | 0.   |
| (12) CRAIG BECKER                    | (i)  | 231,943.                 | 0.                                  | 39,600.                                   | 23,017.                        | 24,601.        | 319,161.             | 0.   |
| ASSOC VP FOR FINANCE, PLANNING & CAP | (ii) | 0.                       | 0.                                  | 0.  | 0.                             | 0.             | 0.                   | 0.   |
| (13) ALMA SCOTT-BUCZAK               | (i)  | 171,693.                 | 0.                                  | 25,984.                                   | 17,244.                        | 23,238.        | 238,159.             | 0.   |
| ASSOC VP FOR HUMAN RESOURCES         | (ii) | 0.                       | 0.                                  | 0.  | 0.                             | 0.             | 0.                   | 0.   |
| (14) SCOTT R. HUMMEL                 | (i)  | 231,716.                 | 0.                                  | 1,726.                                    | 22,518.                        | 30,824.        | 286,784.             | 0.   |
| DIRECTOR OF ENGINEERING              | (ii) | 0.                       | 0.                                  | 0.  | 0.                             | 0.             | 0.                   | 0.   |
| (15) MERVIN A. BURTON                | (i)  | 230,522.                 | 175,000.                            | 581.                                      | 22,626.                        | 8,894.         | 437,623.             | 0.   |
| DIRECTOR OF INVESTMENTS              | (ii) | 0.                       | 0.                                  | 0.  | 0.                             | 0.             | 0.                   | 0.   |
| (16) JOHN KINCAID                    | (i)  | 238,010.                 | 0.                                  | 2,694.                                    | 22,950.                        | 10,647.        | 274,301.             | 0.   |
| PROFESSOR/DIRECTOR OF MEYNER CENTER  | (ii) | 0.                       | 0.                                  | 0.  | 0.                             | 0.             | 0.                   | 0.   |

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 aren't 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.

|                          |             | (B) Breakdown of         | W-2 and/or 1099-MI                  | SC compensation                           | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns<br>(B)(i)-(D) | (F) Compensation in column (B)            |
|--------------------------|-------------|--------------------------|-------------------------------------|---|-----------------------------------|-------------------------|------------------------------------|---|
| (A) Name and Title       |             | (i) Base<br>compensation | (ii) Bonus & incentive compensation | (iii) Other<br>reportable<br>compensation | compensation                      | benefits                | (B)(I)-(D)                         | reported as deferred<br>on prior Form 990 |
| (17) BRUCE A. MURPHY     | (i)         | 242,265.                 | 0.                                  | 7,874.                                    | 23,697.                           | 20,880.                 | 294,716.                           | 0.  |
|                          | ii)         | 0.                       | 0.                                  | 0.  | 0.                                | 0.                      | 0.                                 | 0.  |
| (18) FRANCIS B. O'HANLON | (i)         | 242,976.                 | 0.                                  | 7,842.                                    | 23,787.                           | 21,705.                 | 296,310.                           | 0.  |
|                          | ii)         | 0.                       | 0.                                  | 0.  | 0.                                | 0.                      | 0.                                 | 0.  |
|                          | (i)         |                          |                                     |   |                                   |                         |                                    |   |
| ((                       | ii)         |                          |                                     |   |                                   |                         |                                    |   |
| (                        | (i) L       |                          |                                     |   |                                   |                         |                                    |   |
| (1                       | ii)         |                          |                                     |   |                                   |                         |                                    |   |
| [(                       | (i) L       |                          |                                     |   |                                   |                         |                                    |   |
|                          | ii)         |                          |                                     |   |                                   |                         |                                    |   |
|                          | (i)         |                          |                                     |   |                                   |                         |                                    | ,   |
|                          | ii)         |                          |                                     |   |                                   |                         |                                    |   |
|                          | (i)         |                          |                                     |   |                                   |                         |                                    |   |
|                          | ii)         |                          |                                     |   |                                   |                         |                                    |   |
|                          | (i)         |                          |                                     |   |                                   |                         |                                    |   |
|                          | ii)         |                          |                                     |   |                                   |                         |                                    |   |
|                          | (i)         |                          |                                     |   |                                   |                         |                                    | _   |
|                          | ii)         |                          |                                     |   |                                   |                         |                                    |   |
|                          | (i)         |                          |                                     |   |                                   |                         |                                    |   |
|                          | ii)         |                          |                                     |   |                                   |                         |                                    |   |
|                          | (i)         |                          |                                     |   |                                   |                         |                                    |   |
|                          | ii)         |                          |                                     |   |                                   |                         |                                    |   |
|                          | (i)<br>(ii) |                          |                                     |   |                                   |                         |                                    |   |
|                          | -           |                          |                                     |   |                                   |                         |                                    |   |
|                          | (i)<br>(ii) |                          |                                     |   |                                   |                         |                                    |   |
|                          | (i)         |                          |                                     |   |                                   |                         |                                    |   |
|                          | (i)<br>(ii) |                          |                                     |   |                                   |                         |                                    |   |
|                          | (i)         |                          |                                     |   |                                   |                         |                                    |   |
|                          | ii)         |                          |                                     |   |                                   |                         |                                    |   |
|                          | (i)         |                          |                                     |   |                                   |                         |                                    |   |
|                          | ;;)<br>;i)  |                          |                                     |   |                                   |                         |                                    |   |

#### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

#### 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 2018, A \$2,594 TAX EQUALIZATION

PAYMENT WAS MADE TO ALISON BYERLY (PRESIDENT). THE PAYMENT IS IN ACCORDANCE

WITH THE EMPLOYMENT CONTRACT AND/OR AUTHORIZATIONS FROM THE BOARD OF

TRUSTEES AND ARE SPECIFIC TO THE PRESIDENT.

HOUSING ALLOWANCE - AS PART OF THEIR EMPLOYMENT CONTRACT AND FOR THE

CONVENIENCE OF THE COLLEGE, A COLLEGE-OWNED RESIDENCE WAS PROVIDED TO

OFFICER ALISON BYERLY (PRESIDENT). THE HOUSING PROVIDED IS LOCATED ON

COLLEGE PROPERTY AND IS IN CONJUNCTION WITH THE OFFICER'S DUTIES. THE

ESTIMATED ANNUAL VALUE OF THE HOUSING PROVIDED IS INCLUDED AS A NONTAXABLE

BENEFIT IN THIS RETURN IN THE AMOUNT OF \$50,494 FOR PRESIDENT BYERLY. IT IS

Part III Supplemental Information

Schedule J (Form 990) 2018

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

THE POLICY OF THE COLLEGE'S BOARD OF TRUSTEES THAT THE PRESIDENT RESIDE ON COLLEGE PROPERTY. THE PRESIDENT DETERMINES IF THE DUTIES OF OTHER OFFICERS REQUIRE THEM TO RESIDE ON COLLEGE PROPERTY.

PERSONAL SERVICES - IN ACCORDANCE WITH THE POLICY OF THE COLLEGE'S BOARD OF

TRUSTEES AND THE PRESIDENT'S EMPLOYMENT CONTRACT, THE PRESIDENT OF THE

COLLEGE IS REQUIRED TO RESIDE ON COLLEGE PROPERTY. THE PRESIDENT'S HOUSE

SERVES NOT ONLY AS A RESIDENCE, BUT ALSO AS A HOST LOCATION FOR MANY

COLLEGE EVENTS AND THE COLLEGE PROVIDES STAFF TO MAINTAIN THE HOME. FOR

CALENDAR YEAR 2018, \$6,220 WAS THE PORTION OF THE HOUSEKEEPER'S SALARY

DETERMINED TO BE FOR PERSONAL SERVICES AND INCLUDED AS REPORTABLE

COMPENSATION.

SOCIAL CLUB - THE COLLEGE MAINTAINS A SOCIAL CLUB MEMBERSHIP IN THE NAME OF

THE PRESIDENT THAT IS PRIMARILY USED FOR BUSINESS PURPOSES, INCLUDING

FUNDRAISING AND DONOR RELATION ACTIVITIES.

PART I, LINE 3:

THE COMPENSATION COMMITTEE ESTABLISHES THE PRESIDENT'S COMPENSATION. THE

Page 3

| Part III Supplemental Information  |
|--|
| Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. |
| 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.  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

## SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Information on Tax-Exempt Bonds**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,

explanations, and any additional information in Part VI.

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

2018
Open to Public Inspection

Name of the organization

LAFAYETTE COLLEGE Employer identification number 24-0795686

|             | LAFAYETTE                                     |                       |            |                 |          |                   |                 |               |                | 4-0    | 195           | 300  |        |                |
|-------------|---|-----------------------|------------|-----------------|----------|-------------------|-----------------|---------------|----------------|--------|---------------|------|--------|----------------|
| Part I      | Bond Issues SI                                | EE PART VI            | FOR COLUM  | N (F) $COI$     | TAUNIT   | IONS              |                 |               |                |        |               |      |        |                |
|             | (a) Issuer name                               | (b) Issuer EIN        | (c) CUSIP# | (d) Date issued | (e) Issu | ue price          | (f) Description | on of purpose | ( <b>g)</b> De | feased | <b>(h)</b> On |      | (i) Po | oled           |
|             |   |                       |            |                 |          |                   |                 |               |                |        | of iss        | uer  | finan  | cing           |
|             |   |                       |            |                 |          |                   |                 |               | Yes            | No     | Yes           | No ` | Yes    | No             |
|             | RTHAMPTON CITY GPA                            |                       |            |                 |          |                   |                 | ERIES 98      | Α,             |        |               |      |        |                |
|             | ERIES 2013 A)                                 | 23-3007498            | 66353LCF2  | 11/26/13        | 35,:     |                   | 8B, VAR         |               |                | Х      |               | Х    |        | X              |
|             | RTHAMPTON CITY GPA                            |                       |            |                 |          |                   |                 | ERIES 10      | Α,             |        |               |      |        |                |
|             | ERIES 2010 A AND B)                           | 23-3007498            | 66353LAY3  | 04/30/10        | 26,      |                   | AR. CAP         |               |                | X      |               | Х    |        | X              |
|             | RTHAMPTON CITY GPA                            |                       |            |                 |          |                   |                 | REFUNDIN      | G              |        |               |      |        |                |
|             | ERIES 2018)                                   | 23-3007498            | 66353LDL8  | 10/02/18        | 3 21,    |                   | EVENUE          |               |                | X      |               | Х    |        | X              |
| NO          | RTHAMPTON CITY GPA                            |                       |            |                 |          | C                 | ONSTRUC         | T./RENOV      | •              |        |               |      | Ī      |                |
| D (S        | ERIES 2006)                                   | 23-3007498            | 66353LAG2  | 09/14/06        | 5 15,    | 100,000. <b>A</b> | THLETIC         | FACILIT       |                | X      |               | Х    |        | X              |
| Part II     | Proceeds                                      |                       |            |                 |          |                   |                 |               |                |        |               |      |        |                |
|             |   |                       |            | , A             | ١        |                   | В               | С             |                |        |               | D    |        |                |
| <b>1</b> A  | mount of bonds retired                        |                       |            |                 |          |                   |                 | 21,150        | ,000           | •      | 4             | ,100 | 0,0    | 00.            |
|             | mount of bonds legally defeased               |                       |            |                 |          |                   |                 |               |                |        |               |      |        |                |
| <b>3</b> To | otal proceeds of issue                        |                       |            | 35,14           | 16,792.  | 26,6              | 90,421.         | 21,520        | ,883           | •      | 15            | ,312 | 2,3    | <del>44.</del> |
|             | ross proceeds in reserve funds                |                       |            |                 |          |                   |                 |               |                |        |               |      |        |                |
|             | apitalized interest from proceeds             |                       |            |                 |          |                   |                 |               |                |        |               | 108  | 3,1    | 21.            |
|             |   |                       |            |                 |          |                   |                 |               |                |        |               |      |        |                |
| <b>7</b> Is | suance costs from proceeds                    |                       |            | 34              | 16,792.  |                   |                 | 370           | ,883           | •      |               |      |        |                |
| <b>8</b> C  | redit enhancement from proceeds               |                       |            |                 |          |                   |                 |               |                |        |               |      |        |                |
| 9 W         | orking capital expenditures from proceeds     |                       |            |                 |          |                   |                 |               |                |        |               |      |        | 09.            |
| <b>10</b> C | apital expenditures from proceeds             |                       |            |                 | 00,000.  |                   | 00,421.         |               |                |        | 15            | ,193 | 3,5    | 14.            |
| <b>11</b> 0 | ther spent proceeds                           |                       |            | 22,20           | 00,000.  | 22,2              | 190,000.        | 21,150        | ,000           | •      |               |      |        |                |
| <b>12</b> O | ther unspent proceeds                         |                       |            |                 |          |                   |                 |               |                |        |               |      |        |                |
| <b>13</b> Y | ear of substantial completion                 |                       |            |                 |          |                   | 2013            | 20            | 18             |        |               | 20   | 07     |                |
|             |   |                       |            | Yes             | No       | Yes               | No              | Yes           | No             |        | Yes           |      | No     |                |
| <b>14</b> W | ere the bonds issued as part of a refunding   | g issue of tax-exempt | bonds (or, |                 |          |                   |                 |               |                |        |               |      |        |                |
| if          | issued prior to 2018, a current refunding iss | sue)?                 |            |                 | X        |                   | X               | X             |                |        |               |      | 2      | X              |
|             | ere the bonds issued as part of a refunding   |                       |            |                 | _        |                   |                 |               |                |        |               |      |        |                |
| is          | sued prior to 2018, an advance refunding is   | ssue)?                |            | X               |          | X                 |                 |               | X              |        |               |      | 2      | X              |
|             | as the final allocation of proceeds been made |                       |            |                 |          | Х                 |                 | X             |                |        | Х             |      |        |                |
| <b>17</b> D | oes the organization maintain adequate boo    | oks and records to su | pport the  |                 |          |                   |                 |               |                |        |               |      |        |                |
| fir         | nal allocation of proceeds?                   |                       | ·····      | Х               |          | Х                 |                 | X             |                |        | Х             |      |        |                |
|             | ou Demanuscula Deskration Ast Notice and      |                       |            |                 |          |                   |                 |               |                |        | ا مادام       | -    | 2001   |                |

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

Schedule K (Form 990) 2018

## SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service **Supplemental Information on Tax-Exempt Bonds** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,

explanations, and any additional information in Part VI.

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

2018
Open to Public Inspection

**Employer identification number** 

Name of the organization

| Name of the organization  LAFAYETTE          | E COLLEGE      |            |                 |          |          |                 |               |        |  | 795 |         | n num                  | nber     |
|--|----------------|------------|-----------------|----------|----------|-----------------|---------------|--------|--|-----|---------|------------------------|----------|
| Part I Bond Issues                           | SEE PART VI    | FOR COLUM  | N (F) CON       | TINUAT   | 'IONS    |                 |               | •      |  |     |         |                        |          |
| (a) Issuer name                              | (b) Issuer EIN | (c) CUSIP# | (d) Date issued | (e) Issu | ue price | (f) Description | on of purpose | (g) De | g) Defeased (h) On behalf<br>of issuer |     |         | f (i) Pooled financing |          |
|  |                |            |                 |          |          |                 |               | Yes    | No                                     | Yes | No      | Yes                    | No       |
| NORTHAMPTON CITY GPA                         |                |            |                 |          |          |                 |               |        |  |     |         |                        |          |
| A (SERIES 2003)                              | 23-3007498     | 66353LAA5  | 04/02/03        | 10,      |          | REFUND S        |               |        | Х                                      |     | Х       |                        | X        |
| NORTHAMPTON CITY GPA                         |                |            |                 |          |          | CONTRUCT        |               |        |  |     |         |                        |          |
| B (SERIES 2017)                              | 23-3007498     | 66353LDE4  | 06/14/17        | 158,     | 271,482. | AL ADVAN        | CE REFUN      | D      | Х                                      |     | X       |                        | Х        |
|  |                |            |                 |          |          |                 |               |        |  |     |         |                        |          |
| С  |                |            |                 |          |          |                 |               |        |  |     |         |                        |          |
|  |                |            |                 |          |          |                 |               |        |  |     |         |                        |          |
| D  |                |            |                 |          |          |                 |               |        |  |     |         |                        | <u> </u> |
| Part II Proceeds                             |                |            |                 |          |          |                 |               |        |  |     |         |                        |          |
|  |                |            | A               |          |          | В               | С             |        |  |     | D       |                        |          |
| 1 Amount of bonds retired                    |                |            |                 |          |          |                 |               |        |  |     |         |                        |          |
| 2 Amount of bonds legally defeased           |                |            |                 |          | 4.50     | 0.71 100        |               |        |  |     |         |                        |          |
| 3 Total proceeds of issue                    |                |            |                 | 0,000.   | 158,     | 271,482.        |               |        |  |     |         |                        |          |
| 4 Gross proceeds in reserve funds            |                |            |                 |          |          |                 |               |        |  |     |         |                        |          |
| 5 Capitalized interest from proceeds         |                |            |                 |          |          |                 |               |        |  |     |         |                        |          |
| 6 Proceeds in refunding escrows              |                |            |                 |          |          | 011 000         |               |        |  |     |         |                        |          |
| •  |                |            |                 |          | 1,       | 011,988.        |               |        |  |     |         |                        |          |
| 8 Credit enhancement from proceeds           |                |            |                 |          |          |                 |               |        |  |     |         |                        |          |
| 9 Working capital expenditures from proceed  |                |            |                 |          | 60       | 764 600         |               |        |  |     |         |                        |          |
| 10 Capital expenditures from proceeds        |                |            | 4 4 4 4         | 0 000    |          | 764,690.        |               |        |  |     |         |                        |          |
| 11 Other spent proceeds                      |                |            | 10,19           | 0,000.   |          | 259,495.        |               |        |  |     |         |                        |          |
|  |                |            |                 | 000      | 19,      | 235,310.        |               |        |  |     |         |                        |          |
| 13 Year of substantial completion            |                |            | ***             | 003      |          |                 | 1             |        | _                                      |     |         |                        |          |
|  |                |            | Yes             | No       | Yes      | No              | Yes           | No     | _                                      | Yes | $\perp$ | No                     |          |
| 14 Were the bonds issued as part of a refund |                | ,          |                 | 37       |          | , ,             |               |        |  |     |         |                        |          |
| if issued prior to 2018, a current refunding | g issue)?      |            |                 | X        |          | X               |               |        |  |     |         |                        |          |

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

15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if

issued prior to 2018, an advance refunding issue)?

Has the final allocation of proceeds been made?Does the organization maintain adequate books and records to support the

Schedule K (Form 990) 2018

X

X

Х

Х

Х

X

final allocation of proceeds?

| Part III Private Business Use  |      |          |     |         |     |       |     |           |
|--|------|----------|-----|---------|-----|-------|-----|-----------|
|  |      | <u> </u> |     | В       |     | Ç     |     | )         |
| 1 Was the organization a partner in a partnership, or a member of an LLC,                          | Yes  | No       | Yes | No<br>X | Yes | No    | Yes | No        |
| which owned property financed by tax-exempt bonds?   |      | X        |     | X       |     | X     |     | X         |
| 2 Are there any lease arrangements that may result in private business use of                      |      |          |     |         |     |       |     |           |
| bond-financed property?  |      | X        |     | X       |     | X     |     | X         |
| 3a Are there any management or service contracts that may result in private                        |      |          |     |         |     |       |     |           |
| business use of bond-financed property?  |      | X        |     | X       |     | X     |     | X         |
| <b>b</b> 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?           |      |          |     |         |     |       |     |           |
| c Are there any research agreements that may result in private business use of                     |      |          |     |         |     |       |     |           |
| bond-financed property?  |      | X        |     | X       |     | X     |     | X         |
| d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside        |      |          |     |         |     |       |     |           |
| counsel to review any research agreements relating to the financed property?                       |      |          |     |         |     |       |     |           |
| 4 Enter the percentage of financed property used in a private business use by                      |      | •        |     | •       |     | •     |     | •         |
| entities other than a section 501(c)(3) organization or a state or local government                |      | .00 %    |     | .00 %   |     | .00 % |     | .00 %     |
| 5 Enter the percentage of financed property used in a private business use as a result of          |      |          |     |         |     |       |     |           |
| unrelated trade or business activity carried on by your organization, another                      |      |          |     |         |     |       |     |           |
| section 501(c)(3) organization, or a state or local government                                     |      | .00 %    |     | .00 %   |     | .00 % |     | .00 %     |
| 6 Total of lines 4 and 5   |      | .00 %    |     | .00 %   |     | .00 % |     | .00 %     |
| 7 Does the bond issue meet the private security or payment test?                                   |      | X        |     | T X     |     | X     |     | X         |
| 8a Has there been a sale or disposition of any of the bond-financed property to a non-             |      |          |     |         |     |       |     |           |
| governmental person other than a 501(c)(3) organization since the bonds were issued?               |      | x        |     | x       |     | x     |     | x         |
| b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed             |      |          |     |         |     |       |     |           |
| of   |      | %        |     | %       |     | %     |     | %         |
| c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections              |      | 70       |     | 70      |     | 7     |     | <u> </u>  |
| 1.141-12 and 1.145-2?  |      |          |     |         |     |       |     |           |
| Has the organization established written procedures to ensure that all nonqualified                |      |          |     |         |     |       |     |           |
| · · · · · · · · · · · · · · · · · · ·  |      |          |     |         |     |       |     |           |
| bonds of the issue are remediated in accordance with the requirements under                        | х    |          | Х   |         | Х   |       | Х   |           |
| Regulations sections 1.141-12 and 1.145-2?   | 71   |          | Λ   |         |     |       |     |           |
| Part IV Arbitrage  |      | A        |     | В       |     | С     |     |           |
| Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and                            | Yes  | No       | Yes | No      | Yes | No    | Yes | No        |
| Penalty in Lieu of Arbitrage Rebate?   |      | X        |     | X       |     | X     |     | X         |
| 2 If "No" to line 1, did the following apply?  |      |          |     |         |     |       |     |           |
|  |      | X        |     | X       |     | Х     |     | X         |
| a Rebate not due yet?  |      | X        |     | X       |     | X     |     | X         |
| b Exception to rebate?   | X    |          | X   | 25      | X   | 23    | Х   | 23        |
| c No rebate due?  If "Yes" to line 2c, provide in Part VI the date the rebate computation was      | - 21 | 1        | 21  | 1       | 77  | 1     |     | <u> </u>  |
|  |      |          |     |         |     |       |     |           |
| performed  |      | Т        | X   | 1       |     | X     | X   |           |
| 3 Is the bond issue a variable rate issue?   |      | 77       | Λ   |         |     |       |     | 000) 0040 |

LAFAYETTE COLLEGE

| Detriction (1) (in 1999) 2010  |     |             |     |                |     |     |     | 1 agc  |
|--|-----|-------------|-----|----------------|-----|-----|-----|--|
| Part III Private Business Use  |     | •           |     | _              |     |     |     |  |
| 4. We the considering a set of a set of a 110  |     | A           |     | B No           |     | C I |     | <u>D</u>   |
| 1 Was the organization a partner in a partnership, or a member of an LLC,                          | Yes | No<br>X     | Yes | No<br>X        | Yes | No  | Yes | No   |
| which owned property financed by tax-exempt bonds?   |     | _ ^         |     | ^              |     |     |     |  |
| 2 Are there any lease arrangements that may result in private business use of                      |     |             |     | 37             |     |     |     |  |
| bond-financed property?  |     | X           |     | X              |     |     |     |  |
| 3a Are there any management or service contracts that may result in private                        |     |             |     |                |     |     |     |  |
| business use of bond-financed property?  |     | Х           |     | X              |     |     |     |  |
| <b>b</b> 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?           |     |             |     |                |     |     |     |  |
| c Are there any research agreements that may result in private business use of                     |     |             |     |                |     |     |     |  |
| bond-financed property?  |     | X           |     | X              |     |     |     |  |
| d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside        |     |             |     |                |     |     |     |  |
| counsel to review any research agreements relating to the financed property?                       |     |             |     |                |     |     |     |  |
| 4 Enter the percentage of financed property used in a private business use by                      |     | 1           |     |                |     | 1   |     |  |
| entities other than a section 501(c)(3) organization or a state or local government                |     | .00 %       |     | .00 %          |     | %   |     | 9  |
| 5 Enter the percentage of financed property used in a private business use as a result of          |     | ,,,         |     | ,,             |     | ,,, |     |  |
| unrelated trade or business activity carried on by your organization, another                      |     |             |     |                |     |     |     |  |
| section 501(c)(3) organization, or a state or local government                                     |     | .00 %       |     | .00 %          |     | %   |     | g  |
| 6 Total of lines 4 and 5   |     | .00 %       |     | .00 %          |     | %   |     | 9  |
|  |     | X           |     | X              |     | 70  |     | T 7  |
| 7 Does the bond issue meet the private security or payment test?                                   |     |             |     |                |     |     |     | +  |
| 8a Has there been a sale or disposition of any of the bond-financed property to a non-             |     | x           |     | x              |     |     |     |  |
| governmental person other than a 501(c)(3) organization since the bonds were issued?               |     | ^           |     | ^              |     |     |     |  |
| b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed             |     |             |     |                |     |     |     |  |
| of   |     | %           |     | %              |     | %   |     | 9  |
| c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections              |     |             |     |                |     |     |     |  |
| 1.141-12 and 1.145-2?  |     |             |     |                |     |     |     |  |
| 9 Has the organization established written procedures to ensure that all nonqualified              |     |             |     |                |     |     |     |  |
| bonds of the issue are remediated in accordance with the requirements under                        |     |             |     |                |     |     |     |  |
| Regulations sections 1.141-12 and 1.145-2?   | X   |             |     | X              |     |     |     |  |
| Part IV Arbitrage  |     |             |     |                |     |     |     | ,  |
|  |     | Α           |     | В              |     | С   |     | D  |
| 1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and                          | Yes | No          | Yes | No             | Yes | No  | Yes | No   |
| Penalty in Lieu of Arbitrage Rebate?   |     | Х           |     | X              |     |     |     | 1  |
| 2 If "No" to line 1, did the following apply?  |     | 1           |     |                |     | •   |     |  |
| a Rebate not due yet?  |     | X           | Х   |                |     |     |     |  |
| b Exception to rebate?   |     | X           |     | X              |     |     |     | <del>                                     </del> |
|  | Х   | <del></del> |     | <del>  x</del> |     |     |     | <del>                                     </del> |
| c No rebate due?   |     | 1           |     | 1              |     | 1   |     |  |
| If "Yes" to line 2c, provide in Part VI the date the rebate computation was                        |     |             |     |                |     |     |     |  |
| performed  | Х   | 1           |     | X              |     |     |     | 1  |
| 3 Is the bond issue a variable rate issue?   | Δ   |             |     | Λ .            |     |     |     | rm 990\ 201                                      |

Page 3

LAFAYETTE COLLEGE

| Part IV Arbitrage (Continued)   |             |                |          |     |     |    |     |    |
|---|-------------|----------------|----------|-----|-----|----|-----|----|
|   |             | A              |          | В   |     | Ç  |     | )  |
| 4a Has the organization or the governmental issuer entered into a qualified                   | Yes         | No             | Yes      | No  | Yes | No | Yes | No |
| hedge with respect to the bond issue?   |             | X              |          | X   |     |    |     |    |
| <b>b</b> Name of provider   |             |                |          |     |     |    |     |    |
| c Term of hedge   |             |                |          |     |     |    |     |    |
| d Was the hedge superintegrated?  |             |                |          |     |     |    |     |    |
| e Was the hedge terminated?   |             |                |          |     |     |    |     |    |
| 5a Were gross proceeds invested in a guaranteed investment contract (GIC)?                    |             | X              |          | X   |     |    |     |    |
| <b>b</b> Name of provider   |             |                |          |     |     |    |     |    |
| c Term of GIC   |             |                |          |     |     |    |     |    |
| d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? |             |                |          |     |     |    |     |    |
| 6 Were any gross proceeds invested beyond an available temporary period?                      |             | X              |          | X   |     |    |     |    |
| 7 Has the organization established written procedures to monitor the requirements of          |             |                |          |     |     |    |     |    |
| section 148?  | X           |                | X        |     |     |    |     |    |
| Part V Procedures To Undertake Corrective Action  |             |                |          |     |     |    |     |    |
|   |             | A              |          | В   |     | Ç  |     | )  |
| Has the organization established written procedures to ensure that violations of              | Yes         | No             | Yes      | No  | Yes | No | Yes | No |
| federal tax requirements are timely identified and corrected through the voluntary            |             |                |          |     |     |    |     |    |
| closing agreement program if self-remediation isn't available under applicable                |             |                |          |     |     |    |     |    |
| regulations?  | X           |                | X        |     |     |    |     |    |
| Part VI Supplemental Information. Provide additional information for responses to question    | s on Schedu | le K. See inst | ructions |     |     |    |     |    |
| SCHEDULE K, PART I, BOND ISSUES:  |             |                |          |     |     |    |     |    |
| (A) ISSUER NAME: NORTHAMPTON CITY GPA (SERIES 20  |             |                |          |     |     |    |     |    |
| (F) DESCRIPTION OF PURPOSE: REFUND SERIES 98A, 9  | 8B, VA      | R. CAP.        | PROJE    | CTS |     |    |     |    |
|   |             |                |          |     |     |    |     |    |
| (A) ISSUER NAME: NORTHAMPTON CITY GPA (SERIES 20  |             |                |          |     |     |    |     |    |
| (F) DESCRIPTION OF PURPOSE: REFUND SERIES 10A, V  | AR. CA      | P. PROJ        | TECTS    |     |     |    |     |    |
|   |             |                |          |     |     |    |     |    |
|   |             |                |          |     |     |    |     |    |
| (A) ISSUER NAME: NORTHAMPTON CITY GPA (SERIES 20  |             |                |          |     |     |    |     |    |
| (F) DESCRIPTION OF PURPOSE: CONSTRUCT./RENOV. AT  | HLETIC      | FACILI         | TIES     |     |     |    |     |    |
|   |             |                |          |     |     |    |     |    |
|   | 4.5.        |                |          |     |     |    |     |    |
| (A) ISSUER NAME: NORTHAMPTON CITY GPA (SERIES 20  | 17)         |                |          |     |     |    |     |    |
| (F) DESCRIPTION OF PURPOSE:   |             |                |          |     |     |    |     |    |
| CONTRUCTION/PARTIAL ADVANCE REFUNDING PRIOR BOND  | )           |                |          |     |     |    |     |    |
|   |             |                |          |     |     |    |     |    |
| SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:  | 10 31       |                |          |     |     |    |     |    |
| (A) ISSUER NAME: NORTHAMPTON CITY GPA (SERIES 20  | •           | 010            |          |     |     |    |     |    |
| DATE THE REBATE COMPUTATION WAS PERFORMED: 0  | 6/23/2      | 01.7           |          |     |     |    |     |    |

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

- (A) ISSUER NAME: NORTHAMPTON CITY GPA (SERIES 2010 A AND B)
  DATE THE REBATE COMPUTATION WAS PERFORMED: 02/13/2015
- (A) ISSUER NAME: NORTHAMPTON CITY GPA (SERIES 2006)
  DATE THE REBATE COMPUTATION WAS PERFORMED: 03/13/2015
- (A) ISSUER NAME: NORTHAMPTON CITY GPA (SERIES 2003)
  DATE THE REBATE COMPUTATION WAS PERFORMED: 03/16/2015

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.

SCHEDULE K, PART II, LINE 3:

THE DIFFERENCE FROM PART I(E) IS DUE TO INVESTMENT EARNINGS.

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.

FORM 990, SCH. K, PART IV, LINE 3, USE OF INTEREST RATE HEDGING CONTRACTS:

THE COLLEGE HAS THREE INTEREST RATE HEDGING CONTRACTS IN PLACE THAT

WERE ENTERED INTO TO MITIGATE THE COLLEGE'S INTEREST RATE RISK INHERENT

WITH VARIABLE RATE STRUCTURED DEBT. EACH OF THE HEDGING CONTRACTS

REQUIRES THE COLLEGE TO PAY A FIXED RATE IN RETURN FOR A VARIABLE RATE

THAT IS EXPECTED TO APPROXIMATE THE INTEREST RATE PAYABLE ON THE

COLLEGE'S DEBT IN TYPICAL MARKETS. NONE OF THE INTEREST RATE HEDGING

CONTRACTS ARE STRUCTURED AS "QUALIFIED" HEDGES ON THE RECORDS OF THE

ISSUING AUTHORITY FOR ANY OF THE COLLEGE'S DEBT ISSUANCES, WHICH IS THE

NORTHAMPTON COUNTY GENERAL PURPOSE AUTHORITY. AS SUCH, NONE OF THE

INTEREST RATE HEDGES ARE INTEGRATED FOR TAX PURPOSES WITH A PARTICULAR

## **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► 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 instructions and the latest information.

Name of the organization LAFAYETTE COLLEGE Employer identification number 24-0795686

| Pa   | rt I Types of Property                            |                               |  |                                |   |  |        |            |    |
|------|---|-------------------------------|--|--------------------------------|---|--|--------|------------|----|
|      |   | (a)<br>Check if<br>applicable | (b) Number of contributions or items contributed | (c) Noncash contamounts report | orted on                                | Method of noncash contr  |        | -          | s  |
| 1    | Art - Works of art                                | X                             | 4  |                                |   | APPRAISAL  |        |            |    |
| 2    | Art - Historical treasures                        |                               |  | ,                              | •                                       |  |        |            |    |
| 3    | Art - Fractional interests                        |                               |  |                                |   |  |        |            |    |
| 4    | Books and publications                            |                               |  |                                |   |  |        |            |    |
| 5    | Clothing and household goods                      |                               |  |                                |   |  |        |            |    |
| 6    | Cars and other vehicles                           |                               |  |                                |   |  |        |            |    |
| 7    | Boats and planes                                  |                               |  |                                |   |  |        |            |    |
| 8    | Intellectual property                             |                               |  |                                |   |  |        |            |    |
| 9    | Securities - Publicly traded                      | X                             | 86   | 2,600                          | 5,781.                                  | HIGH/LOW (   | F DA   | ILY        | MV |
| 10   | Securities - Closely held stock                   |                               |  | _,,                            | , , , , , ,                             |  |        |            |    |
| 11   | Securities - Partnership, LLC, or                 |                               |  |                                |   |  |        |            |    |
| 12   | trust interests Securities - Miscellaneous        |                               |  |                                |   |  |        |            |    |
| 13   | Qualified conservation contribution -             |                               |  |                                |   |  |        |            |    |
| 10   | Historic structures                               |                               |  |                                |   |  |        |            |    |
| 14   | Qualified conservation contribution - Other       |                               |  |                                |   |  |        |            |    |
| 15   | Real estate - Residential                         |                               |  |                                |   |  |        |            |    |
| 16   | Real estate - Commercial                          |                               |  |                                |   |  |        |            |    |
| 17   | Real estate - Other                               |                               |  |                                |   |  |        |            |    |
| 18   |   | X                             | 1  | 4(                             | 000.                                    | APPRAISAL  |        |            |    |
| 19   | Collectibles                                      |                               | _  |                                | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | THE PROPERTY OF THE PROPERTY O |        |            |    |
|      | Food inventory                                    |                               |  |                                |   |  |        |            |    |
| 20   | Drugs and medical supplies                        |                               |  |                                |   |  |        |            |    |
| 21   | Taxidermy   |                               |  |                                |   |  |        |            |    |
| 22   | Historical artifacts                              | X                             | 2  | 1 (                            | 1 000                                   | APPRAISAL  |        |            |    |
| 23   | Scientific specimens                              |                               |  |                                | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | RITKAIDAL  |        |            |    |
| 24   | Archeological artifacts Other ► ( GOODS/SERVICE ) | X                             | 2  | 2,                             | 4,791.                                  | EM77   |        |            |    |
| 25   | · · · · · · · · · · · · · · · · · · ·             | X                             | 1  |                                | $\frac{1}{3}, \frac{1}{3}$              |  |        |            |    |
| 26   | ` <del></del>                                     | _ A                           |  | 1,0                            | J, 104.                                 | L III A  |        |            |    |
| 27   | Other ()  |                               |  |                                |   |  |        |            |    |
| 28   | Other ( )   | <u> </u>                      |  |                                | 1 1                                     |  |        |            |    |
| 29   | Number of Forms 8283 received by the organ        |                               |  |                                |   |  |        | 7          |    |
|      | for which the organization completed Form 82      | 283, Part IV,                 | Donee Acknowled                                  | gement                         | 29                                      |  |        | , <u>,</u> |    |
|      |   |                               |  | 5                              |   |  |        | Yes        | No |
| 30a  | During the year, did the organization receive b   |                               |  |                                |   |  |        |            |    |
|      | must hold for at least three years from the dat   |                               | •  | •                              |   |  |        |            | 37 |
|      | exempt purposes for the entire holding period     | l?                            |  |                                |   |  | 30a    |            | X  |
|      | If "Yes," describe the arrangement in Part II.    |                               |  | _                              |   |  |        | 3,         |    |
| 31   | Does the organization have a gift acceptance      |                               |  |                                |   |  | 31     | Х          |    |
| 32a  | contributions?                                    |                               | •  |                                |   |  | 32a    | х          |    |
| b    | If "Yes," describe in Part II.                    |                               |  |                                |   |  |        |            |    |
| 33   | If the organization didn't report an amount in    | column (c) fo                 | or a type of propert                             | y for which colum              | nn (a) is che                           | ecked,   |        |            |    |
|      | describe in Part II.                              |                               |  |                                |   |  |        |            |    |
| I HA | For Paperwork Reduction Act Notice, see           | the Instruc                   | tions for Form 90                                | ^                              |   | Schedule   | M (Ear | ~ 000)     | 20 |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2018

| 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. |
|---|
| SCHEDULE M, PART I, COLUMN (B):   |
| NUMBER OF CONTRIBUTORS.   |
|   |
| SCHEDULE M, LINE 32B:   |
| THE COLLEGE'S INVESTMENT BROKER/MANAGER LIQUIDATES DONATED SECURITIES   |
| SECURITIES.   |
|   |
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# SCHEDULE O

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

LAFAYETTE COLLEGE

**Employer identification number** 24-0795686

FORM 990, PART III, LINE 1: MISSION STATEMENT IN AN ENVIRONMENT THAT FOSTERS THE FREE EXCHANGE OF IDEAS, LAFAYETTE COLLEGE SEEKS TO NURTURE 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 COMMITTEE OF THE BOARD CONSISTS OF THE CHAIR, VICE CHAIR, AND SECRETARY OF THE BOARD, THE CHAIRS 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 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

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

Name of the organization LAFAYETTE COLLEGE

Employer identification number 24-0795686

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.

FORM 990, PART VI, SECTION A, LINE 2:

GOVERNANCE, MANAGEMENT, AND DISCLOSURE - GOVERNING BODY AND MANAGEMENT

FROM TIME TO TIME, VARIOUS TRUSTEES MAY HAVE RELATIONSHIPS OCCURRING IN THE NORMAL COURSE OF BUSINESS. THESE TRANSACTIONS ARE AT ARM'S LENGTH AND REPORTED TO THE COLLEGE IN COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, SECTION B, LINE 11B:

GOVERNANCE, MANAGEMENT, AND DISCLOSURE - POLICIES

PROCESS FOR THE REVIEW OF FORM 990

THE FORM 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 THE RETURN WITH ITS OUTSIDE TAX ADVISOR AND MAKE REVISIONS PRIOR TO PRINTING THE FIRST DRAFT RETURN. THE AUDIT COMMITTEE REVIEWS THE FIRST DRAFT RETURN, RECOMMENDS CHANGES, WHICH ARE THEN INCORPORATED INTO A REVISED DRAFT RETURN. THE AUDIT COMMITTEE REVIEWS THE SECOND DRAFT 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 REVIEW AND COMMENT. IF ANY QUESTIONS

OR COMMENTS ARE RECEIVED FROM A BOARD MEMBER AND THE RETURN IS REVISED AS A RESULT, THE ADMINISTRATION WILL ADVISE THE FULL BOARD OF THE CHANGE BEFORE FILING OF THE FINAL RETURN.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST POLICY FOR TRUSTEES, BOARD MEMBERS, OFFICERS OF
THE ADMINISTRATION, 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 THEIR REVIEW AND
DISCLOSURE OF BOTH ANY EXCEPTIONS TO THE POLICY AND ANY AFFILIATIONS FOR
WHICH THE POLICY REQUIRES DISCLOSURE. THE COLLEGE ALSO REQUIRES THE SAME
INDIVIDUALS TO PREPARE A FORM 990 DISCLOSURE ANNUALLY.

ALL DISCLOSURES REQUIRED UNDER THIS POLICY MUST BE DIRECTED IN WRITING TO
THE SECRETARY OF THE BOARD OF TRUSTEES WHO IS RESPONSIBLE FOR THE
ADMINISTRATION OF THIS POLICY. MATTERS UNDER THIS POLICY CONCERNING
TRUSTEES ARE INITIALLY REPORTED TO THE CHAIRPERSON OF THE BOARD AND THE
COLLEGE'S GENERAL COUNSEL FOR ACTION. MATTERS CONCERNING 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.

FORM 990, PART VI, SECTION B, LINE 15:

THE PROCESS FOR DETERMINING THE COMPENSATION OF THE OFFICERS OF THE

| Schedule O (Form 990 or 990-EZ) (2018)                    | Page <b>2</b>                             |
|---|---|
| Name of the organization  LAFAYETTE COLLEGE               | Employer identification number 24-0795686 |
| ADMINISTRATION:   |   |
|   |   |
| THE PRESIDENT RECOMMENDS THE COMPENSATION FOR OFFICERS (V | CICE-PRESIDENTS).                         |
| BASED ON A WRITTEN ANNUAL PERFORMANCE SUMMARY, EACH OFFIC | CER'S COMPENSATION                        |
| IS THEN ESTABLISHED BY THE COMPENSATION COMMITTEE WHICH F | REVIEWS DATA                              |
| OBTAINED FROM ITS EXTERNAL COMPENSATION CONSULTANT ON SAL | ARIES OF                                  |
| COMPARABLE OFFICERS FROM COMPARABLE INSTITUTIONS AND ADJU | JSTS THAT DATA                            |
| THROUGH SURVEYS AND OTHER AVAILABLE RESOURCES.            |   |
|   |   |
| FORM 990, PART VI, SECTION C, LINE 19:                    |   |
| THE COLLEGE'S AUDITED FINANCIAL STATEMENTS ARE AVAILABLE  | ON THE COLLEGE'S                          |
| PUBLIC WEBSITE. THE COLLEGE'S GOVERNING DOCUMENTS AND CON | FLICT OF INTEREST                         |
| POLICY ARE NOT AVAILABLE TO THE PUBLIC ON ITS WEBSITE.    |   |
|   |   |
| REQUESTS FOR COPIES OF FORMS 990 AND 990T ARE PROVIDED PR | ROMPTLY UPON                              |
| REQUEST IN EITHER HARD-COPY OR ELECTRONIC FORMS, AND THE  | COLLEGE DOES NOT                          |
| CHARGE FOR EITHER COPYING OR MAILING COSTS.               |   |
|   |   |
| AFTER THE FILING OF THE FORM 990 RETURN FOR THE SAME TAX  | YEAR, THE COLLEGE                         |
| WILL PROVIDE A COPY TO GUIDESTAR FOR PUBLICATION ON THEIR | R WEBSITE.                                |
|   |   |
| FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:         |   |
| CHANGE IN ESTIMATE ANNUITIES PAYABLE                      | 6,314,269.                                |
| CHANGE IN FV OF HEDGE/SWAPS                               | -3,060,492.                               |
| CHANGE IN POSTRETIREMENT BENEFITS                         | -1,557,000.                               |
| TOTAL TO FORM 990, PART XI, LINE 9                        | 1,696,777.                                |

## SCHEDULE R (Form 990)

Department of the Treasury

**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.

Internal Revenue Service

Name of the organization

LAFAYETTE COLLEGE

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

2018

OMB No. 1545-0047

Open to Public Inspection

Employer identification number 24-0795686

| (a)  | (b)                                   | (c)   | (d)                           | (e)                                   |                               | (f)                  |   |
|--|---------------------------------------|---|-------------------------------|---------------------------------------|-------------------------------|----------------------|---|
| Name, address, and EIN (if applicable) of disregarded entity | Primary activity                      | Legal domicile (state of foreign country)     | or Total inco                 | me End-of-yea                         |                               | controlling<br>ntity | g   |
|  |                                       |   |                               |                                       |                               |                      |   |
|  |                                       |   |                               |                                       |                               |                      |   |
|  |                                       |   |                               |                                       |                               |                      |   |
|  |                                       |   |                               |                                       |                               |                      |   |
| II Identification of Related Tax-Exempt Or                   | ganizations. Complete if the organiza | tion answered "Yes" on Form 99                | 0, Part IV, line 34,          | because it had one                    | e or more related tax-ex      | empt                 |   |
| organizations during the tax year.                           |                                       |   | 1                             | ı                                     |                               |                      |   |
| (a)  Name, address, and EIN  of related organization         | (b) Primary activity                  | (c) Legal domicile (state or foreign country) | (d)<br>Exempt Code<br>section | (e) Public charity status (if section | (f) Direct controlling entity | 1                    | <b>g)</b><br>512(b)(1<br>trolled<br>tity?   |
|  |                                       | , , , , , , , , , , , , , , , , , , ,         |                               | 501(c)(3))                            |                               | Yes                  | No  |
| AEFER BERTHA B U/W - 23-6293005                              |                                       |   |                               |                                       |                               |                      |   |
| MELLON PO BOX 185  |                                       |   |                               |                                       |                               |                      |   |
| TSBURGH, PA 15230  | PERPETUAL TRUST                       | PENNSYLVANIA                                  | 501(C)(3)                     |                                       | LAFAYETTE COLLEGE             | X                    | $oldsymbol{ol}}}}}}}}}}}}}}}}}$ |

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

Schedule R (Form 990) 2018

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LAFAYETTE COLLEGE

LAFAYETTE COLLEGE

LAFAYETTE COLLEGE

ILLINOIS

NORTH CAROLINA

NORTH CAROLINA

501(C)(3)

501(C)(3)

501(C)(3)

PERPETUAL TRUST

PERPETUAL TRUST

PERPETUAL TRUST

10 S DEARBORN

1 W 4TH ST 4TH FL

1 W 4TH ST 4TH FL

CHICAGO, IL 60603

WINSTON SALEM, NC 27101

WINSTON SALEM, NC 27101

CHARLES W BLAIR - 72-6130983

ANNA P DENLINGER TRUST - 22-6144493

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

| (a)  | (e)                            | (f) (g)                                   |                               |                   | h)                    | (i)            | (j) | (k) |                 |       |                             |                                   |  |  |         |               |
|--|--------------------------------|---|-------------------------------|-------------------|-----------------------|----------------|-----|-----|-----------------|-------|-----------------------------|-----------------------------------|--|--|---------|---------------|
| Name, address, and EIN of related organization | <b>(b)</b><br>Primary activity | Legal<br>domicile<br>(state or<br>foreign | (d) Direct controlling entity |                   | Share of total income | Share of total |     |     |                 |       | Share of end-of-year assets | (h) Disproportionate allocations? |  |  | General | or Percentage |
|  |                                | country)                                  |                               | sections 512-514) |                       | 400010         | Yes | No  | K-1 (Form 1065) | Yes N | o                           |                                   |  |  |         |               |
|  |                                |   |                               |                   |                       |                |     |     |                 |       |                             |                                   |  |  |         |               |
|  |                                |   |                               |                   |                       |                |     |     |                 |       |                             |                                   |  |  |         |               |
|  |                                |   |                               |                   |                       |                |     |     |                 |       |                             |                                   |  |  |         |               |
|  |                                |   |                               |                   |                       |                |     |     |                 |       |                             |                                   |  |  |         |               |
|  |                                |   |                               |                   |                       |                |     |     |                 |       |                             |                                   |  |  |         |               |
|  |                                |   |                               |                   |                       |                |     |     |                 |       |                             |                                   |  |  |         |               |
|  |                                |   |                               |                   |                       |                |     |     |                 |       |                             |                                   |  |  |         |               |
|  |                                |   |                               |                   |                       |                |     |     |                 |       |                             |                                   |  |  |         |               |
|  |                                |   |                               |                   |                       |                |     |     |                 |       |                             |                                   |  |  |         |               |
|  |                                |   |                               |                   |                       |                |     |     |                 |       |                             |                                   |  |  |         |               |
|  |                                |   |                               |                   |                       |                |     |     |                 |       |                             |                                   |  |  |         |               |
|  |                                |   |                               |                   |                       |                |     |     |                 |       |                             |                                   |  |  |         |               |
|  |                                |   |                               |                   |                       |                |     |     |                 |       |                             |                                   |  |  |         |               |
|  |                                |   |                               |                   |                       |                |     |     |                 |       |                             |                                   |  |  |         |               |
|  |                                |   |                               |                   |                       |                |     |     |                 |       |                             |                                   |  |  |         |               |
|  |                                |   |                               |                   |                       |                |     |     |                 |       |                             |                                   |  |  |         |               |
|  |                                |   |                               |                   |                       |                |     |     |                 |       |                             |                                   |  |  |         |               |
|  |                                |   |                               |                   |                       |                |     |     |                 |       |                             |                                   |  |  |         |               |

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | <b>(b)</b><br>Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Percentage<br>ownership | 512(t<br>contr<br>ent | tion<br>b)(13)<br>rolled<br>ity? |
|--|--------------------------------|---|-------------------------------|---|---------------------------------|--|--------------------------------|-----------------------|----------------------------------|
|  |                                | country)                                      |                               |   |                                 |  |                                | Yes                   | No                               |
|  |                                |   | LAFAYETTE                     |   |                                 |  |                                |                       |                                  |
| CHARITABLE REMAINDER UNITRUSTS (33)                | INVESTMENTS                    | PA  | COLLEGE                       | TRUST   |                                 |  | 100.00%                        | Х                     | l                                |
|  |                                |   |                               |   |                                 |  |                                |                       |                                  |
|  |                                |   | LAFAYETTE                     |   |                                 |  |                                |                       |                                  |
| CHARITABLE REMAINDER ANNUITY TRUSTS (2)            | INVESTMENTS                    | PA  | COLLEGE                       | TRUST   |                                 |  | 100.00%                        | Х                     | <u> </u>                         |
|  |                                |   |                               |   |                                 |  |                                |                       |                                  |
|  |                                |   |                               |   |                                 |  |                                |                       |                                  |
|  |                                |   |                               |   |                                 |  |                                |                       |                                  |
|  |                                |   |                               |   |                                 |  |                                |                       |                                  |
|  |                                |   |                               |   |                                 |  |                                |                       | l                                |
|  |                                |   |                               |   |                                 |  |                                |                       |                                  |
|  |                                |   |                               |   |                                 |  |                                |                       |                                  |
|  |                                |   |                               |   |                                 |  |                                |                       |                                  |
|  |                                |   |                               |   |                                 |  |                                |                       |                                  |

Page 3

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

| Not  | ote: 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 r  | more re  | elated organizations listed   | in Parts II-IV?                           |       |     |    |  |  |  |  |
| а    | a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity  |          |                               |   | 1a    |     | X  |  |  |  |  |
| b    |  |          |                               |   |       |     |    |  |  |  |  |
|      | Gift, grant, or capital contribution from related organization(s)  |          |                               |   |       |     |    |  |  |  |  |
|      |  |          |                               |   |       |     |    |  |  |  |  |
|      |  |          |                               |   | 1e    |     | X  |  |  |  |  |
|      |  |          |                               |   |       |     |    |  |  |  |  |
| f    | f Dividends from related organization(s)   |          |                               |   | 1f    |     | X  |  |  |  |  |
|      |  |          |                               |   | 1g    |     | X  |  |  |  |  |
|      |  |          |                               |   | 1h    |     | X  |  |  |  |  |
| i    | a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity  b Gift, grant, or capital contribution to related organization(s)  c Gift, grant, or capital contribution from related organization(s)  d Loans or loan guarantees to or for related organization(s)  e Loans or loan guarantees by related organization(s)  f Dividends from related organization(s)  g Sale of assets to related organization(s)  f Exchange of assets from related organization(s)  i Exchange of assets from related organization(s)  j Lease of facilities, equipment, or other assets to related organization(s)  k Lease of facilities, equipment, or other assets from related organization(s)  p Performance of services or membership or fundraising solicitations for related organization(s)  m Performance of services or membership or fundraising solicitations by related organization(s)  s Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  s Pariormance of services or membership or fundraising solicitations by related organization(s)  p Reimbursement paid to related organization(s) for expenses  Reimbursement paid to related organization(s) for expenses  q Reimbursement paid to related organization(s) for expenses  c Other transfer of cash or property to related organization(s)  Tirnsaction  type (a-s)  Amount involved  Method of determining amount involved  Method of determining amount involved  Method of determining amount involved  Amount involved  |          |                               |   |       |     | X  |  |  |  |  |
| j    | During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?  a Receipt of (i) interest, (ii) annutites, (iii) royalties, or (iv) rent from a controlled entity  b Gift, grant, or capital contribution to related organization(s)  c Gift, grant, or capital contribution trom related organization(s)  d Loans or loan guarantees to or for related organization(s)  e Loans or loan guarantees by related organization(s)  f Dividends from related organization(s)  g Sale of assets to related organization(s)  i Exchange of assets from related organization(s)  i Exchange of assets with related organization(s)  j Lease of facilities, equipment, or other assets to related organization(s)  k Lease of facilities, equipment, or other assets from related organization(s)  Performance of services or membership or fundraising solicitations for related organization(s)  Performance of services or membership or fundraising solicitations by related organization(s)  s Sharing of paid employees with related organization(s)  p Reimbursement paid to related organization(s) for expenses  q Reimbursement paid to related organization(s) for expenses  r Other transfer of cash or property from related organization(s)  f Other transfer of cash or property from related organization(s)  If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  (a)  Name of related organization  Amount involved Method of determining amount involved in the part of the p |          | 1j                            |   | X     |     |    |  |  |  |  |
|      |  |          |                               |   |       |     |    |  |  |  |  |
| k    | k Lease of facilities, equipment, or other assets from related organization(s)   |          |                               |   | 1k    |     | X  |  |  |  |  |
|      |  |          |                               |   |       |     |    |  |  |  |  |
|      |  |          |                               |   |       |     |    |  |  |  |  |
|      |  |          |                               |   | 1n    |     | X  |  |  |  |  |
|      |  |          |                               |   | 10    |     | X  |  |  |  |  |
|      |  |          |                               |   |       |     |    |  |  |  |  |
| р    | p Reimbursement paid to related organization(s) for expenses   |          |                               |   | 1p    |     | X  |  |  |  |  |
|      |  |          |                               |   | 1q    |     | X  |  |  |  |  |
| ·    |  |          |                               |   |       |     |    |  |  |  |  |
| r    | r Other transfer of cash or property to related organization(s)  |          |                               |   | 1r    |     | X  |  |  |  |  |
|      |  |          |                               |   | 1s    | Х   |    |  |  |  |  |
| 2    | If the answer to any of the above is "Yes," see the instructions for information on who must com-  | plete th | nis line, including covered i | relationships and transaction thresholds. |       |     |    |  |  |  |  |
|      | (a) (b)  |          | (c)                           | (d)                                       |       |     |    |  |  |  |  |
|      | *  |          | Amount involved               | Method of determining amount invo         | olved |     |    |  |  |  |  |
|      |  |          |                               |   |       |     |    |  |  |  |  |
| 1) ( | CHARITABLE REMAINDER TRUSTS S  |          | 1,189,355.                    | CASH VALUE                                |       |     |    |  |  |  |  |
|      |  |          |                               |   |       |     |    |  |  |  |  |

Name of related organization

Transaction type (a-s)

(1) CHARITABLE REMAINDER TRUSTS

S 1,189,355. CASH VALUE

(2) CHARITABLE REMAINDER TRUSTS

S 6,145,807. CASH VALUE

(3) CHARITABLE REMAINDER TRUSTS

S 467,818. CASH VALUE

(4) CHARITABLE REMAINDER TRUSTS

S 184,906. CASH VALUE

(5)

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

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

| (a)                    | (b)              | (c)               | (d)  | (e<br>Are         | <del>)</del> | (f)      | (g)         | (1       | h)      | (i)  | (    | j)              | (k)                                   |
|------------------------|------------------|-------------------|--|-------------------|--------------|----------|-------------|----------|---------|--|------|-----------------|---------------------------------------|
| Name, address, and EIN | Primary activity | Legal domicile    | Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | partner           | rs sec.      | Share of | Share of    | Disp     | ropor-  | Code V-UBI<br>amount in box 20<br>of Schedule K-1<br>(Form 1065) | Gene | ral or          | Percentage                            |
| of entity              |                  | (state or foreign | excluded from tax under  | partner<br>501 (c | c)(3)<br>s.? | total    | end-of-year | alloca   | ations? | l of Schedule K-1  | part | ner?            | ownership                             |
|                        |                  | country)          | sections 512-514)  | Yes               |              |          | assets      | Yes      | No      | (Form 1065)  | Yes  | NO              |                                       |
|                        |                  |                   | ·  |                   |              |          |             | 1.00     | 1.10    |  | 1.00 | ,,,,,           |                                       |
|                        |                  |                   |  |                   |              |          |             |          |         |  |      |                 |                                       |
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