### \*\* 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)

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.

A I	For the	e 2020 calendar year, or tax year beginning Ju	JL 1, 2020 and	ending J	UN 30, 2021		
	Check if applicabl	C Name of organization			D Employer ide	entifi	cation number
Г	Addre						
F	Name chang				24-0795	5686	
F	Initial return	Number and street (or P.O. box if mail is not de	livered to street address)	Room/suite	E Telephone nu	ımbe	 r
F	Final	730 SIILITVAN ROAD 030 MAROLITS HA	ŕ	Ttoom, suite	(610) 33		
_	⊥return. termin ated				G Gross receipts \$		790,080,516.
Г	Amen	, , , , , , , , , , , , , , , , , , , ,	oo.o.g poota. oodo		H(a) Is this a gro	oup r	
F	Applic		LE FARMER HURD		for subordi	-	
	pendi	SAME AS C ABOVE					ncluded? Yes No
T -	Tax-ex	empt status: X 501(c)(3) 501(c) ( )	<b>◄</b> (insert no.) 4947(a)(1)	or 527	1 ` ′		list. See instructions
		te: WWW.LAFAYETTE.EDU	, (		H(c) Group exe		
			ssociation Other	<b>L</b> Year	of formation: 1826	- 1	M State of legal domicile: PA
		Summary		•			V
	1	Briefly describe the organization's mission or most	significant activities: PROVIS	ION OF EI	UCATIONAL		
Governance		SERVICES AS AN ACCREDITED FOUR-YEAR U					
'n	2	Check this box  if the organization disco	ntinued its operations or dispos	sed of more	than 25% of its n	et as	sets.
Ş.	3	Number of voting members of the governing body	(Part VI, line 1a)			3	35
		Number of independent voting members of the gov				4	34
တ္	5	Total number of individuals employed in calendar y				5	2275
/itie	6	Total number of volunteers (estimate if necessary)				6	2800
Activities &	7 a	Total unrelated business revenue from Part VIII, co				7a	-973,427.
_	b	Net unrelated business taxable income from Form	990-T, Part I, line 11	<u></u>		7b	0.
					Prior Year		Current Year
Φ	8	Contributions and grants (Part VIII, line 1h)			20,135,3		20,693,664.
Revenue	9				175,394,0		148,585,050.
ě	10	Investment income (Part VIII, column (A), lines 3, 4,			29,775,4		64,069,048.
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c	, 9c, 10c, and 11e)		3,155,0		897,580.
_		Total revenue - add lines 8 through 11 (must equal			228,460,3		234,245,342.
	13	Grants and similar amounts paid (Part IX, column (	A), lines 1-3)		56,678,		47,643,620.
	1	Benefits paid to or for members (Part IX, column (A				0.	0.
es	15	Salaries, other compensation, employee benefits (F			96,397,3		90,141,630.
Expenses	16a	Professional fundraising fees (Part IX, column (A), I			163,3	391.	29,000.
Š	. b	Total fundraising expenses (Part IX, column (D), line					
ш	''	Other expenses (Part IX, column (A), lines 11a-11d,			75,351,3		67,830,874.
	1	Total expenses. Add lines 13-17 (must equal Part I)			228,590,8		205,645,124.
	19	Revenue less expenses. Subtract line 18 from line	12		-130,!		28,600,218.
Net Assets or		T. I. (D. I.V.); 40)		Ве	ginning of Current		End of Year
SSE	20	Total assets (Part X, line 16)			1,381,563,8		1,615,001,306.
let A	21	Total liabilities (Part X, line 26)	lin - 00		376,262,6 1,005,301,2		384,418,436. 1,230,582,870.
P	22 art II	Net assets or fund balances. Subtract line 21 from Signature Block	ine 20		1,005,301,	243.	1,230,302,070.
		Ities of perjury, I declare that I have examined this return,	including accompanying schedule	s and stateme	ents, and to the hest	of my	/ knowledge and helief it is
		et, and complete) Declaration of greparer (other than office				-	, knowledge and beller, it is
	, 0000	N Curdud 21/	., , , , , , , , , , , , , , , , , , ,	non proparor			
Sig	n	Signature of officer			Date		
Her		ANDREA BOHN, ASSISTANT VP AND CON	TROLLER		4/12/2	22	
		Type or print name and title					
		Print/Type preparer's name	Preparer's signature	[	Date ch	eck [	PTIN
Paid	i	CONNIE M. LIRA	CONNIE M. LIRA	0	4/11/22 if sel	f-employ	P00481097
Pre	parer	Firm's name CLIFTONLARSONALLEN LLP			Firm's EI	N 🛌	41-0746749
Use	Only	Firm's address 610 w GERMANTOWN PIKE, S	UITE 400				
		PLYMOUTH MEETING, PA 194	62		Phone no	o.(21	5) 643-3900
May	the II	RS discuss this return with the preparer shown abo	ve? See instructions				X Yes No

Page 2 LAFAYETTE COLLEGE 24-0795686 Form 990 (2020)

Pa	rt III Statement of Program Service Accomplishments	Tu Tu
_	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:  SEE SCHEDULE O	
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 Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the services of the se	•
	revenue, if any, for each program service reported.	xperises, and
 4а	(Code: ) (Expenses \$ 145,475,587. including grants of \$ 47,643,620.) (Revenue \$	130,954,756.)
	LAFAYETTE COLLEGE IS A LIBERAL ARTS COLLEGE OFFERING BACHELOR OF ARTS	<u> </u>
	AND BACHELOR OF SCIENCE DEGREES IN FOUR DISCIPLINES IN HUMANITIES,	
	ENGINEERING, NATURAL SCIENCES, AND SOCIAL SCIENCES. IN FALL 2020, THE	
	2,514 FULL-TIME STUDENTS CAME FROM 34 STATES AND 27 COUNTRIES. THE	
	STUDENT-TO-FACULTY RATIO AT THE COLLEGE IS APPROXIMATELY 10 TO 1. OF	
	THE 243 FULL-TIME FACULTY, 239 HOLD A DOCTORATE OR OTHER TERMINAL DEGREE. APPROXIMATELY 47% OF THE STUDENTS ATTENDING LAFAYETTE COLLEGE	
	RECEIVE FINANCIAL ASSISTANCE. 604 STUDENTS WERE AWARDED AN	
	UNDERGRADUATE DEGREE. LAFAYETTE COLLEGE HAS A FOUR-YEAR GRADUATION RATE	
	OF 85% AND SIX-YEAR GRADUATION RATE OF 88%. APPROXIMATELY 94% OF THE	
	COLLEGE'S GRADUATES WERE EMPLOYED, IN GRADUATE SCHOOL, OR SECURED	
	INTERNSHIPS WITHIN 6 MONTHS AFTER GRADUATION.	
4b	(Code:) (Expenses \$ 24 , 685 , 381. including grants of \$ 0. (Revenue \$	17,630,294.
	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 on Schedule O.)	
14	(Expenses \$ including grants of \$ ) (Revenue \$	)
4e	Total program service expenses ► 170,160,968.	, 
		Form <b>990</b> (2020)

24-0795686 Page 3

# Form 990 (2020) LAFAYETTE COLLEGE 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)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
Ŭ	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	٣		
U		ء ا		x
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
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			
	Schedule D, Part III	8	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	Х	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
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,			
	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			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
ч	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	٠٠		
u		11d		x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX		Х	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Λ	$\vdash$
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	١	v	
	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	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	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		Х
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	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
=	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
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	20a		X
	• •	20a 20b		<del></del>
b O4	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	ZUD		$\vdash$
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	۱	v	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

032003 12-23-20

24-0795686

# Form 990 (2020) 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	<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a	Х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		х
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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			
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		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		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	<u> </u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Do	Note: All Form 990 filers are required to complete Schedule 0	38	X	<u> </u>
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
_			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 3521			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	l 1c	Ì	I

Form 990 (2020) LAFAYETTE COLLEGE 24-0795686 Page **5** 

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

			Yes	No									
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,												
	filed for the calendar year ending with or within the year covered by this return 2275												
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х										
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)												
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	-									
		3b	Х	<u> </u>									
4a				x									
	, , , , , , , , , , , , , , , , , , , ,	4a											
D													
5a		5a		х									
b				X									
		5c											
		- 00											
		6a		х									
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).												
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х									
b	The second secon												
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required												
	to file Form 8282?	7с		Х									
d	If "Yes," indicate the number of Forms 8282 filed during the year												
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X									
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х									
g		7g											
h		7h											
8		8											
9	Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a ancial account in a foreign country (such as a bank account, securities account, or other financial account)?  Yes," enter the name of the foreign country ▶  the instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). The provided any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? do any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  Yes' to line 5a or 5b, did the organization file Form 8886-T?  the sthe organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicity contributions that were not tax deductible as charitable contributions?  Yes," did the organization include with every solicitation an express statement that such contributions or gifts ere not tax deductible?  **ganizations that may receive deductible contributions under section 170(c).**  If the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided the payor?  Yes, "indicate the number of Forms 8282 filed during the year do the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required file Form 8282?  Yes, "indicate the number of Forms 8282 filed during the year  do the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  the organizations maintaining donor adv												
a		9a											
b		9b											
10													
а	1 1												
b													
11	Section 501(c)(12) organizations. Enter:												
а	Gross income from members or shareholders												
b	Gross income from other sources (Do not net amounts due or paid to other sources against												
		12a											
b	• • • • • • • • • • • • • • • • • • • •												
13													
а	•	13a											
	·												
а													
^													
14a		14a		х									
		14b											
15													
	excess parachute payment(s) during the year?	15		х									
	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		х									
	If "Yes," complete Form 4720, Schedule O.												

LAFAYETTE COLLEGE Form 990 (2020)

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 on Schedule O. See instructions

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
0	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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 on Schedule O.			
_	Enter the number of voting members included on line 1a, above, who are independent 1b 34			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		77	
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			.,,
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		
/a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	7-		х
	more members of the governing body?	7a		
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	76		х
	persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		Λ
8		0.	х	
	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?  Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	8b	21	
9		9		х
Sec	organization's mailing address? If "Yes." provide the names and addresses on Schedule O  tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		
	This Section B requests information about policies not required by the internal Revenue Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	110		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
_	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a	Х	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b	Х	
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶CA, FL, NH, NJ, NY, PA, WA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3))	only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	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 books and records			
	CRAIG BECKER - 610-330-5957			
	730 SULLIVAN ROAD, 030 MARQUIS HALL, EASTON, PA 18042-1798			

Form 990 (2020) LAFAYETTE COLLEGE 24-0795686 Page **7** 

### 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.

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

See instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stit utional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ALISON R. BYERLY	50.00									
PRESIDENT	0.00	Х		Х				616,685.	0.	110,571.
(2) ROGER A. DEMARESKI	50.00									
VP FINANCE & ADMIN/TREASURER	0.00			Х				452,323.	0.	94,542.
(3) MERVIN A. BURTON	50.00									
DIRECTOR OF INVESTMENTS	0.00					Х		455,192.	0.	18,186.
(4) LESLIE F. MUHLFELDER	50.00									
VP HUMAN RESOURCES, GENERAL COUNSEL	0.00			Х				323,864.	0.	68,098.
(5) SAIYID A. RIZVI	50.00									
PROFESSOR OF ECONOMICS	0.00					Х		342,937.	0.	38,352.
(6) JOSEPH S. BOHRER	50.00								_	
FORMER OFFICER	0.00						Х	345,785.	0.	24,654.
(7) GREGORY V. MACDONALD	50.00									
VP ENROLLMENT MANAGEMENT	0.00			Х				243,616.	0.	113,056.
(8) KIMBERLY A. SPANG	50.00									
VP DEVELOPMENT & COLLEGE RELATIONS	0.00			Х				311,948.	0.	37,495.
(9) LI ZHAO	50.00							200 604	•	40.600
INVESTMENT ASSOCIATE	0.00					Х		309,681.	0.	10,623.
(10) JOHN E. MEIER	50.00								•	
PROVOST	0.00			Х				291,080.	0.	22,274.
(11) CRAIG BECKER	50.00				l			055 604	•	26 565
ASSOC VP FINANCE	0.00				Х			257,681.	0.	36,565.
(12) BRUCE A. MURPHY	50.00							052 050		22 202
KIRBY PROFESSOR OF GOVERNMENT & LAW	0.00					Х		253,059.	0.	33,323.
(13) FRANCIS B. O'HANLON HEAD MEN'S BASKETBALL COACH	50.00					,,		251 201	0	22 000
	0.00					Х		251,391.	0.	32,890.
(14) JOHN L. O'KEEFE	50.00			ļ "				220 254	^	20 540
VP & CHIEF INFORMATION OFFICER	0.00			Х	_			229,354.	0.	30,549.
(15) MARK EYERLY	50.00	ł		Į				214 011	^	22 072
VP MARKETING & COMMUNICATIONS	0.00			Х		-		214,911.	0.	32,073.
(16) ANNETTE DIORIO	50.00	ł		Į				210 020	^	21 762
VP CAMPUS LIFE	0.00			Х		-		219,038.	0.	21,762.
(17) ALMA SCOTT-BUCZAK	50.00	ł			, .			106 552	0.	22 512
ASSOC VP HUMAN RESOURCES	0.00			<u> </u>	Х			196,553.	0.	32,513.

Form 990 (2020) LAFAYETTE COLLEGE 24-0795686 Page **8** 

Form 990 (2020) LAFAYETTE C	OLLEGE								24-079366	o Page <b>o</b>
Part VII Section A. Officers, Directors, Tru	ıstees, Key Em <sub>l</sub>	oloy	ees,	and	l Hig	ghes	t Co	ompensated Employee	s (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	not c		ition		nne.	Reportable	Reportable	Estimated
	hours per	box	box, unless person is both a officer and a director/truste					compensation	compensation	amount of
	week		cer an	u a u	recto	r/trus	tee)	from	from related	other
	(list any hours for	irecto						the	organizations	compensation from the
	related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization
	organizations	ndividual trustee or director	Institutional trustee		99/	mpen		(***2/1099****100)		and related
	below	idual t	ution	<u></u>	key employee	sst co	-e			organizations
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former			
(18) KRISHNA MEMANI	50.00									
CHIEF INVESTMENT OFFICER	0.00			Х				84,062.	0.	2,209.
(19) ROBERT E. SELL	5.00									
CHAIR	0.00	Х		Х				0.	0.	0.
(20) LINDA ASSANTE CARRASCO	5.00									
VICE CHAIR	0.00	Х		Х				0.	0.	0.
(21) ANGEL L. MENDEZ	5.00									
SECRETARY	0.00	Х		Х				0.	0.	0.
(22) EDWARD W. AHART	3.00									
EXECUTIVE COMMITTEE	0.00	Х						0.	0.	0.
(23) SAMUEL R. CHAPIN	3.00									
EXECUTIVE COMMITTEE	0.00	Х						0.	0.	0.
(24) ANTONIO F. FERNANDEZ	3.00									
EXECUTIVE COMMITTEE	0.00	Х						0.	0.	0.
(25) SUSAN L. FOX	3.00									
EXECUTIVE COMMITTEE	0.00	Х						0.	0.	0.
(26) JEFFERSON W. KIRBY	3.00									
EXECUTIVE COMMITTEE	0.00	Х						0.	0.	0.
1b Subtotal							ightharpoons	5,399,160.	0.	759,735.
c Total from continuation sheets to Part	/II, Section A						ightharpoons	0.	0.	0.
d Total (add lines 1b and 1c)							<u> </u>	5,399,160.	0.	759,735.

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

line 1a? If "Yes," complete Schedule J for such individual

Yes No

172

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
 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

Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on

Section B. Independent Contractors

1 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) Compensation
BON APPETIT MANAGEMENT COMPANY		
2400 YORKMONT ROAD, CHARLOTTE, NC 28217	DINING SERVICES	6,767,207.
WOHLSEN CONSTRUCTION		
548 STEEL WAY, LANCASTER, PA 17604	CONSTRUCTION SERVICES	3,159,213.
DEL VALLEY PROPERTIES INC		
11 CHASE HOLLOW ROAD, HOPEWELL, NJ 08525	CONSTRUCTION	1,983,084.
COORDINATED HEALTH SYSTEMS CORP, 2775		
SCHOENERSVILLE ROAD, BETHLEHEM, PA 18017	MEDICAL SERVICES	1,708,828.
CSI INTERNATIONAL INC, 6700 NORTH ANDREWS		
AVENUE, FORT LAUDERDALE, FL 33309	CUSTODIAL SERVICES	851,474.
<ul> <li>Total number of independent contractors (including but not limited to those listed \$100,000 of compensation from the organization</li> </ul>	d above) who received more than	

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 LAFAYETTE COLLEGE 24-0795686

Form 990 LAFAYETTE CO	722202								24-07956	300
Part VII Section A. Officers, Directors, To	ustees, Key Er	nplo	yee	s, aı	nd H	ligh	est (	Compensated Employe	es (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours	(cl	heck	all ·	that	app	ly)	compensation	compensation	amount of
	per week (list any hours for	or director	9			Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization
	related organizations below	stee	Institutional trustee	<u></u>	Key employee	est com pen s	er			and related organizations
	line)	Indivi	Institu	Officer	Key e	Highe	Former			
(27) LEO A. HELMERS	3.00									
EXECUTIVE COMMITTEE	0.00	х						0.	0.	0.
(28) JUDSON C. LINVILLE	3.00									
EXECUTIVE COMMITTEE	0.00	х						0.	0.	0.
(29) PAMELA S. PASSMAN	3.00									
EXECUTIVE COMMITTEE	0.00	х						0.	0.	0.
(30) J.B. REILLY	3.00									
EXECUTIVE COMMITTEE	0.00	Х						0.	0.	0.
(31) JAMES L. BENJAMIN	2.00									
TRUSTEE	0.00	Х						0.	0.	0.
(32) KIMBERLY W. BENSTON	2.00									
TRUSTEE	0.00	Х						0.	0.	0.
(33) JAMES R. BIRLE, JR.	2.00									
TRUSTEE	0.00	Х						0.	0.	0.
(34) HARRY S. CHERKEN	2.00									
TRUSTEE	0.00	Х						0.	0.	0.
(35) SEBASTIAN J. CRAPANZANO	2.00									
TRUSTEE	0.00	Х						0.	0.	0.
(36) TANUJA MAJUMDAR DEHNE	2.00									
TRUSTEE	0.00	Х						0.	0.	0.
(37) LANETA J. DORFLINGER	2.00									
TRUSTEE	0.00	Х						0.	0.	0.
(38) JOHN A. FRY	2.00									
TRUSTEE	0.00	Х						0.	0.	0.
(39) MICHAEL C. HEANEY	2.00							_	_	_
TRUSTEE	0.00	Х						0.	0.	0.
(40) HAROLD N. KAMINE	2.00									
TRUSTEE	0.00	Х						0.	0.	0.
(41) LISA J. KASSEL	2.00	,							0	
TRUSTEE	+	Х						0.	0.	0.
(42) BARBARA LEVY	0.00								0	
TRUSTEE (43) CLAUDINE D. LILIEN	2.00	Λ				_		0.	0.	0.
TRUSTEE	0.00	v						0.	0.	,
(44) D. CHRISTIAN MCCUMBER	2.00	Λ						0.	0.	0.
TRUSTEE		Х						0.	0.	0.
(45) CYNTHIA Y. PAIGE	2.00	<u> </u>							<u> </u>	· · · · · ·
TRUSTEE	0.00	x						0.	0.	0.
(46) JOSE A. RODRIGUEZ	2.00							-	<u> </u>	
TRUSTEE	0.00	х						0.	0.	0.
-							L	<u> </u>		ļ .

Form 990 LAFAYETTE COLLEGE 24-0795686

Form 990 LAFAYETTE C	OLLEGE								24-07956	586
Part VII Section A. Officers, Directors, T	rustees, Key Er	nplo	yee	s, aı	nd H	ligh	est (	Compensated Employe	es (continued)	
<b>(A)</b> Name and title	(B) Average			(0	C) sition			<b>(D)</b> Reportable	<b>(E)</b> Reportable	<b>(F)</b> Estimated
	hours	(cl	(check all that appl				ly)	compensation	compensation	amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(47) DAVID M. ROTH	2.00									
TRUSTEE	0.00	Х						0.	0.	0
(48) PETER S. RUGGIERO	2.00									
TRUSTEE	0.00	Х						0.	0.	0
(49) WILLIAM H. SPENCE	2.00									
TRUSTEE	0.00	Х						0.	0.	0
(50) LAUREN A. STEINITZ	2.00								_	_
PRUSTEE (51) TROPER A THE TWO IS	0.00	Х						0.	0.	0
(51) WYNNE A. WHITMAN FRUSTEE	0.00							0.	0.	0
(52) ALVIN M. YEARWOOD	2.00	Х						0.	0.	0
RUSTEE	0.00	х						0.	0.	0
								9.	<u> </u>	
	I	l	I	I	1	I	l	I		

Page 9

# Form 990 (2020) Part VIII Statement of Revenue

Pai	• •	••••	Check if Schedule O			esnonse (	or note to any lin	e in this Part VIII			
			Gricon ii Goricadio O C	50110	am3 a re	удропас (	or note to any mi	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	( <b>D</b> ) Revenue excluded from tax under sections 512 - 514
nts tr			Federated campaigns			1a					
ira our			Membership dues			1b					
S, (			Fundraising events			1c	23,742.				
를 날		d	Related organizations			1d					
JS, Simi			Government grants (contri		′ –	1e	4,603,621.				
Contributions, Gifts, Grants and Other Similar Amounts		f	All other contributions, gifts,				16 066 001				
ξŧ			similar amounts not included			1f	16,066,301.				
ont nd (		-	Noncash contributions included in		_	1g  \$	8,451,807.	20 602 664			
<u>න</u>		n	Total. Add lines 1a-1f				Business Code	20,693,664.			
	_		TUITION AND FEES				611710	130,954,756.	130,954,756.		
<u>ice</u>		a b	AUXILIARY SERVICES				611710	16,880,454.	16,880,454.		
er.		~	ATHLETIC/SPORT NETW	OBK			611710	749,840.	749,840.		
wen w		d	TIMEBITE, DIOKI NEIW	OILIL	•		011710	745,040.	745,040.		
gra Re		u									
Program Service Revenue		f	All other program service	rovo	חחום						
			Total. Add lines 2a-2f					148,585,050.			
	3		Investment income (includ					, , .			
	_		other similar amounts)	-				6,735,533.		-667,573.	7,403,106.
	4									·	
	5	·									
			•			Real	(ii) Personal				
	6	а	Gross rents	6a	77	5,387.					
			Less: rental expenses	6b	49	4,749.					
		С	Rental income or (loss)	6с	28	0,638.					
		d	Net rental income or (loss)	) <u></u>			<b></b>	280,638.			280,638.
	7	а	Gross amount from sales of		(i) Sed	curities	(ii) Other				
			assets other than inventory	7a	<b>6</b> 11,19	7,350.					
		b	Less: cost or other basis								
an l			and sales expenses	7b	\$53,86	3,835.					
Revenue			Gain or (loss)								
			Net gain or (loss)				<u> </u>	57,333,515.			57,333,515.
Other	8	а	Gross income from fundraisir including \$	-	/ents (no <u>,742.</u> (						
			contributions reported on		,	I					
			Part IV, line 18				21,434.				
			Less: direct expenses				15,413.				
			Net income or (loss) from		•		<b>D</b>	6,021.			6,021.
	9	а	Gross income from gamin			- 1					
			Part IV, line 19								
			Net income or (loss) from			vities					
	IU	а	Gross sales of inventory, l			40-	698,323.				
		h	and allowances Less: cost of goods sold								
			Net income or (loss) from					-762,854.		-305,854.	-457,000.
+		U	NOT INCOME OF (1022) HOME	sait	3 OI IIIVE	лиогу	Business Code	, , , , , , , ,			257,000
Sno	11	a	OTHER INCOME				900099	900,289.			900,289.
neo		a b	FEES/FINES/COST REC	OVE			900099	473,486.		1	473,486.
ella Ver		C								1	
Miscellaneous Revenue			All other revenue							1	
Σ			<b>Total.</b> Add lines 11a-11d				<b>&gt;</b>	1,373,775.			
- 1	12		Total revenue. See instruction					234,245,342.	148,585,050.	-973,427.	65,940,055.
32009				-							Form <b>990</b> (202)

24-0795686

#### Part IX | Statement of Functional Expenses

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

	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	11,194.	11,194.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	47,632,426.	47,632,426.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	3,840,036.	507,074.	2,997,561.	335,401
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	174,201.		174,201.	
7	Other salaries and wages	69,266,705.	54,636,828.	11,849,515.	2,780,362
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	1,582,792.	1,357,495.	157,153.	68,144
9	Other employee benefits	10,477,405.	8,110,687.	1,886,018.	480,700
0	Payroll taxes	4,800,491.	3,768,491.	804,572.	227,428
1	Fees for services (nonemployees):				
а	Management				
b	Legal	1,045,399.	9,080.	956,490.	79,829
С	Accounting	156,294.		156,294.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	29,000.			29,000
f	Investment management fees	655,840.		655,840.	
g	Other. (If line 11g amount exceeds 10% of line 25,	0 520 601	6 264 005	0 246 040	00 55
	column (A) amount, list line 11g expenses on Sch O.)	8,739,621.	6,364,007.	2,346,842.	28,772
12	Advertising and promotion	113,930. 1,918,098.	64,005.	31,656.	18,269
13	Office expenses		1,332,245.	362,329. 2,343,135.	223,524
14	Information technology	2,707,509.	348,653.	2,343,133.	15,721
15	Royalties	4,749,320.	4,127,928.	621,392.	
16	Occupancy	988,540.	783,700.	191,672.	13,168
7  8	Payments of travel or entertainment expenses	300,340.	703,700.	151,072.	13,100
0	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	353,234.	200,821.	116,457.	35,956
20	·	9,993,341.	9,837,816.	155,525.	,
.0	Payments to affiliates	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
22	Depreciation, depletion, and amortization	15,780,648.	14,030,427.	1,750,221.	
23	Insurance	2,219,222.	308,696.	1,910,526.	
4	Other expenses. Itemize expenses not covered	, ,	,	, ,	
-	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	AUXILIARY SERVICES	7,673,083.	7,673,083.		
b	NON-OFFICE SUPPLIES	4,405,932.	4,396,944.	8,836.	152
С	ALLOCATION OF INDIRECT	0.	-526,291.	526,291.	
d		C 220 0C2	F 10F CF0	1 140 050	F 440
е	All other expenses	6,330,863.	5,185,659.	1,140,056.	5,148
5	Total functional expenses. Add lines 1 through 24e	205,645,124.	170,160,968.	31,142,582.	4,341,574
:6	<b>Joint costs.</b> Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

rm 990 (2020) LAFAYETTE COLLEGE 24-0795686 Page **11** 

# Form 990 (2020) Part X Balance Sheet

		Check if Schedule O contains a response or I	note to any	<u>r line in this Part X</u>			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	I	Cash - non-interest-bearing	12,292.	1	11,608.		
2	2	Savings and temporary cash investments	66,897,772.	2	76,815,011.		
3		Pledges and grants receivable, net			15,032,538.	3	9,679,669
4		Accounts receivable, net			2,468,595.	4	842,745
5		Loans and other receivables from any current					
		trustee, key employee, creator or founder, su	ostantial c	ontributor, or 35%			
		controlled entity or family member of any of these persons				5	
6	6	Loans and other receivables from other disqualified persons (as defined					
		under section 4958(f)(1)), and persons describ	ed in sect	ion 4958(c)(3)(B)		6	
<u>υ</u> 2	,	Notes and loans receivable, net				7	
Assets		Inventories for sale or use		l l	659,226.	8	968,276
§   §		B			1,976,627.	9	2,119,958
10:	)a	Land, buildings, and equipment: cost or othe	.				
		basis. Complete Part VI of Schedule D	. 10a	682,139,019.			
		Less: accumulated depreciation		285,452,618.	396,505,081.	10c	396,686,401
11	I	Investments - publicly traded securities			219,502,151.	11	285,315,884
12		Investments - other securities. See Part IV, lin		674,745,193.	12	839,610,153	
13		Investments - program-related. See Part IV, lir		2,492,613.	13	1,878,162	
14		Intangible assets			14		
15	5	Other assets. See Part IV, line 11	1,271,808.	15	1,073,439		
16		Total assets. Add lines 1 through 15 (must e			1,381,563,896.	16	1,615,001,306
17	,	Accounts payable and accrued expenses	12,142,394.	17	18,177,642		
18		Grants payable		ı	882,491.	18	395,249
19		Deferred revenue			5,520,221.	19	2,183,269
20					270,592,055.	20	214,861,169
21		Escrow or custodial account liability. Comple			3,618,441.	21	4,940,413
ທ 22	2	Loans and other payables to any current or fo	rmer office	er, director,			
Liabilities N		trustee, key employee, creator or founder, su	ostantial c	ontributor, or 35%			
ᅙ		controlled entity or family member of any of the				22	
ے ا	3	Secured mortgages and notes payable to unr	elated thir		3,429,480.	23	70,084,607
24		Unsecured notes and loans payable to unrela				24	
25		Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin					
		of Schedule D	•	·	80,077,569.	25	73,776,087
26	6	Total liabilities. Add lines 17 through 25			376,262,651.	26	384,418,436
		Organizations that follow FASB ASC 958, o	heck here	x X			
es		and complete lines 27, 28, 32, and 33.					
E 27					319,043,875.	27	373,165,842
28	3	Net assets with donor restrictions			686,257,370.	28	857,417,028
2		Organizations that do not follow FASB ASC					
로		and complete lines 29 through 33.					
ි 29		Capital stock or trust principal, or current fun	ds			29	
30		Paid-in or capital surplus, or land, building, or				30	
¥ 31		Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances 28 29 31 32 32		Total net assets or fund balances			1,005,301,245.	32	1,230,582,870
33		Total liabilities and net assets/fund balances			1,381,563,896.	33	1,615,001,306

Form 990 (2020) LAFAYETTE COLLEGE 24-0795686 Page **12** 

Pai	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		245,		
2	Total expenses (must equal Part IX, column (A), line 25)	2	205,	645,	124.	
3	Revenue less expenses. Subtract line 2 from line 1	3	28,	600,	218.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,005,	301,	245.	
5	Net unrealized gains (losses) on investments	5	198,	768,	707.	
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 on Schedule O)	9	-2,	087,	300.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	1,230,	582,	870.	
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:					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	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	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,					
	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 on Sch	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit				
	Act and OMB Circular A-133?		3a	Х	<u> </u>	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			l	
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b	Х		
			Form	990	(2020)	

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **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

2020
Open to Public

Inspection

Name of the organization

LAFAYETTE COLLEGE

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

Га		neason for Public C	mailty Status.	(All organizations must c	ompiete tr	iis part.) S	ee instructions.	
he o	organ	ization is not a private found	ation because it is: (I	or lines 1 through 12, cl	neck only	one box.)		
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2	X	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).						
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:	•					
5		An organization operated for		lege or university owned	or operate	ed by a go	vernmental unit describe	ed in
_		section 170(b)(1)(A)(iv). (C						
6		A federal, state, or local gov						
7		An organization that norma	•	ntial part of its support fr	om a gove	ernmental i	unit or from the general p	oublic described in
		section 170(b)(1)(A)(vi). (C	• •					
8	Щ	A community trust describe						
9		An agricultural research org				-	-	-
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of the college	or
		university:						
10		An organization that norma						
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its support f	rom gross investment
		income and unrelated busing	ness taxable income	(less section 511 tax) fro	m busines	ses acquii	red by the organization a	ıfter June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)					
11	Щ	An organization organized a	and operated exclusi	vely to test for public sat	ety. See	section 50	)9(a)(4).	
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	ne functior	ns of, or to carry out the	purposes of one or
		more publicly supported org	ganizations describe	d in <b>section 509(a)(1)</b> o	r <b>section</b> (	509(a)(2).	See <b>section 509(a)(3).</b> (	Check the box in
		lines 12a through 12d that	describes the type o	f supporting organizatior	and com	plete lines	12e, 12f, and 12g.	
а			nization operated, s	upervised, or controlled	by its supp	orted orga	anization(s), typically by	giving
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or trustees of the su	ıpporting
		organization. You must o	omplete Part IV, Se	ections A and B.				
b		<b>Type II.</b> A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	d organization(s), by have	ring
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	oorted
		organization(s). You mus	t complete Part IV,	Sections A and C.				
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functionally integrate	ed with,
		its supported organization	n(s) (see instructions)	). You must complete F	Part IV, Se	ctions A,	D, and E.	
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	rith its supported organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	sfy a distr	ibution rec	uirement and an attentiv	veness .
		requirement (see instructi	ons). You must con	nplete Part IV, Sections	A and D,	and Part	V.	
е		Check this box if the orga	anization received a	written determination from	m the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or	Type III non-function	nally integrated supporting	ng organiz	ation.		
f	Ente	er the number of supported o	organizations					
g		vide the following information	about the supporte	d organization(s).				
	(	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	inization listed ng document?	(v) Amount of monetary	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
					<u> </u>	<u> </u>		
Ota	ı							

### 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	71	1	,				
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
	Gifts, grants, contributions, and	( )	. ,		. ,	, ,		
	membership fees received. (Do not							
	include any "unusual grants.")	40,798,536.	33,519,231.	31,281,134.	20,135,118.	20,693,664.	146,427,683.	
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	40,798,536.	33,519,231.	31,281,134.	20,135,118.	20,693,664.	146,427,683.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)						9,119,780.	
6	Public support. Subtract line 5 from line 4.						137,307,903.	
Sec	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
7	Amounts from line 4	40,798,536.	33,519,231.	31,281,134.	20,135,118.	20,693,664.	146,427,683.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	9,424,565.	23,653,817.	1,993,336.		8,178,493.	43,250,211.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on	59,967.				6,021.	65,988.	
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)	1,818,450.	2,982,683.	3,826,479.	2,926,137.	1,373,775.	12,927,524.	
11	<b>Total support.</b> Add lines 7 through 10						202,671,406.	
12		etc. (see instruction	ns)			12	830,277,077.	
13	First 5 years. If the Form 990 is for th	e organization's fir				01(c)(3)		
	organization, check this box and <b>stop</b>	_						
Sec	ction C. Computation of Publi							
14	Public support percentage for 2020 (li	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	67.75 %	
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	80.07 %	
16a	33 1/3% support test - 2020. If the o					ore, check this box	x and	
	stop here. The organization qualifies	as a publicly suppo	orted organization				<b>▶</b> X	
b	33 1/3% support test - 2019. If the o							
	and stop here. The organization quali	ifies as a publicly s	upported organiza	tion			▶□	
17a	10% -facts-and-circumstances test							
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization							
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pul	blicly supported or	ganization		<b>&gt;</b>	
b	10% -facts-and-circumstances test	-	•		-			
	more, and if the organization meets th	ū				•		
	organization meets the facts-and-circu				-		<b>&gt;</b>	
18	Private foundation. If the organizatio			•			<b></b> ▶□	
-						dula A /Farm 000		

Schedule A (Form 990 or 990-EZ) 2020

#### 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						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(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						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		1	T	T	T	1
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b				1		ļ
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	· ·		•	•		
80.	check this box and stop here						<b>P</b>
	ction C. Computation of Public			- a l (5\)		145	
	Public support percentage for 2020 (li	, (,,	,	· · · · · · · · · · · · · · · · · · ·		15	<u>%</u>
	Public support percentage from 2019 ction D. Computation of Inves					16	%
	Investment income percentage for 20			ne 13 column (f)\		17	%
	Investment income percentage from 2					18	
	33 1/3% support tests - 2020. If the						
196	more than 33 1/3%, check this box ar						<b>.</b> —
ŀ	33 1/3% support tests - 2019. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

032023 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

### Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 line 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
1		
2		
За		
3b		
0.0		
3с		
- 55		
4a		
41-		
4b		
4c		
-10		
5a		
- Cu		
5b		
5c		
6		
-		
7		
8		
-		
9a		
- Ju		
9b		
9с		
_		
40-		
10a		
10b		

Pa	rt IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	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 officers, 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		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	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 line 2, above, did the organization's supported organizations have a	_		
•	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sec	supported organizations played in this regard.  Ition E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	`		
· a	The organization satisfied the Activities Test. Complete line 2 below.	,-		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	notruotion	201	
2	Activities Test. Answer lines 2a and 2b below.	Struction	Yes	No
a			103	140
u	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	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		
h	that these activities constituted substantially all of its activities.	Za		
b	Did the activities described in line 2a, above, 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	2h		
•	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а		2-		
	trustees of each of the supported organizations? <i>If</i> "Yes" or "No" provide details in <b>Part VI.</b>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	٥.		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations						
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions.						
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
_3	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or						
	collection of gross income or for management, conservation, or						
	maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
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 Part VI):						
2		2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	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 0.85 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		ted Type III supporting orga	nization (see			
	instructions).	, 5	71 11 5 - 9-	•			

Schedule A (Form 990 or 990-EZ) 2020

Par	t v   Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	inizations <sub>(continu</sub>	ed)	
Secti	on D - Distributions				Current Year
_1_	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	3	
_4_	Amounts paid to acquire exempt-use assets			4	
_5_	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
_6_	Other distributions (describe in Part VI). See instructions.			6	
_7_	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	T		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	s	(iii) Distributable Amount for 2020
_1_	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
_3_	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
c	From 2017				
d	From 2018				
e	From 2019				
f_	Total of lines 3a through 3e				
<u>g</u>	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2020 distributable amount				
<u>i_</u>	Carryover from 2015 not applied (see instructions)				
<u>i_</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
<u>       b                             </u>	Applied to 2020 distributable amount				
<u>C</u>	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
_8_	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 LAFAYETTE COLLEGE	24-0795686	Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 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 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 D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions.)	and 2; Part IV, Section /, Section B, line 1e; Pa	ı C, ırt V,
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:		
FEES, FINES, COST RECOVERY		
2016 AMOUNT: \$ 403,880.		
2017 AMOUNT: \$ 613,962.		
2018 AMOUNT: \$ 599,534.		
2019 AMOUNT: \$ 617,810.		
2020 AMOUNT: \$ 473,486.		
OTHER REVENUE		
2016 AMOUNT: \$ 1,414,570.		
2017 AMOUNT: \$ 2,368,721.		
2018 AMOUNT: \$ 3,226,945.		
2019 AMOUNT: \$ 2,308,327.		
2020 AMOUNT: \$ 900,289.		

### Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

**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

Employer identification number

LA	FAYETTE COLLEGE	24-0795686						
Organization type (check one):								
Filers of: Section:								
Form 990 or 990-EZ	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							
	Check if your organization is covered by the <b>General Rule</b> or a <b>Special Rule</b> . <b>Note:</b> Only a section 501(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 yone contributor. Complete Parts I and II. See instructions for determining a contributor's							
Special Rules								
sections 509(a)(1) any one contribut	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount of the complete Parts I and II.	or 16b, and that received from						
contributor, durin literary, or educat	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a g the year, total contributions of more than \$1,000 exclusively for religious, charitable, so ional purposes, or for the prevention of cruelty to children or animals. Complete Parts I (eb) instead of the contributor name and address), II, and III.	ientific,						
year, contribution is checked, enter purpose. Don't co	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							
but it <b>must</b> answer "No" o	hat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (For 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-EZ or o	•						
,	the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).  Schedule B (Form 990, 990-EZ, or 990-PF. Schedule	B (Form 990, 990-EZ, or 990-PF) (2020)						

Name of organization

Employer identification number

LAFAYETTE COLLEGE

24-0795686

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	ional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1		Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 2	Name, address, and ZIP + 4	Total contributions  Type of contribution  Person X Payroll  Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
3		Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 4	Name, address, and ZIP + 4	Total contributions  Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
5		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
<b>No.</b> 6	Name, address, and ZIP + 4	Total contributions  Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

LAFAYETTE COLLEGE

24-0795686

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$633,500.	Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	Name, audress, and Zir + 4	\$\$	Person X Payroll Noncash X  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<b>No.</b> 9	Name, address, and ZIP + 4	\$ 500,000.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions  \$\$	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1331	Training additions, until En 1 1	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Name, add 655, and Zif + 4	\$	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 a	dditional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	327SH Y, 1,525SH FMC, 10,000SH VT, 25,143SH ARTIX		
		\$2,145,050.	12/30/20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	5SH AZO, 16SH CHTR, 19SH HUM, 20SH ADSK, 20SH LHX, 21SH CTAS, 22SH GOOGL, 22SH VNT, 24SH ADBE		
		\$156,471.	05/14/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	32SH MCO, 37SH LRCX, 40SH MA, 42SH EL, 43SH YUMC, 46SH AVGO, 52SH ANTM, 57SH FTV, 67SH DE		
		\$134,726.	05/14/21
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	68SH AMZN, 68SH BLL, 68SH CMI, 73SH FIS, 79SH CI, 81SH LDOS, 82SH CTVA, 83SH DHI, 92SH KLAC		
		\$331,979.	05/14/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	101SH MSI, 104SH TMO, 111SH AMP, 112SH L, 114SH DHR, 116SH FISV, 120SH QCOM, 120SH V, 126SH PKI		
		\$	05/14/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	126SH YUM, 128SH NKE, 129SH TER, 153SH CSX, 155SH COF, 160SH TSN, 171SH DIS, 188SH UNH, 192SH APH		
		\$\$	05/14/21

Name of organization

Employer identification number

24-0795686

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
2	199SH UNP, 203SH VIAC, 211SH DFS, 222SH WMB, 223SH HD, 229SH TXN, 266SH PYPL, 267SH EBAY	070 200	05/14/04		
		\$\$279,390.	05/14/21		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
2	357SH SBUX, 426SH TJX, 516SH HBAN, 835SH MSFT, 2,701SH AAPL				
		\$653,246.	05/14/21		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
3	57,562SH XONE				
		\$1,993,660.	03/30/21		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
8	250SH CVX, 450SH WELL, 990SH T, 990SH RDSA, 1,200SH BCV, 1,505SH JPM PRH, 1,770SH FPE, 2,430SH PFF				
		\$332,282.	06/03/21		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
8	3,527SH EDD, 4,002SH GDV, 6,911SH HYT, 20,000SH JNJ GJ, 22,000SH 780099CE5				
		\$ 260,010.	06/03/21		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
9	2,625SH ADP				
		\$\$	04/01/21		

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

#### SCHEDULE C

(Form 990 or 990-EZ)

### **Political Campaign and Lobbying Activities**

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Section	30 1(c)(4), (3), or (6) organizat	ioris. Compiete Part III.			
Name of org	anization			Empl	oyer identification number
	LAFAYETTE (				24-0795686
Part I-A	Complete if the org	anization is exempt unde	er section 501(c) o	or is a section 527 or	ganization.
2 Politica	l campaign activity expendit	ation's direct and indirect politica ures gn activities		<b>▶</b> \$	
Part I-B	Complete if the org	anization is exempt unde	er section 501(c)(3	3).	
1 Enter th	ne amount of any excise tax	incurred by the organization und	er section 4955	▶\$	
		incurred by organization manage			
		n 4955 tax, did it file Form 4720			
4a Was a	correction made?				Yes No
<b>b</b> If "Yes,	" describe in Part IV.				
Part I-C	Complete if the org	anization is exempt unde	er section 501(c), o	except section 501(c	)(3).
1 Enter th	ne amount directly expended	by the filing organization for sec	ction 527 exempt functi	on activities > \$	
2 Enter th	ne amount of the filing organ	ization's funds contributed to oth	ner organizations for sec	ction 527	
exempt	t function activities			▶\$	
		. Add lines 1 and 2. Enter here a			
4 Did the	filing organization file Form	1120-POL for this year?			Yes No
made p contrib	payments. For each organizate utions received that were pro	nployer identification number (EINtion listed, enter the amount paid comptly and directly delivered to a additional space is needed, provi	from the filing organizates separate political orga	ation's funds. Also enter the nization, such as a separate	e amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2020

LHA

032041 12-02-20

Part II-A Complete if the organization 501(h)).			n 501(c)(3) and file	d Form 5768 (el	ection under
expenses, and share	e of excess lobbying		n Part IV each affiliated	group member's nam	e, address, EIN,
Limit	s on Lobbying Expe			(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1a Total lobbying expenditures to influe	ence public opinion (	(grassroots lobbying)			
<b>b</b> Total lobbying expenditures to influence	• •				
c Total lobbying expenditures (add lin	es 1a and 1b)				
d Other exempt purpose expenditures					
e Total exempt purpose expenditures	(add lines 1c and 1c	d)			
f Lobbying nontaxable amount. Enter	the amount from th	e following table in bot	h columns.		
If the amount on line 1e, column (a) or	(b) is: The lot	obying nontaxable am	ount is:		
Not over \$500,000	20% of	the amount on line 1e			
Over \$500,000 but not over \$1,000	,000 \$100,0	00 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,50	0,000 \$175,0	00 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000         \$225,000 plus 5% of the excess over \$1,500,000.					
Over \$17,000,000 \$1,000,000.					
<ul> <li>g Grassroots nontaxable amount (ent</li> <li>h Subtract line 1g from line 1a. If zero</li> <li>i Subtract line 1f from line 1c. If zero</li> <li>j If there is an amount other than zero</li> <li>reporting section 4911 tax for this y</li> </ul>	or less, enter -0- or less, enter -0- o on either line 1h or	_			Yes No
(Some organizations the	4-Year Av at made a section 5	eraging Period Under	Section 501(h) have to complete all o		elow.
	Lobbying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	( <b>d)</b> 2020	(e) Total
2a Lobbying nontaxable amount b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2020

# 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 e	For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		a)	(b)	
	e lobbying activity.	Yes	No	Amo	ount
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:				
	Volunteers?		X X		
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X		
	Media advertisements?  Mailings to members, legislators, or the public?		X		
	Publications, or published or broadcast statements?		X		
	Grants to other organizations for lobbying purposes?		х		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Х		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х		
i	Other activities?	Х			61,000.
j	Total. Add lines 1c through 1i				61,000.
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х		
	If "Yes," enter the amount of any tax incurred under section 4912			<u> </u>	
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
Dar	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(a)(/	<u> </u>	tion	
rai	501(c)(6).	11 30 1 (6)(	J, UI 360	LIOII	
	00 1(0)(0).			Yes	No
1	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				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section			tion	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	"No" OR	(b) Part I	II-A, line	3, is
	answered "Yes."				
1	Dues, assessments and similar amounts from members		1	<u> </u>	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	cal			
	expenses for which the section 527(f) tax was paid).				
	Current year				
	Carryover from last year				
c	Total		١ ۾		
3 4	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc		3		
7	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pr				
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (See instructions)		5		
Par	t IV Supplemental Information		·		
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-	A, lines 1 a	nd 2 (See	
instru	actions); and Part II-B, line 1. Also, complete this part for any additional information.				
PART	'II-B, LINE 1, LOBBYING ACTIVITIES:				
THE	COLLEGE IS A MEMBER OF THE AMERICAN COUNCIL ON EDUCATION, THE				
3.000	GIAMION OF INDEPENDENT COLLEGES AND UNIVERSITATES OF DENNINGVIANTA				
ASSC	CIATION OF INDEPENDENT COLLEGES AND UNIVERSITIES OF PENNSYLVANIA,				
тнг	NATIONAL ASSOCIATION OF INDEPENDENT COLLEGES AND UNIVERSITIES AND				
	ADDIOGRAPH CONTRACT ONLY ONLY DIGITAL THE				
THE	LEHIGH VALLEY ASSOCIATION OF INDEPENDENT COLLEGES. THROUGH THESE				
ORGA	NIZATIONS, THE COLLEGE MAY, FROM TIME TO TIME, LOBBY THE CITY OF				
	·	Schedu	ıle C (Form	990 or 990	)-EZ) 2020

032043 12-02-20

Schedule C (Form 990 or 990-EZ) 2020

#### **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 Inspection

Name of the organization

LAFAYETTE COLLEGE

**Employer identification number** 24-0795686

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	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 advise	d 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 u	sed only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose co	onferring
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, P	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recrea	ation or education) Preservation of a	a historically important land area
	Protection of natural habitat	Preservation of a	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form o	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
	, , , , , , , , , , , , , , , , , , , ,		
	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		
_	listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the d	organization 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 i Staff and volunteer hours devoted to monitoring, inspecting,		
U	Starr and volunteer riours devoted to monitoring, inspecting,	Thanking of violations, and emorcing conse	a valion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	on easements during the year
′	\$ \$	diling of violations, and emorcing conservation	on easements during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h	\(4\(\B\(i\)
Ū	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati		
_	balance sheet, and include, if applicable, the text of the footi	·	
	organization's accounting for conservation easements.	3	
Par	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement an	d balance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in fur	therance of public
	service, provide in Part XIII the text of the footnote to its fina	ncial statements that describes these items	
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and ba	alance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	erance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$81,000.
	(ii) Assets included in Form 990, Part X		\$ 10,602,765.
2	If the organization received or held works of art, historical tree	easures, or other similar assets for financial	gain, provide
	the following amounts required to be reported under FASB A	ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
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) 2020

LAFAYETTE COLLEGE <u>Schedule D (Form</u> 990) 2020 Page 2 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply): X Public exhibition Loan or exchange program X Scholarly research h Other X Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included X No on Form 990, Part X? Yes If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance 1c 1d Additions during the year 1e Distributions during the year Ending balance X Yes 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? No If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Х Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (b) Prior year (a) Current year (c) Two years back (d) Three years back (e) Four years back 862,906,493. 861,783,526. 870,744,623. 833,069,757. 774,730,899. **1a** Beginning of year balance 14,744,584. 18,379,803. 18,402,651. 21,306,093 11,203,342. Contributions 248,378,756. 26,736,866. 16,998,749, 59,205,615, 88,282,832. Net investment earnings, gains, and losses 9,542,677. 8,842,283. 8,817,916, 8,175,815. 8,041,278. Grants or scholarships Other expenditures for facilities 31,456,395. 32,165,568. 32,433,775. 31,783,314. 30,368,897. and programs 2,877,713. 2,737,141. 2,985,851. 3,110,806. Administrative expenses 1,085,030,761. 862,906,493. 861,783,526. 870,744,623. 833,069,757. End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: 24.9391 a Board designated or quasi-endowment Permanent endowment 35.3397 % Term endowment The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization

4 Describe in Part XIII the intended uses of the organization's endowment funds.

#### Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		10,001,739.		10,001,739.
<b>b</b> Buildings		505,296,353.	188,471,159.	316,825,194.
c Leasehold improvements		67,186,316.	34,283,563.	32,902,753.
<b>d</b> Equipment		82,966,965.	62,697,896.	20,269,069.
e Other		16,687,646.		16,687,646.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				396,686,401.

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 LAFAYETTE COLLEGE		:	24-0795686 Page
Part VII Investments - Other Securities.			<u></u>
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1b. 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 er	nd-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) EVENT DRIVEN/DISTRESSED	19,543,377.	END-OF-YEAR MARKET VALUE	
(B) LONG/SHORT EQUITY	483,364,773.	END-OF-YEAR MARKET VALUE	
(C) MULTI STRATEGY/ABSOLUTE RETURN	145,185,879.	END-OF-YEAR MARKET VALUE	
(D) REAL ESTATE	2,432,215.	END-OF-YEAR MARKET VALUE	
(E) PRIVATE EQUITY	189,083,909.	END-OF-YEAR MARKET VALUE	
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	839,610,153.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	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" of	on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	
(a) [	Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X. col. (B) line	15.)		<u> </u>
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 2	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) ANNUITIES PAYABLE			18,886,645
(3) POST RETIREMENT BENEFITS			39,575,000
(4) CONDITIONAL ASSET RETIREMENT OBLIGATION	N		1,791,852
(5) INTEREST RATE SWAP AGREEMENTS			13,522,590
(6)			
(7)			
(8)			
(9)			1

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2020

73,776,087.

Sche	dule D (Form 990) 2020 LAFAYETTE COLLEGE			24-07956	86 Page <b>4</b>
Par	t XI Reconciliation of Revenue per Audited Financial State	ements With	Revenue per Ret	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	382,854,845.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	198,768,707.		
b	Donated services and use of facilities				
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		-51,474,703.		
е	Add lines 2a through 2d			2e	147,294,004.
3	Subtract line 2e from line 1			3	235,560,841.
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	655,840.		
b	Other (Describe in Part XIII.)		-1,971,339.		
	Add lines <b>4a</b> and <b>4b</b>		, ,	4c	-1,315,499.
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I. line 12.)			5	234,245,342.
	t XII   Reconciliation of Expenses per Audited Financial Sta	tements With	Expenses per R		
	Complete if the organization answered "Yes" on Form 990, Part IV, line				
1	Total expenses and losses per audited financial statements			1	157,573,220.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			•	
	·	ا مو ا			
a	Donated services and use of facilities				
b	Prior year adjustments				
С.	Other losses		1,971,339.		
d	Other (Describe in Part XIII.)	· · · · · · · · · · · · · · · · · · ·			1 071 220
е	Add lines 2a through 2d		i i	2e	1,971,339.
3	Subtract line 2e from line 1			3	155,601,881.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	655 040		
а	Investment expenses not included on Form 990, Part VIII, line 7b		655,840.		
b	Other (Describe in Part XIII.)	4b	49,387,403.		
С	Add lines 4a and 4b			4c	50,043,243.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	.)		5	205,645,124.
	t XIII Supplemental Information.				
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b	and 2b; Part V, line 4;	; Part X, line 2	2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	y additional inforn	nation.		
PART	III, LINE 4:				
AMON	G THE RICH RESOURCES PROVIDED FOR STUDENTS IS A FINE, SMAN	LL ART			
COLI	ECTION. THE COLLECTION INCLUDES EIGHTEENTH-THROUGH EARLY	TWENTY-FIRST			
CENT	URY AMERICAN AND EUROPEAN PAINTINGS, PRINTS, AND SCULPTUR	E; VINTAGE			
PHOT	OGRAPHS; AND CONTEMPORARY AMERICAN SCULPTURE AND PAINTING	S. RECENT			
ACQU	ISITIONS BUILD ON THE STRENGTH OF THE EXISTING COLLECTIONS	S.			
THE	MISSION STATEMENT FOR THE ART COLLECTIONS IS TO DOCUMENT,	PRESERVE FOR			
FUTU	RE GENERATIONS, EXHIBIT, AND MAKE ACCESSIBLE THE COLLEGE'S	S ART			
COLI	ECTION TO THE STUDENTS, PUBLIC, AND SCHOLARS THROUGH EXHI	BITIONS,			
PUBI	ICATIONS, REPRODUCTIONS, AND BY GRANTING ACCESS FOR RESEAR	RCH PURPOSES.			
THE	ADMINISTRATION OF THE ART COLLECTION COMPLIES WITH MUSEUM	-FIELD WIDE			

032055 12-01-20

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 LAFAYETTE COLLEGE		24-0795686	Page <b>5</b>							
Part XIII   Supplemental Information (continued)										
U.S. GAAP REQUIRES MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN	BY THE									
COLLEGE AND RECOGNIZE A TAX LIABILITY IF THE COLLEGE HAS TAKEN										
UNCERTAIN TAX POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED										
UPON EXAMINATION BY THE IRS. MANAGEMENT HAS ANALYZED THE TAX POSITIONS										
TAKEN BY THE COLLEGE, AND HAS CONCLUDED THAT AS OF JUNE 30, 2021, THERE										
ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT	WOULD									
REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN	THE									
FINANCIAL STATEMENTS.										
PART XI, LINE 2D - OTHER ADJUSTMENTS:										
SCHOLARSHIPS AND FELLOWSHIPS	-46,515,563.									
CHANGE IN ESTIMATED ANNUITIES PAYABLE	-326,225.									
CHANGE IN FAIR VALUE OF INTEREST RATE SWAP AGREEMENTS	4,430,463.									
CHANGE IN POSTRETIREMENT BENEFITS COST	920,000.									
LOSS ON DEFEASEMENT OF DEBT	-7,111,538.									
INVESTMENT OFFICE EXPENSES	-2,790,338.									
MATERIAL AND SUPPLIES	-81,502.									
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-51,474,703.									
PART XI, LINE 4B - OTHER ADJUSTMENTS:										
RENTAL REVENUES TO EXTENT EXPENDED	-494,749.									
SPECIAL FUNDRAISING EVENT DIRECT EXPENSES	-15,413.									
COLLEGE STORE (COGS) REVENUES TO EXTENT EXPENDED	-1,461,177.									
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-1,971,339.									
PART XII, LINE 2D - OTHER ADJUSTMENTS:										
RENTAL REVENUES TO EXTENT EXPENDED	494,749.									
SPECIAL FUNDRAISING EVENT DIRECT EXPENSES	15,413.	Schodulo D /Form	000) 0000							

Schedule D (Form 990) 2020

#### **SCHEDULE E**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **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

24-0795686

ar				
	rt I			
			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 on its primary publicly accessible Internet			
	homepage at all times during its taxable year in a manner reasonably expected to be noticed by visitors to the			
	homepage, or 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	Г
	SEE PART II			
	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Х	L
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Х	$\perp$
9	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	4c	Х	L
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Х	L
	Does the organization discriminate by race in any way with respect to:			
	Does the organization discriminate by race in any way with respect to: Students' rights or privileges?	52		
а	Students' rights or privileges?	5a		┰
a o	Students' rights or privileges? Admissions policies?	5b		
a o	Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff?	5b 5c		
a b c	Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff?  Scholarships or other financial assistance?	5b 5c 5d		
a b c d	Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff?  Scholarships or other financial assistance?  Educational policies?	5b 5c 5d 5e		
a b c d e	Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff?  Scholarships or other financial assistance?  Educational policies?  Use of facilities?	5b 5c 5d 5e 5f		
a c d f	Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff?  Scholarships or other financial assistance?  Educational policies?  Use of facilities?  Athletic programs?	5b 5c 5d 5e 5f 5g		
	Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff?  Scholarships or other financial assistance?  Educational policies?  Use of facilities?	5b 5c 5d 5e 5f		
a b c d e f	Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff?  Scholarships or other financial assistance?  Educational policies?  Use of facilities?  Athletic programs?  Other extracurricular activities?	5b 5c 5d 5e 5f 5g		
a b c d e f g h	Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff?  Scholarships or other financial assistance?  Educational policies?  Use of facilities?  Athletic programs?  Other extracurricular activities?	5b 5c 5d 5e 5f 5g	x	
a b c d e f g h	Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff?  Scholarships or other financial assistance?  Educational policies?  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.	5b 5c 5d 5e 5f 5g 5h	X	
a b c d e f g h	Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff?  Scholarships or other financial assistance?  Educational policies?  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.	5b 5c 5d 5e 5f 5g 5h	X	
a b c d e f g h	Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff?  Scholarships or other financial assistance?  Educational policies?  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?	5b 5c 5d 5e 5f 5g 5h	X	

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

Schedule E (Form 990 or 990-EZ) 2020

# 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.

2020
Open to Public Inspection

Name of the organization

**Employer identification number** 

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

	,	,				
1	For grantmakers. Does	the organization	maintain record	ds to substantiate the amount of its gra	ints and other assistance,	
	the grantees' eligibility for	or the grants or a	ssistance, and t	he selection criteria used to award the	grants or assistance?	Yes No
2	For grantmakers. Desc	ribe in Part V the	organization's	orocedures for monitoring the use of its	s grants and other assistance outs	side the
	United States.			•		
3	Activities per Region. (Th	ne following Part	I. line 3 table ca	an be duplicated if additional space is n	eeded.)	
	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region	(e) If activity listed in (d)	(f) Total
		offices	employees, agents, and	(by type) (such as, fundraising, pro-	is a program service,	expenditures
		in the region	independent	gram services, investments, grants to	, ,,	for and investments
			contractors in the region	recipients located in the region)	of service(s) in the region	in the region
			u.io i ogioii			
CENT	TRAL AMERICA &					
	IBBEAN	0	0	INVESTMENTS		367,045,271.
EUR	OPE	0	0	INVESTMENTS		22,753,514.
			-			,,
мты	DLE EAST AND					
	TH AFRICA	0	0	 PROGRAM SERVICES	INSTRUCTION	68,650.
	III III KICII			I ROCKIM BERVICES	INDINGCTION	00,030.
EUR	מסר	0	0	PROGRAM SERVICES	ACADEMIC SUPPORT	377.
HOICE	JI E	0	0	ROGRAM BERVICES	ACADEMIC BUITORI	377.
EURO	שמר	0	0	PROGRAM SERVICES	INSTRUCTION	194 165
EOK	JF E	0	0	FROGRAM SERVICES	INSTRUCTION	184,165.
COLL	TH ASIA	0	0	DDOCDAM CEDVICEC	TNCMBUCMTON	7 120
500.	IN ASIA	0	-	PROGRAM SERVICES	INSTRUCTION	7,130.
מנום	ODE:		0	DDOGDAM GEDVIGEG	CHILDENIM CEDVICES	2 070
EUR	JPE .	0	0	PROGRAM SERVICES	STUDENT SERVICES	3,878.
_						200 060 005
	Subtotal	0	0			390,062,985.
b	Total from continuation		_			
	sheets to Part I	0	0			0.
С	Totals (add lines 3a		_			100 060 00-
	and 3h)	ı 0	0			1890 062 985.

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

Schedule F (Form 990) 2020

Grants and Other Assistance to Organizations or Entities Outside 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>(b)</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 of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			ecognized as charities by the for counsel has provided a sect			<b>&gt;</b>		

3 Enter total number of other organizations or entities

Part II

art 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 assistan		(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 valuation (book, FMV, appraisal, other)	

Schedule F (Form 990) 2020

Part IV | Foreign Form LAFAYETTE COLLEGE 24-0795686 Page 4

Fait	Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	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		
3	U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)  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	Yes	X No
4	Certain Foreign Corporations (see Instructions for Form 5471)  Was the organization a direct or indirect shareholder of a passive foreign investment company or a	X Yes	☐ No
	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

Instructions for Form 5713; don't file with Form 990)

Schedule F (Form 990) 2020

#### **SCHEDULE G**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

#### **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.

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number

LAFAYETTE	COLLEGE				24-079568	6
Part I Fundraising Activities. required to complete this par	Complete if the organization answett.	red "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
<ul> <li>1 Indicate whether the organization rais a X Mail solicitations</li> <li>b X Internet and email solicitations</li> <li>c X Phone solicitations</li> <li>d X In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, P</li> <li>b If "Yes," list the 10 highest paid individendments.</li> </ul>	e X Solicitate f X Solicitate g X Special  or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-g gover aising of ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	X Yes	
or entity (turidraiser)		(iii) fundr have con or con contribu	ustody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
AMPLO (GRADUWAY) - 939	DAY OF GIVING,	Yes	No			
WESTLAKE AVENUE N, SEATTLE,	CROWDFUNDING PLATFORM		Х	0.	20,000.	0.
WASHBURN & MCGOLDRICK - 950 NEW LOUDON ROAD, STE. 210,	CAMPAIGN CONSULTING		х	0.	9,000.	0.
List all states in which the organization or licensing.	on is registered or licensed to solicit o				29,000. it is exempt from re	gistration
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) 2020

Pa	ırt I					
		of fundraising event contributions and gro	(a) Event #1 MAROON CLUB GOLF OUTING	(b) Event #2 MEN'S LACROSSE COMEDY NIGHT	(c) Other events  NONE	(d) Total events (add col. (a) through col. (c))
Revenue		Cyana yanainta	(event type) 37,976.	(event type) 7,200.	(total number)	45,176.
Ŗè	2	Gross receipts  Less: Contributions	19,522.			23,742.
	3	Gross income (line 1 minus line 2)	18,454.			21,434.
	4	Cash prizes				
	5	Noncash prizes	620.			620.
sesued	6	Rent/facility costs	10,193.			10,193.
Direct Expenses	7	Food and beverages				
Δ	8	Entertainment Other direct expenses		4,600.		4,600.
	10 11	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li	n 9 in column (d)			15,413. 6,021.
Pa	rt I	Gaming. Complete if the organization				,
		\$15,000 on Form 990-EZ, line 6a.	T	T	T	1
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Be	1	Gross revenue				
Se	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct I	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		<b>&gt;</b>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<b>&gt;</b>	
а	ls t	ter the state(s) in which the organization conducter the organization licensed to conduct gaming action," explain:	ctivities in each of these	states?		Yes No
		ere any of the organization's gaming licenses re				Yes No
0330	22 11	-25.20			Schedule G /Fo	rm 990 or 990-FZ) 2020

Schedule G (Form 990 or 990-EZ) 2020 LAFAYETTE COLLEGE	24-0/956	86	Page 3
11 Does the organization conduct gaming activities with nonmembers?		Yes	No No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entit			
to administer charitable gaming?		Yes	☐ No
13 Indicate the percentage of gaming activity conducted in:			
a The organization's facility	13a	.	%
<b>b</b> An outside facility		1	<u>%</u>
14 Enter the name and address of the person who prepares the organization's gaming/special events book			
Name			
Address >			
15a Does the organization have a contract with a third party from whom the organization receives gaming re	venue?	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 ▶\$			
c If "Yes," enter name and address of the third party:			
Name			
Address			
16 Gaming manager information:			
Name ▶			
Coming manager componention • •			
Gaming manager compensation  \$			
Description of services provided			
Director/officer Employee Independent contractor			
17 Mandatory distributions:			
a Is the organization required under state law to make charitable distributions from the gaming proceeds t	0		
retain the state gaming license?		Yes	☐ No
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organization	ns or spent in the		
organization's own exempt activities during the tax year ▶ \$	ŗ		
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, column	s (iii) and (v); and Part III, li	nes 9, 9	b, 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:			
Bendbell C, Tiki I, Bind 25, Bibi of The Michael This Tokshilashko.			
(I) NAME OF FUNDRAISER: AMPLO (GRADUWAY)			
(I) ADDRESS OF FUNDRAISER: 939 WESTLAKE AVENUE N, SEATTLE, WA 98109			
(I) NAME OF FUNDRAISER: WASHBURN & MCGOLDRICK			
(I) ADDRESS OF FUNDRAISER: 950 NEW LOUDON ROAD, STE. 210, LATHAM, NY 12110			

Schedule G (Form 990 or 990-EZ)  LAFAYETTE COLLEGE	24-0795686	Page 4
Schedule G (Form 990 or 990-EZ)  LAFAYETTE COLLEGE  Part IV Supplemental Information (continued)		

# 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.

2020
Open to Public Inspection

Name of the organization							Employer identification number
LAFAYETTE COL	LEGE						24-0795686
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records							
criteria used to award the grants or assis	stance?						X Yes No
2 Describe in Part IV the organization's pro	ocedures for monit	oring the use of grant	funds in the United	d States.			
Part II Grants and Other Assistance to	_				anization answered "Y	es" on Form 990, Part	t IV, line 21, for any
recipient that received more than		1			(f) Method of		
Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
LEHIGH UNIVERSITY							
306 S. NEW STREET, SUITE 451	24-0795445	E01/G\2	10.064		AT / 3	N/A	NIH GRANT
BETHLEHEM, PA 18015	24-0/95445	501(0)3	10,864.	0.	N/A	N/A	NIH GRANT
	<u> </u>						1
2 Enter total number of section 501(c)(3) a	-	<del>-</del>	*****				1.
3 Enter total number of other organization	s listed in the line '	ı tadie					

Page 2

LAFAYETTE COLLEGE 24-0795686 Schedule I (Form 990) 2020 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) Number of (c) Amount of (d) Amount of non-(e) Method of valuation (f) Description of noncash assistance (book, FMV, appraisal, other) recipients cash grant cash assistance INSTITUTIONAL SCHOLARSHIP AWARDS 0.N/A 1260 46,515,563. N/A ACADEMIC PRIZES, AWARDS, AND FELLOWSHIPS 212 190,684 0.N/A N/A CARES ACT GRANTS TO STUDENTS 967 926,179, 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.

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.

Internal Revenue Service Name of the organization

Department of the Treasury

LAFAYETTE COLLEGE

Employer identification number 24-0795686

OMB No. 1545-0047

Open to Public

Inspection

Pa	art I Questions Regarding Compensation			
	·		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  X Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	X       Tax indemnification and gross-up payments         X       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	х	
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	
	trustees, and officers, including the OLO/Excounce Director, regarding the terms checked on line 12:	·····		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
Ü	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.			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year did any never listed on Form 200. Bort VIII. Costion A. line 1s, with respect to the filing			
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:	4-		х
a	Receive a severance payment or change-of-control payment?			X
D	Participate in or receive payment from a supplemental nonqualified retirement plan?			X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		
	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   12   13   15   15   15   15   15   15   15			
_	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:	_		v
	The organization?			X
b	Any related organization?	<u>5b</u>		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
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:			
а	The organization?	<u>6a</u>		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7				
	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			
	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			
	Regulations section 53 4958-6/c)?	۱۵	l	1

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

Schedule J (Form 990) 2020

Schedule J (Form 990) 2020 LAFAYETTE COLLEGE 24-0795686 Page 2

# 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-MIS	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benents	(5)(1)-(5)	reported as deferred on prior Form 990
(1) ALISON R. BYERLY	(i)	522,250.	50,000.	44,435.	27,075.	83,496.	727,256.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ROGER A. DEMARESKI	(i)	375,495.	50,000.	26,828.	18,810.	75,732.	546,865.	0.
VP FINANCE & ADMIN/TREASURER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MERVIN A. BURTON	(i)	240,091.	214,500.	601.	11,654.	6,532.	473,378.	0.
DIRECTOR OF INVESTMENTS	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) LESLIE F. MUHLFELDER	(i)	318,712.	0.	5,152.	16,055.	52,043.	391,962.	0.
VP HUMAN RESOURCES, GENERAL COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) SAIYID A. RIZVI	(i)	339,254.	0.	3,683.	16,961.	21,391.	381,289.	0.
PROFESSOR OF ECONOMICS	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JOSEPH S. BOHRER	(i)	173,547.	151,000.	21,238.	18,529.	6,125.	370,439.	0.
FORMER OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) GREGORY V. MACDONALD	(i)	237,402.	0.	6,214.	12,133.	100,923.	356,672.	0.
VP ENROLLMENT MANAGEMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) KIMBERLY A. SPANG	(i)	302,096.	0.	9,852.	15,167.	22,328.	349,443.	0.
VP DEVELOPMENT & COLLEGE RELATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) LI ZHAO	(i)	156,985.	152,500.	196.	7,785.	2,838.	320,304.	0.
INVESTMENT ASSOCIATE	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) JOHN E. MEIER	(i)	279,570.	0.	11,510.	14,013.	8,261.	313,354.	0.
PROVOST	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) CRAIG BECKER	(i)	235,270.	0.	22,411.	12,029.	24,536.	294,246.	0.
ASSOC VP FINANCE	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) BRUCE A. MURPHY	(i)	249,820.	0.	3,239.	12,582.	20,741.	286,382.	0.
KIRBY PROFESSOR OF GOVERNMMENT & LAW	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) FRANCIS B. O'HANLON	(i)	243,056.	0.	8,335.	12,251.	20,639.	284,281.	0.
HEAD MEN'S BASKETBALL COACH	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) JOHN L. O'KEEFE	(i)	227,948.	0.	1,406.	11,400.	19,149.	259,903.	0.
VP & CHIEF INFORMATION OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) MARK EYERLY	(i)	212,567.	0.	2,344.	10,782.	21,291.	246,984.	0.
VP MARKETING & COMMUNICATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) ANNETTE DIORIO	(i)	217,505.	0.	1,533.	10,830.	10,932.	240,800.	0.
VP CAMPUS LIFE	(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 (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derients	(6)(1)-(0)	reported as deferred on prior Form 990
(17) ALMA SCOTT-BUCZAK	(i)	171,045.	0.	25,508.	8,881.	23,632.	229,066.	0.
ASSOC VP HUMAN RESOURCES	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii) (i)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

#### Part III | Supplemental Information

Schedule J (Form 990) 2020

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 2020. A \$3.055 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 \$59,030 FOR PRESIDENT BYERLY. IT IS

Schedule J (Form 990) 2020

Page 3

#### Part III Supplemental Information

Schedule J (Form 990) 2020

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 2020, \$7,327 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

Schedule J (Form 990) 2020

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.

1

# **SCHEDULE K** (Form 990)

Department of the Treasury Internal Revenue Service

Part I

**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.

SEE PART VI FOR COLUMN (F) CONTINUATIONS

OMB No. 1545-0047 2020 Open to Public Inspection

Name of the organization

**Bond Issues** 

**Employer identification number** 24-0795686 LAFAYETTE COLLEGE

(a) Issuer name	(b) Issuer EIN	(c) CUSIP#	(d) Date issued	(e) Issu	ıe price	e price (f) Description of purpose		(g) Defeased (h) On beha			lf (i) Pooled financing		
								Yes	No	Yes	No	Yes	No
NORTHAMPTON CITY GPA (SERIES 2010 A					Ī	REFUND SERIE	S 10A, VAR.						
A AND B)	23-3007498	66353LAY3	04/30/10	26,6	89,800.	CAP. PROJECT	S		х		х		Х
						COLLEGE REFU	NDING REVENU	3					
B NORTHAMPTON CITY GPA (SERIES 2018)	23-3007498	66353LDL8	10/02/18	21,5	20,883.	BONDS			х		х		Х
						CONSTRUCT./R	ENOV.						
C NORTHAMPTON CITY GPA (SERIES 2006)	23-3007498	66353LAG2	09/14/06	15,1	.00,000.	ATHLETIC FAC	ILITIES		Х		Х		Х
D NORTHAMPTON CITY GPA (SERIES 2003)	23-3007498	66353LAA5	04/02/03	10,1	.90,000.	REFUND SERIE	s 93		Х		Х		Х
Part II Proceeds													
			Α			В	С				D		
1 Amount of bonds retired			4	,485,173.		326,873.	4,18	39,573	3.			15,	383.
2 Amount of bonds legally defeased													
3 Total proceeds of issue			26	,690,421.		21,520,883.	15,10	00,000	١.		10	,190,	000.
4 Gross proceeds in reserve funds													
5 Capitalized interest from proceeds							10	08,121					
6 Proceeds in refunding escrows													
7 Issuance costs from proceeds						370,883.							
8 Credit enhancement from proceeds													
9 Working capital expenditures from proceeds								LO,709	_				
10 Capital expenditures from proceeds				,400,421.			14,98	31,170	١.				
11 Other spent proceeds			22	,290,000.		21,150,000.					10	,190,	000.
12 Other unspent proceeds													
13 Year of substantial completion				2013		2018	20	07				2003	
			Yes	No	Yes	No	Yes	No	_	Yes		No	
14 Were the bonds issued as part of a refunding i													
if issued prior to 2018, a current refunding issu				Х	Х			Х			_		X
15 Were the bonds issued as part of a refunding i		•											
issued prior to 2018, an advance refunding iss						Х		Х	_	X			
16 Has the final allocation of proceeds been made			Х		Х		Х		$\perp$	Х	$\perp$		
17 Does the organization maintain adequate book	s and records to su	ipport the											
final allocation of proceeds?			Х		Х		X			X dula <b>K</b>			

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

Schedule K (Form 990) 2020

2

## **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.

OMB No. 1545-0047 2020 Open to Public Inspection

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

Part	I Bond Issues SEE	PART VI FOR C	OLUMN (F) CONT	INUATIONS										
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP#	(d) Date issued	d (e) Issu	ue price	(f) Descript	ion of purpose	( <b>g</b> ) De	feased	(h) On of iss		(i) Po	
									Yes	No	Yes	No	Yes	No
- 37/	ODENIAMORON GIEV GDA (GDDIDG 2017)	23-3007498	CC2521 DEA	06/14/17	150 /	71 400	CONTRUCTION			.,		x		
_ A N	ORTHAMPTON CITY GPA (SERIES 2017)	23-3007496	66353LDE4	06/14/1/	150,4	2/1,402.	ADVANCE REF	INDING PRIOR B	<u> </u>	Х		^		X
_														
_В												-		
С														
D Part	II Proceeds			1			1							
Part	II Proceeds				<b>A</b>		В	С		$\top$		D		
1	Amount of bonds retired				7,893,994.		В					<u> </u>		
	Amount of bonds legally defeased			***	, , , , , , , , , , , , , , , , , , , ,									
	Total proceeds of issue				3,271,482.									
	Gross proceeds in reserve funds													
	Capitalized interest from proceeds													
7	Issuance costs from proceeds				1,011,988.									
8	Credit enhancement from proceeds													
_9	Working capital expenditures from proceeds													
10	Capital expenditures from proceeds			8	0,000,000.									
11	Other spent proceeds			7'	7,259,495.									
12	Other unspent proceeds													
13	Year of substantial completion				2020									
				Yes	No	Yes	No	Yes	No	_	Yes	+	No	
	Were the bonds issued as part of a refunding is	· · · · · · · · · · · · · · · · · · ·	•											
	if issued prior to 2018, a current refunding issu	•			Х					_		_		
	Were the bonds issued as part of a refunding is													
	issued prior to 2018, an advance refunding iss											+		
	Has the final allocation of proceeds been made			X						-		+		
	Does the organization maintain adequate book final allocation of proceeds?			x										
	For Paperwork Reduction Act Notice, see th	a Instructions for		^		<u> </u>		1		Cab-	dule K	/Far:::	. 000	0000

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

Schedule K (Form 990) 2020

24-0795686

Page 2

Part III Private Business Use								
		4	I	В	C			)
1 Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
which owned property financed by tax-exempt bonds?		Х		Х		Х		х
2 Are there any lease arrangements that may result in private business use of								
bond-financed property?		х		x		x		х
3a Are there any management or service contracts that may result in private								
business use of bond-financed property?		х		x		х		х
<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?		х		х		х		х
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		%		%		%		%
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		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?		х		х		Х		Х
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?		х		x		х		х
<b>b</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		1				, -		, ,
sections 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 Regulations sections 1.141-12 and 1.145-2?	Х		Х		Х		Х	
Part IV Arbitrage								
		4	-	В	(	2		<u> </u>
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		Х		X		Х
2 If "No" to line 1, did the following apply?				•				
a Rebate not due yet?		Х		Х		Х		Х
<b>b</b> Exception to rebate?		Х		Х		Х		Х
c No rebate due?	Х		Х		Х		Х	
If "Yes" to line 2c, provide in Part VI the date the rebate computation was				•				
performed								
3 Is the bond issue a variable rate issue?	Х			Х	Х		Х	

Page 2

Schedule K (Form 990) 2020 24-0795686

Par	t III Private Business Use								
			A	I	3	(	O	[	כ
1	Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
	which owned property financed by tax-exempt bonds?		Х						
2	Are there any lease arrangements that may result in private business use of								
	bond-financed property?		Х						
За	Are there any management or service contracts that may result in private								
	business use of bond-financed property?		Х						
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?								
С	Are there any research agreements that may result in private business use of								
	bond-financed property?		Х						
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						ŀ		
	other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5	Enter the percentage of financed property used in a private business use as a						ŀ		
	result of unrelated trade or business activity carried on by your organization,						ŀ		
	another section 501(c)(3) organization, or a state or local government		%		%		%	<u> </u>	%
_6_	Total of lines 4 and 5		%		%		%	<u> </u>	%
_7_	Does the bond issue meet the private security or payment test?		Х					<u> </u>	
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?		Х					<u> </u>	
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or						ŀ		
	disposed of		%		%		%	<u> </u>	<u>%</u>
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations								
	sections 1.141-12 and 1.145-2?						<u> </u>	<u> </u>	_
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						<u> </u>	
Par	t IV Arbitrage								
			Α	I	3		Ç	[	)
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						
_2_	If "No" to line 1, did the following apply?		1		1				ı
	Rebate not due yet?		Х				<u> </u>		
	Exception to rebate?		Х				<u> </u>		
<u>c</u>	No rebate due?	X							
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was							1	
	performed		T			<del></del>			T
3	Is the bond issue a variable rate issue?		X		1			1	1

Schedule K (Form 990) 2020 LAFAYETTE COLLEGE

24-0795686

Page 3

Part IV Arbitrage (continued)								
,		A		В	(	С	Γ	D
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		Х		Х		Х
<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		Х		Х		Х
<b>b</b> Name of provider								
c Term of GIC								
<b>d</b> 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		Х		Х		Х
7 Has the organization established written procedures to monitor the								
requirements of section 148?	X		X		х		х	
Part V Procedures To Undertake Corrective Action								
		A	I	В	(	C	Γ	D
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
of federal tax requirements are timely identified and corrected through the								
voluntary closing agreement program if self-remediation isn't available under								
applicable regulations?	Х		X		Х		Х	
Part VI Supplemental Information. Provide additional information for responses to questions	on Schedule	K. See instru	uctions.					

ENTITY 2

Page 3

Schedule K (Form 990) 2020 LAFAYETTE COLLEGE 24-0795686

(A) ISSUER NAME: NORTHAMPTON CITY GPA (SERIES 2017)  (F) DESCRIPTION OF PURPOSE:  CONTRUCTION/PARTIAL ADVANCE REFUNDING PRIOR BOND  SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:  (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	Part IV Arbitrage (continued)								
hedge with respect to the bond issue?  b. Name of provider  c. Term of hedge  d. Was the hedge superintegrated?  d. Was the hedge superintegrated?  5a. Were gross proceeds invested in a guaranteed investment contract (GIC)?  X. D. Name of provider  c. Term of CIC  d. Was the neglation year harbon for establishing the fair market value of the GIC satisfied?  7. Has the organization established written procedures to monitor the requirements of section 148?  Part V. Procedures To Undertake Corrective Action  Part V. Procedures To Undertake Corrective Action  That the organization established written procedures to ensure that violations of dederal tax requirements are timely identified and corrected through the voluntary closing agreement program? If self-mendiation intri available under application groups and self-mendiation into available under application groups and self-mendiation into available under application. Science of the program of self-mendiation into available under application. Science of the program of self-mendiation into available under application. Science of the program of self-mendiation into available under application. Science of the program of self-mendiation into available under application. Science of the program of self-mendiation into available under application. Science of the program of self-mendiation into available under application. Science of the program of self-mendiation into available under application. Science of the program of self-mendiation into available under application. Science of the program of self-mendiation into available under application. Science of the program of self-mendiation into available under application. Science of the program of self-mendiation into available under application. Science of the program of self-mendiation into available under application of the program of self-mendiation into available under application of the program of self-mendiation into available under application of the program of the program of the program of the program of the progra			A	E	В		>		)
b Name of provider  c Term of hodge  d Was the hedge superintegrated?  e Was the hedge superintegrated?  e Was the hedge superintegrated?  b Name of provider  c Term of GIG  d Was the regulatory safe harbor for establishing the fair market value of the GIG satisfied?  d Was the regulatory safe harbor for establishing the fair market value of the GIG satisfied?  d Was the regulatory safe harbor for establishing the fair market value of the GIG satisfied?  d Was the regulatory safe harbor for establishing the fair market value of the GIG satisfied?  T Has the organization established written procedures to monitor the requirements of section 148?  Part V Procedures To Undertake Corrective Action  T Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?  Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.  SCHEDULE K, PART I, BORD ISSUES;  (A) ISSUER NAME: NORTHAMPTON CITY GPA (SERIES 2017) (PC) DESCRIPTION OF PURPOSE;  CONTRUCTION/PARTIAL ADVANCE REFUNDING PRIOR BOND  SCHEDULE K, PART IV, ARBITRACE, LINE 2C:  (A) ISSUER NAME: NORTHAMPTON CITY GPA (SERIES 2010 A AND B)  DATE THE REBRATE COMPUTATION MAS PERFORMED; 03/13/2015  (A) ISSUER NAME: NORTHAMPTON CITY GPA (SERIES 2006)  DATE THE REBRATE COMPUTATION MAS PERFORMED; 03/13/2015	4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
d Was the hedge superintegrated?  e Was the hedge terminated?  5a Were gross proceeds invested in a quaranteed investment contract (GIC)?  7 The many of 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?  7 Has the organization established written procedures to monitor the requirements of section 148?  Part VI Procedures To Undertake Corrective Action  A B C D  Part VI Supermental Information. Provide additional information for responses to questions on Schedule K. See instructions.  SCHEDULE K, PART I, BOND ISSUES:  (A) ISSUER NAME: NORTHAMPTON CITY GPA (SERIES 2016)  DATE THE REBATE COMPUTATION WAS PERFORMED; 03/13/2015  (A) ISSUER NAME: NORTHAMPTON CITY GPA (SERIES 2006)  DATE THE REBATE COMPUTATION WAS PERFORMED; 03/13/2015	hedge with respect to the bond issue?		Х						
d. Was the hedge superintegrated?  8	<b>b</b> Name of provider								
e Was the hedge terminated?  Sa Were gross proceeds invested in a quaranteed investment contract (GIC)?  D Name of provider  C Term of GIC  d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?  The safe organization established written procedures to monitor the requirements of section 148?  Part VI Procedures To Undertake Corrective Action  Has the organization established written procedures to monitor the voluntary closing agreement program if self-remediation isn't available under applicable regulations?  Part VI Supplemental information. Provide additional information for responses to questions on Schedule K. See instructions.  SCHEDULB K, PART T, BOND TSSUES:  (A) ISSUER NAME: NORTHAMPTON CITY GPA (SERIES 2010 A AND B)  DATE THE REBATE CONPTRACTION WAS PERFORMED: 02/13/2015  (A) ISSUER NAME: NORTHAMPTON CITY GPA (SERIES 2006)  DATE THE REBATE CONPTRACTION WAS PERFORMED: 03/13/2015									
Sa Were gross proceeds invested in a guaranteed investment contract (GIC)?  b Name of provider  c Term of GIG  d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?  d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?  7 Has the organization established written procedures to monitor the requirements of section 148?  8 Ver any gross proceeds invested beyond an available temporary period?  8 Were any gross proceeds invested beyond an available temporary period?  9 Has the organization established written procedures to monitor the requirements of section 148?  10 Ver any organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?  Part VII Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.  SCHEDULE K, PART I, BOND ISSUES:  (A) ISSUER NAME: NORTHAMPTON CITY GPA (SERIES 2017)  (B) DESCRIPTION OF FURPOSE:  CONTRIBUCTION/PARTIAL, ADVANCE REFUNDING PRIOR BOND  SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:  (A) ISSUER NAME: NORTHAMPTON CITY GPA (SERIES 2016) A AND B)  DATE THE REBATE COMPUTATION WAS PERFORMED; 02/13/2015	d Was the hedge superintegrated?								
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?  7 Has the organization established written procedures to monitor the requirements of section 148?  8 V V V V V V V V V V V V V V V V V V	e Was the hedge terminated?								
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?  7 Has the organization established written procedures to monitor the requirements of section 148?  8 Part V Procedures To Undertake Corrective Action  1 Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary losing agreement program if self-remediation isn't available under applicable regulations?  1 Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.  SCREDULE K, PART I, BOND ISSUES:  (A) ISSUER NAME: NORTHAMPTON CITY GPA (SERIES 2017)  (B) DESCRIPTION OF PURPOSE:  CONTRUCTION/PARTIAL ADVANCE REFUNDING PRIOR BOND  SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:  (A) ISSUER NAME: NORTHAMPTON CITY GPA (SERIES 2016)  DATE THE REBATE COMPUTATION WAS PERFORMED: 03/13/2015  (A) ISSUER NAME: NORTHAMPTON CITY GPA (SERIES 2006)  DATE THE REBATE COMPUTATION WAS PERFORMED: 03/13/2015	5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х						
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?  7 Has the organization established written procedures to monitor the requirements of section 148?  8 Part V Procedures To Undertake Corrective Action  1 Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary losing agreement program if self-remediation isn't available under applicable regulations?  1 Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.  SCREDULE K, PART I, BOND ISSUES:  (A) ISSUER NAME: NORTHAMPTON CITY GPA (SERIES 2017)  (B) DESCRIPTION OF PURPOSE:  CONTRUCTION/PARTIAL ADVANCE REFUNDING PRIOR BOND  SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:  (A) ISSUER NAME: NORTHAMPTON CITY GPA (SERIES 2016)  DATE THE REBATE COMPUTATION WAS PERFORMED: 03/13/2015  (A) ISSUER NAME: NORTHAMPTON CITY GPA (SERIES 2006)  DATE THE REBATE COMPUTATION WAS PERFORMED: 03/13/2015	<b>b</b> Name of provider								
6 Were any gross proceeds invested beyond an available temporary period?  7 Has the organization established written procedures to monitor the requirements of section 148?  8			_						
7 Has the organization established written procedures to monitor the requirements of section 148?  Part V Procedures To Undertake Corrective Action  Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?  Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.  SCHEDULE K, PART I, BOND ISSUES:  (A) ISSUER NAME: NORTHAMPTON CITY GPA (SERIES 2017) 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 2006)  DATE THE REBATE COMPUTATION WAS PERFORMED; 03/13/2015	d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
Part V Procedures To Undertake Corrective Action  Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?  Part VI Supplemental Information. Provide additional information for responses to questions or Schedule K. See instructions.  SCHEDULE K, PART I, BOND ISSUES:  (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 2006)  DATE THE REBATE COMPUTATION WAS PERFORMED: 03/13/2015	6 Were any gross proceeds invested beyond an available temporary period?		Х						
Part V Procedures To Undertake Corrective Action  A B C D  Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?  Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.  SCHEDULE K, PART I, BOND ISSUES:  (A) ISSUER NAME: NORTHAMPTON CITY GPA (SERIES 2017)  SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:  (A) ISSUER NAME: NORTHAMPTON CITY GPA (SERIES 2010 A AND B)  DATE THE REBATE COMPUTATION WAS PERFORMED: 03/13/2015  (A) ISSUER NAME: NORTHAMPTON CITY GPA (SERIES 2006)  DATE THE REBATE COMPUTATION WAS PERFORMED: 03/13/2015	7 Has the organization established written procedures to monitor the								
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?  Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.  SCHEDULE K, PART I, BOND ISSUES:  (A) ISSUER NAME: NORTHAMPTON CITY GPA (SERIES 2017)  SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:  (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	requirements of section 148?	Х							
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?  **Part VI** Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.  **SCHEDULE K, PART I, BOND ISSUES:**  **(A) ISSUER NAME: NORTHAMPTON CITY GPA (SERIES 2017)  **(P) DESCRIPTION OF PURPOSE:**  **CONTRUCTION/PARTIAL ADVANCE REFUNDING PRIOR BOND  **SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:**  **(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 2006)  **DATE THE REBATE COMPUTATION WAS PERFORMED: 03/13/2015  **(A) ISSUER NAME: NORTHAMPTON CITY GPA (SERIES 2003)	Part V Procedures To Undertake Corrective Action					_			
of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?  Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.  SCHEDULE K, PART I, BOND ISSUES:  (A) ISSUER NAME: NORTHAMPTON CITY GPA (SERIES 2017)  (F) DESCRIPTION OF PURPOSE:  CONTRUCTION/PARTIAL ADVANCE REFUNDING PRIOR BOND  SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:  (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			Ą	E	В	(	<u> </u>	Γ	)
voluntary closing agreement program if self-remediation isn't available under applicable regulations?  Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.  SCHEDULE K, PART I, BOND ISSUES:  (A) ISSUER NAME: NORTHAMPTON CITY GPA (SERIES 2017)  (F) DESCRIPTION OF PURPOSE: CONTRUCTION/PARTIAL ADVANCE REFUNDING PRIOR BOND  SCHEDULE K, PART IV, ARBITRAGE, LINE 2C: (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)	Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
applicable regulations?  X Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.  SCHEDULE K, PART I, BOND ISSUES:  (A) ISSUER NAME: NORTHAMPTON CITY GPA (SERIES 2017)  (F) DESCRIPPION OF PURPOSE:  CONTRUCTION/PARTIAL ADVANCE REFUNDING PRIOR BOND  SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:  (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)	of federal tax requirements are timely identified and corrected through the								
Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.  SCHEDULE K, PART I, BOND ISSUES:  (A) ISSUER NAME: NORTHAMPTON CITY GPA (SERIES 2017)  (P) DESCRIPTION OF PURPOSE:  CONTRUCTION/PARTIAL ADVANCE REFUNDING PRIOR BOND  SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:  (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)	voluntary closing agreement program if self-remediation isn't available under								
SCHEDULE K, PART I, BOND ISSUES:  (A) ISSUER NAME: NORTHAMPTON CITY GPA (SERIES 2017)  (F) DESCRIPTION OF PURPOSE: CONTRUCTION/PARTIAL ADVANCE REFUNDING PRIOR BOND  SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:  (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)	applicable regulations?	X							
(F) DESCRIPTION OF PURPOSE:  CONTRUCTION/PARTIAL ADVANCE REFUNDING PRIOR BOND  SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:  (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)	SCHEDULE K, PART I, BOND ISSUES:	S ON Schedule	e K. See msm	uctions.					
(F) DESCRIPTION OF PURPOSE:  CONTRUCTION/PARTIAL ADVANCE REFUNDING PRIOR BOND  SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:  (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)									
(F) DESCRIPTION OF PURPOSE:  CONTRUCTION/PARTIAL ADVANCE REFUNDING PRIOR BOND  SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:  (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)									
CONTRUCTION/PARTIAL ADVANCE REFUNDING PRIOR BOND  SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:  (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)	(A) ISSUER NAME: NORTHAMPTON CITY GPA (SERIES 2017)								
SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:  (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)	(F) DESCRIPTION OF PURPOSE:								
(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)	CONTRUCTION/PARTIAL ADVANCE REFUNDING PRIOR BOND								
(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)	SCHEDULE K PART IV ARBITRAGE LINE 2C:								
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)									
(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: 03/13/2015  (A) ISSUER NAME: NORTHAMPTON CITY GPA (SERIES 2003)									
(A) ISSUER NAME: NORTHAMPTON CITY GPA (SERIES 2003)	(A) ISSUER NAME: NORTHAMPTON CITY GPA (SERIES 2006)								
	DATE THE REBATE COMPUTATION WAS PERFORMED: 03/13/2015								
DATE THE REBATE COMPUTATION WAS PERFORMED: 03/16/2015	(A) ISSUER NAME: NORTHAMPTON CITY GPA (SERIES 2003)								
(A) ISSUER NAME: NORTHAMPTON CITY GPA (SERIES 2017)	(A) ISSUER NAME: NORTHAMPTON CITY GPA (SERIES 2017)								

Schedule K (Form 990) 2020 LAFAYETTE COLLEGE 24-0795686 Page 4

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions. *(continued)*DATE THE REBATE COMPUTATION WAS PERFORMED: 07/15/2020

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
DEBT ISSUANCE OF THE COLLEGE.

Schedule K (Form 990) 2020

# **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 Employer identification number LAFAYETTE COLLEGE 24-0795686

	LI	турез	of Property							
				(a) Check if applicable	(b) Number of contributions or litems contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	noncash contribu	etermin	_	S
1	Δrt.	Works of	art	Х	3		0.APPRAISAL			
2			treasures							
3										
			interests							
4			olications							
5			ousehold goods							
6			r vehicles							
7			nes							
8			perty		7.5	0.260.26	7 11701/101/05 05 0311	37 3637		
9			blicly traded	Х	75	8,368,30	7. HIGH/LOW OF DAIL	Y MV		
10			osely held stock							
11	Sec	urities - Pa	rtnership, LLC, or							
		t interests								
12	Sec	urities - Mi	scellaneous							
13	Qua	lified cons	ervation contribution -							
		oric struct								
14	Qua	lified cons	ervation contribution - Other							
15	Real	l estate - R	esidential							
16	Real	l estate - C	ommercial							
17	Real	l estate - C	ther							
18	Colle	ectibles								
19			<i>/</i>							
20			dical supplies							
21	Taxi	dermy								
22	Hist	orical artifa	acts							
23			imens							
24			artifacts							
25		er 🕨	( )							
26	Othe	er 🕨	()							
27	Othe	er 🕨	()							
		er 🕨	(							
29			ms 8283 received by the organiz	ation during	the tax year for co	ontributions	•			
	for v	vhich the o	organization completed Form 828	33, Part V, D	onee Acknowledg	ement 29			1	
									Yes	No
30a	Duri	ng the yea	r, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 thr	ough 28, that it			
	mus	t hold for a	at least three years from the date	of the initia	I contribution, and	which isn't required to b	e used for			
			ses for the entire holding period?			'		30a		Х
b			ibe the arrangement in Part II.							
31		,	nization have a gift acceptance p	olicy that re	quires the review o	of any nonstandard contr	butions?	31	х	
		•	nization hire or use third parties of	•	•	•				
		tributions?	•	,				32a		х
h			ibe in Part II.					u		
33			tion didn't report an amount in co	olumn (c) for	a type of property	for which column (a) is o	hecked.			
		cribe in Pa				23/4/11/ (4) 10	,			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2020

Schedule M (Form 990) 2020

032142 11-23-20

#### **SCHEDULE 0**

(Form 990 or 990-EZ) Department of the Treasury

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.

OMB No. 1545-0047 Inspection

Internal Revenue Service Name of the organization

LAFAYETTE COLLEGE

**Employer identification number** 24-0795686

<u> </u>
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

 $\label{eq:LHA} \mbox{ For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.}$ 

Schedule O (Form 990 or 990-EZ) 2020

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.	

2020.05093 LAFAYETTE COLLEGE

Name of the organization  LAFAYETTE COLLEGE	Employer identification number 24-0795686
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 REQUIRES THE SAME	
INDIVIDUALS TO COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE 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 COLLEGE 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 AND KEY	

Schedule O (Form 990 or 990-EZ) 2020	Page
Name of the organization  LAFAYETTE COLLEGE	Employer identification number 24-0795686
EMPLOYEES OF THE ADMINISTRATION:	
THE PROCESS FOR REVIEWING THE PRESIDENT'S COMPENSATION IS DISCLOSED ON	
SCHEDULE J, PART I, LINE 3 AND THE CORRESPONDING NARRATIVE ON SCHEDULE J,	
PART III. THE PRESIDENT RECOMMENDS THE COMPENSATION FOR OTHER OFFICERS	
(VICE-PRESIDENTS) AND KEY EMPLOYEES. BASED ON A WRITTEN ANNUAL PERFORMANCE	
SUMMARY, EACH OFFICER'S COMPENSATION IS THEN ESTABLISHED BY THE	
COMPENSATION COMMITTEE WHICH REVIEWS DATA OBTAINED FROM ITS EXTERNAL	
COMPENSATION CONSULTANT ON SALARIES OF COMPARABLE OFFICERS FROM COMPARABLE	
INSTITUTIONS AND ADJUSTS THAT DATA THROUGH SURVEYS AND OTHER AVAILABLE	
RESOURCES. THE DELIBERATION AND FINAL DETERMINATION OF THE PRESIDENT, OTHER	
OFFICER, AND KEY EMPLOYEE COMPENSATION IS TIMELY DOCUMENTED.	
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 CONFLICT OF INTEREST	
POLICY ARE NOT AVAILABLE TO THE PUBLIC ON ITS WEBSITE.	
REQUESTS FOR COPIES OF FORMS 990 AND 990-T ARE PROVIDED PROMPTLY 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 WEBSITE.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN ESTIMATED ANNUITIES PAYABLE -326,225.	
CHANGE IN FAIR VALUE OF INTEREST RATE SWAP AGREEMENTS 4,430,463.	Schedule O (Form 990 or 990-EZ) 202
032212 11-20-20	Chedule O (FOHH 930 OF 930-EZ) 202

### **SCHEDULE R** (Form 990)

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.

Department of the Treasury Internal Revenue Service

Name of the organization

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

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 o foreign country)			r assets Direct c	controlling entity		
Part II Identification of Related Tax-Exempt Organ organizations during the tax year.	nizations. Complete if the organizar	tion answered "Yes" on Form 990	), Part IV, line 34, b	pecause it had one	or more related tax-exer	npt		
(a)  Name, address, and EIN  of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	conti	<b>g)</b> 512(b)(13) rolled tity?	
				501(c)(3))		Yes	No	
SCHAEFER BERTHA B U/W - 23-6293005								
BNY MELLON PO BOX 185								
PITTSBURGH, PA 15230	PERPETUAL TRUST	PENNSYLVANIA	501(C)(3)	PF	LAFAYETTE COLLEGE	Х		
WOLFE DUMONT - 23-6013820								
1 W 4TH ST 4TH FL	<del>_</del>	L			L			
WINSTON SALEM, NC 27101	PERPETUAL TRUST	NORTH CAROLINA	501(C)(3)	PF	LAFAYETTE COLLEGE	Х	<u> </u>	
ANNA P DENITIGER TRIIST - 22-6144493	1	1	1	1	1	1	1	

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

LAFAYETTE COLLEGE

Schedule R (Form 990) 2020

Х

LAFAYETTE COLLEGE

LAFAYETTE COLLEGE

10 S DEARBORN CHICAGO, IL 60603

1 W 4TH ST 4TH FL

WINSTON SALEM, NC 27101

CHARLES W BLAIR - 72-6130983

ILLINOIS

NORTH CAROLINA

501(C)(3)

501(C)(3)

ΡF

ΡF

PERPETUAL TRUST

PERPETUAL TRUST

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.

			T	1		ı			1	_	
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disprop	ortionate	Code V-UBI	Gener	Percenta ping ownersh
of related organization		(state or foreign	entity	(related, unrelated, excluded from tax under sections 512-514) income	income	end-of-year assets	allocations?				
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No OF
						l					

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> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion b)(13) rolled ity?
		country)						Yes	No
			LAFAYETTE						
CHARITABLE REMAINDER UNITRUSTS (24)	INVESTMENTS	PA	COLLEGE	TRUST			100%	Х	<del></del>
									<u> </u>

Schedule R (Form 990) 2020 LAFAYETTE COLLEGE 24-0795686

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1	During the tax year, did the organization engage in any of the following transactions	s with one or more re	elated organizations listed ir	n Parts II-IV?							
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	/	-		1a		Х				
	<b>b</b> Gift, grant, or capital contribution to related organization(s)										
	Gift, grant, or capital contribution from related organization(s)				1c		Х				
	Loans or loan guarantees to or for related organization(s)				1d		Х				
	Loans or loan guarantees by related organization(s)				1e		Х				
f	Dividends from related organization(s)				1f		Х				
g	Sale of assets to related organization(s)				1g		Х				
h	h Purchase of assets from related organization(s)										
i	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)											
m	Performance of services or membership or fundraising solicitations by related organ	nization(s)			1m		Х				
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)										
o Sharing of paid employees with related organization(s)											
p Reimbursement paid to related organization(s) for expenses											
q	Reimbursement paid by related organization(s) for expenses				1q		Х				
r	Other transfer of cash or property to related organization(s)				1r		Х				
S	Other transfer of cash or property from related organization(s)				1s	Х					
2	If the answer to any of the above is "Yes," see the instructions for information on whether the second of the above is "Yes," see the instructions for information on whether the second of the above is "Yes," see the instructions for information on whether the second of the above is "Yes," see the instructions for information on whether the second of the above is "Yes," see the instructions for information on whether the second of the above is "Yes," see the instructions for information on whether the second of the above is "Yes," see the instructions for information on whether the second of the above is "Yes," see the instruction of the above is "Yes," and "Yes," are the second of the above is "Yes," and "Yes	ho must complete th	is line, including covered re	elationships and transaction thresholds.							
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount in	nvolved						
1) (	CHARITABLE REMAINDER TRUSTS	S	615,381.	CASH VALUE							
2)											
3)											
-,											
4)											
5)											
<b>6</b> )											
		1	, ,								

Page 3

Yes No

Schedule R (Form 990) 2020 LAFAYETTE COLLEGE 24-0795686 Page 4

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) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.?  Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation	Code V-UBI amount in box 2 of Schedule K-	General of managing partner?  Yes No	(k) r Percentage ownership
	-									

# Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit <a href="https://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits">www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits</a>.

filing of t	his form, visit www.irs.gov/e-file-providers/e-file-for-chari	ties-and-n	on-profits.								
Autom	atic 6-Month Extension of Time. Only subm	nit origina	al (no copies needed).								
All corpo	orations required to file an income tax return other than Fo	orm 990-T	(including 1120-C filers), partnership	s, REMICs	s, and trusts						
must use	e Form 7004 to request an extension of time to file income	e tax retur	ns.								
Type or	Type or Name of exempt organization or other filer, see instructions.  Taxpayer identification number (TIN)										
print	,					,					
File by the	LAFAYETTE COLLEGE		24-0795686								
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, see instructions. 730 SULLIVAN ROAD, 030 MARQUIS HALL										
instructions	EASTON, PA 18042-1778										
Enter the	e Return Code for the return that this application is for (file	e a separa	te application for each return)			0 1					
Applicat	tion	Return	Application			Return					
Is For		Code	Is For			Code					
	0 or Form 990-EZ	01	Form 990-T (corporation)			07					
Form 99		02	Form 1041-A			08					
Form 99	20 (individual)	03 04	Form 4720 (other than individual) Form 5227			10					
	0-FF 0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11					
Form 990-T (trust other than above)  06 Form 8870						12					
Telep  If the	hone No. ► 610-330-5957  organization does not have an office or place of business is for a Group Return, enter the organization's four digit (	in the Uni Group Exe	Fax No. ▶ited States, check this box	If this is fo	r the whole group, o						
2 If t											
3a If t	his application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069, 6	enter the tentative tax, less								
<u>an</u>	y nonrefundable credits. See instructions.			3a	\$	0.					
	his application is for Forms 990-PF, 990-T, 4720, or 6069					_					
_	timated tax payments made. Include any prior year overpo			3b	\$	0.					
	lance due. Subtract line 3b from line 3a. Include your pa	,	, , ,			^					
	ing EFTPS (Electronic Federal Tax Payment System). See			3c	\$	0.					
instruction	: If you are going to make an electronic funds withdrawal ons.	(airect del	oil) with this form 8808, see form 8	453-EU an	a Form 88/9-EO foi	payment					

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)