

Form **990**  
(Rev. January 2020)  
Department of the Treasury  
Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**  
Open to Public Inspection

**A** For the **2019** calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>CORPORATION OF HAVERFORD COLLEGE</b>		<b>D</b> Employer identification number <b>23-6002304</b>
	Doing business as <b>HAVERFORD COLLEGE</b>		<b>E</b> Telephone number <b>610-896-1223</b>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>370 LANCASTER AVENUE</b>	<b>G</b> Gross receipts \$ <b>259,362,422.</b>	
	City or town, state or province, country, and ZIP or foreign postal code <b>HAVERFORD, PA 19041-1392</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<b>F</b> Name and address of principal officer: <b>WENDY E. RAYMOND</b> <b>SAME AS C ABOVE</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: **WWW.HAVERFORD.EDU**

**K** Form of organization:  Corporation  Trust  Association  Other **L** Year of formation: **1833** **M** State of legal domicile: **PA**

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>LEADING LIBERAL ARTS COLLEGE KNOWN FOR: ACADEMIC RIGOR, HONOR CODE &amp; A BEAUTIFUL ARBORETUM CAMPUS</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>32</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>31</b>
	<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	<b>1964</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>1045</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>-1,180,276.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>24,190,117.</b>	<b>22,218,402.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>98,882,983.</b>	<b>100,147,083.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>25,667,646.</b>	<b>16,352,944.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>669,796.</b>	<b>52,764.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>149,410,542.</b>	<b>138,771,193.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>31,297,550.</b>	<b>32,166,983.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>61,296,772.</b>	<b>64,244,869.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<b>0.</b>	<b>0.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>4,088,601.</b>	
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>46,570,760.</b>	<b>44,151,364.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>139,165,082.</b>	<b>140,563,216.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>10,245,460.</b>	<b>-1,792,023.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>774,945,833.</b>	<b>752,081,702.</b>
		<b>171,182,145.</b>	<b>176,390,872.</b>
		<b>603,763,688.</b>	<b>575,690,830.</b>

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer		Date		
	<b>MITCHELL L. WEIN, SR VP ADMIN/FINANCE, TREASURER</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>CRAIG KLEIN</b>	Preparer's signature	Date <b>03/22/21</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00734640</b>
	Firm's name <b>CBIZ MHM, LLC</b>	Firm's EIN <b>26-3753134</b>	Phone no. <b>617-761-0600</b>		
	Firm's address <b>500 BOYLSTON STREET BOSTON, MA 02116</b>				

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: HAVERFORD COLLEGE IS COMMITTED TO PROVIDING A LIBERAL ARTS EDUCATION IN THE BROADEST SENSE. THIS EDUCATION, BASED ON A RICH ACADEMIC CURRICULUM AT ITS CORE, IS DISTINGUISHED BY A COMMITMENT TO EXCELLENCE AND A CONCERN FOR INDIVIDUAL GROWTH. HAVERFORD HAS CHOSEN TO REMAIN

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 82,522,758. including grants of \$ 32,166,983. ) (Revenue \$ 76,893,113. ) THE COLLEGE'S ACADEMIC RELATED EXPENDITURES INCLUDE INSTRUCTION (UNDERGRADUATE LIBERAL ARTS), ACADEMIC SUPPORT, FINANCIAL AID, AND RESEARCH EXPENDITURES. THESE EXPENSES SUPPORTED 1,419 STUDENT FTE AND 175.4 FACULTY FTE. THE COLLEGE CONFERRED 324 DEGREES IN 19/20. RESEARCH STIPENDS TOTALING \$579,810 WERE AWARDED TO 261 STUDENTS. THE MAJORITY OF RESEARCH AWARDS ARE IN THE NATURAL SCIENCES. FEDERAL FUNDS SUPPORTED 23 GRANTS. OTHER SUPPORT FOR RESEARCH COMES FROM PRIVATE FOUNDATIONS, DONOR DESIGNATED FUNDS AND INTERNALLY DESIGNATED (UNRESTRICTED) FUNDS.

THE COLLEGE ALSO SPENT FUNDS ON FINANCIAL AID: HAVERFORD COLLEGE GRANTS TOTALING \$29,082,071 WERE AWARDED TO 632 STUDENTS AND FSEOG GRANTS TOTALING \$191,870 WERE RECEIVED BY 101 STUDENTS.

4b (Code: ) (Expenses \$ 20,905,116. including grants of \$ ) (Revenue \$ 20,516,761. ) AUXILIARY ENTERPRISES (DORMS, DINING CENTER, FACULTY HOUSING, AND CONFERENCE PROGRAM) HAVERFORD IS A RESIDENTIAL INSTITUTION WHERE MOST OF THE STUDENT BODY LIVE ON CAMPUS AND ACTIVELY PARTICIPATES IN CAMPUS LIFE. THE DORMS HOUSED AN AVERAGE OF 1,292 STUDENTS; AND AN AVERAGE OF 1,164 WERE ON A MEAL PLAN. HAVERFORD PROVIDED 69 SPACES FOR RENT TO THE FACULTY TO FOSTER EDUCATIONAL INTERACTION WITH STUDENTS.

4c (Code: ) (Expenses \$ 16,888,374. including grants of \$ ) (Revenue \$ 307,175. ) STUDENT SERVICES - DEAN, REGISTRAR, COUNSELING, CAREER DEVELOPMENT, HEALTH SERVICES, ATHLETICS, DISABILITY SERVICES, SECURITY AND MISCELLANEOUS SERVICES. WHILE THESE OFFICES SUPPORT STUDENT HEALTH, DEVELOPMENT AND WELL-BEING IN DIFFERENT WAYS, THEY ALL SHARE AN APPROACH THAT IS BASED ON RESPECT FOR STUDENT CHOICES AND A FUNDAMENTAL COMMITMENT TO THE IMPORTANCE OF EDUCATION IN THE DECISION-MAKING PROCESS. THE STAFF OF THESE OFFICES ARE COMMITTED TO HELPING STUDENTS ACHIEVE THEIR POTENTIAL BOTH AS INDIVIDUALS AND AS MEMBERS OF THE COMMUNITY. THE RECENT 6-YEAR GRADUATION RATES FOR THE COLLEGE HAVE BEEN 90% OR HIGHER. BASED ON THE ENTIRE CLASS OF 2019, 14% PROCEEDED DIRECTLY TO GRADUATE/PROFESSIONAL SCHOOL AND 69% WERE EMPLOYED, UNDERTAKING VOLUNTEER WORK OR AWARDED A FELLOWSHIP WITHIN SIX MONTHS OF

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 120,316,248.

**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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part IV</i>	X	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>	X	
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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	X	
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

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

	Yes	No
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	<b>22</b> X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	<b>23</b> X	
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....	<b>24a</b> X	
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b> X	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	X
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	X
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25a</b>	X
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25b</b>	X
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i> .....	<b>26</b> X	
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....	<b>27</b>	X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>	X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b> X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b> X	
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....	<b>32</b>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	<b>33</b> X	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	<b>34</b> X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b>	X
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>35b</b>	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>	X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	<b>38</b> X	

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b> 2470	
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b> X	

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, and charitable contributions.

**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.

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	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.		
	1a 32		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	1b 31		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	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?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?	X	
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>12c</b>			
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</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?		
<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **KY, MD, MA, MI, NH, NJ, NY, OH, OK, OR, SC**
- 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)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **MITCHELL L. WEIN - 610-896-1223**  
**370 LANCASTER AVENUE, HAVERFORD, PA 19041-1392**

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARK G. ANDERSON BOARD OF MANAGERS	2.00	X					0.	0.	0.	
(2) STEVEN L. BEGLEITER BOARD OF MANAGERS	2.00	X					0.	0.	0.	
(3) SETH P. BERNSTEIN BOARD OF MANAGERS	2.00	X					0.	0.	0.	
(4) JAMES L. BOYER BOARD OF MANAGERS	2.00	X					0.	0.	0.	
(5) ANJAN K. CHATTERJEE BOARD OF MANAGERS	2.00	X					0.	0.	0.	
(6) JONATHAN WOOD EVANS BOARD OF MANAGERS	2.00	X					0.	0.	0.	
(7) JONATHAN M. GAMSE BOARD OF MANAGERS	2.00	X					0.	0.	0.	
(8) CHRISTOPHER T. GANT BOARD OF MANAGERS	2.00	X					0.	0.	0.	
(9) BRUCE D. GORCHOW BOARD OF MANAGERS	2.00	X					0.	0.	0.	
(10) CLAUDIA L. HAMMERMAN BOARD OF MANAGERS	2.00	X					0.	0.	0.	
(11) ROGER B. KAFKER BOARD OF MANAGERS	2.00	X					0.	0.	0.	
(12) DON LIU BOARD OF MANAGERS	2.00	X					0.	0.	0.	
(13) BEATRICE MITCHELL BOARD OF MANAGERS	2.00	X					0.	0.	0.	
(14) NORVAL D. REECE BOARD OF MANAGERS	2.00	X					0.	0.	0.	
(15) HENRY J. RITCHOTTE BOARD OF MANAGERS	2.00	X					0.	0.	0.	
(16) ANN V. SATTERTHWAITTE BOARD OF MANAGERS	2.00	X					0.	0.	0.	
(17) SHIBU SHIBULAL BOARD OF MANAGERS	2.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JANE SILBER BOARD OF MANAGERS	2.00	X						0.	0.	0.
(19) JOHN SPEARS BOARD OF MANAGERS	2.00	X						0.	0.	0.
(20) JOHN R. TAYLOR BOARD OF MANAGERS	2.00	X						0.	0.	0.
(21) VINCE WARREN BOARD OF MANAGERS	2.00	X						0.	0.	0.
(22) DAVID WERTHEIMER BOARD OF MANAGERS	2.00	X						0.	0.	0.
(23) ALLAN 'RICK' WHITE, III BOARD OF MANAGERS	2.00	X						0.	0.	0.
(24) JERRY WILLIAMS BOARD OF MANAGERS	2.00	X						0.	0.	0.
(25) NANCY WOLFSON BOARD OF MANAGERS	2.00	X						0.	0.	0.
(26) PAUL ZOIDIS BOARD OF MANAGERS	2.00	X						0.	0.	0.
<b>1b Subtotal</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								3,814,780.	0.	882,706.
<b>d Total (add lines 1b and 1c)</b>								3,814,780.	0.	882,706.

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 **80**

	Yes	No
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**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
THE WHITING-TURNER CONTRACTING COMPANY, 300 EAST JOPPA ROAD, 8TH FLOOR, BALTIMORE,	CONTRACTOR SERVICES	16,004,255.
WILLIAM RAWN ASSOCIATES ARCHITECTS, INC., 10 POST OFFICE SQUARE, SUITE 1010, BOSTON,	ARCHITECTURAL SERVICES	1,041,778.
CAMBRIDGE ASSOCIATES, LLC 125 HIGH STREET, BOSTON, MA 02110	INVESTMENT ADVISING AND REPORTING	524,025.
PERRY, DEAN, ROGERS & PARTNERS, ARCHITECTS, 177 MILK STREET, BOSTON, MA 02109	ARCHITECTURAL SERVICES	473,100.
DELRAN BUILDERS COMPANY, INC. 7909 FLOURTOWN AVENUE, WYNDMOOR, PA 19038	CONTRACTOR SERVICES	455,384.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **35**

SEE PART VII, SECTION A CONTINUATION SHEETS



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				
(27) CHARLES G. BEEVER CHAIR, BOARD OF MANAGERS	2.00	X		X				0.	0.	0.	
(28) GARRY W. JENKINS VICE CHAIR, BOARD OF MANAGERS	2.00	X		X				0.	0.	0.	
(29) GINNY CHRISTENSEN SECRETARY, BOARD OF MANAGERS	2.00	X		X				0.	0.	0.	
(30) AMY TAYLOR BROOKS BOARD OF MANAGERS, CLERK	2.00	X		X				0.	0.	0.	
(31) JENNIFER S. PERKINS BOARD OF MANAGERS, ASSISTANT CLERK	2.00	X		X				0.	0.	0.	
(32) WENDY RAYMOND PRESIDENT	50.00	X		X				310,730.	0.	67,545.	
(33) MITCHELL L. WEIN SR. VP ADMIN/FINANCE, TREASURER	50.00			X				353,004.	0.	68,969.	
(34) MICHAEL H. CASEL CHIEF INVEST OFFICER, ASST TREASURER	50.00			X				301,305.	0.	66,404.	
(35) ANN FIGUEREDO VP INST ADVANCEMENT, ASST SECRETARY	50.00			X				249,636.	0.	60,723.	
(36) JESSE H. LYTLE VP/CHIEF OF STAFF, ASST SECRETARY	50.00			X				149,307.	0.	47,141.	
(37) DEBORAH FULLAM ASSOCIATE VP, ASST TREASURER	50.00			X				158,492.	0.	30,795.	
(38) TERRI ALBERTSON AVP FINANCE, CONTROLLER, ASST TREAS	50.00			X				159,212.	0.	44,924.	
(39) JESS H. LORD VP/DEAN OF ADMISSIONS/FINANCIAL AID	50.00				X			203,556.	0.	49,250.	
(40) FRANCES ROSE BLASE PROVOST	50.00				X			194,514.	0.	51,403.	
(41) MEGAN E. FITCH CHIEF INFORMATION OFFICER	50.00				X			187,009.	0.	33,009.	
(42) MARTHA DENNEY DEAN OF COLLEGE	50.00				X			183,070.	0.	57,895.	
(43) DONALD B CAMPBELL, JR. DIRECTOR OF FACILITIES MANAGEMENT	50.00				X			158,125.	0.	19,516.	
(44) ASHOK GANGADEAN PROFESSOR	50.00					X		171,272.	0.	38,193.	
(45) RICHARD FREEDMAN PROFESSOR	50.00					X		172,080.	0.	55,590.	
(46) ANNE PRESTON PROFESSOR	50.00					X		170,917.	0.	40,469.	
Total to Part VII, Section A, line 1c .....											



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns	<b>1a</b>				
	<b>b</b>	Membership dues	<b>1b</b>				
	<b>c</b>	Fundraising events	<b>1c</b>				
	<b>d</b>	Related organizations	<b>1d</b>				
	<b>e</b>	Government grants (contributions)	<b>1e</b>	2,198,011.			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	20,020,391.			
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 6,129,569.			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f		22,218,402.			
Program Service Revenue	<b>2 a</b>	TUITION & FEES	Business Code 611310	77,451,281.	77,451,281.		
	<b>b</b>	AUXILLIARY - DORMITORIES/HCA	900099	10,650,330.	10,650,330.		
	<b>c</b>	AUXILLIARY - DINING CENTER	900099	7,117,845.	5,753,463.	1,364,382.	
	<b>d</b>	GRANT CONTRACTS	900099	1,695,692.	1,695,692.		
	<b>e</b>	CONFERENCES	900099	1,024,166.		19,415.	
	<b>f</b>	All other program service revenue	900099	2,207,769.	2,207,769.		
	<b>g</b>	<b>Total.</b> Add lines 2a-2f		100,147,083.			
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts)		6,507,832.		-1,097,483.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds		19,877.		19,877.	
	<b>5</b>	Royalties					
	<b>6 a</b>	Gross rents	(i) Real	86,025.			
			(ii) Personal				
			<b>6a</b>				
	<b>b</b>	Less: rental expenses	<b>6b</b>	0.			
	<b>c</b>	Rental income or (loss)	<b>6c</b>	86,025.			
	<b>d</b>	Net rental income or (loss)		86,025.		86,025.	
	<b>7 a</b>	Gross amount from sales of assets other than inventory	(i) Securities	129,806,892.			
			(ii) Other	9,543.			
			<b>7a</b>				
			<b>b</b>	Less: cost or other basis and sales expenses	<b>7b</b>	119,991,200.	0.
<b>c</b>	Gain or (loss)	<b>7c</b>	9,815,692.	9,543.			
<b>d</b>	Net gain or (loss)		9,825,235.		-102,208.		
<b>8 a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>	18,225.				
		<b>b</b>	Less: direct expenses	<b>8b</b>	10,000.		
		<b>c</b>	Net income or (loss) from fundraising events		8,225.		8,225.
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19	<b>9a</b>					
		<b>b</b>	Less: direct expenses	<b>9b</b>			
		<b>c</b>	Net income or (loss) from gaming activities				
<b>10 a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>	548,543.				
		<b>b</b>	Less: cost of goods sold	<b>10b</b>	590,029.		
		<b>c</b>	Net income or (loss) from sales of inventory		-41,486.	-41,486.	
Miscellaneous Revenue	<b>11 a</b>		Business Code				
	<b>b</b>						
	<b>c</b>						
	<b>d</b>	All other revenue					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d					
<b>12</b>	<b>Total revenue.</b> See instructions			138,771,193.	97,717,049.	-1,180,276.	
						20,016,018.	

**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 response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	35,368.	35,368.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	30,811,189.	30,811,189.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	1,320,426.	1,320,426.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	4,904,252.	3,211,306.	1,105,310.	587,636.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	43,590,391.	33,893,576.	7,634,055.	2,062,760.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,157,567.	3,237,226.	511,061.	409,280.
9 Other employee benefits	8,754,270.	4,903,440.	3,598,611.	252,219.
10 Payroll taxes	2,838,389.	2,206,979.	468,298.	163,112.
11 Fees for services (nonemployees):				
a Management				
b Legal	705,928.	17,650.	687,378.	900.
c Accounting	224,641.		224,641.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	665,800.		665,800.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	4,362,289.	2,798,835.	1,520,322.	43,132.
12 Advertising and promotion	57,414.	41,492.	15,798.	124.
13 Office expenses	2,682,644.	1,165,121.	1,387,487.	130,036.
14 Information technology	2,097,882.	1,176,036.	747,547.	174,299.
15 Royalties				
16 Occupancy	4,737,199.	2,070,906.	2,664,463.	1,830.
17 Travel	1,465,693.	1,300,176.	89,289.	76,228.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,240,153.	927,621.	243,246.	69,286.
20 Interest	6,431,455.	6,054,572.	376,883.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	8,842,645.	8,324,466.	518,179.	
23 Insurance	890,761.	650,888.	239,873.	
24 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 O.)				
a <b>SUPPLIES</b>	2,185,736.	1,256,543.	917,032.	12,161.
b <b>STUDY ABROAD EXPENSES</b>	1,884,203.	1,884,203.		
c <b>DINING SERVICES - FOOD</b>	1,743,076.	1,743,076.		
d <b>LIBRARY</b>	1,500,418.	1,500,418.		
e All other expenses	2,433,427.	9,784,735.	-7,456,906.	105,598.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>140,563,216.</b>	<b>120,316,248.</b>	<b>16,158,367.</b>	<b>4,088,601.</b>
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	8,156,417.	<b>1</b>	3,794,577.
	<b>2</b> Savings and temporary cash investments .....	10,188,027.	<b>2</b>	16,987,408.
	<b>3</b> Pledges and grants receivable, net .....	12,295,554.	<b>3</b>	8,675,429.
	<b>4</b> Accounts receivable, net .....	3,542,485.	<b>4</b>	4,377,316.
	<b>5</b> Loans and other receivables from 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 .....	246,662.	<b>5</b>	233,840.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	693,109.	<b>7</b>	1,217,082.
	<b>8</b> Inventories for sale or use .....	578,551.	<b>8</b>	49,198.
	<b>9</b> Prepaid expenses and deferred charges .....	676,138.	<b>9</b>	759,032.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 357,818,347.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 168,620,212.	185,537,607.	<b>10c</b> 189,198,135.
	<b>11</b> Investments - publicly traded securities .....	184,631,572.	<b>11</b>	132,080,374.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	368,293,537.	<b>12</b>	394,599,189.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	106,174.	<b>15</b>	110,122.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	774,945,833.	<b>16</b>	752,081,702.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	7,714,944.	<b>17</b>	8,413,440.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	1,549,686.	<b>19</b>	2,750,841.
	<b>20</b> Tax-exempt bond liabilities .....	146,314,073.	<b>20</b>	144,874,058.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	15,603,442.	<b>25</b>	20,352,533.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	171,182,145.	<b>26</b>	176,390,872.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	154,771,827.	<b>27</b>	160,764,056.
	<b>28</b> Net assets with donor restrictions .....	448,991,861.	<b>28</b>	414,926,774.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	603,763,688.	<b>32</b>	575,690,830.
	<b>33</b> Total liabilities and net assets/fund balances .....	774,945,833.	<b>33</b>	752,081,702.

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	138,771,193.
2	Total expenses (must equal Part IX, column (A), line 25)	2	140,563,216.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,792,023.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	603,763,688.
5	Net unrealized gains (losses) on investments	5	-21,420,443.
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	-4,860,392.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	575,690,830.

**Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	X	

Form 990 (2019)

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public Inspection

Name of the organization **CORPORATION OF HAVERFORD COLLEGE** Employer identification number **23-6002304**

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	31941484.	30401725.	35893537.	24190117.	22218402.	144645265
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	31941484.	30401725.	35893537.	24190117.	22218402.	144645265
<b>5</b> 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) .....						23706717.
<b>6 Public support.</b> Subtract line 5 from line 4.						120938548

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4 .....	31941484.	30401725.	35893537.	24190117.	22218402.	144645265
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	5869751.	3445467.	5645416.	7426167.	7711217.	30098018.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....		90,366.	277,951.	15,619.	12,694.	396,630.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....		4,654.			18,225.	22,879.
<b>11 Total support.</b> Add lines 7 through 10						175162792
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12 470,687,378.	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	69.04 %
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 .....	<b>15</b>	67.73 %
<b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>



**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> 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? <i>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.</i>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>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).</i>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019			
<b>a</b> From 2014			
<b>b</b> From 2015			
<b>c</b> From 2016			
<b>d</b> From 2017			
<b>e</b> From 2018			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015			
<b>b</b> Excess from 2016			
<b>c</b> Excess from 2017			
<b>d</b> Excess from 2018			
<b>e</b> Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

**SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:**

**OTHER REVENUE**

2016 AMOUNT: \$ 4,654.

**FUNDRAISING REVENUE**

2019 AMOUNT: \$ 18,225.

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....			
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....			
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....			
<b>d</b> Other exempt purpose expenditures .....			
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....			
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.			
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....			
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....			
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....			
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes	<input type="checkbox"/> No

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> 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:			
<b>a</b> Volunteers? .....		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....		X	
<b>e</b> Publications, or published or broadcast statements? .....		X	
<b>f</b> Grants to other organizations for lobbying purposes? .....		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		X	
<b>i</b> Other activities? .....	X		0.
<b>j</b> Total. Add lines 1c through 1i .....			0.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	2	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? .....	3	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members .....	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	2a	
<b>b</b> Carryover from last year .....	2b	
<b>c</b> Total .....	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	3	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? .....	4	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions) .....	5	

**Part IV Supplemental Information**

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

**PART II-B, LINE 1, LOBBYING ACTIVITIES:**

HAVERFORD PAYS MEMBERSHIP DUES TO NATIONAL ASSOCIATION OF INDEPENDENT COLLEGES AND UNIVERSITIES (NAICU) AND NATIONAL ASSOCIATION OF COLLEGE AND UNIVERSITY BUSINESS OFFICERS (NACUBO); THESE MEMBERSHIP ORGANIZATIONS MAY ENGAGE IN LOBBYING ACTIVITIES TO SUPPORT THE HIGHER EDUCATION INDUSTRY, AS SUCH A PORTION OF THE DUES MAY BE ATTRIBUTABLE



**Part IV** Supplemental Information *(continued)*

TO LOBBYING ACTIVITIES. HAVERFORD HAS NO DIRECT LOBBYING ACTIVITY OR  
ANY CONTROL OVER THE LOBBYING ACTIVITIES PERFORMED BY THESE MEMBERSHIP  
ORGANIZATIONS.

Multiple horizontal lines for supplemental information.

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization **CORPORATION OF HAVERFORD COLLEGE** Employer identification number **23-6002304**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....	2	
2 Aggregate value of contributions to (during year) .....	0.	
3 Aggregate value of grants from (during year) .....	100,000.	
4 Aggregate value at end of year .....	219,201.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....	▶ \$	82,885.
(ii) Assets included in Form 990, Part X .....	▶ \$	5,739,063.

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....	▶ \$	_____
b Assets included in Form 990, Part X .....	▶ \$	_____

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

Schedule D (Form 990) 2019

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 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):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 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?  Yes  No

**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 on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount     |
|---------------------------------|------------|
| c Beginning balance             | 1,044,917. |
| d Additions during the year     | 1,081,396. |
| e Distributions during the year | 1,044,917. |
| f Ending balance                | 1,081,396. |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	526,881,390.	518,885,600.	501,738,232.	462,416,786.	483,411,952.
b Contributions	9,740,486.	6,173,080.	5,554,094.	9,072,007.	16,591,492.
c Net investment earnings, gains, and losses	-5,944,382.	28,355,450.	38,155,611.	53,313,849.	-18,222,620.
d Grants or scholarships	6,297,088.	6,093,045.	5,867,296.	5,558,400.	5,115,752.
e Other expenditures for facilities and programs	19,659,148.	19,325,027.	19,404,746.	16,321,658.	13,081,280.
f Administrative expenses	1,284,301.	1,114,668.	1,290,295.	1,184,352.	1,167,006.
g End of year balance	503,436,957.	526,881,390.	518,885,600.	501,738,232.	462,416,786.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  25.18 %
  - b Permanent endowment  55.52 %
  - c Term endowment  19.30 %
- 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 by:
- |   | Yes                      | No                                  |
|---|--------------------------|-------------------------------------|
| (i) Unrelated organizations   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
- 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		720,688.		720,688.
b Buildings		238,364,322.	97,088,690.	141,275,632.
c Leasehold improvements				
d Equipment		37,123,335.	27,992,099.	9,131,236.
e Other		81,610,002.	43,539,423.	38,070,579.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>189,198,135.</b>

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other		
(A) EQUITY AND FIXED INCOME		
(B) FUNDS	212,527,559.	END-OF-YEAR MARKET VALUE
(C) PRIVATE EQUITY	55,793,831.	END-OF-YEAR MARKET VALUE
(D) HEDGE AND REAL ESTATE		
(E) FUNDS	111,314,263.	END-OF-YEAR MARKET VALUE
(F) PLANNED GIVING AGREEMENTS	7,660,214.	END-OF-YEAR MARKET VALUE
(G) PERPETUAL TRUSTS	7,303,322.	END-OF-YEAR MARKET VALUE
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	<b>394,599,189.</b>	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FEDERAL STUDENT LOAN ADVANCES	105,407.
(3) INTEREST RATE SWAP LIABILITIES	13,883,709.
(4) LIABILITIES UNDER PLANNED GIVING	
(5) AGREEMENTS	4,619,463.
(6) CONDITIONAL ASSET RETIREMENT	
(7) OBLIGATION	693,856.
(8) REFUNDABLE ADVANCE THORNE SCHOOL	355,072.
(9) FUNDS HELD IN CUSTODY OF OTHERS	622,799.
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<b>20,352,533.</b>

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 ...

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

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

1	Total revenue, gains, and other support per audited financial statements		1	81,228,452.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	-21,420,443.	
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d	-35,437,019.	
	e Add lines 2a through 2d	2e		-56,857,462.
3	Subtract line 2e from line 1		3	138,085,914.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	665,800.	
	b Other (Describe in Part XIII.)	4b	19,479.	
	c Add lines 4a and 4b	4c		685,279.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	138,771,193.

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

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

1	Total expenses and losses per audited financial statements		1	109,302,962.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a		
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d	600,029.	
	e Add lines 2a through 2d	2e		600,029.
3	Subtract line 2e from line 1		3	108,702,933.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	665,800.	
	b Other (Describe in Part XIII.)	4b	31,194,483.	
	c Add lines 4a and 4b	4c		31,860,283.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	140,563,216.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART III, LINE 4:**

SPECIAL COLLECTIONS OF ART AND HISTORICAL TREASURES SERVE TO ADVANCE SCHOLARSHIP AND TO FURTHER TEACHING, RESEARCH AND SERVICE. SPECIAL COLLECTIONS RANGE FROM QUAKER COLLECTIONS TO HAVERFORD ARCHIVES TO RARE MANUSCRIPTS TO FINE ART ASSETS. THE QUAKER COLLECTION CONSISTS OF MANUSCRIPTS AS WELL AS NUMEROUS PHOTOGRAPHS, WORKS OF ART, ARTIFACTS, FURNITURE AND FILMS. THE HAVERFORD ARCHIVES INCLUDE AMERICAN AND ENGLISH LITERATURE, HISTORY AND POLITICS. TODAY, THE COLLECTIONS OF FINE ART ENCOMPASSES THREE AREAS: MATERIAL IN SUPPORT OF THE COLLEGE CURRICULA, MATERIAL THAT DOCUMENTS HAVERFORD'S HISTORY, AND MATERIAL THAT DOCUMENTS THE HISTORY OF QUAKERISM.

**Part XIII** Supplemental Information *(continued)*

## PART IV, LINE 1B:

HAVERFORD IS THE TRUSTEE OF THE WILLIAM MAUL MEASEY TRUST. THE COLLEGE IS ENTITLED TO 60% OF THE GROSS INCOME OF THE TRUST AND INCLUDES 60% OF THE TRUST ASSETS IN ITS FINANCIAL STATEMENTS AND FORM 990. THE REMAINING 40% OF THE GROSS INCOME IS DISTRIBUTED TO SECONDARY SCHOOLS FOR STUDENT FINANCIAL AID. AS OF JUNE 30, 2020, 40% OF THE TRUST ASSETS (FMV) WAS \$56,264,067. THE 40% TRUST INCOME DISTRIBUTED TO THE SCHOOLS IS REPORTED IN PART IV, LINE 1E. THE SECONDARY SCHOOLS THAT RECEIVE TRUST INCOME ARE GEORGE SCHOOL, WESTTOWN SCHOOL, SCATTERGOOD FRIENDS AND OLNEY FRIENDS.

## PART V, LINE 4:

HAVERFORD SPENDS A PRUDENT AMOUNT OF ITS ENDOWMENT INCOME ANNUALLY TO SUPPORT THE EDUCATIONAL MISSION OF THE COLLEGE IN ACCORDANCE WITH DONOR RESTRICTIONS AND INTERNAL DESIGNATIONS. THE ENDOWMENT RESTRICTED DONOR DESIGNATIONS INCLUDE SCHOLARSHIPS, INSTRUCTIONAL PURPOSES, PROFESSORSHIPS, LIBRARY, RESEARCH, AND GENERAL EDUCATIONAL PURPOSES.

## PART X, LINE 2:

THE FINANCIAL STATEMENT EFFECTS OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN ARE RECOGNIZED IN THE FINANCIAL STATEMENTS WHEN IT IS MORE LIKELY THAN NOT, BASED ON TECHNICAL MERITS, THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION. INTEREST AND PENALTIES, IF ANY, ARE INCLUDED IN EXPENSES IN THE STATEMENT OF ACTIVITIES. AS OF JUNE 30, 2020 AND 2019, THE COLLEGE HAD NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

THE COLLEGE FILES INFORMATION TAX RETURNS IN THE UNITED STATES OF AMERICA AND VARIOUS STATES. THE COLLEGE IS GENERALLY NO LONGER SUBJECT TO FEDERAL

**Part XIII** Supplemental Information (continued)

AND STATE TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2017.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RESIDUAL INCOME FROM LIFE INCOME MATURITIES	769.
NET LOSS FROM CHANGE IN FAIR VALUE OF INTEREST RATE SWAP	-4,616,233.
CHANGE IN VALUE OF LIFE INCOME	138,333.
NEW LIFE INCOME GIFT LIABILITY	-385,219.
FINANCIAL AID EXPENSES NETTED AGAINST REVENUE ON FINANCIAL STATEMENTS	-30,574,669.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-35,437,019.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DIRECT SPECIAL EVENT EXPENSES	-10,000.
BOOKSTORE DIRECT EXPENSES	-590,029.
OTHER INVESTMENT EXPENSES	618,501.
DISREGARDED ENTITY REVENUE NOT CONSOLIDATED IN FINANCIAL STATEMENTS	1,007.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	19,479.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

BOOKSTORE DIRECT EXPENSES	590,029.
DIRECT SPECIAL EVENT EXPENSE	10,000.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	600,029.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

FINANCIAL AID EXPENSES NETTED AGAINST REVENUE ON FINANCIAL STATEMENTS	30,574,669.
DISREGARDED ENTITY EXPENSES NOT CONSOLIDATED IN FINANCIAL STATEMENTS	

**Part XIII** Supplemental Information *(continued)*

STATEMENTS 1,313.

OTHER INVESTMENT EXPENSES 618,501.

TOTAL TO SCHEDULE D, PART XII, LINE 4B 31,194,483.

Multiple horizontal lines for supplemental information.





**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Open to Public Inspection

Name of the organization **CORPORATION OF HAVERFORD COLLEGE** Employer identification number **23-6002304**

**Part I**

	YES	NO
1 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? .....	X	
2 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?	X	
3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II .....	X	
<b>SUCH A POLICY IS POSTED ON HAVERFORD'S WEBSITE AS WELL AS PUBLISHED IN HAVERFORD'S CATALOG AND OTHER ADMISSIONS LITERATURE. ALSO, THE POLICY IS PUBLISHED IN NEWSPAPERS AND/OR THE INTERNET WHEN ADVERTISING FOR EMPLOYMENT.</b>		
4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff? .....	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....	X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....	X	
d Copies of all material used by the organization or on its behalf to solicit contributions? .....	X	
If you answered "No" to any of the above, please explain. If you need more space, use Part II.		
5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges? .....		X
b Admissions policies? .....		X
c Employment of faculty or administrative staff? .....		X
d Scholarships or other financial assistance? .....		X
e Educational policies? .....		X
f Use of facilities? .....		X
g Athletic programs? .....		X
h Other extracurricular activities? .....		X
If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		
6a Does the organization receive any financial aid or assistance from a governmental agency? .....	X	
b Has the organization's right to such aid ever been revoked or suspended? .....		X
If you answered "Yes" on either line 6a or line 6b, explain on Part II.		
7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II .....	X	

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

Schedule E (Form 990 or 990-EZ) 2019

**Part II Supplemental Information.** Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable.

Also provide any other additional information.

**LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:**

FEDERAL WORK STUDY \$107,740, FEDERAL SUPPLEMENTAL OPPORTUNITY GRANT

(FSEOG) \$191,870, CARES ACT, HIGHER EDUCATION EMERGENCY RELIEF FUND

(STUDENT AID PORTION) \$437,220, CARES ACT, HIGHER EDUCATION EMERGENCY

RELIEF FUND (INSTITUTIONAL PORTION) \$436,583, PELL GRANT \$1,047,137,

PHEAA-FWS MATCH \$12,595, PHEAA INSTITUTIONAL ASSISTANCE GRANT (IAG)

\$26,220.

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

Employer identification number

CORPORATION OF HAVERFORD COLLEGE

23-6002304

**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 records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTS TO RECIPIENTS		34,269.
EAST ASIA AND THE PACIFIC	0	0	GRANTS TO RECIPIENTS		157,546.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTS TO RECIPIENTS		1,032,185.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS TO RECIPIENTS		57,033.
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS		33,193.
SOUTH ASIA	0	0	GRANTS TO RECIPIENTS		2,300.
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS		3,900.
CENTRAL AMERICA AND THE CARIBBEAN	0	4	PROGRAM SERVICES	PROFESSIONAL SERVICES	8,045.
<b>3 a Subtotal</b> .....	0	4			1,328,471.
<b>b Total from continuation sheets to Part I</b> .....	0	14			30,383,595.
<b>c Totals</b> (add lines 3a and 3b) .....	0	18			31,712,066.

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

Schedule F (Form 990) 2019

**Part I** Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EAST ASIA AND THE PACIFIC	0	2	PROGRAM SERVICES	PROFESSIONAL SERVICES	6,200.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	6	PROGRAM SERVICES	PROFESSIONAL SERVICES	24,222.
NORTH AMERICA	0	2	PROGRAM SERVICES	PROFESSIONAL SERVICES	6,000.
SOUTH AMERICA	0	2	PROGRAM SERVICES	PROFESSIONAL SERVICES	3,500.
SUB-SAHARAN AFRICA	0	2	PROGRAM SERVICES	PROFESSIONAL SERVICES	1,050.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	PROGRAM TRAVEL	27,384.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	PROGRAM TRAVEL	28,441.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	PROGRAM TRAVEL	196,248.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	PROGRAM TRAVEL	11,634.
NORTH AMERICA	0	0	PROGRAM SERVICES	PROGRAM TRAVEL	69,566.
<b>Totals</b> .....					

**Part I** Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH AMERICA	0	0	PROGRAM SERVICES	PROGRAM TRAVEL	6,084.
SOUTH ASIA	0	0	PROGRAM SERVICES	PROGRAM TRAVEL	14,424.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	PROGRAM TRAVEL	9,245.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	STUDY ABROAD PROGRAM FEES	44,206.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	STUDY ABROAD PROGRAM FEES	389,075.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	FUNDRAISING		5,738.
NORTH AMERICA	0	0	FUNDRAISING		3,638.
SOUTH ASIA	0	0	FUNDRAISING		126.
SUB-SAHARAN AFRICA	0	0	FUNDRAISING		2,459.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	INVESTMENTS		972,155.
<b>Totals</b> .....					

**Part I** Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA	0	0	INVESTMENTS		1,212,878.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		27,321,978.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	INTERNSHIPS	14,000.
NORTH AMERICA	0	0	PROGRAM SERVICES	INTERNSHIPS	4,500.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	INTERNSHIPS	4,470.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	INTERNSHIPS	374.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	INTERNSHIPS	4,000.
<b>Totals</b> .....		14			30,383,595.





**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
HAVERFORD COLLEGE SCHOLARSHIPS	CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	1	0.		34,269.	TUITION REDUCTION	FMV
HAVERFORD COLLEGE SCHOLARSHIPS	EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	6	0.		151,796.	TUITION REDUCTION	FMV
HAVERFORD COLLEGE SCHOLARSHIPS	EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	40	0.		1025287.	TUITION REDUCTION	FMV
HAVERFORD COLLEGE SCHOLARSHIPS	MIDDLE EAST AND NORTH AFRICA - ALGERIA, SAUDI ARABIA, DJIBOUTI, EGYPT,	2	0.		56,183.	TUITION REDUCTION	FMV
HAVERFORD COLLEGE SCHOLARSHIPS	SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	1	0.		33,193.	TUITION REDUCTION	FMV
RESEARCH STIPENDS	EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	3	5,750.	CHECK	0.		
RESEARCH STIPENDS	EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	2	6,898.	CHECK	0.		
RESEARCH STIPENDS	MIDDLE EAST AND NORTH AFRICA - ALGERIA, SAUDI ARABIA, DJIBOUTI, EGYPT,	1	850.	CHECK	0.		
RESEARCH STIPENDS	EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	1	2,300.	CHECK	0.		



**Part IV Foreign Forms**

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

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

**PART I, LINE 2:**

UPON REQUEST, QUALIFIED STUDENTS IN GOOD ACADEMIC AND DISCIPLINARY STANDING MAY BE GRANTED PERMISSION TO SPEND A SEMESTER OR YEAR STUDYING ABROAD. HAVERFORD COLLEGE SCHOLARSHIPS ARE BASED SOLELY ON NEED. HAVERFORD DOES NOT AWARD ANY GRANT AID BASED ON MERIT. APPLICANTS CAN BE ASKED TO FILE THE COLLEGE BOARD PROFILE AND THE FAFSA. IF ELIGIBLE FOR FEDERAL AID, PARENT AND STUDENT PERSONAL AND BUSINESS TAX RETURNS MUST BE PROVIDED. STUDENTS MAY APPEAL AWARD DECISIONS TO THE FINANCIAL AID COMMITTEE INCLUDING THE VICE PRESIDENT AND DEAN OF ADMISSION AND FINANCIAL AID, THE DEAN OF THE COLLEGE, AND THE SENIOR VICE PRESIDENT FOR ADMINISTRATION AND FINANCE. HAVERFORD COLLEGE SCHOLARSHIPS ARE CREDITED DIRECTLY TO THE STUDENT'S ACCOUNT FOR TUITION, ROOM AND BOARD, FEES, AND OTHER BILLED CHARGES.

RESEARCH STIPENDS ARE FELLOWSHIPS APPROVED BY A FACULTY MEMBER TO HELP DEFRAY EXPENSES WHILE A STUDENT PERFORMS INDEPENDENT RESEARCH TO GAIN A BENEFICIAL, EDUCATIONAL EXPERIENCE. FUNDING IS PROCESSED THROUGH ACCOUNTS PAYABLE AND ISSUED AS A CHECK OR DIRECT DEPOSIT.



**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		<b>GOLF OUTING</b> (event type)	(event type)	<b>NONE</b> (total number)	
Revenue	<b>1</b> Gross receipts .....	18,225.			18,225.
	<b>2</b> Less: Contributions .....				
	<b>3</b> Gross income (line 1 minus line 2) .....	18,225.			18,225.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....	900.			900.
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....	9,100.			9,100.
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....				
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				10,000.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				8,225.	

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue .....				
	<b>2</b> Cash prizes .....				
Direct Expenses	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				
	<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) .....				

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
**b** If "Yes," explain: \_\_\_\_\_







**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](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization **CORPORATION OF HAVERFORD COLLEGE** Employer identification number **23-6002304**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK - 615 WEST 131ST STREET - NEW YORK, NY 10027	13-5598093	501(C)(3)	15,368.	0.			RESEARCH- NASA SUBAWARD
BRYN MAWR THEATRE FILM INSTITUTE 824 WEST LANCASTER AVENUE BRYN MAWR, PA 19010	04-3682610	501(C)(3)	5,000.	0.			COMMUNITY PARTNERSHIP PLEDGE
CAMPUS PHILLY 2 PENN CENTER, 1500 JFK BLVD PHILADELPHIA, PA 19102	20-1518941	501(C)(3)	7,500.	0.			HIGHER EDUCATION PARTNERSHIP
FOUNDATION FOR COMMUNITY SERVICE, C/O THE SHIPLEY SCHOOL - 814 YARROW STREET - BRYN MAWR, PA 19010	23-2844309	501(C)(3)	7,500.	0.			ANNUAL SUPPORT

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **4.**

**3** Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) (2019)

**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 recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
HAVERFORD COLLEGE SCHOLARSHIPS	582	0.	29,077,471.	FMV	TUITION REDUCTION
FEDERAL SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANTS	101	191,870.	0.		
BECKMAN SCHOLARS PROGRAM	1	0.	4,600.	FMV	TUITION REDUCTION
HIGHER EDUCATION EMERGENCY RELIEF FUND - STUDENT AID	412	433,520.	0.		
INSTITUTIONAL AID TO STUDENTS DUE TO CAMPUS EMERGENCY	178	147,608.	0.		

**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:**

GRANTS AND OTHER ASSISTANCE TO DOMESTIC ORGANIZATIONS AND DOMESTIC

GOVERNMENTS:

AWARDS TO SUB RECIPIENTS ARE ISSUED IN ACCORDANCE WITH COLLEGE ACCOUNTING

AND BUSINESS POLICIES AND PROVISIONS UNDER UNIFORM GUIDANCE.

GRANTS AND OTHER ASSISTANCE TO DOMESTIC INDIVIDUALS:

**Part III** Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
RESEARCH STIPENDS	253.	560,112.	0.		
STUDENT EMERGENCY FUNDING	278.	325,426.	0.		
CHESICK SCHOLARS FUNDING	21.	55,132.	0.		
STUDENT LOAN DEBT RELIEF	12.	15,450.	0.		

**Part IV Supplemental Information**

HAVERFORD COLLEGE SCHOLARSHIPS ARE BASED SOLELY ON NEED. HAVERFORD DOES NOT AWARD ANY GRANT AID BASED ON MERIT. APPLICANTS CAN BE ASKED TO FILE THE COLLEGE BOARD PROFILE AND THE FAFSA. IF ELIGIBLE FOR FEDERAL AID, PARENT AND STUDENT PERSONAL AND BUSINESS TAX RETURNS MUST BE PROVIDED. STUDENTS MAY APPEAL AWARD DECISIONS TO THE FINANCIAL AID COMMITTEE INCLUDING THE VICE PRESIDENT AND DEAN OF ADMISSION AND FINANCIAL AID, THE DEAN OF THE COLLEGE, AND THE SENIOR VICE PRESIDENT FOR ADMINISTRATION AND FINANCE. HAVERFORD COLLEGE SCHOLARSHIPS ARE CREDITED DIRECTLY TO THE STUDENT'S ACCOUNT FOR TUITION, ROOM AND BOARD, FEES, AND OTHER BILLED CHARGES.

SUPPLEMENTAL EDUCATION OPPORTUNITY GRANTS (SEOG) ARE AWARDED BASED ON FAMILY CONTRIBUTION. ELIGIBILITY IS DETERMINED BY THE FAFSA AND REGULATIONS DETERMINED BY THE U.S. DEPARTMENT OF EDUCATION. PER THE DEPARTMENT OF EDUCATION REGULATIONS, STUDENTS WHO RECEIVE PELL GRANTS MUST BE PROVIDED SEOG FUNDS FIRST. IF THE STUDENT IS SELECTED TO RECEIVE THESE AWARDS, OTHER VERIFICATION FORMS MAY BE REQUIRED INCLUDING THE VERIFICATION STATEMENT, PARENT AND STUDENT TAX RETURNS, AND NON-TAX FILER STATEMENTS. SEOG AWARDS ARE CREDITED DIRECTLY TO THE STUDENT'S ACCOUNT FOR TUITION, ROOM AND BOARD, AND OTHER BILLED CHARGES. SEOG AWARDS ARE AUDITED ANNUALLY BY THE COLLEGE'S OUTSIDE AUDITORS IN CONJUNCTION WITH THE SINGLE AUDIT.

THE BECKMAN SCHOLARS PROGRAM IS SPONSORED BY THE ARNOLD AND MABEL BECKMAN FOUNDATION. STUDENTS MUST APPLY AND BE SELECTED TO RECEIVE THE AWARD WHICH INCLUDES AN ACADEMIC YEAR SCHOLARSHIP OF \$4,600 THAT IS CREDITED DIRECTLY TO THE STUDENT'S ACCOUNT FOR TUITION, ROOM AND BOARD, AND OTHER BILLED CHARGES.

STUDENT AID FROM THE HIGHER EDUCATION EMERGENCY RELIEF FUND (HEERF) WAS

**Part IV Supplemental Information**

ISSUED TO TITLE IV ELIGIBLE STUDENTS BASED ON THEIR LEVEL OF EXPECTED FAMILY CONTRIBUTION (EFC) WITHIN A SERIES OF SIX EFC BANDS. STUDENTS RECEIVED AN EMAIL NOTIFYING THEM OF THEIR ELIGIBILITY AND WERE INSTRUCTED TO REPLY IF THEY HAD NOT INCURRED ANY EXPENSES RELATED TO THE DISRUPTION OF ON-CAMPUS OPERATIONS DUE TO COVID-19. THE STUDENTS THAT DID NOT INCUR ANY EXPENSES RELATED TO THE DISRUPTION OF ON-CAMPUS OPERATIONS DUE TO COVID-19 WERE NOT ISSUED GRANTS; HEERF GRANTS WERE CREDITED DIRECTLY TO THE STUDENT ACCOUNT FOR ALL ELIGIBLE STUDENTS AND THEN ISSUED AS A CHECK OR DIRECT DEPOSIT.

RESEARCH STIPENDS ARE FELLOWSHIPS APPROVED BY A FACULTY MEMBER TO HELP DEFRAY EXPENSES WHILE A STUDENT PERFORMS INDEPENDENT RESEARCH TO GAIN A BENEFICIAL, EDUCATIONAL EXPERIENCE. FUNDING IS PROCESSED THROUGH ACCOUNTS PAYABLE AND ISSUED AS A CHECK OR DIRECT DEPOSIT.

EMERGENCY FUNDING FOR STUDENTS IS PROVIDED BY THE LIFTFAR (LOW-INCOME AND FIRST-IN-THEIR-FAMILY ASSISTANCE AND RESOURCES) PROGRAM. STUDENTS THAT HAVE BELOW A CERTAIN EXPECTED FAMILY CONTRIBUTION (EFC) ARE ELIGIBLE TO APPLY AND ARE NOTIFIED BY EMAIL AT THE BEGINNING OF EACH SEMESTER. FUNDING IS ONLY AVAILABLE FOR CURRENT STUDENTS DURING THE ACADEMIC YEAR AND IS PROCESSED THROUGH ACCOUNTS PAYABLE AND ISSUED AS A CHECK OR DIRECT DEPOSIT.

THE JOHN P. CHESICK SCHOLARS PROGRAM IS A FOUR-YEAR ACADEMIC LEADERSHIP AND MENTORING PROGRAM FOR HAVERFORD STUDENTS FROM BACKGROUNDS THAT ARE UNDER-REPRESENTED IN ACADEMIA. STUDENTS SELECTED TO BE IN THIS PROGRAM RECEIVE GRANTS TO PARTICIPATE IN THE EDUCATIONALLY FOCUSED CHESICK SUMMER INSTITUTE AND THE CHESICK SUMMER EXPERIENCE. FUNDING IS PROCESSED THROUGH ACCOUNTS PAYABLE AND ISSUED AS A CHECK OR DIRECT DEPOSIT.



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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](http://www.irs.gov/Form990) for instructions and the latest information.

**2019**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization: **CORPORATION OF HAVERFORD COLLEGE**  
 Employer identification number: **23-6002304**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- First-class or charter travel
- Housing allowance or residence for personal use
- Travel for companions
- Payments for business use of personal residence
- Tax indemnification and gross-up payments
- Health or social club dues or initiation fees
- Discretionary spending account
- 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

**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?

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- Compensation committee
- Written employment contract
- Independent compensation consultant
- Compensation survey or study
- Form 990 of other organizations
- Approval by the board or compensation committee

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
  - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
  - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**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:

- a** The organization?
  - b** Any related organization?
- 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:

- a** The organization?
  - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

**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

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>	X	
<b>9</b>	X	

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

Schedule J (Form 990) 2019

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that 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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) WENDY RAYMOND PRESIDENT	(i)	250,980.	0.	59,750.	28,550.	38,995.	378,275.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MITCHELL L. WEIN SR. VP ADMIN/FINANCE, TREASURER	(i)	353,004.	0.	0.	40,468.	28,501.	421,973.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MICHAEL H. CASEL CHIEF INVEST OFFICER, ASST TREASURER	(i)	301,305.	0.	0.	35,122.	31,282.	367,709.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ANN FIGUEREDO VP INST ADVANCEMENT, ASST SECRETARY	(i)	249,636.	0.	0.	29,454.	31,269.	310,359.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JESSE H. LYTLE VP/CHIEF OF STAFF, ASST SECRETARY	(i)	149,307.	0.	0.	18,402.	28,739.	196,448.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DEBORAH FULLAM ASSOCIATE VP, ASST TREASURER	(i)	158,492.	0.	0.	18,875.	11,920.	189,287.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) TERRI ALBERTSON AVP FINANCE, CONTROLLER, ASST TREAS	(i)	159,212.	0.	0.	18,958.	25,966.	204,136.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JESS H. LORD VP/DEAN OF ADMISSIONS/FINANCIAL AID	(i)	203,556.	0.	0.	23,765.	25,485.	252,806.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) FRANCES ROSE BLASE PROVOST	(i)	191,514.	0.	3,000.	22,067.	29,336.	245,917.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) MEGAN E. FITCH CHIEF INFORMATION OFFICER	(i)	187,009.	0.	0.	21,912.	11,097.	220,018.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) MARTHA DENNEY DEAN OF COLLEGE	(i)	173,920.	0.	9,150.	20,966.	36,929.	240,965.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) DONALD B CAMPBELL, JR. DIRECTOR OF FACILITIES MANAGEMENT	(i)	156,625.	0.	1,500.	18,229.	1,287.	177,641.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) ASHOK GANGADEAN PROFESSOR	(i)	171,272.	0.	0.	20,097.	18,096.	209,465.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) RICHARD FREEDMAN PROFESSOR	(i)	172,080.	0.	0.	20,450.	35,140.	227,670.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) ANNE PRESTON PROFESSOR	(i)	153,662.	0.	17,255.	18,738.	21,731.	211,386.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) LINDA GERSTEIN PROFESSOR	(i)	177,521.	0.	0.	20,727.	9,107.	207,355.	0.
	(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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) PAUL SMITH PROFESSOR	(i)	152,607.	0.	15,412.	19,221.	16,550.	203,790.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) KIMBERLY BENSTON FORMER PRESIDENT	(i)	337,932.	0.	9,079.	39,145.	46,130.	432,286.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

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

**PART I, LINE 1A:**

NON-TAXABLE HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE: AS A CONDITION OF EMPLOYMENT, FORMER PRESIDENT KIMBERLY BENSTON RESIDED ON CAMPUS FREE OF RENT, CURRENT PRESIDENT WENDY RAYMOND RESIDES ON CAMPUS FREE OF RENT, DEAN OF THE COLLEGE, MARTHA DENNEY, AND PROFESSORS, PAUL SMITH AND RICHARD FREEDMAN, RESIDE ON THE COLLEGE'S CAMPUS AT A SUBSIDIZED RENT.

PERSONAL SERVICES - MAID: CLEANING OF THE PERSONAL SPACE IN THE FORMER PRESIDENT'S AND CURRENT PRESIDENT'S HOUSE WAS DONE BY A COLLEGE EMPLOYEE AND THE AMOUNT WAS INCLUDED AS TAXABLE INCOME ON THE PRESIDENT'S W-2.

SOCIAL CLUB DUES: THE SOCIAL CLUB DUES OF THE PRESIDENT ARE PAID BY THE COLLEGE AND INCLUDED AS TAXABLE INCOME ON THE PRESIDENT'S W-2.

THE FORMER PRESIDENT AND CURRENT PRESIDENT RECEIVED GROSS UP PAYMENTS FOR THE TAXABLE PORTION OF HOUSEKEEPING AND SOCIAL CLUB DUES.

**PART I, LINE 8:**

PRESIDENT WENDY RAYMOND JOINED HAVERFORD COLLEGE EFFECTIVE JULY 1, 2019 AND

**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.

RECEIVED COMPENSATION IN CALENDAR YEAR 2019 PURSUANT TO AN EMPLOYMENT  
 AGREEMENT. COMPENSATION REPORTED BY THE COLLEGE IN FORM 990, PART VII  
 INCLUDES PAYMENTS OF BASE COMPENSATION, MOVING EXPENSES AND OTHER AGREED  
 UPON BENEFITS COVERED BY THE INITIAL CONTRACT EXCEPTION DESCRIBED IN REG.  
 53.4958-4(A)(3).

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization  
**CORPORATION OF HAVERFORD COLLEGE**

Employer identification number  
**23-6002304**

<b>Part I Bond Issues</b>											
<b>SEE PART VI FOR COLUMN (F) CONTINUATIONS</b>											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
<b>A</b> DELAWARE COUNTY AUTHORITY	23-1973437	246003NJ2	02/28/17	110381164.	REFUND PORTION 2008 BONDS, 2010		X		X		X
<b>B</b> DELAWARE COUNTY AUTHORITY	23-1973437	NONEAVAIL	02/28/17	29845000.	PART REFUND 2008 BONDS: RENOVATION		X		X		X
<b>C</b> DELAWARE COUNTY AUTHORITY	23-1973437	246003PH4	03/24/20	9,125,000.	REFUND OF 2010 BONDS		X		X		X
<b>D</b>											

<b>Part II Proceeds</b>										
	A		B		C		D			
<b>1</b> Amount of bonds retired	3,519,567.									
<b>2</b> Amount of bonds legally defeased										
<b>3</b> Total proceeds of issue	110,381,164.		29,845,000.		9,125,000.					
<b>4</b> Gross proceeds in reserve funds			300,716.							
<b>5</b> Capitalized interest from proceeds										
<b>6</b> Proceeds in refunding escrows										
<b>7</b> Issuance costs from proceeds	734,217.		102,807.		170,000.					
<b>8</b> Credit enhancement from proceeds										
<b>9</b> Working capital expenditures from proceeds										
<b>10</b> Capital expenditures from proceeds			20,330,877.							
<b>11</b> Other spent proceeds	109,646,947.		6,702,192.		8,955,000.					
<b>12</b> Other unspent proceeds			2,408,408.							
<b>13</b> Year of substantial completion	2017		2020		2020					
	Yes	No	Yes	No	Yes	No	Yes	No		
<b>14</b> Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X		X		X					
<b>15</b> Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?	X			X		X				
<b>16</b> Has the final allocation of proceeds been made?	X		X		X					
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X					

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

<b>Part III Private Business Use</b>								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? .....		X		X		X		
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? .....		X		X		X		
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? .....		X		X		X		
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? .....		X		X		X		
<b>d</b> 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? .....								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government .....		.00 %		.00 %		.00 %		%
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government .....		.00 %		.00 %		.00 %		%
<b>6</b> Total of lines 4 and 5 .....		.00 %		.00 %		.00 %		%
<b>7</b> Does the bond issue meet the private security or payment test? .....		X		X		X		
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....		%		%		%		%
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? .....		X		X		X		

<b>Part IV Arbitrage</b>								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? .....		X		X		X		
<b>2</b> If "No" to line 1, did the following apply?								
<b>a</b> Rebate not due yet? .....		X		X	X			
<b>b</b> Exception to rebate? .....		X		X		X		
<b>c</b> No rebate due? .....	X		X			X		
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed .....								
<b>3</b> Is the bond issue a variable rate issue? .....		X	X			X		

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? .....		X		X		X		
<b>b</b> Name of provider .....								
<b>c</b> Term of hedge .....								
<b>d</b> Was the hedge superintegrated? .....								
<b>e</b> Was the hedge terminated? .....								
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)? .....		X		X		X		
<b>b</b> Name of provider .....								
<b>c</b> Term of GIC .....								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? .....								
<b>6</b> Were any gross proceeds invested beyond an available temporary period? .....		X	X			X		
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? .....	X		X		X			

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
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? .....	X		X		X			

**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: DELAWARE COUNTY AUTHORITY

(F) DESCRIPTION OF PURPOSE:  
REFUND PORTION 2008 BONDS, 2010 BONDS, ALL 2010A BONDS

(A) ISSUER NAME: DELAWARE COUNTY AUTHORITY

(F) DESCRIPTION OF PURPOSE:  
PART REFUND 2008 BONDS: RENOVATION OF SHARPLESS HALL, RYAN GYM/VCAM, DINING

**SCHEDULE K, PART IV, LINE 2C:**

DELAWARE COUNTY AUTHORITY - 02/28/2017 \$110,381,164 - ARBITRAGE  
CALCULATION WAS COMPLETED BY PFM DATED OCTOBER 7, 2020. THE REPORT INDICATED THAT THERE WAS NO LIABILITY FOR THE PERIOD FEBRUARY 28, 2017 TO OCTOBER 1, 2020.

**SCHEDULE K, PART IV, LINE 2C:**

DELAWARE COUNTY AUTHORITY - 02/28/2017 \$29,845,000 - ARBITRAGE  
CALCULATION WAS COMPLETED BY PFM DATED OCTOBER 28, 2020. THE REPORT INDICATED THAT THERE WAS NO LIABILITY FOR THE PERIOD FEBRUARY 28, 2017 TO OCTOBER 1, 2020.

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

**Transactions With Interested Persons**

OMB No. 1545-0047

**2019**

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **CORPORATION OF HAVERFORD COLLEGE** Employer identification number **23-6002304**

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
			Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
MICHAEL H. CASE	OFFICER	HOME MOR		X	300,000.	233,840.		X		X	X	
<b>Total</b> .....						▶ \$ 233,840.						

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

SEE PART V FOR CONTINUATIONS





**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

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](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization: **CORPORATION OF HAVERFORD COLLEGE** Employer identification number: **23-6002304**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	7	82,885.	APPRAISED VALUE
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		2,220.	OPINIONS OF EXPERTS
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	152	6,044,464.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement: **29** **2**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019

**Part II Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE FIGURE IN THIS COLUMN REPRESENTS THE NUMBER OF DONORS IN EACH CATEGORY.

Multiple horizontal lines for data entry.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

CORPORATION OF HAVERFORD COLLEGE

Employer identification number

23-6002304

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SMALL AND TO FOSTER A CLOSE STUDENT/FACULTY RELATIONSHIP TO ACHIEVE  
THESE OBJECTIVES. THE COLLEGE'S RIGOROUS ACADEMIC PROGRAM IS FLEXIBLE  
IN FORM AND CONTENT TO MEET THE NEEDS OF INDIVIDUAL STUDENTS, AND RESTS  
ON THE ASSUMPTION THAT THE ABLE STUDENTS WHO COME HERE WILL USE THEIR  
CAPABILITIES FULLY. HAVERFORD'S FACULTY IS NOTED FOR ITS STRENGTH IN  
BOTH SCHOLARSHIP AND TEACHING, AND ITS MEMBERS EXPECT TO TRANSMIT TO  
STUDENTS THEIR ENTHUSIASM AND HIGH STANDARDS. THE FACULTY MEMBERS ARE  
TEACHING AT AN UNDERGRADUATE COLLEGE OF ARTS AND SCIENCES BY CHOICE,  
AND THEY EXPECT TO LEARN, AS WELL AS TO TEACH, IN THIS CLOSE  
RELATIONSHIP WITH UNDERGRADUATES.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

GRADUATION. IN ADDITION, HAVERFORD COLLEGE GRADUATES EARNED A TOTAL OF  
426 DOCTORATES FOR THE 10 YEAR PERIOD (2008-2017), WHICH EQUATES TO A  
14.4% RATE OF DOCTORAL PRODUCTION. THIS RATE PLACES HAVERFORD COLLEGE  
7TH AMONG ALL LIBERAL ARTS COLLEGES FOR THIS TIME PERIOD.

FORM 990, PART V, LINE 1A:

THE TOTAL NUMBER REPORTED IN BOX 3 OF ALL 2019 FORM 1096 FILINGS IS  
2,470, THIS IS WHAT IS REPORTED ON FORM 990, PART V, LINE 1A. INCLUDED  
IN THIS TOTAL ARE 1,713 FORM 1098-T FILINGS.

FORM 990, PART VI, SECTION A, LINE 6:

HAVERFORD HAS ONE CLASS OF MEMBERS WHO MAY INCLUDE ANY MEMBER OF THE  
RELIGIOUS SOCIETY OF FRIENDS, ANYONE WHO HAS SERVED AS PRESIDENT OF

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

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

Name of the organization CORPORATION OF HAVERFORD COLLEGE	Employer identification number 23-6002304
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HAVERFORD OR AS A MEMBER OF THE BOARD OF MANAGERS FOR AT LEAST SIX CONSECUTIVE YEARS. IN ADDITION, THE PRESIDENT OF HAVERFORD, THE CLERK, THE ASSISTANT CLERK, AND THE SECRETARY OF HAVERFORD, AND FOUR MEMBERS OF THE BOARD OF MANAGERS NOMINATED BY THE BOARD OF MANAGERS SHALL BE MEMBERS OF HAVERFORD SO LONG AS THEY HOLD SUCH POSITIONS. HAVERFORD MAY PERMIT, IN EXCEPTIONAL CASES, PERSONS NOT MEMBERS OF A MONTHLY MEETING, YET GROUNDED IN THE FAITH AND PRACTICE OF FRIENDS, TO BE TREATED AS MEMBERS OF THE RELIGIOUS SOCIETY OF FRIENDS. THE MEMBERS SEEK, BY ADVICE AND EXAMPLE, TO STRENGTHEN AND ENRICH HAVERFORD'S QUAKER HERITAGE.

FORM 990, PART VI, SECTION A, LINE 7A:

THE MEMBERS FORMALLY ELECT ALL THE MEMBERS OF THE BOARD, INCLUDING THOSE NOMINATED BY HAVERFORD, BY THE BOARD AND BY THE ALUMNI ASSOCIATION.

FORM 990, PART VI, SECTION A, LINE 7B:

ANY AND ALL AMENDMENTS TO THE BYLAWS MUST BE APPROVED BY THE MEMBERS.

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

THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM AND THEN MANAGEMENT PROVIDES THE FORM 990 TO THE AUDIT & RISK MANAGEMENT COMMITTEE OF THE BOARD FOR REVIEW AND DISCUSSION PRIOR TO ITS FURTHER DISSEMINATION TO THE BOARD. THE FORM 990 IS MADE AVAILABLE TO THE FULL BOARD OF MANAGERS PRIOR TO ITS FILING. CONSISTENT WITH THE COLLEGE'S LONG STANDING COMMITMENT TO HONOR THE REQUESTS FROM THE DONORS THAT WISH TO PHILANTHROPICALLY SUPPORT THE COLLEGE ANONYMOUSLY, SCHEDULE B IS EXCLUDED, PRIOR TO DISTRIBUTION TO THE AUDIT & RISK MANAGEMENT COMMITTEE AND TO THE FULL BOARD. HOWEVER, 3 BOARD MEMBERS (THE CHAIR OF THE BOARD, THE VICE CHAIR OF THE BOARD, AND THE CHAIR OF THE AUDIT & RISK MANAGEMENT COMMITTEE) PLUS 3

Name of the organization CORPORATION OF HAVERFORD COLLEGE	Employer identification number 23-6002304
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OFFICERS (THE PRESIDENT, THE VICE PRESIDENT FOR INSTITUTIONAL ADVANCEMENT, THE SENIOR VICE PRESIDENT FOR ADMINISTRATION & FINANCE), WILL REVIEW THE ENTIRE FORM 990, INCLUDING AN UNREDACTED SCHEDULE B AND THEREBY SEE THE COMPLETE FORM 990, INCLUDING THE SCHEDULES. IN ADDITION, THE ASSISTANT VICE PRESIDENT FOR FINANCE & CONTROLLER REVIEWS THE ENTIRE FORM 990, IN THAT, SHE IS INTEGRAL TO THE PREPARATION OF THE FORM.

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

EACH YEAR A CONFLICT OF INTEREST QUESTIONNAIRE IS SENT ELECTRONICALLY TO BOARD MEMBERS, OFFICERS, AND KEY EMPLOYEES. THE PRESIDENT'S OFFICE TRACKS AND ENSURES COMPLIANCE WITH COMPLETING AND SUBMITTING THE CONFLICT OF INTEREST QUESTIONNAIRE. IN ADDITION, THE POLICY REQUIRES THAT POTENTIAL CONFLICTS BE REPORTED THROUGHOUT THE YEAR AS THEY ARISE AS WELL AS FOR PERIODIC REVIEWS TO IDENTIFY POTENTIAL CONFLICTS. THE BOARD OF DIRECTORS MAKES THE DETERMINATION AS TO WHETHER A CONFLICT OF INTEREST EXISTS OR NOT. IF A CONFLICT WERE TO ARISE, AN INTERESTED PERSON MAY MAKE A PRESENTATION AT THE BOARD OR COMMITTEE MEETING FOR INVESTIGATION AND RESOLUTION. AFTER THE PRESENTATION, THE INTERESTED PERSON WOULD REMOVE THEMSELVES FROM THE MEETING DURING THE FINAL DELIBERATIONS AND VOTE.

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

THE PRESIDENT'S COMPENSATION IS TYPICALLY DETERMINED AFTER AN ANNUAL REVIEW BY THE BOARD'S COMMITTEE ON PRESIDENTIAL COMPENSATION AND REVIEW. THE REVIEW, ALONG WITH PRIVATE COLLEGE EXECUTIVE COMPENSATION SURVEYS, HELP DETERMINE THE PRESIDENT'S SALARY. THE PRESIDENTIAL REVIEW COMMITTEE REPORTS ON THESE PROCEDURES TO THE BOARD IN EXECUTIVE SESSION. THE DELIBERATION AND FINAL DETERMINATIONS ARE DOCUMENTED TIMELY. THE COMPENSATION FOR THE NEW PRESIDENT WENDY RAYMOND WAS DETERMINED BY THE BOARD USING A SIMILAR

Name of the organization CORPORATION OF HAVERFORD COLLEGE	Employer identification number 23-6002304
--	--

BENCHMARK PROCESS BUT WITHIN HIRING NEGOTIATIONS.

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

THE PRESIDENT REPORTS TO THE BOARD IN EXECUTIVE SESSION INFORMATION REGARDING THE ANNUAL PROCESS FOR DETERMINING OTHER OFFICERS' COMPENSATION AND KEY EMPLOYEES, AS NOTED ON FORM 990, PART VII. THE PRESIDENTIAL REVIEW COMMITTEE REPORTS ON THESE PROCEDURES TO THE BOARD IN EXECUTIVE SESSION. THE DELIBERATION AND FINAL DETERMINATIONS ARE TIMELY DOCUMENTED.

FORM 990, PART VI, SECTION C, LINE 19:

THE COLLEGE'S FINANCIAL STATEMENTS, FORM 990, AND CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE GENERAL PUBLIC THROUGH OUR WEBSITE AND UPON REQUEST. THE COLLEGE'S FORM 990T IS AVAILABLE UPON REQUEST. THE COLLEGE'S FORM 990 IS ALSO OPEN TO THE GENERAL PUBLIC ON GUIDESTAR'S WEBSITE. CURRENTLY, THE COLLEGE DOES NOT PUBLISH GOVERNING DOCUMENTS; HOWEVER, THESE ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

NET LOSS FROM CHANGE IN FAIR VALUE OF INTEREST RATE SWAP	-4,616,233.
CHANGE IN VALUE OF LIFE INCOME	138,333.
NEW LIFE INCOME GIFT LIABILITY	-385,219.
RESIDUAL INCOME FROM LIFE INCOME MATURITIES	769.
DISREGARDED ENTITY NET LOSS NOT CONSOLIDATED IN FINANCIAL STATEMENTS	-306.
MISCELLANEOUS	2,264.
TOTAL TO FORM 990, PART XI, LINE 9	-4,860,392.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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**2019**

Open to Public Inspection

Name of the organization **CORPORATION OF HAVERFORD COLLEGE** Employer identification number **23-6002304**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
HAVERFORD COLLEGE FOUNDATION (UK) LIMITED - 98-1050476, 19 NORCOTT ROAD, LONDON, UNITED KINGDOM N167EJ	FUNDRAISING	UNITED KINGDOM	104,430.	2,587.	CORPORATION OF HAVERFORD COLLEGE

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(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 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No





**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 with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....	X	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			



**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for providing supplemental information.