

Form **990**
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 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 **07-01-2019**, and ending **06-30-2020**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
CORPORATION OF HAVERFORD COLLEGE

Doing business as
HAVERFORD COLLEGE

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
370 LANCASTER AVENUE

City or town, state or province, country, and ZIP or foreign postal code
HAVERFORD, PA 190411392

D Employer identification number
23-6002304

E Telephone number
(610) 896-1223

G Gross receipts \$ 259,362,422

F Name and address of principal officer:
WENDY E RAYMOND
370 LANCASTER AVENUE
HAVERFORD, PA 190411392

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

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

1 Briefly describe the organization's mission or most significant activities:
LEADING LIBERAL ARTS COLLEGE KNOWN FOR: ACADEMIC RIGOR, HONOR CODE & A BEAUTIFUL ARBORETUM CAMPUS

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	32
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	31
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	1,964
6 Total number of volunteers (estimate if necessary)	6	1,045
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-1,180,276
b Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	24,190,117	22,218,402
9 Program service revenue (Part VIII, line 2g)	98,882,983	100,147,083
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	25,667,646	16,352,944
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	669,796	52,764
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	149,410,542	138,771,193
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	31,297,550	32,166,983
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	61,296,772	64,244,869
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶4,088,601		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	46,570,760	44,151,364
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	139,165,082	140,563,216
19 Revenue less expenses. Subtract line 18 from line 12	10,245,460	-1,792,023
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	774,945,833	752,081,702
21 Total liabilities (Part X, line 26)	171,182,145	176,390,872
22 Net assets or fund balances. Subtract line 21 from line 20	603,763,688	575,690,830

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.

Sign Here
Signature of officer: *****
Date: 2021-03-18
MITCHELL L WEIN SR VP ADMIN/FINANCE, TREASURER
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: Preparer's signature: Date: 2021-03-18
Check if self-employed PTIN: P00734640
Firm's name ▶ CBIZ MHM LLC Firm's EIN ▶ 26-3753134
Firm's address ▶ 500 BOYLSTON STREET Phone no. (617) 761-0600
BOSTON, MA 02116

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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 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.

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 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 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)

See Additional Data

4b (Code:) (Expenses \$ 20,905,116 including grants of \$) (Revenue \$ 20,516,761)

See Additional Data

4c (Code:) (Expenses \$ 16,888,374 including grants of \$) (Revenue \$ 307,175)

See Additional Data

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

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

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, with sub-questions a-f for questions 11 and 12. Questions cover topics like political activities, lobbying, donor funds, conservation easements, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and controlled entities.

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 [checked]

Table with 3 main columns: Question/Description, Yes, No. Rows include 1a (2,470), 1b (0), and 1c (Yes).

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

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<table border="1"> <tr> <td style="width: 100px;">2a</td> <td style="text-align: right;">1,964</td> </tr> </table>	2a	1,964			
2a	1,964					
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			2b	Yes		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	Yes		
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>			3b	Yes		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . .			4a	Yes		
b If "Yes," enter the name of the foreign country: ▶ UK See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		No	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6a		No	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b			
7 Organizations that may receive deductible contributions under section 170(c).						
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a		No	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No	
d If "Yes," indicate the number of Forms 8282 filed during the year	<table border="1"> <tr> <td style="width: 100px;">7d</td> <td></td> </tr> </table>	7d				
7d						
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .			7f		No	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			8		No	
9 Sponsoring organizations maintaining donor advised funds.						
a Did the sponsoring organization make any taxable distributions under section 4966?			9a		No	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		No	
10 Section 501(c)(7) organizations. Enter:						
a Initiation fees and capital contributions included on Part VIII, line 12	<table border="1"> <tr> <td style="width: 100px;">10a</td> <td></td> </tr> </table>	10a				
10a						
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<table border="1"> <tr> <td style="width: 100px;">10b</td> <td></td> </tr> </table>	10b				
10b						
11 Section 501(c)(12) organizations. Enter:						
a Gross income from members or shareholders	<table border="1"> <tr> <td style="width: 100px;">11a</td> <td></td> </tr> </table>	11a				
11a						
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<table border="1"> <tr> <td style="width: 100px;">11b</td> <td></td> </tr> </table>	11b				
11b						
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?						
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<table border="1"> <tr> <td style="width: 100px;">12b</td> <td></td> </tr> </table>	12b				
12b						
13 Section 501(c)(29) qualified nonprofit health insurance issuers.						
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.			13a			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<table border="1"> <tr> <td style="width: 100px;">13b</td> <td></td> </tr> </table>	13b				
13b						
c Enter the amount of reserves on hand	<table border="1"> <tr> <td style="width: 100px;">13c</td> <td></td> </tr> </table>	13c				
13c						
14a Did the organization receive any payments for indoor tanning services during the tax year?			14a		No	
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>			14b			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? Note. See instructions and file Form 4720, Schedule N.			15		No	
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . Note. See instructions and file Form 4720, Schedule O.			16		No	

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (32), 1b (31), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

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 Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: MITCHELL L WEIN 370 LANCASTER AVENUE HAVERFORD, PA 190411392 (610) 896-1223

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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 dotted 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			
See Additional Data Table										

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows for Sub-Total, Total from continuation sheets, and Total (add lines 1b and 1c).

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

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

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.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Lists contractors like THE WHITING-TURNER CONTRACTING COMPANY and WILLIAM RAWN ASSOCIATES ARCHITECTS INC.

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

Part VIII Statement of Revenue

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

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a-1g for Federated campaigns, membership dues, fundraising events, related organizations, government grants, and noncash contributions, plus a total line 1h.

Table for Program Service Revenue with columns for Business Code, (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, and (D) Revenue excluded. Rows include 2a-2f for Tuition & Fees, Auxiliary - Dormitories/HCA, Auxiliary - Dining Center, Grant Contracts, Conferences, and All other program service revenue, plus a total line 2g.

Table for Other Revenue with columns for (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, and (D) Revenue excluded. Rows include 3-5 for investment income, royalties, and net rental income; 6a-6c for gross rents; 7a-7c for gross amount from sales of assets; 8a-8c for fundraising events; 9a-9c for gaming activities; 10a-10c for sales of inventory; and 11a-11d for miscellaneous revenue, plus a total line 12.

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 (non-employees):				
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 Schedule 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 in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SUPPLIES	2,185,736	1,256,543	917,032	12,161
b STUDY ABROAD EXPENSES	1,884,203	1,884,203		
c DINING SERVICES - FOOD	1,743,076	1,743,076		
d LIBRARY	1,500,418	1,500,418		
e All other expenses	2,433,427	9,784,735	-7,456,906	105,598
25 Total functional expenses. Add lines 1 through 24e	140,563,216	120,316,248	16,158,367	4,088,601
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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 IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	8,156,417	1	3,794,577
	2 Savings and temporary cash investments	10,188,027	2	16,987,408
	3 Pledges and grants receivable, net	12,295,554	3	8,675,429
	4 Accounts receivable, net	3,542,485	4	4,377,316
	5 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	246,662	5	233,840
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	693,109	7	1,217,082
	8 Inventories for sale or use	578,551	8	49,198
	9 Prepaid expenses and deferred charges	676,138	9	759,032
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 357,818,347		
	b Less: accumulated depreciation	10b 168,620,212	185,537,607	10c 189,198,135
	11 Investments—publicly traded securities	184,631,572	11	132,080,374
	12 Investments—other securities. See Part IV, line 11	368,293,537	12	394,599,189
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	106,174	15	110,122
16 Total assets. Add lines 1 through 15 (must equal line 34)	774,945,833	16	752,081,702	
Liabilities	17 Accounts payable and accrued expenses	7,714,944	17	8,413,440
	18 Grants payable		18	
	19 Deferred revenue	1,549,686	19	2,750,841
	20 Tax-exempt bond liabilities	146,314,073	20	144,874,058
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 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	25	20,352,533
	26 Total liabilities. Add lines 17 through 25	171,182,145	26	176,390,872
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	154,771,827	27	160,764,056
	28 Net assets with donor restrictions	448,991,861	28	414,926,774
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	603,763,688	32	575,690,830	
33 Total liabilities and net assets/fund balances	774,945,833	33	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 33, 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 in 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 33, 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

- 1** Accounting method used to prepare the Form 990: Cash Accrual 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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 in Schedule O.
- 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?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 23-6002304

Name: CORPORATION OF HAVERFORD COLLEGE

Form 990 (2019)

Form 990, Part III, Line 4a:

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.

Form 990, Part III, Line 4b:

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.

Form 990, Part III, Line 4c:

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
MARK G ANDERSON BOARD OF MANAGERS	2.00	X						0	0	0
STEVEN L BEGLEITER BOARD OF MANAGERS	2.00	X						0	0	0
SETH P BERNSTEIN BOARD OF MANAGERS	2.00	X						0	0	0
JAMES L BOYER BOARD OF MANAGERS	2.00	X						0	0	0
ANJAN K CHATTERJEE BOARD OF MANAGERS	2.00	X						0	0	0
JONATHAN WOOD EVANS BOARD OF MANAGERS	2.00	X						0	0	0
JONATHAN M GAMSE BOARD OF MANAGERS	2.00	X						0	0	0
CHRISTOPHER T GANT BOARD OF MANAGERS	2.00	X						0	0	0
BRUCE D GORCHOW BOARD OF MANAGERS	2.00	X						0	0	0
CLAUDIA L HAMMERMAN BOARD OF MANAGERS	2.00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
ROGER B KAFKER BOARD OF MANAGERS	2.00	X						0	0	0
DON LIU BOARD OF MANAGERS	2.00	X						0	0	0
BEATRICE MITCHELL BOARD OF MANAGERS	2.00	X						0	0	0
NORVAL D REECE BOARD OF MANAGERS	2.00	X						0	0	0
HENRY J RITCHOTTE BOARD OF MANAGERS	2.00	X						0	0	0
ANN V SATTERTHWAITE BOARD OF MANAGERS	2.00	X						0	0	0
SHIBU SHIBULAL BOARD OF MANAGERS	2.00	X						0	0	0
JANE SILBER BOARD OF MANAGERS	2.00	X						0	0	0
JOHN SPEARS BOARD OF MANAGERS	2.00	X						0	0	0
JOHN R TAYLOR BOARD OF MANAGERS	2.00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
VINCE WARREN BOARD OF MANAGERS	2.00	X						0	0	0
DAVID WERTHEIMER BOARD OF MANAGERS	2.00	X						0	0	0
ALLAN 'RICK' WHITE III BOARD OF MANAGERS	2.00	X						0	0	0
JERRY WILLIAMS BOARD OF MANAGERS	2.00	X						0	0	0
NANCY WOLFSON BOARD OF MANAGERS	2.00	X						0	0	0
PAUL ZOIDIS BOARD OF MANAGERS	2.00	X						0	0	0
CHARLES G BEEVER CHAIR, BOARD OF MANAGERS	2.00	X		X				0	0	0
GARRY W JENKINS VICE CHAIR, BOARD OF MANAGERS	2.00	X		X				0	0	0
GINNY CHRISTENSEN SECRETARY, BOARD OF MANAGERS	2.00	X		X				0	0	0
AMY TAYLOR BROOKS BOARD OF MANAGERS, CLERK	2.00	X		X				0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
JENNIFER S PERKINS BOARD OF MANAGERS, ASSISTANT CLERK	2.00	X		X				0	0	0
WENDY RAYMOND PRESIDENT	50.00	X		X				310,730	0	67,545
MITCHELL L WEIN SR. VP ADMIN/FINANCE, TREASURER	50.00			X				353,004	0	68,969
MICHAEL H CASEL CHIEF INVEST OFFICER, ASST TREASURER	50.00			X				301,305	0	66,404
ANN FIGUEREDO VP INST ADVANCEMENT, ASST SECRETARY	50.00			X				249,636	0	60,723
JESSE H LYTLE VP/CHIEF OF STAFF, ASST SECRETARY	50.00			X				149,307	0	47,141
DEBORAH FULLAM ASSOCIATE VP, ASST TREASURER	50.00			X				158,492	0	30,795
TERRI ALBERTSON AVP FINANCE, CONTROLLER, ASST TREAS	50.00			X				159,212	0	44,924
JESS H LORD VP/DEAN OF ADMISSIONS/FINANCIAL AID	50.00				X			203,556	0	49,250
FRANCES ROSE BLASE PROVOST	50.00				X			194,514	0	51,403

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
MEGAN E FITCH CHIEF INFORMATION OFFICER	50.00				X			187,009	0	33,009
MARTHA DENNEY DEAN OF COLLEGE	50.00				X			183,070	0	57,895
DONALD B CAMPBELL JR DIRECTOR OF FACILITIES MANAGEMENT	50.00				X			158,125	0	19,516
ASHOK GANGADEAN PROFESSOR	50.00					X		171,272	0	38,193
RICHARD FREEDMAN PROFESSOR	50.00					X		172,080	0	55,590
ANNE PRESTON PROFESSOR	50.00					X		170,917	0	40,469
LINDA GERSTEIN PROFESSOR	50.00					X		177,521	0	29,834
PAUL SMITH PROFESSOR	50.00					X		168,019	0	35,771
KIMBERLY BENSTON FORMER PRESIDENT	50.00						X	347,011	0	85,275

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

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 **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		
Total						

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 failed 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
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	31,941,484	30,401,725	35,893,537	24,190,117	22,218,402	144,645,265
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						
4	Total. Add lines 1 through 3	31,941,484	30,401,725	35,893,537	24,190,117	22,218,402	144,645,265
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						23,706,717
6	Public support. Subtract line 5 from line 4.						120,938,548

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4.	31,941,484	30,401,725	35,893,537	24,190,117	22,218,402	144,645,265
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,869,751	3,445,467	5,645,416	7,426,167	7,711,217	30,098,018
9	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
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).		4,654			18,225	22,879
11	Total support. Add lines 7 through 10						175,162,792
12	Gross receipts from related activities, etc. (see instructions)					12	470,687,378

13 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

14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	69.040 %
15	Public support percentage for 2018 Schedule A, Part II, line 14	15	67.730 %

- 16a 33 1/3% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support test—2018.** 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 **stop here.** The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2019.** 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 **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2018.** 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 **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
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.						
c	Add lines 7a and 7b.						
8	Public support. (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
9	Amounts from line 6.						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b.						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (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

15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

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

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 on line 12 of 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
1	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>		
	1		
2	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>		
	2		
3a	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>		
	3a		
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>		
	3b		
c	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>		
	3c		
4a	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>		
	4a		
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>		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
	4c		
5a	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>		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	7		
8	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>		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
	9a		
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>		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
	10a		
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>		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	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	A family member of a person described in (a) above?		
c	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
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <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>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <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

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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>	Yes	No
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>		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
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	Adjusted Net Income (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):	1	
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	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
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
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME:	OTHER REVENUE - 2016 AMOUNT: \$ 4,654. FUNDRAISING REVENUE - 2019 AMOUNT: \$ 18,225.

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

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.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:40%;">If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>			If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	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.
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
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.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j 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.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?	Yes		0
j Total. Add lines 1c through 1i			0
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political 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."

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

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.

Return Reference	Explanation
PART II-B, LINE 1:	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 to lobbying activities. Haverford has no direct lobbying activity or any control over the lobbying activities performed by these membership organizations.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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? Yes No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes 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 (e.g., recreation or education) Preservation of an historically important land area
- Protection of natural habitat Preservation of a certified historic structure
- Preservation of open space

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 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? Yes No
- 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)? Yes No
- 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 SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (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 SFAS 116 (ASC 958) relating to these items:
- a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____
- b Assets included in Form 990, Part X ▶ \$ _____

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 are a 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 programs
 - 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 in 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 ▶ 25.180 %
 - b** Permanent endowment ▶ 55.520 %
 - c** Temporarily restricted endowment ▶ 19.300 %
- 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 | 3a(i) | No |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

- 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
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				189,198,135

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 FUNDS	212,527,559	F
(B) PRIVATE EQUITY	55,793,831	F
(C) HEDGE AND REAL ESTATE FUNDS	111,314,263	F
(D) PLANNED GIVING AGREEMENTS	7,660,214	F
(E) PERPETUAL TRUSTS	7,303,322	F
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	394,599,189	

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)		
Total. (Column (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)	
Total. (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 AGREEMENTS	4,619,463
(5) CONDITIONAL ASSET RETIREMENT OBLIGATION	693,856
(6) REFUNDABLE ADVANCE THORNE SCHOOL	355,072
(7) FUNDS HELD IN CUSTODY OF OTHERS	622,799
(8) SECURITY DEPOSIT	38,329
(9) ONECARD LIABILITY, CASH VALUE	33,898
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	20,352,533

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 23-6002304

Name: CORPORATION OF HAVERFORD COLLEGE

Supplemental Information

Return Reference	Explanation
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.

Supplemental Information

Return Reference	Explanation
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, SCAT TERGOOD FRIENDS AND OLNEY FRIENDS.

Supplemental Information

Return Reference	Explanation
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.

Supplemental Information

Return Reference	Explanation
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 AND STATE TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2017.

Supplemental Information

Return Reference	Explanation
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 FINACIAL STATEMENTS -30,574,669.

Supplemental Information

Return Reference	Explanation
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.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	BOOKSTORE DIRECT EXPENSES 590,029. DIRECT SPECIAL EVENT EXPENSE 10,000.

Supplemental Information

Return Reference	Explanation
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 1,313. OTHER INVESTMENT EXPENSES 618,501.

SCHEDULE E
(Form 990 or 990-EZ)

Schools

OMB No. 1545-0047

2019

Open to Public Inspection

▶ **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/Form990EZ for the latest information.**

Department of the Treasury

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?	Yes	
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?	Yes	
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.	Yes	
4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	Yes	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	Yes	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	Yes	
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II.	Yes	
5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		No
b Admissions policies?		No
c Employment of faculty or administrative staff?		No
d Scholarships or other financial assistance?		No
e Educational policies?		No
f Use of facilities?		No
g Athletic programs?		No
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		No
6a Does the organization receive any financial aid or assistance from a governmental agency?	Yes	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Part II.		No
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.	Yes	

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. See instructions.

Return Reference	Explanation
SCHEDULE E, PART I, LINE 3	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.
SCHEDULE E, PART I, LINE 6	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" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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 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 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
See Add'l Data					
3a Sub-total	0	4			1,328,471
b Total from continuation sheets to Part I	0	14			30,383,595
c Totals (add lines 3a and 3b)	0	18			31,712,066

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____
- 3 Enter total number of other organizations or entities ▶ _____

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.

990 Schedule F, Supplemental Information

Return Reference	Explanation
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.

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART III ACCOUNTING METHOD:	

Additional Data

Software ID:

Software Version:

EIN: 23-6002304

Name: CORPORATION OF HAVERFORD COLLEGE

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTS TO RECIPIENTS		34,269
EAST ASIA AND THE PACIFIC	0	0	GRANTS TO RECIPIENTS		157,546

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTS TO RECIPIENTS		1,032,185
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS TO RECIPIENTS		57,033

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS		33,193
SOUTH ASIA	0	0	GRANTS TO RECIPIENTS		2,300

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS		3,900
CENTRAL AMERICA AND THE CARIBBEAN	0	4	PROGRAM SERVICES	PROFESSIONAL SERVICES	8,045

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
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

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA	0	2	PROGRAM SERVICES	PROFESSIONAL SERVICES	6,000
SOUTH AMERICA	0	2	PROGRAM SERVICES	PROFESSIONAL SERVICES	3,500

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA	0	2	PROGRAM SERVICES	PROFESSIONAL SERVICES	1,050
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	PROGRAM TRAVEL	27,384

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
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

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	PROGRAM TRAVEL	11,634
NORTH AMERICA	0	0	PROGRAM SERVICES	PROGRAM TRAVEL	69,566

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH AMERICA	0	0	PROGRAM SERVICES	PROGRAM TRAVEL	6,084
SOUTH ASIA	0	0	PROGRAM SERVICES	PROGRAM TRAVEL	14,424

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
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

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	STUDY ABROAD PROGRAM FEES	389,075
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	FUNDRAISING		5,738

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA	0	0	FUNDRAISING		3,638
SOUTH ASIA	0	0	FUNDRAISING		126

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA	0	0	FUNDRAISING		2,459
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	INVESTMENTS		972,155

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA	0	0	INVESTMENTS		1,212,878
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		27,321,978

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	INTERNSHIPS	14,000
NORTH AMERICA	0	0	PROGRAM SERVICES	INTERNSHIPS	4,500

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	INTERNSHIPS	4,470
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	INTERNSHIPS	374

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	INTERNSHIPS	4,000

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

(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 non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
HAVERFORD COLLEGE SCHOLARSHIPS	CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	1			34,269	TUITION REDUCTION	FMV
HAVERFORD COLLEGE SCHOLARSHIPS	EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	6			151,796	TUITION REDUCTION	FMV

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

(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 non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
HAVERFORD COLLEGE SCHOLARSHIPS	EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIU	40			1,025,287	TUITION REDUCTION	FMV
HAVERFORD COLLEGE SCHOLARSHIPS	MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	2			56,183	TUITION REDUCTION	FMV

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

(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 non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
HAVERFORD COLLEGE SCHOLARSHIPS	SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	1			33,193	TUITION REDUCTION	FMV
RESEARCH STIPENDS	EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	3	5,750	CHECK			

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

(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 non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
RESEARCH STIPENDS	EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIU	2	6,898	CHECK			
RESEARCH STIPENDS	MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	1	850	CHECK			

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

(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 non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
RESEARCH STIPENDS	EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	1	2,300	CHECK			
RESEARCH STIPENDS	SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	1	3,900	CHECK			

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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		GOLF OUTING (event type)	(event type)	(total number)	(add col. (a) through col. (c))
1	Gross receipts	18,225			18,225
2	Less: Contributions				
3	Gross income (line 1 minus line 2)	18,225			18,225
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	900			900
	6 Rent/facility costs				
	7 Food and beverages	9,100			9,100
	8 Entertainment				
	9 Other direct expenses				
10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				10,000
11	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.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
		1	Gross revenue		
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6	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
7	Direct expense summary. Add lines 2 through 5 in column (d) ▶				
8	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: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
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Note: To capture the full content of this document as Filed, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

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 21 or 22.

Attach to Form 990.

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

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...
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.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

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

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
See Additional Data Table					
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	<p>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: 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 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 LITTFAR (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. THE STUDENT LOAN DEBT RELIEF PROGRAM IS DESIGNED TO ASSIST HAVERFORD ALUMNI FOR WHOM DEBT FROM STUDENT LOANS WOULD PROVE TO BE A GENUINE BURDEN, SUCH AS FOR THOSE WHO CHOOSE CAREERS OF HIGH SOCIETAL VALUE BUT LOW REMUNERATION OR WHO ARE TEMPORARILY UNEMPLOYED. INDIVIDUALS WHO ARE ELIGIBLE TO APPLY FOR SUPPORT WILL BE NOTIFIED BY THE OFFICE OF ADMISSION DURING THE SUMMER AND WILL BE PROVIDED INSTRUCTIONS ON HOW TO APPLY. APPLICANTS WILL BE REQUIRED TO COMPLETE AN APPLICATION AND CONFIRM THEIR CONTINUED ELIGIBILITY BY SUBMITTING SUPPORTING DOCUMENTATION. FUNDING IS PROCESSED THROUGH ACCOUNTS PAYABLE AND ISSUED AS A CHECK OR DIRECT DEPOSIT.</p>

Additional Data

Software ID:
Software Version:
EIN: 23-6002304
Name: CORPORATION OF HAVERFORD COLLEGE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) 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				RESEARCH- NASA SUBAWARD
BRYN MAWR THEATRE FILM INSTITUTE 824 WEST LANCASTER AVENUE BRYN MAWR, PA 19010	04-3682610	501(C)(3)	5,000				COMMUNITY PARTNERSHIP PLEDGE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMPUS PHILLY 2 PENN CENTER 1500 JFK BLVD PHILADELPHIA, PA 19102	20-1518941	501(C)(3)	7,500				HIGHER EDUCATION PARTNERSHIP
FOUNDATION FOR COMMUNITY SERVICE CO THE SHIPLEY SCHOOL 814 YARROW STREET BRYN MAWR, PA 19010	23-2844309	501(C)(3)	7,500				ANNUAL SUPPORT

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

HAVERFORD COLLEGE SCHOLARSHIPS	582		29,077,471	FMV	TUITION REDUCTION
HAVERFORD COLLEGE SCHOLARSHIPS	582		29,077,471	FMV	TUITION REDUCTION
FEDERAL SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANTS	101	191,870			
BECKMAN SCHOLARS PROGRAM	1		4,600	FMV	TUITION REDUCTION
HIGHER EDUCATION EMERGENCY RELIEF FUND - STUDENT AID	412	433,520			
INSTITUTIONAL AID TO STUDENTS DUE TO CAMPUS EMERGENCY	178	147,608			

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

RESEARCH STIPENDS	253	560,112		
RESEARCH STIPENDS	253	560,112		
STUDENT EMERGENCY FUNDING	278	325,426		
CHESICK SCHOLARS FUNDING	21	55,132		
STUDENT LOAN DEBT RELIEF	12	15,450		

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047
2019
Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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

	Yes	No
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.		
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account		
<input checked="" type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input checked="" type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	2 Yes	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> 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?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only 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?	5a	No
b Any related organization?	5b	No
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?	6a	No
b Any related organization?	6b	No
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 in lines 5 and 6? If "Yes," describe in Part III.	7	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8 Yes	
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9 Yes	

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.

Return Reference	Explanation
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 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).

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Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

2019

Open to Public Inspection

▶ **Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
CORPORATION OF HAVERFORD COLLEGE

Employer identification number
23-6002304

Part I Bond Issues

(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) Pool financing	
						Yes	No	Yes	No	Yes	No
A DELAWARE COUNTY AUTHORITY	23-1973437	246003NJ2	02-28-2017	110,381,164	REFUND PORTION 2008 BONDS, 2010 BONDS, ALL 2010A BONDS		X		X		X
B DELAWARE COUNTY AUTHORITY	23-1973437	NONEAVAIL	02-28-2017	29,845,000	PART REFUND 2008 BONDS: RENOVATION OF SHARPLESS HALL, RYAN GYM/VCAM, DINING		X		X		X
C DELAWARE COUNTY AUTHORITY	23-1973437	246003PH4	03-24-2020	9,125,000	REFUND OF 2010 BONDS		X		X		X

Part II Proceeds

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

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 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		
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 %		0 %		0 %		
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 %		0 %		0 %		
6 Total of lines 4 and 5		0 %		0 %		0 %		
7 Does the bond issue meet the private security or payment test?		X		X		X		
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X		X		X		

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X	X			
b Exception to rebate?		X		X		X		
c No rebate due?	X		X			X		
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X	X			X		
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X	X			X		
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X			

Part V Procedures To Undertake Corrective Action

	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 is not available under applicable regulations?	X		X		X			

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

Return Reference	Explanation
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.

Return Reference	Explanation
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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 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 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

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
(1) MICHAEL H CASEL	OFFICER	HOME MORTGAGE		X	300,000	233,840		No		No	Yes	
Total						▶ \$	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

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

Return Reference	Explanation

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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?		No
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?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
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.		

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

Return Reference	Explanation
PART I, COLUMN (B):	THE FIGURE IN THIS COLUMN REPRESENTS THE NUMBER OF DONORS IN EACH CATEGORY.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2019

Open to Public Inspection

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

▶ Attach to Form 990 or 990-EZ.

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

Department of the Treasury

Name of the organization

CORPORATION OF HAVERFORD COLLEGE

Employer identification number

23-6002304

990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE MEMBERS FORMALLY ELECT ALL THE MEMBERS OF THE BOARD, INCLUDING THOSE NOMINATED BY HAVE RFORD, BY THE BOARD AND BY THE ALUMNI ASSOCIATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	ANY AND ALL AMENDMENTS TO THE BYLAWS MUST BE APPROVED BY THE MEMBERS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	<p>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 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.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>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 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.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	NET LOSS FROM CHANGE IN FAIR VALUE OF INTEREST RATE SWAP -4,616,233. CHANGE IN VALUE OF LI FE INCOME 138,333. NEW LIFE INCOME GIFT LIABILITY -385,219. RESIDUAL INCOME FROM LIFE INCO ME MATURITIES 769. DISREGARDED ENTITY NET LOSS NOT CONSOLIDATED IN FINANCIAL STATEMENTS -3 06. MISCELLANEOUS 2,264.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

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
(1) HAVERFORD COLLEGE FOUNDATION (UK) LIMITED 19 NORCOTT ROAD LONDON N167EJ UK 98-1050476	FUNDRAISING	UK	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 III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) THE WILLIAM MAUL MEASEY TRUST C/O HAVERFORD COLLEGE 370 LANCASTER HAVERFORD, PA 19041 23-6002304	CHARITABLE TRUST	PA	CORPORATION OF HAVERFORD COLLEGE	T	2,691,971	84,396,101	60.000 %		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.

		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b	Gift, grant, or capital contribution to related organization(s)		No
c	Gift, grant, or capital contribution from related organization(s)		No
d	Loans or loan guarantees to or for related organization(s)		No
e	Loans or loan guarantees by related organization(s)		No
f	Dividends from related organization(s)		No
g	Sale of assets to related organization(s)		No
h	Purchase of assets from related organization(s)		No
i	Exchange of assets with related organization(s)		No
j	Lease of facilities, equipment, or other assets to related organization(s)		No
k	Lease of facilities, equipment, or other assets from related organization(s)		No
l	Performance of services or membership or fundraising solicitations for related organization(s)		No
m	Performance of services or membership or fundraising solicitations by related organization(s)		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o	Sharing of paid employees with related organization(s)		No
p	Reimbursement paid to related organization(s) for expenses		No
q	Reimbursement paid by related organization(s) for expenses		No
r	Other transfer of cash or property to related organization(s)		No
s	Other transfer of cash or property from related organization(s)	Yes	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference	Explanation