

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

THE UNIVERSITY'S GOAL IN THE COMING DECADE IS TO ADVANCE LEARNING THROUGH THE INTEGRATION OF TEACHING, RESEARCH AND SERVICE TO OTHERS. THE CORE OF THIS GOAL IS TO PREPARE GRADUATES TO ENGAGE WITH THE WORLD AND LEAD LIVES OF MEANING. TO DO THIS, THE UNIVERSITY COMMITS TO ACHIEVE NATIONAL AND INTERNATIONAL RESEARCH PROMINENCE, PROVIDE LEARNING EXPERIENCES GROUNDED IN FUNDAMENTAL, TRANSFERABLE SKILLS ACROSS ALL DISCIPLINES AND IN REAL WORLD CHALLENGES, PROMOTE STRATEGIC RISK-TAKING IN THE PRESENCE OF OPPORTUNITY AND ADVERSITY, SUPPORT SOCIAL, ENVIRONMENTAL AND ECONOMIC SUSTAINABILITY, PROVIDE MEANINGFUL CONNECTIONS AND PARTNERSHIPS WITH ALUMNI, SUPPORTERS, AND CITIZENS AROUND THE GLOBE, PROVIDE A ROBUST RETURN ON THE INVESTMENT IN A LEHIGH EDUCATION, AND PROMOTE A DIVERSE, INCLUSIVE, AND FINANCIALLY ACCESSIBLE ENVIRONMENT.

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 \$ | 345,375,888 | including grants of \$ | 108,568,725) | (Revenue \$ | 302,921,126) |
| See Additional Data | | | | | | | |

| | | | | | | | |
|---------------------|---------|--------------|------------|------------------------|-------------|-------------|-----------|
| 4b | (Code) | (Expenses \$ | 43,954,193 | including grants of \$ | 4,784,863) | (Revenue \$ | 828,199) |
| See Additional Data | | | | | | | |

| | | | | | | | |
|---------------------|---------|--------------|------------|------------------------|-------------|-------------|--------------|
| 4c | (Code) | (Expenses \$ | 43,103,873 | including grants of \$ | 3,102,556) | (Revenue \$ | 46,248,374) |
| See Additional Data | | | | | | | |

| | | | | | | | |
|-----------|--|------------|------------------------|-------------|-------------|--------------|--|
| 4d | Other program services (Describe in Schedule O) | | | | | | |
| | (Expenses \$ | 22,685,994 | including grants of \$ | 1,443,089) | (Revenue \$ | 10,448,646) | |

| | | | | | | | |
|-----------|---|-------------|--|--|--|--|--|
| 4e | Total program service expenses ▶ | 455,119,948 | | | | | |
|-----------|---|-------------|--|--|--|--|--|

Part IV Checklist of Required Schedules

| | Yes | No |
|--|----------------|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 Yes | |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 Yes | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | No |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 Yes | |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | No |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | No |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | No |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 Yes | |
| 9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | No |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 Yes | |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a Yes | |
| b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b Yes | |
| c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | No |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | No |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e Yes | |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f Yes | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | No |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b Yes | |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 Yes | |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | 14a Yes | |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b Yes | |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 Yes | |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 Yes | |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 Yes | |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 Yes | |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | No |
| 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | No |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 Yes | |
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 Yes | |

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

| | | Yes | No |
|-----------|--|-----------------|----|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a 9,316 | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b 0 | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c Yes | |

| | | | | | | |
|---|--|-----------|-------|------------|-----|----|
| 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 | | 2a | 1,911 | | | |
| 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? If "No" to line 3b, provide an explanation in Schedule O | | | | 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 | | No |
| b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) | | | | | | |
| 5a Was the organization 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 | Yes | |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | | 7b | Yes | |
| 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 | | | | 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 | | |
| 9a Did the sponsoring organization make any taxable distributions under section 4966? | | | | 9a | | |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | | | 9b | | |
| 10 Section 501(c)(7) organizations. Enter | | | | | | |
| a Initiation fees and capital contributions included on Part VIII, line 12 | | | | 10a | | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | | 10b | | |
| 11 Section 501(c)(12) organizations. Enter | | | | | | |
| a Gross income from members or shareholders | | | | 11a | | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | | | 11b | | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | | | 12a | | |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | | 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 | | | | 13b | | |
| c Enter the amount of reserves on hand | | | | 13c | | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? | | | | 14a | | No |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | | | 14b | | |
| 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N | | | | 15 | | No |
| 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O | | | | 16 | | No |

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

| | Yes | No |
|--|-----|-----|
| 1a Enter the number of voting members of the governing body at the end of the tax year | 1a | 10 |
| If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O | | |
| b Enter the number of voting members included in line 1a, above, who are independent | 1b | 10 |
| 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | No |
| 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | No |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | No |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | No |
| 6 Did the organization have members or stockholders? | 6 | No |
| 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | No |
| b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | No |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a The governing body? | 8a | Yes |
| b Each committee with authority to act on behalf of the governing body? | 8b | Yes |
| 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | No |

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

| | Yes | No |
|---|-----|-----|
| 10a Did the organization have local chapters, branches, or affiliates? | 10a | No |
| b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | |
| 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Yes |
| b Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | |
| 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes |
| b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes |
| c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | Yes |
| 13 Did the organization have a written whistleblower policy? | 13 | Yes |
| 14 Did the organization have a written document retention and destruction policy? | 14 | Yes |
| 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| a The organization's CEO, Executive Director, or top management official | 15a | Yes |
| b Other officers or key employees of the organization | 15b | Yes |
| If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | | |
| 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | No |
| b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | |

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed: **AK, AZ, CO, MD, MA, MI, NH, NY, PA, SC, WA**

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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:
K MILLER CONTROLLER LEHIGH UNIVERSITY 306 S NEW ST STE BETHLEHEM, PA 18015 (610) 758-3140

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 ☒

☒

● 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

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

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

[illegible]

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

[illegible]

| | | | |
|--|-----------|---|---------|
| 1b Sub-Total | | | |
| c Total from continuation sheets to Part VII, Section A | | | |
| d Total (add lines 1b and 1c) | 7,298,447 | 0 | 660,055 |

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 ▶ 477

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

Section B. Independent Contractors

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

| (A) | (B) | (C) |
|--|-------------------------|--------------|
| Name and business address | Description of services | Compensation |
| SODEXO INC AND AFFILIATES, PO BOX 360170 PITTSBURGH, PA 152516170 | FOOD SERVICE | 12,402,356 |
| ABM JANITORIAL-MID ATLANTIC INC, PO BOX 198352 ATLANTA, GA 303848352 | JANITORIAL SERVICES | 11,875,833 |
| WHITING TURNER CONTRACTING COMPANY, PO BOX 17596 BALTIMORE, MD 21297 | CONSTRUCTION MGMT | 12,276,503 |
| TURNER CONSTRUCTION CO, 265 DAVIDSON AVE SOMERSET, NJ 08873 | CONSTRUCTION MGMT | 6,848,640 |
| GREENWAY I INC, 2005 CITY LINE RD SUITE 106 BETHLEHEM, PA 18017 | CONSTRUCTION & LEASE | 4,146,880 |

| | |
|--|--|
| <p>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 ► 132</p> | |
|--|--|

Part VIII **Statement of Revenue**

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

**Contributions, Gifts, Grants
and Other Similar Amounts**

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
|-----------|--|-----------|----------------------|--|---|--|
| 1a | Federated campaigns . . | 1a | | | | |
| b | Membership dues . . | 1b | | | | |
| c | Fundraising events . . | 1c | 27,150 | | | |
| d | Related organizations | 1d | | | | |
| e | Government grants (contributions) | 1e | 36,168,794 | | | |
| f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 72,779,575 | | | |
| g | Noncash contributions included in lines 1a - 1f \$ <u>19,893,697</u> | | | | | |
| h | Total. Add lines 1a-1f ▶ | | 108,975,519 | | | |

Program Service Revenue

| | | Business Code | | | | |
|-----------|---|---------------|-------------|-------------|---------|--|
| 2a | AUXILIARY OPERATIONS | 900099 | 46,248,374 | 46,248,374 | | |
| b | TUITION REVENUE | 900099 | 302,921,126 | 302,921,126 | | |
| c | OTHER SALES AND SERVICES | 900099 | 9,184,798 | 8,334,606 | 850,192 | |
| d | PROGRAM INVESTMENT INCOME | 525990 | 141,335 | 141,335 | | |
| e | ALL OTHER PROGRAM SERVICE REVENUE | 713990 | 1,950,712 | 1,813,050 | 137,662 | |
| f | All other program service revenue | | | | | |
| g | Total. Add lines 2a-2f ▶ | | 360,446,345 | | | |

Other Revenue

| | | | | | | | |
|---|--|---------------|-------------|-------------|------------|------------|------------|
| 3 Investment income (including dividends, interest, and other similar amounts) ▶ | | | 22,735,794 | | -1,538,379 | 24,274,173 | |
| 4 Income from investment of tax-exempt bond proceeds ▶ | | | 0 | | | | |
| 5 Royalties ▶ | | | 421,467 | | | 421,467 | |
| 6a Gross rents | (i) Real | (ii) Personal | | | | | |
| | 601,032 | | | | | | |
| | b Less rental expenses | 319,432 | | | | | |
| | c Rental income or (loss) | 281,600 | | | | | 0 |
| d Net rental income or (loss) ▶ | | | 281,600 | | | 281,600 | |
| 7a Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | | | |
| | 758,214,253 | 102,186 | | | | | |
| | b Less cost or other basis and sales expenses | 699,534,759 | | | | | 1,290,820 |
| | c Gain or (loss) | 58,679,494 | | | | | -1,188,634 |
| d Net gain or (loss) ▶ | | | 57,490,860 | | | 57,490,860 | |
| 8a Gross income from fundraising events (not including \$ 27,150 of contributions reported on line 1c) See Part IV, line 18 a | | | | | | | |
| b Less direct expenses b | | | | | | | 32,300 |
| c Net income or (loss) from fundraising events ▶ | | | | | | | 47,214 |
| | | | -14,914 | | | -14,914 | |
| 9a Gross income from gaming activities See Part IV, line 19 a | | | | | | | |
| b Less direct expenses b | | | | | | | 0 |
| c Net income or (loss) from gaming activities ▶ | | | | | | | 0 |
| 10a Gross sales of inventory, less returns and allowances a | | | | | | | |
| b Less cost of goods sold b | | | | | | | 0 |
| c Net income or (loss) from sales of inventory ▶ | | | | | | | 0 |
| Miscellaneous Revenue | | Business Code | | | | | |
| 11a | | | | | | | |
| b | | | | | | | |
| c | | | | | | | |
| d All other revenue | | | | | | | |
| e Total. Add lines 11a–11d ▶ | | | 0 | | | | |
| 12 Total revenue. See Instructions ▶ | | | 550,336,671 | 359,458,491 | -550,525 | 82,453,186 | |

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 ☐

| | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | | | | |
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21. | 3,062,670 | 3,062,670 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22. | 109,163,652 | 109,163,652 | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16. | 5,672,910 | 5,672,910 | | |
| 4 Benefits paid to or for members. | 0 | | | |
| 5 Compensation of current officers, directors, trustees, and key employees. | 4,741,114 | 1,001,018 | 3,070,273 | 669,823 |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). | 702,862 | 702,862 | | |
| 7 Other salaries and wages. | 176,874,934 | 154,201,907 | 14,968,695 | 7,704,332 |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions). | 14,553,926 | 12,497,467 | 1,359,404 | 697,055 |
| 9 Other employee benefits. | 33,324,075 | 28,728,034 | 2,978,360 | 1,617,681 |
| 10 Payroll taxes. | 11,517,849 | 9,796,613 | 1,165,837 | 555,399 |
| 11 Fees for services (non-employees): | | | | |
| a Management. | 0 | | | |
| b Legal. | 1,103,633 | 200,592 | 903,041 | |
| c Accounting. | 724,875 | 13,506 | 711,369 | |
| d Lobbying. | 168,000 | 168,000 | | |
| e Professional fundraising services. See Part IV, line 17. | 552,939 | | | 552,939 |
| f Investment management fees. | 4,605,780 | | 4,605,780 | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O). | 24,376,733 | 19,912,376 | 3,113,906 | 1,350,451 |
| 12 Advertising and promotion. | 2,258,916 | 1,572,201 | 166,946 | 519,769 |
| 13 Office expenses. | 20,941,897 | 17,793,588 | 1,171,285 | 1,977,024 |
| 14 Information technology. | 4,735,795 | 2,983,237 | 1,560,578 | 191,980 |
| 15 Royalties. | 0 | | | |
| 16 Occupancy. | 36,125,121 | 30,888,153 | 3,485,825 | 1,751,143 |
| 17 Travel. | 8,171,328 | 7,366,462 | 356,687 | 448,179 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. | 0 | | | |
| 19 Conferences, conventions, and meetings. | 4,917,910 | 4,148,073 | 308,048 | 461,789 |
| 20 Interest. | 13,633,150 | 11,615,010 | 1,360,589 | 657,551 |
| 21 Payments to affiliates. | 0 | | | |
| 22 Depreciation, depletion, and amortization. | 29,997,403 | 25,514,567 | 3,036,338 | 1,446,498 |
| 23 Insurance. | 1,789,406 | 599,230 | 1,190,176 | |
| 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 NONCAPITALIZED EQUIPMENT | 2,445,801 | 2,025,964 | 405,629 | 14,208 |
| b ATHLETIC SUPPLIES | 671,681 | 671,681 | | |
| c LIBRARY ACQUISITIONS | 4,820,175 | 4,820,175 | | |
| d | | | | |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e. | 521,654,535 | 455,119,948 | 45,918,766 | 20,615,821 |
| 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 SheetCheck 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 | | 0 | 1 | 0 |
| | 2 | Savings and temporary cash investments | | 51,093,238 | 2 | 44,655,017 |
| | 3 | Pledges and grants receivable, net | | 37,575,590 | 3 | 48,331,227 |
| | 4 | Accounts receivable, net | | 6,994,378 | 4 | 6,000,225 |
| | 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 0 | 5 | 0 |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L | | 0 | 6 | 0 |
| | 7 | Notes and loans receivable, net | | 0 | 7 | 0 |
| | 8 | Inventories for sale or use | | 1,515,777 | 8 | 1,530,842 |
| | 9 | Prepaid expenses and deferred charges | | 7,470,407 | 9 | 5,847,292 |
| | 10a | Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D | 10a | 1,117,048,231 | | |
| | b | Less: accumulated depreciation | 10b | 565,885,429 | | |
| | | | | 442,889,853 | 10c | 551,162,802 |
| | 11 | Investments—publicly traded securities | | 636,064,459 | 11 | 580,115,019 |
| | 12 | Investments—other securities. See Part IV, line 11 | | 1,219,293,570 | 12 | 1,309,696,826 |
| | 13 | Investments—program-related. See Part IV, line 11 | | 7,415,493 | 13 | 7,670,782 |
| | 14 | Intangible assets | | 0 | 14 | 0 |
| 15 | Other assets. See Part IV, line 11 | | 9,566,071 | 15 | 7,385,448 | |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | 2,419,878,836 | 16 | 2,562,395,480 | |
| Liabilities | 17 | Accounts payable and accrued expenses | | 45,953,427 | 17 | 49,079,974 |
| | 18 | Grants payable | | 0 | 18 | 0 |
| | 19 | Deferred revenue | | 22,398,675 | 19 | 18,460,203 |
| | 20 | Tax-exempt bond liabilities | | 205,942,174 | 20 | 199,551,197 |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 0 | 21 | 0 |
| | 22 | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 0 | 22 | 0 |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 169,148,686 | 23 | 169,179,784 |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 0 | 24 | 0 |
| | 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 | | 78,260,694 | 25 | 121,193,200 |
| | 26 | Total liabilities. Add lines 17 through 25 | | 521,703,656 | 26 | 557,464,358 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | | |
| | 27 | Unrestricted net assets | | 930,863,726 | 27 | 968,970,172 |
| | 28 | Temporarily restricted net assets | | 397,168,867 | 28 | 439,403,548 |
| | 29 | Permanently restricted net assets | | 570,142,587 | 29 | 596,557,402 |
| | Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 30 through 34. | | | | | |
| | 30 | Capital stock or trust principal, or current funds | | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building or equipment fund | | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | | 32 | |
| 33 | Total net assets or fund balances | | 1,898,175,180 | 33 | 2,004,931,122 | |
| 34 | Total liabilities and net assets/fund balances | | 2,419,878,836 | 34 | 2,562,395,480 | |

Part XI Reconciliation of Net AssetsCheck 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 | 550,336,671 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 521,654,535 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 28,682,136 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 1,898,175,180 |
| 5 | Net unrealized gains (losses) on investments | 5 | 88,091,561 |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | 3,690,648 |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | -13,708,403 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 2,004,931,122 |

Part XII Financial Statements and ReportingCheck 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: 24-0795445

Name: LEHIGH UNIVERSITY

Form 990 (2018)

Form 990, Part III, Line 4a:

INSTRUCTION LEHIGH IS AN INDEPENDENT, COEDUCATIONAL UNIVERSITY WITH PROGRAMS OFFERED IN FOUR COLLEGES ARTS AND SCIENCES, BUSINESS AND ECONOMICS, EDUCATION, AND ENGINEERING AND APPLIED SCIENCES AN INTERDISCIPLINARY MINDSET HAS LONG BEEN A PART OF THE LEHIGH CULTURE AND IS EVIDENT IN THE UNIVERSITY'S APPROACH TO TEACHING AND RESEARCH LEHIGH'S UNDERGRADUATE AND GRADUATE STUDENTS WORK IN A COLLABORATIVE ENVIRONMENT, WHERE THEY HAVE THE OPPORTUNITY TO WORK CLOSELY WITH FACULTY, STAFF AND FELLOW STUDENTS IN A PERSONALIZED SETTING THREE OF LEHIGH'S FOUR COLLEGES OFFER UNDERGRADUATE, MASTERS AND DOCTORAL DEGREES WHILE ONE COLLEGE OFFERS MASTERS AND DOCTORAL DEGREES ONLY ALL FOUR COLLEGES COLLABORATE ON A VARIETY OF CROSS-DISCIPLINARY PROGRAMS AND ON CROSS-COLLEGE FACULTY RESEARCH LEHIGH OFFERS MORE THAN 50 UNDERGRADUATE AND GRADUATE DEGREES AND OFFERS MORE THAN 100 UNDERGRADUATE PROGRAMS AND MAJORS, FEATURING MORE THAN 2,300 COURSES THERE ARE 65 PROGRAMS OFFERED AT THE GRADUATE LEVEL IN THE FALL OF 2018, LEHIGH UNDERGRADUATE ENROLLMENT WAS 5,022 FTE UNDERGRADUATE STUDENTS AND 1,421 FTE GRADUATE STUDENTS

Form 990, Part III, Line 4b:

RESEARCH LEHIGH IS COMMITTED TO THE PURSUIT OF NEW KNOWLEDGE, CREATIVE DISCOVERY, SCHOLARLY INQUIRY, AND ESTABLISHING A VIBRANT INTELLECTUAL CULTURE THAT PERVADES THE CAMPUS COMMUNITY FACULTY RESEARCH AND CREATIVE WORK HAS BEEN RECOGNIZED NATIONALLY AND INTERNATIONALLY BY HIGH HONORS FROM PEERS, SIGNIFICANT GRANTS AND FUNDING, PATENTS GRANTED, AND NUMEROUS AND VARIED AWARDS LEHIGH FACULTY HAVE CONTRIBUTED TO ADVANCEMENTS IN THEIR DISCIPLINES AND HAVE BEEN AT THE FOREFRONT OF MAJOR DISCOVERIES THAT HAVE IMPROVED THE LIVES OF MILLIONS THIS SCHOLARLY INQUIRY AND RESEARCH POSITIVELY IMPACTS AND ENHANCES THE LEARNING EXPERIENCE IN THE CLASSROOM TOGETHER WITH TRADITIONAL FACULTY SCHOLARSHIP ACTIVITIES, APPROXIMATELY 600 ACTIVELY SUPPORTED RESEARCH PROJECTS WERE CONDUCTED IN FISCAL YEAR 2019

Form 990, Part III, Line 4c:

AUXILIARY SERVICES STUDENT LIFE AT LEHIGH CREATES A BALANCED EDUCATIONAL EXPERIENCE THAT INTEGRATES FORMAL STUDIES WITH RESIDENTIAL LIFE AND A VIBRANT ARRAY OF STUDENT ORGANIZATIONS AND ACTIVITIES LEHIGH IS A CARING COMMUNITY DEEPLY COMMITTED TO HARMONIOUS CULTURAL DIVERSITY AS AN ESSENTIAL ELEMENT OF THE LEARNING ENVIRONMENT IN ORDER THAT ALL MEMBERS OF THE LEHIGH COMMUNITY MIGHT DEVELOP AS EFFECTIVE AND ENLIGHTENED CITIZENS, THE UNIVERSITY ENCOURAGES PHYSICAL, SOCIAL, ETHICAL AND SPIRITUAL DEVELOPMENT AS WELL AS RIGOROUS INTELLECTUAL DEVELOPMENT IN FISCAL YEAR 2019, APPROXIMATELY 3,275 UNDERGRADUATE STUDENTS RESIDED IN RESIDENCE HALLS, FRATERNITIES OR SORORITIES AND APPROXIMATELY 220 RESIDENTS OCCUPIED GRADUATE HOUSING ON LEHIGH'S CAMPUS

| 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 | | | |
| PETER C DIAMOND TRUSTEE | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| PATRICK A FISCHER TRUSTEE | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| JENNIFER S GONZALEZ TRUSTEE | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| JORDAN HITCH TRUSTEE | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| LIA IACocca-ASSAD TRUSTEE | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| FRANCIS J INGRASSIA TRUSTEE | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| JANE P JAMIESON TRUSTEE | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| STEPHEN K KLASKO TRUSTEE | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| ANNE R KLINE TRUSTEE | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| MARK V MACTAS TRUSTEE | 1 0 0 0 | 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 | | | |
| JAMES R MAIDA TRUSTEE | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| PETER A MORALES TRUSTEE | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| JOSEPH R PERELLA TRUSTEE | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| EDWARD RAMOS TRUSTEE | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| KAREN S SCHAUFELD TRUSTEE | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| BRAD E SCHELER TRUSTEE | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| SARAT SETHI TRUSTEE | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| DENNIS E SINGLETON TRUSTEE | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| TARA I STACOM TRUSTEE | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| KAREN O'DONNELL VANDERGOOT TRUSTEE | 1 0 0 0 | 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 | | | |
| RICHARD R VERMA TRUSTEE | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| JOHN J VRESICS JR TRUSTEE | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| FRANK E WALSH III TRUSTEE | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| ANDREW T WOODWARD TRUSTEE | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| MARK R YEAGER TRUSTEE | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| JOHN D SIMON PRESIDENT | 40 0 0 0 | | | X | | | | 967,628 | 0 | 78,258 |
| PATRICK V FARRELL PROVOST | 40 0 0 0 | | | X | | | | 526,655 | 0 | 44,589 |
| FRANK A ROTH GENERAL COUNSEL, SECRETARY | 40 0 2 0 | | | X | | | | 421,272 | 0 | 44,066 |
| PATRICIA A JOHNSON VP FINANCE AND ADMINISTRATION | 40 0 0 5 | | | X | | | | 417,952 | 0 | 27,391 |
| DENISE M BLEW AVP FINANCE, ASST SEC, TREAS | 30 0 0 0 | | | X | | | | 234,267 | 0 | 47,290 |

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 | | | |
| JOHN P COULTER PROFESSOR | 40 0 0 4 | | | | | | X | 267,903 | 0 | 29,872 |
| DANIEL LOPRESTI PROFESSOR | 40 0 0 0 | | | | | | X | 310,664 | 0 | 43,631 |

| | | |
|--|---|---|
| SCHEDULE A (Form 990 or 990-EZ) | 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 the latest information. | OMB No 1545-0047 |
| | | 2018 Open to Public Inspection |
| Department of the Treasury Internal Revenue Service Name of the organization LEHIGH UNIVERSITY | Employer identification number 24-0795445 | |

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

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

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

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)
(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Section A. Public Support | | | | | | | |
|---------------------------|---|------------|------------|------------|------------|-------------|-------------|
| | Calendar year (or fiscal year beginning in) ► | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ") | 76,267,483 | 76,886,385 | 85,211,384 | 89,637,145 | 108,975,519 | 436,977,916 |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0 |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0 |
| 4 | Total. Add lines 1 through 3 | 76,267,483 | 76,886,385 | 85,211,384 | 89,637,145 | 108,975,519 | 436,977,916 |
| 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) | | | | | | 846,898 |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | 436,131,018 |

| Section B. Total Support | | | | | | | |
|--|--|------------|------------|-------------|------------|-------------|---------------|
| Calendar year (or fiscal year beginning in) ► | | (a)2014 | (b)2015 | (c)2016 | (d)2017 | (e)2018 | (f)Total |
| 7 | Amounts from line 4 | 76,267,483 | 76,886,385 | 85,211,384 | 89,637,145 | 108,975,519 | 436,977,916 |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 27,108,497 | 19,762,629 | 18,613,904 | 21,704,670 | 23,758,293 | 110,947,993 |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | 0 |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 12,504 | 31,207 | -10,024,022 | 349,534 | 0 | -9,630,777 |
| 11 | Total support. Add lines 7 through 10 | | | | | | 538,295,132 |
| 12 | Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 1,688,942,797 |
| 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 <input type="checkbox"/> | | | | | | |

| Section C. Computation of Public Support Percentage | | |
|--|--|--------------------|
| 14 | Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) | 14 81.021 % |
| 15 | Public support percentage for 2017 Schedule A, Part II, line 14 | 15 81.674 % |
| 16a | 33 1/3% support test—2018. 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. <input checked="" type="checkbox"/> | |
| b | 33 1/3% support test—2017. 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. <input type="checkbox"/> | |
| 17a | 10%-facts-and-circumstances test—2018. 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. <input type="checkbox"/> | |
| b | 10%-facts-and-circumstances test—2017. 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. <input type="checkbox"/> | |
| 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. <input type="checkbox"/> | |

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services 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) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (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 2018 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 Public support percentage from 2017 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|--|
| 17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f)) | 17 | |
| 18 Investment income percentage from 2017 Schedule A, Part III, line 17 | 18 | |

19a 33 1/3% support tests—2018. 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—2017. 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. | Yes | No |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | | |
| b 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 | | | |
| <div>1</div> <div><input type="checkbox"/></div> <div>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.</div> | | | |
| 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 | <div><input type="checkbox"/></div> 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 2018 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-2018 | (iii) Distributable Amount for 2018 |
|---|-----------------------------|--|---|
| 1 Distributable amount for 2018 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions | | | |
| 3 Excess distributions carryover, if any, to 2018 | | | |
| a From 2013. | | | |
| b From 2014. | | | |
| c From 2015. | | | |
| d From 2016. | | | |
| e From 2017. | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2018 distributable amount | | | |
| i Carryover from 2013 not applied (see instructions) | | | |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f | | | |
| 4 Distributions for 2018 from Section D, line 7 \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2018 distributable amount | | | |
| c Remainder Subtract lines 4a and 4b from 4 | | | |
| 5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions | | | |
| 6 Remaining underdistributions for 2018 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 2019. Add lines 3j and 4c | | | |
| 8 Breakdown of line 7 | | | |
| a Excess from 2014. | | | |
| b Excess from 2015. | | | |
| c Excess from 2016. | | | |
| d Excess from 2017. | | | |
| e Excess from 2018. | | | |

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 | Amounts reported on this line include miscellaneous revenue not classified as contribution s, unrelated business income, gross income from investment activities as defined in Schedu le A, Part II, Line 8, or related activity income |

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.

OMB No 1545-0047

2018

Open to Public Inspection

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 LEHIGH UNIVERSITY | Employer identification number 24-0795445 |
|---|--|

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) | | 228,179 | | | | | | | | | | | | | |
| c Total lobbying expenditures (add lines 1a and 1b) | | 228,179 | | | | | | | | | | | | | |
| d Other exempt purpose expenditures | | 521,426,356 | | | | | | | | | | | | | |
| e Total exempt purpose expenditures (add lines 1c and 1d) | | 521,654,535 | | | | | | | | | | | | | |
| f Lobbying nontaxable amount Enter the amount from the following table in both columns | | 1,000,000 | | | | | | | | | | | | | |
| <table><thead><tr><th>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) | | 250,000 | | | | | | | | | | | | | |
| 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) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) Total |
| 2a Lobbying nontaxable amount | 1,000,000 | 1,000,000 | 1,000,000 | 1,000,000 | 4,000,000 |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | 6,000,000 |
| c Total lobbying expenditures | 131,509 | 134,437 | 211,624 | 228,179 | 705,749 |
| d Grassroots nontaxable amount | 250,000 | 250,000 | 250,000 | 250,000 | 1,000,000 |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 1,500,000 |
| 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? | | | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | |
| c | Media advertisements? | | | |
| d | Mailings to members, legislators, or the public? | | | |
| e | Publications, or published or broadcast statements? | | | |
| f | Grants to other organizations for lobbying purposes? | | | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | | | |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | |
| i | Other activities? | | | |
| j | Total. Add lines 1c through 1i | | | |
| 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 |
|------------------|-------------|
|------------------|-------------|

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As Filed Data -

DLN: 93493119001240

SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

LEHIGH UNIVERSITY

Employer identification number

24-0795445

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 | Aggregate value of contributions to (during year) | |
| 3 | Aggregate value of grants from (during year) | |
| 4 | Aggregate value at end of year | |

5

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 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 |
| b | Total acreage restricted by conservation easements |
| c | Number of conservation easements on a certified historic structure included in (a) |
| d | Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register |

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

► \$ 1,657,848

(ii)

Assets included in Form 990, Part X

► \$ 23,668,814

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

► \$

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

Cat No 52283D

Schedule D (Form 990) 2018

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

| | Amount |
|----|--------|
| 1c | |
| 1d | |
| 1e | |
| 1f | |

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 | 1,301,639,489 | 1,227,986,155 | 1,108,192,189 | 1,168,168,599 | 1,171,190,664 |
| b Contributions | 21,825,537 | 23,308,799 | 12,675,739 | 41,128,325 | 19,355,533 |
| c Net investment earnings, gains, and losses | 104,855,707 | 118,490,569 | 174,013,227 | -30,743,824 | 37,651,707 |
| d Grants or scholarships | 26,166,436 | 24,578,654 | 23,783,036 | 22,975,434 | 22,153,411 |
| e Other expenditures for facilities and programs | 41,586,891 | 42,279,380 | 41,894,964 | 42,648,477 | 39,746,894 |
| f Administrative expenses | 5,778,000 | 1,288,000 | 1,217,000 | 4,737,000 | -1,871,000 |
| g End of year balance | 1,354,789,406 | 1,301,639,489 | 1,227,986,155 | 1,108,192,189 | 1,168,168,599 |

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment ▶ 31 200 %

b

Permanent endowment ▶ 40 400 %

c

Temporarily restricted endowment ▶ 28 400 %

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

(i)

unrelated organizations

(ii)

related organizations

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

| | | |
|--------|-----|----|
| | Yes | No |
| 3a(i) | Yes | |
| 3a(ii) | | No |
| 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 | 40,407,697 | 6,512,794 | | 46,920,491 |
| b Buildings | | 682,306,501 | 351,824,240 | 330,482,261 |
| c Leasehold improvements | | 4,433,872 | 781,992 | 3,651,879 |
| d Equipment | | 219,152,699 | 175,285,121 | 43,867,578 |
| e Other | | 164,234,669 | 37,994,076 | 126,240,593 |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶ | | | | 551,162,802 |

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) ALTERNATIVE INVESTMENTS | 1,304,674,039 | F |
| (B) LIFE INSURANCE & OTHER INVEST | 3,359,417 | F |
| (C) REAL ESTATE | 1,663,370 | F |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶ | 1,309,696,826 | |

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 | 0 |
| ANNUITY PAYMENT LIABILITY | 18,117,947 |
| POSTRETIREMENT BENEFIT LIABILI | 50,678,000 |
| FIN47 ASSET RETIREMENT OBLIGAT | 4,046,596 |
| DEPOSITS HELD FOR OTHERS | 1,179,201 |
| REFUNDABLE STUDENT LOANS | 1,357,844 |
| OTHER LIABILITIES | 1,211,064 |
| P3 FINANCING OBLIGATION | 40,120,588 |
| RATE SWAP LIABILITY | 4,481,960 |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ | 121,193,200 |

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 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | | |
| a | Net unrealized gains (losses) on investments | 2a | | |
| b | Donated services and use of facilities | 2b | | |
| c | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII) | 2d | | |
| e | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 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 | | |
| b | Other (Describe in Part XIII) | 4b | | |
| c | Add lines 4a and 4b | | 4c | |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12) | | 5 | |

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 | |
| 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 | | |
| e | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 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 | | |
| b | Other (Describe in Part XIII) | 4b | | |
| c | Add lines 4a and 4b | | 4c | |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18) | | 5 | |

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 |
|------------------|-------------|
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| | |
| | |
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| | |
| | |
| | |

Additional Data

Software ID:
Software Version:
EIN: 24-0795445
Name: LEHIGH UNIVERSITY

Form 990, Schedule D, Part X, - Other Liabilities

| 1 (a) Description of Liability | (b) Book Value |
|--------------------------------|----------------|
| ANNUITY PAYMENT LIABILITY | 18,117,947 |
| POSTRETIREMENT BENEFIT LIABILI | 50,678,000 |
| FIN47 ASSET RETIREMENT OBLIGAT | 4,046,596 |
| DEPOSITS HELD FOR OTHERS | 1,179,201 |
| REFUNDABLE STUDENT LOANS | 1,357,844 |
| OTHER LIABILITIES | 1,211,064 |
| P3 FINANCING OBLIGATION | 40,120,588 |
| RATE SWAP LIABILITY | 4,481,960 |

Supplemental Information

| Return Reference | Explanation |
|------------------------------|--|
| SCHEDULE D, PART III, LINE 4 | <p>THE LEHIGH UNIVERSITY ART GALLERIES MAINTAIN AND DEVELOP THE UNIVERSITY'S PERMANENT ART COLLECTION EXHIBITIONS DESIGNED TO INSPIRE, DEVELOP AND PROMOTE VISUAL LITERACY AND CULTURAL UNDERSTANDING THROUGH CROSS-DISCIPLINARY EDUCATIONAL OPPORTUNITIES THAT SUPPLEMENT FORMAL CLASSROOM STUDY, AND SERVE AS AN EDUCATIONAL LABORATORY TO BENEFIT STUDENTS, FACULTY, AND THE COMMUNITY-AT-LARGE AS PART OF THE UNIVERSITY LEARNING EXPERIENCE THE ART GALLERY MAINTAINS AND DEVELOPS THE UNIVERSITY'S WORLD-CLASS TEACHING COLLECTION OF OVER 15,000 OBJECTS AND PRESENTS APPROXIMATELY TWELVE EXHIBITIONS PER YEAR IN SIX CAMPUS GALLERIES</p> |

| Supplemental Information | |
|--------------------------|---|
| Return Reference | Explanation |
| SCHEDULE D, PART V | THE UNIVERSITY HAS ELECTED TO RECORD CONTRIBUTIONS NET OF TRANSFERS AND TO REPORT INVESTMENT RETURN NET OF ALL INVESTMENT EXPENSES THIS APPROACH IS CONSISTENT WITH THE UNIVERSITY'S FINANCIAL STATEMENT PRESENTATION |

Supplemental Information

| Return Reference | Explanation |
|----------------------------|---|
| SCHEDULE D, PART V, LINE 4 | THE UNIVERSITY'S ENDOWMENT CONSISTS OF APPROXIMATELY 2,800 INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES. THE ENDOWMENT INCLUDES FUNDS THAT ARE ACTIVELY MANAGED BY THE UNIVERSITY AS PART OF A SINGLE COMMINGLED INVESTMENT POOL AS WELL AS LIMITED NUMBER OF INDIVIDUAL FUNDS THAT ARE SEPARATELY INVESTED OR HELD IN TRUST BY OTHERS. THE PRINCIPAL FINANCIAL OBJECTIVE OF THE ENDOWMENT POOL IS THAT THE REAL PURCHASING POWER OF THE ENDOWMENT PRINCIPAL SHOULD BE PRESERVED AND IF POSSIBLE ENHANCED TO HELP ENSURE THE UNIVERSITY'S FINANCIAL FUTURE. EARNINGS ON ENDOWMENT FUNDS ARE DESIGNATED FOR SCHOLARSHIPS, FELLOWSHIPS, PROFESSORSHIPS, CHAIRS, STUDENT LOANS AND OTHER PURPOSES. ENDOWMENT CONTRIBUTIONS INCLUDE GIFTS AS WELL AS TRANSFERS TO BOARD DESIGNATED ENDOWMENT FUNDS. |

Supplemental Information

| Return Reference | Explanation |
|----------------------------|--|
| SCHEDULE D, PART X, LINE 2 | THE UNIVERSITY HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(c)(3) OF THE UNITED STATES INTERNAL REVENUE CODE, EXCEPT FOR TAXES ON INCOME FROM ACTIVITIES UNRELATED TO ITS EXEMPT PURPOSE THERE WAS NO PROVISION FOR INCOME TAXES DUE ON UNRELATED BUSINESS INCOME IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE UNIVERSITY AND RECOGNIZE A TAX LIABILITY (OR ASSET) IF THE UNIVERSITY HAS TAKEN AN UNCERTAIN TAX POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE IRS MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE UNIVERSITY, AND HAS CONCLUDED THAT AS OF JUNE 30, 2019, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE FINANCIAL STATEMENTS THE UNIVERSITY IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTION, HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS |

| | | |
|------------------------------------|--|----------------------------------|
| SCHEDULE E (Form 990 or 990-EZ) | <h1>Schools</h1> <p>► Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.</p> <p>► Attach to Form 990 or Form 990-EZ.</p> <p>► Go to www.irs.gov/Form990EZ for the latest instructions.</p> | OMB No 1545-0047 |
| | | 2018 |
| | | Open to Public Inspection |

| | |
|---|--|
| Department of the Treasury Name of the organization LEHIGH UNIVERSITY | Employer identification number 24-0795445 |
|---|--|

| 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 | A NON-DISCRIMINATION STATEMENT IS LOCATED ON THE GENERAL COUNSEL'S SECTION OF THE UNIVERSITY'S WEBSITE. CATALOGS, BROCHURES, NEWSPAPER ADVERTISEMENTS AND OTHER MEDIA ANNOUNCING PROGRAMS OR SOLICITING STUDENTS INCLUDE A SUMMARY STATEMENT ON THE NONDISCRIMINATORY POLICY. |
| SCHEDULE E, PART I, LINE 6A | LEHIGH UNIVERSITY RECEIVES FUNDS FROM VARIOUS FEDERAL AND STATE GOVERNMENTAL AGENCIES UNDER THEIR RESPECTIVE STUDENT FINANCIAL AID ASSISTANCE PROGRAMS. FEDERAL GRANT PROGRAMS INCLUDE THE PELL, SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANT, AS WELL AS FEDERAL WORK STUDY FUNDING, WHICH IS USED TO PROVIDE WORK OPPORTUNITIES TO STUDENTS. THE STATE PROGRAM IS THE PA HIGHER EDUCATION ASSISTANCE AGENCY PROGRAM. GRANTS ARE ALSO RECEIVED FROM VARIOUS OTHER STATES. IN ADDITION, THE UNIVERSITY IS AWARDED RESEARCH GRANTS AND OTHER PROJECT GRANTS BY VARIOUS FEDERAL AND STATE AGENCIES. |

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization
LEHIGH UNIVERSITY

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

2018

**Open to Public
Inspection**

Employer identification number

24-0795445

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to 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 region | (d) Activities conducted in region (by type) (e g , 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 region | (f) Total expenditures for and investments in region |
|---|-------------------------------------|--|---|--|--|
| See Add'l Data | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 3a Sub-total | | 4 | | | 2,655,370 |
| b Total from continuation sheets to Part I | | | | | 640,682,208 |
| c Totals (add lines 3a and 3b) | | 5 | | | 643,337,578 |

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to 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.

[illegible]

| | | | |
|---|--|---|---|
| 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 | ▶ | 5 |

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

Part III can be duplicated if additional space is needed.

[illegible]

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 |
|----------------------------------|--|
| SCHEDULE F, PART I, LINE 2 | <p>Subrecipient grants - Lehigh University maintains a policy defining its procedures for monitoring the use of sponsored funds by subrecipients who are performing a portion of a sponsored project externally awarded to Lehigh. The policy provides guidance to ensure that subrecipients conduct their portions of sponsored projects in compliance with laws, regulations, terms and conditions of awards and subawards, and that reimbursed costs incurred by subrecipients are allowed. Other Assistance - Assistance offered from institutional funds to undergraduate Lehigh students is awarded on the basis of merit and/or financial need. The selection criteria is based on the calculated expected family contribution, which is derived by using complex formulas involving families' income, assets, and household sizes. The student financial aid office administers and monitors these grants using system-generated reviews, along with cross checks on an ad hoc basis. Results from these reviews are regularly evaluated. Subsequently, follow-up corrective actions are taken when appropriate, and potentially include award revisions or cancellations. These provisions are designed to help ensure that student assistance funds are awarded to eligible recipients, in accordance with applicable federal, state, institutional, and other program legislation, as well as relevant internal university policies and operational guidelines. Graduate assistance offered from institutional funds to our students consists of assistantships, fellowships and scholarships. Students can also apply for a variety of private, external fellowships and scholarships.</p> |

990 Schedule F, Supplemental Information

| Return Reference | Explanation |
|----------------------------------|--|
| SCHEDULE F, PART I, LINE 3 | INVESTMENT MANAGEMENT EXPENSES AND THE BOOK VALUE OF INVESTMENTS ARE REPORTED SEPARATELY FOR EACH REGION. ACTIVITIES AND EXPENDITURES OUTSIDE THE U.S. HAVE BEEN IDENTIFIED ON A REASONABLE EFFORTS BASIS WHERE SUCH ACTIVITIES WERE NOT TRACKED SEPARATELY UNDER THE UNIVERSITY'S ACCOUNTING PROCEDURES. THESE REASONABLE EFFORTS INCLUDED REVIEWS OF FINANCIAL RECORDS, INTERVIEWS WITH UNIVERSITY PERSONNEL, REVIEW OF THE UNIVERSITY'S WEBSITE AND PUBLICATIONS, ETC. EXPENDITURES OUTSIDE THE U.S. ARE REPORTED ON THE ACCRUAL BASIS OF ACCOUNTING AS ARE THE FINANCIAL STATEMENTS. |

990 Schedule F, Supplemental Information

| Return Reference | Explanation |
|--------------------------------------|--|
| SCHEDULE F, PART III, COLUMN C | NOTE THAT FOREIGN INDIVIDUALS ARE DEFINED AS THOSE LIVING OUTSIDE THE U S AT THE TIME THE AID WAS AWARDED THE ABOVE IS A BEST ESTIMATE BASED ON CERTAIN ASSUMPTIONS REGARDING WHERE PERSONS WERE LIVING WHEN THE AID WAS AWARDED AND DOES NOT REPRESENT THE DEGREE TO WHICH AID IS AWARDED TO INTERNATIONAL STUDENTS |

Additional Data

Software ID:
Software Version:
EIN: 24-0795445
Name: LEHIGH UNIVERSITY

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 | | | Program Services | Research | 101,533 |
| East Asia and the Pacific | | | Send agents to seminar | | 87,753 |

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 | | | Program Services | Global Educ Exper | 629,392 |
| East Asia and the Pacific | | | Investments | | 11,918 |

| 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 |
| Russia and the Newly Independent States | | | Send agents to seminar | | 833 |
| Russia and the Newly Independent States | | | Program Services | Global Educ Exper | 2,758 |

| 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 and Greenland) | | | Fundraising | Fundraising | 22,648 |
| Europe (Including Iceland and Greenland) | | 2 | Program Services | Global Educ Exper | 1,159,904 |

| 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 and Greenland) | | 1 | Program Services | Research | 72,562 |
| Europe (Including Iceland and Greenland) | | | Send agents to seminar | | 323,180 |

| 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 and Greenland) | | | Investments | | 22,281 |
| Antarctica | | | Program Services | Research | 1,258 |

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 | | 1 | Program Services | Global Educ Exper | 143,634 |
| Middle East and North Africa | | | Send agents to seminar | | 13,371 |

| 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 | | | Program Services | Research | 25,349 |
| South Asia | | | Send agents to seminar | | 13,900 |

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 Asia | | | Program Services | Research | 23,096 |
| South Asia | | 1 | Program Services | Global Educ Exper | 53,255 |

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 | | | Program Services | Global Educ Exper | 22,348 |
| South America | | | Send agents to seminar | | 6,749 |

| 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 | | | Program Services | Research | 8,499 |
| South America | | | Investments | | 138,295 |

| 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 | | | Send agents to seminar | | 838 |
| Central America and the Caribbean | | | Program Services | Global Educ Exper | 95,871 |

| 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 | | | Program Services | Research | 1,588 |
| Sub-Saharan Africa | | | Program Services | Research | 42,039 |

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 | | | Send agents to seminar | | 4,509 |
| Sub-Saharan Africa | | | Program Services | Global Educ Exper | 244,649 |

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 | | | Program Services | Research | 5,922 |
| North America | | | Send agents to seminar | | 32,279 |

| 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 | | | Program Services | Global Educ Exper | 22,367 |
| Central America and the Caribbean | | | Investments | | 549,657,000 |

| 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 and Greenland) | | | Investments | | 85,173,000 |
| South America | | | Investments | | 5,173,000 |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

| (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 non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|--------------------------|---|---------------------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | East Asia and the Pacific | | 64,215 | WIRE | | N/A | N/A |
| | | North America | | 6,000 | CHECK | | N/A | N/A |

| Form 990 Schedule F Part II - Grants or Entities Outside The United States | | | | | | | | |
|--|---|--|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| (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 non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | Europe (Including Iceland and Greenland) | RESEARCH | 10,000 | WIRE | | N/A | N/A |
| | | Sub-Saharan Africa | RESEARCH | 30,690 | WIRE | | N/A | N/A |

| Form 990 Schedule F Part II - Grants or Entities Outside The United States | | | | | | | | |
|--|---|------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| (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 non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | | | 21,244 | | | | |

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) |
|---------------------------------|-----------------------------------|--------------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| SCHOLARSHIP | Central America and the Caribbean | 9 | 224,380 | CHECK | | N/A | N/A |
| SCHOLARSHIP | East Asia and the Pacific | 51 | 1,332,995 | CHECK | | N/A | N/A |

| 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) |
| SCHOLARSHIP | Europe (Including Iceland and Greenland) | 24 | 981,700 | CHECK | | N/A | N/A |
| SCHOLARSHIP | Middle East and North Africa | 10 | 435,483 | CHECK | | N/A | N/A |

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) |
|---------------------------------|---|--------------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| SCHOLARSHIP | North America | 5 | 259,847 | CHECK | | N/A | N/A |
| SCHOLARSHIP | Russia and the Newly Independent States | 7 | 260,382 | CHECK | | N/A | N/A |

| 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) |
| SCHOLARSHIP | South America | 4 | 85,714 | CHECK | | N/A | N/A |
| SCHOLARSHIP | South Asia | 30 | 854,248 | CHECK | | N/A | N/A |

| 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) |
| SCHOLARSHIP | Sub-Saharan Africa | 14 | 937,737 | CHECK | | N/A | N/A |
| FELLOWSHIP | East Asia and the Pacific | 19 | 93,228 | CHECK | | N/A | N/A |

| 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) |
| FELLOWSHIP | Europe (Including Iceland and Greenland) | 4 | 16,849 | CHECK | | N/A | N/A |
| FELLOWSHIP | Middle East and North Africa | 3 | 39,786 | CHECK | | N/A | N/A |

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) |
|---------------------------------|---|--------------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| FELLOWSHIP | Russia and the Newly Independent States | 1 | 1,851 | CHECK | | N/A | N/A |
| FELLOWSHIP | South Asia | 6 | 31,447 | CHECK | | N/A | N/A |

| 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) |
| FELLOWSHIP | Sub-Saharan Africa | 2 | 6,360 | CHECK | | N/A | N/A |

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
LEHIGH UNIVERSITY

Employer identification number
24-0795445

Part I Fundraising Activities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☒ Mail solicitations

e ☒ Solicitation of non-government grants

b ☒ Internet and email solicitations

f ☒ Solicitation of government grants

c ☒ Phone solicitations

g ☒ Special fundraising events

d ☒ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|--|---------------------|--|----|-----------------------------------|--|---|
| | | Yes | No | | | |
| IDEAS UNITED LLC 200 ARIZONA AVE NE STE 104 ATLANTA, GA 30307 | CAMPAIGN PRODUCTION | | No | | 378,182 | |
| MARTS LUNDY 1200 WALLSTREET WEST LYNDHURST, NJ 07071 | CAMPAIGN STRATEGY | | No | | 85,677 | |
| SIMPSONSCARBOROUGH 2122 P Street NW Suite 200 WASHINGTON, DC 20037 | CAMPAIGN STRATEGY | | No | | 47,903 | |
| THE STETLER COMPANY 10435 NEW YORK AVENUE DES MOINES, IA 50322 | MAILING STRATEGY | | No | | 41,177 | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total ▶ | | | | | 552,939 | |

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) |
|---|--|--|--------------|----------------------------|--|
| | | GOLF TOURNAMENT (event type) | (event type) | 0 (total number) | Total events (add col (a) through col (c)) |
| Revenue | 1 Gross receipts | 59,450 | | | 59,450 |
| | 2 Less Contributions | 27,150 | | | 27,150 |
| | 3 Gross income (line 1 minus line 2) | 32,300 | | | 32,300 |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | 6,675 | | | 6,675 |
| | 6 Rent/facility costs | | | | |
| | 7 Food and beverages | 36,230 | | | 36,230 |
| | 8 Entertainment | | | | |
| | 9 Other direct expenses | 4,309 | | | 4,309 |
| | 10 Direct expense summary Add lines 4 through 9 in column (d) ▶ | | | | 47,214 |
| 11 Net income summary Subtract line 10 from line 3, column (d) ▶ | | | | -14,914 | |

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

| | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col (a) through col (c)) |
|-----------------|--|---|---|---|---|
| Revenue | 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 |
|--|---|
| SCHEDULE G, PART I, LINE 2B, COLUMN (IV) | PROFESSIONAL FUNDRAISING ASSISTANCE WAS NOT CONNECTED WITH ANY PARTICULAR FUNDRAISING CAMPAIGN AND THE UNIVERSITY IS CURRENTLY UNABLE TO TRACK THE REVENUE ASSOCIATED WITH THE PROFESSIONAL FUNDRAISERS' ASSISTANCE |

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

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
LEHIGH UNIVERSITY

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number
24-0795445

Part I General Information on Grants and Assistance

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

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|---------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) See Additional Data | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 30

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

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

Part III can be duplicated if additional space is needed

| (a) Type of grant or assistance | (b) 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 |
|----------------------------------|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| (1) SCHOLARSHIPS AND FELLOWSHIPS | 3741 | 109,163,652 | | | |
| (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 |
|----------------------|--|
| SCHEDULE I, PART III | INDIVIDUALS IN THE U S ARE DEFINED AS THOSE LIVING IN THE U S AT THE TIME THE AID WAS AWARDED THE ABOVE IS A BEST ESTIMATE BASED ON CERTAIN ASSUMPTIONS REGARDING WHERE PERSONS WERE LIVING WHEN THE AID WAS AWARDED AND DOES NOT REPRESENT THE DEGREE TO WHICH AID IS AWARDED TO INTERNATIONAL STUDENTS |
| SCHEDULE I, PART I | Subrecipient grants - Lehigh University maintains a policy defining its procedures for monitoring the use of sponsored funds by subrecipients who are performing a portion of a sponsored project externally awarded to Lehigh The policy provides guidance to ensure that subrecipients conduct their portions of sponsored projects in compliance with laws, regulations, terms and conditions of awards and subawards, and that reimbursed costs incurred by subrecipients are allowed Other Assistance - Undergraduate assistance offered from institutional funds to our undergraduate students is awarded on the basis of merit and/or financial need The selection criteria is based on the calculated expected family contribution, which is derived by using complex formulas involving families' income, assets, and household sizes The student financial aid office administers and monitors these grants using system-generated reviews, along with cross checks on an ad hoc basis Results from these reviews are regularly evaluated Subsequently, follow-up corrective actions are taken when appropriate, and potentially include award revisions or cancellations These provisions are designed to help ensure that student assistance funds are awarded to eligible recipients, in accordance with applicable federal, state, institutional, and other program legislation, as well as relevant internal university policies and operational guidelines Graduate assistance offered from institutional funds to our students consists of assistantships, fellowships and scholarships Students can also apply for a variety of private, external fellowships and scholarships |

Additional Data

Software ID:
Software Version:
EIN: 24-0795445
Name: LEHIGH UNIVERSITY

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 |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| CARNEGIE MELLON UNIVERSITY PO BOX 371032 PITTSBURGH, PA 15250 | 25-0969449 | 501(C)(3) | 1,000,897 | | | | |
| BETHLEHEM ECONOMIC DEVELOPMENT CORP 10 E CHURCH ST BETHLEHEM, PA 18015 | 23-2211627 | 501(C)(3) | 364,858 | | | | |

| 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 |
| ARTSQUEST 25 W THIRD STREET BETHLEHEM, PA 18015 | 23-2280560 | 501(C)(3) | 17,500 | | | | |
| BOARD OF REGENTS- UNIVERSITY OF NEVADA UNIVERSITY OF NEVADA RENO 1664 N VIRGINIA ST MAILSTOP 0124 RENO, NV 895570025 | 88-6000024 | | 5,942 | | | | |

| 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 |
| ALLIANCE OF BORDER COLLABORATIVES 5400 SUNCREST DRIVE STE D7 EL PASO, TX 79912 | 27-1747560 | 501(C)(3) | 150,451 | | | | |
| BROWN UNIVERSITY BOX 1997 69 BROWN ST 2ND FL CASHIERS OFFICE PROVIDENCE, RI 02912 | 05-0258809 | 501(C)(3) | 11,565 | | | | |

| 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 |
| GEORGETOWN UNIVERSITY BOX 571164 SPONSORED ACCOUNTING OFFICE WASHINGTON, DC 200571164 | 53-0196603 | 501(C)(3) | 29,774 | | | | RESEARCH |
| BUTLER HOSPITAL 350 DUNCAN DRIVE PROVIDENCE, RI 029067003 | 05-0258812 | 501(C)(3) | 36,165 | | | | RESEARCH |

| 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 |
| CITY OF EL PASO 300 N CAMPBELL ST EL PASO, TX 799011402 | 74-6000749 | GOVT | 43,878 | | | | |
| CITY OF BETHLEHEM 10 EAST CHURCH STREET BETHLEHEM, PA 18018 | 24-6000689 | GOVT | 150,075 | | | | |

| 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 |
| GEORGIA TECH RESEARCH CORP PO BOX 100117 ATLANTA, GA 30384 | 58-0603146 | 501(C)(3) | 45,020 | | | | |
| TEACHERS COLLEGE COLUMBIA UNIVERSITY 525 WEST 120TH STREET ATTNJ HERNANDEZ GRANTS AND CONTRA NEW YORK, NY 10027 | 13-1624202 | 501(C)(3) | 120,907 | | | | |

| 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 |
| HARVEY MUDD COLLEGE 301 PLATT BLVD CLAREMONT, CA 91711 | 95-1911219 | 501(C)(3) | 42,864 | | | | |
| HISPANIC CENTER LEHIGH VALLEY 520 E FOURTH STREET BETHLEHEM, PA 18015 | 23-1882308 | 501(C)(3) | 50,760 | | | | |

| 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 |
| REGENTS OF THE UNIVERSITY OF CALIFORNIA 9500 GILMAN DR LA JOLLA, CA 920930009 | 95-6006142 | | 81,798 | | | | |
| WESTERN KENTUCKY UNIVERSITY 1906 COLLEGE HTS BLVD BOWLING GREEN, KY 421011022 | 61-6055628 | | 80,235 | | | | |

| 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 |
| UNIVERSITY OF MISSOURI PO BOX 807012 KANSAS CITY, MO 641807012 | 43-6003859 | | 83,378 | | | | |
| VANDERBILT UNIVERSITY 2301 VANDERBILT PL NASHVILLE, TN 37240 | 62-0476822 | 501(C)(3) | 248,442 | | | | |

| 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 |
| RHODE ISLAND HOSPITAL PO BOX 42 PROVIDENCE, RI 029034141 | 05-0258954 | 501(C)(3) | 19,063 | | | | RESEARCH |
| UNIVERSITY OF MARYLAND BALTIMORE PO BOX 41428 BALTIMORE, MD 212036428 | 52-6002033 | | 20,963 | | | | RESEARCH |

| 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 |
| MASSACHUSETTS GENERAL HOSPITAL PO BOX 3829 RESEARCH FINANCE BOSTON, MA 022413829 | 04-2697983 | 501(C)(3) | 24,497 | | | | |
| REGENTS OF THE UNIVERSITY OF MICHIGAN BOX 223131 PITTSBURGH, PA 152512131 | 38-6006309 | | 70,121 | | | | |

| 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 |
| MEDICAL COLLEGE OF WISCONSIN INC PO BOX 26509 MILWAUKEE, WI 532260509 | 39-0806261 | 501(C)(3) | 8,523 | | | | |
| TRUSTEES UNIVERSITY OF PA PO BOX 785541 PHILADELPHIA, PA 191785541 | 23-1352685 | 501(C)(3) | 88,240 | | | | |

| 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 |
| OREGON RESEARCH INSTITUTE 1776 MILLRACE DR EUGENE, OR 974032536 | 93-0495665 | 501(C)(3) | 49,312 | | | | |
| UNIVERSITY OF DELAWARE 116 STUDENT SERVICES BLDG NEWARK, DE 19716 | 51-6000297 | | 21,244 | | | | |

| 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 |
| TEMPLE UNIVERSITY RESEARCH ADMIN PO BOX 824242 PHILADELPHIA, PA 191824242 | 23-1365971 | 501(C)(3) | 13,393 | | | | |
| SOUDERTON AREA SCHOOL DISTRICT 760 LOWER ROAD SOUDERTON, PA 18964 | 23-1668443 | GOVT | 48,843 | | | | |

| 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 |
| UNIVERSITY OF VIRGINIA OFFICE OF SPONSORED PROGRAMS PO BOX 400195 CHARLOTTESVILLE, VA 229044195 | 54-6001796 | | 5,730 | | | | |
| WRIGHT STATE UNIVERSITY OFFICE OF THE BURSAR 3640 COLONEL GLENN HWY DAYTON, OH 45435 | 31-0732831 | | 106,715 | | | | |

| | | |
|--------------------------|---|---------------------------|
| Schedule J (Form 990) | <div>Compensation Information</div> <div>For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</div> <div>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990.</div> <div>▶ Go to www.irs.gov/Form990 for instructions and the latest information.</div> | OMB No 1545-0047 |
| | | 2018 |
| | | Open to Public Inspection |

| | | |
|--|---|--|
| Department of the Treasury Internal Revenue Service | Name of the organization LEHIGH UNIVERSITY | Employer identification number 24-0795445 |
|--|---|--|

| 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 checked="" type="checkbox"/> Housing allowance or residence for personal use | | |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence | | |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees | | |
| <input type="checkbox"/> Discretionary spending account | <input checked="" type="checkbox"/> Personal services (e g , maid, chauffeur, chef) | | |
| b If any of the boxes in 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 in 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 checked="" type="checkbox"/> Written employment contract | | |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study | | |
| <input type="checkbox"/> Form 990 of other organizations | <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 | Yes |
| 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 | Yes |
| 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 | No |
| 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | | 9 | |

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

See Additional Data Table**Schedule J (Form 990) 2018**

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 |
|-----------------------------|---|
| SCHEDULE J, PART I, LINE 1A | HOUSING ALLOWANCE. THE AMOUNT REPORTED IN COLUMN D OF PART II FOR JOHN SIMON INCLUDES THE ESTIMATED ANNUAL LEASE VALUE FOR THE PRESIDENT'S HOUSE. DR SIMON WAS REQUIRED TO RESIDE IN A HOUSE ON CAMPUS. THE PRESIDENT'S HOUSE SERVED NOT ONLY AS A RESIDENCE, BUT ALSO AS A HOST LOCATION FOR MANY UNIVERSITY EVENTS. CLEANING SERVICES WERE ALSO PROVIDED FOR THE HOUSE. CLUB DUES AND INITIATION FEES. LEHIGH UNIVERSITY OFFERS A SUBSIDY OF COUNTRY CLUB INITIATION AND MEMBERSHIP DUES TO ELIGIBLE EMPLOYEES IN KEY POSITIONS FOR THE PURPOSE OF FUNDRAISING AND DONOR RELATION ACTIVITIES. THE TERMS OF THE SUBSIDY PROGRAM WERE APPROVED BY THE BOARD OF TRUSTEES COMPENSATION SUBCOMMITTEE. THE PRESIDENT RECEIVES A FULL SUBSIDY AND THE VICE PRESIDENT OF ADVANCEMENT RECEIVES A LIMITED SUBSIDY. ANY PERSONAL USE OF THE SOCIAL CLUB FACILITIES IS REPORTED AS TAXABLE COMPENSATION. PERSONAL SERVICES. THE UNIVERSITY PROVIDES THE SERVICES OF A DRIVER FOR BUSINESS TRANSPORTATION FOR THE PRESIDENT, TRUSTEES, VISITING DIGNITARIES AND OTHER SENIOR UNIVERSITY LEADERS. |

| Return Reference | Explanation |
|-----------------------------|---|
| SCHEDULE J, PART I, LINE 4B | PART II COLUMN (B)(iii) OTHER REPORTED COMPENSATION FOR GARY SASSO INCLUDES \$337,080 IN NONQUALIFIED DEFERRED COMPENSATION UNDER THE TERMS OF HIS RETIREMENT AGREEMENT DR JOHN SIMON PARTICIPATES IN A 457(F) PLAN IN KEEPING WITH THE UNIVERSITY POLICY FOR ALL OF THE PRESIDENT'S COMPENSATION AND BENEFITS, THE TERMS OF THIS PLAN WERE APPROVED BY THE BOARD OF TRUSTEES COMPENSATION SUBCOMMITTEE |

| Return Reference | Explanation |
|----------------------------|--|
| SCHEDULE J, PART I, LINE 7 | CERTAIN STAFF IN THE UNIVERSITY'S INVESTMENT OFFICE ARE ELIGIBLE FOR BONUS COMPENSATION THAT IS BASED UPON THE UNIVERSITY'S LONG TERM INVESTMENT PORTFOLIO PERFORMANCE THE CRITERIA FOR SUCH COMPENSATION IS ESTABLISHED BY THE COMPENSATION SUBCOMMITTEE OF THE UNIVERSITY'S BOARD IN CONSULTATION WITH THE INVESTMENT SUBCOMMITTEE |



Additional Data

Software ID:
Software Version:
EIN: 24-0795445
Name: LEHIGH UNIVERSITY

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| JOHN D SIMON PRESIDENT | (i) | 932,331 | | 35,297 | 28,524 | 49,734 | 1,045,886 | |
| | (ii) | | | | | | | |
| PATRICK V FARRELL PROVOST | (i) | 522,909 | | 3,746 | 29,524 | 15,065 | 571,244 | |
| | (ii) | | | | | | | |
| FRANK A ROTH GENERAL COUNSEL, SECRETARY | (i) | 393,563 | 25,000 | 2,709 | 29,524 | 14,542 | 465,338 | |
| | (ii) | | | | | | | |
| PATRICIA A JOHNSON VP FINANCE AND ADMINISTRATION | (i) | 411,980 | | 5,972 | 24,024 | 3,367 | 445,343 | |
| | (ii) | | | | | | | |
| DENISE M BLEW AVP FINANCE, ASST SEC, TREAS | (i) | 232,380 | | 1,887 | 25,548 | 21,742 | 281,557 | |
| | (ii) | | | | | | | |
| KRISTIN AGATONE CHIEF INVESTMENT OFFICER | (i) | 470,577 | 470,000 | 612 | 18,524 | 9,103 | 968,816 | |
| | (ii) | | | | | | | |
| DONALD E HALL DEAN, COLLEGE OF ARTS & SCIENC | (i) | 155,674 | | 21,271 | 16,586 | 3,906 | 197,437 | |
| | (ii) | | | | | | | |
| STEPHEN P DEWEERTH DEAN, P C ROSSIN COLL OF ENG | (i) | 401,181 | | 10,790 | 18,524 | 20,163 | 450,658 | |
| | (ii) | | | | | | | |
| PAUL BROCKMAN PROFESSOR | (i) | 442,805 | | 2,313 | 29,524 | 14,434 | 489,076 | |
| | (ii) | | | | | | | |
| JOHN P COULTER PROFESSOR | (i) | 267,010 | | 893 | 28,553 | 1,319 | 297,775 | |
| | (ii) | | | | | | | |
| JOSEPH E BUCK VP, ADVANCEMENT | (i) | 434,626 | | 10,735 | 18,524 | 20,245 | 484,130 | |
| | (ii) | | | | | | | |
| GEORGETTE C PHILLIPS DEAN, COLLEGE OF BUS & ECON | (i) | 473,047 | | 4,582 | 24,024 | 2,012 | 503,665 | |
| | (ii) | | | | | | | |
| JOHN WELTY VICE PROVOST, WESTERN REGION | (i) | 411,099 | | 11,484 | 29,524 | 13,446 | 465,553 | |
| | (ii) | | | | | | | |
| GARY M SASSO DEAN, COLLEGE OF EDUCATION | (i) | 161,847 | | 340,676 | 29,524 | 13,813 | 545,860 | |
| | (ii) | | | | | | | |
| DANIEL LOPRESTI PROFESSOR | (i) | 309,689 | | 975 | 29,524 | 14,107 | 354,295 | |
| | (ii) | | | | | | | |
| CAMERON WESSON INTERIM DEAN, COLL ARTS & SCI | (i) | 228,927 | | 2,023 | 23,757 | 7,158 | 261,865 | |
| | (ii) | | | | | | | |

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

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
LEHIGH UNIVERSITY

Supplemental Information on Tax-Exempt Bonds

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

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number
24-0795445

| 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 NORTHAMPTON COUNTY GENERAL PURPOSE AUTHORITY | 23-3007498 | 663507BY6 | 05-19-2004 | 50,000,000 | VARIOUS CAPITAL PROJECTS | | X | | X | | X |
| B NORTHAMPTON COUNTY GENERAL PURPOSE AUTHORITY | 23-3007498 | 663540JB9 | 08-24-2006 | 47,000,000 | REFUND 10/31/96 BONDS AND CAPITAL | | X | | X | | X |
| C NORTHAMPTON COUNTY GENERAL PURPOSE AUTHORITY | 23-3007498 | 663507BZ3 | 02-01-2007 | 53,931,267 | REFUND 8/24/06 AND 1/19/00 BONDS | | X | | X | | X |
| D NORTHAMPTON COUNTY GENERAL PURPOSE AUTHORITY | 23-3007498 | 663507CW9 | 10-06-2016 | 105,101,536 | REF PART 2007 & REF ALL 2009 BONDS | | X | | X | | X |

| Part II | | Proceeds | | | | | | | |
|---------|--|------------|----|------------|----|------------|----|-------------|----|
| | | A | | B | | C | | D | |
| 1 | Amount of bonds retired | 0 | | 39,790,000 | | 0 | | 0 | |
| 2 | Amount of bonds legally defeased | 0 | | 0 | | 29,310,000 | | 0 | |
| 3 | Total proceeds of issue | 50,397,724 | | 47,249,418 | | 53,931,267 | | 105,101,536 | |
| 4 | Gross proceeds in reserve funds | 0 | | 0 | | 0 | | 0 | |
| 5 | Capitalized interest from proceeds | 0 | | 0 | | 0 | | 0 | |
| 6 | Proceeds in refunding escrows | 0 | | 0 | | 0 | | 0 | |
| 7 | Issuance costs from proceeds | 484,773 | | 495,818 | | 766,267 | | 451,024 | |
| 8 | Credit enhancement from proceeds | 0 | | 0 | | 0 | | 0 | |
| 9 | Working capital expenditures from proceeds | 0 | | 0 | | 0 | | 0 | |
| 10 | Capital expenditures from proceeds | 49,912,951 | | 30,753,600 | | 0 | | 0 | |
| 11 | Other spent proceeds | 0 | | 16,000,000 | | 53,165,000 | | 104,650,512 | |
| 12 | Other unspent proceeds | 0 | | 0 | | 0 | | 0 | |
| 13 | Year of substantial completion | 2004 | | 2006 | | 2006 | | 2009 | |
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 14 | Were the bonds issued as part of a current refunding issue? | | X | X | | X | | X | |
| 15 | Were the bonds issued as part of an advance refunding issue? | | X | | X | | X | X | |
| 16 | Has the final allocation of proceeds been made? | X | | X | | X | | X | |
| 17 | Does the organization maintain adequate books and records to support the final allocation of proceeds? | X | | X | | 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 | | X |
| 2 | Are there any lease arrangements that may result in private business use of bond-financed property? | X | | 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 | | 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? | X | | X | | X | | X | |
| c | Are there any research agreements that may result in private business use of bond-financed property? | X | | X | | X | | X | |
| d | If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? | | X | | X | | X | | X |
| 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 ▶ | 0 130 % | | 0 050 % | | 0 050 % | | 0 720 % | |
| 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 ▶ | 0 350 % | | 0 180 % | | 0 270 % | | 0 230 % | |
| 6 | Total of lines 4 and 5 | 0 480 % | | 0 230 % | | 0 320 % | | 0 950 % | |
| 7 | Does the bond issue meet the private security or payment test? . . . | | | | | | | | |
| 8a | Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? | | | | | | | | |
| b | If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . | | | | | | | | |
| 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 | | 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 | | X |
| 2 | If "No" to line 1, did the following apply? | | | | | | | | |
| a | Rebate not due yet? | | X | | X | | X | | X |
| b | Exception to rebate? | X | | X | | X | | X | |
| c | No rebate due? | | X | | 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 | | X | |
| 4a | Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | X | | | X | | X | X | |
| b | Name of provider | LEHMAN BROS SPEC FIN | | 0 | | 0 | | WELLS FARGO BANK | |
| c | Term of hedge | 26 % | | | | | | 23 % | |
| d | Was the hedge superintegrated? | | X | | | | | | X |
| e | Was the hedge terminated? | X | | | | | | | X |

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 | | X |
| b Name of provider | 0 | | 0 | | 0 | | 0 | |
| 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 | | X |
| 7 Has the organization established written procedures to monitor the requirements of section 148? | | | | | | | | |

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 | | X | |

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

| Return Reference | Explanation |
|-----------------------------|---|
| SCHEDULE K, PART II, LINE 3 | TOTAL PROCEEDS OF ISSUE FOR BONDS A AND B INCLUDE INTEREST EARNED |

| Return Reference | Explanation |
|---------------------------------|--|
| SCHEDULE K, PART II, LINE 10 | THE CAPITAL EXPENDITURES FOR THE 2007 AND 2016 BONDS ARE ZERO BECAUSE ALL OF THE PROCEEDS FROM THESE ISSUES WERE USED TO REFUND PRIOR BONDS |

| Return Reference | Explanation |
|----------------------------------|--|
| SCHEDULE K, PART III, LINE 3D | RESEARCH AGREEMENTS AND MANAGEMENT AND SERVICE CONTRACTS RELATING TO FINANCED PROPERTY ARE ROUTINELY REVIEWED BY THE UNIVERSITY'S IN-HOUSE LEGAL COUNSEL, WHOSE STAFF ENGAGE BOND COUNSEL OR OTHER OUTSIDE COUNSEL FOR ADDITIONAL LEGAL AND COMPLIANCE ADVICE WHEN NECESSARY. THERE WERE NO RESEARCH AGREEMENTS OR MANAGEMENT AND SERVICE CONTRACTS WHICH REQUIRED ENGAGING OUTSIDE COUNSEL IN FISCAL YEAR 2019. |

| Return Reference | Explanation |
|------------------------------|---|
| SCHEDULE K, PART III, LINE 4 | THE PRIVATE USE PERCENTAGE DISCLOSED REPRESENTS THE PRIVATE BUSINESS USE FOR THE ENTIRE ISSUE, WHICH MAY INCLUDE PROCEEDS THAT REFUNDED BONDS ISSUED PRIOR TO JANUARY 1, 2003 AS SUCH, THE ACTUAL PRIVATE BUSINESS USE PERCENTAGE OF A PARTICULAR BOND MAY VARY SLIGHTLY FROM THE PERCENTAGE REPORTED |

| Return Reference | Explanation |
|---------------------------------|--|
| SCHEDULE K, PART IV, LINE 4B | AS A COMPONENT OF THE DEBT PORTFOLIO, THE UNIVERSITY ENTERED INTO INTEREST RATE SWAP AGREEMENTS THAT EFFECTIVELY CONVERT CERTAIN VARIABLE REVENUE BOND OBLIGATIONS TO FIXED RATES OR REDUCE THE UNIVERSITY'S EFFECTIVE INTEREST RATE |

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►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.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
LEHIGH UNIVERSITY

Employer identification number
24-0795445

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 | 12 | 1,627,848 | EXPERT OPINION |
| 2 Art—Historical treasures . . | | | | |
| 3 Art—Fractional interests . . | | | | |
| 4 Books and publications . . | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles . . . | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities—Publicly traded . | X | 188 | 18,199,657 | MARKET VALUE |
| 10 Securities—Closely held stock . | | | | |
| 11 Securities—Partnership, LLC, or trust interests | | | | |
| 12 Securities—Miscellaneous . . | X | 1 | 500 | MARKET VALUE |
| 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 ► (<u>ATHLETICS</u>) | X | 4 | 1,747 | RECEIPTS |
| 26 Other ► (<u>SCIENTIFIC EQUIPMENT/SUPPLIES</u>) | X | 4 | 63,945 | RECEIPTS |
| 27 Other ► (<u> </u>) | | | | |
| 28 Other ► (<u> </u>) | | | | |

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

9

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 is not required to be used for exempt purposes for the entire holding period?

Yes

No

30a

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

No

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

Yes

No

b

If "Yes," describe in Part II

33

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

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

Cat No 51227J

Schedule M (Form 990) (2018)

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 |
|----------------------|--|
| SCHEDULE M, LINE 32A | ON RARE OCCASIONS, LEHIGH UNIVERSITY WILL USE THIRD PARTY ORGANIZATIONS TO SELL ART CONTRIBUTIONS WHEN SPECIFIED UNDER THE TERMS OF THE GIFT AGREEMENT OR BEQUEST THE PROCEEDS FROM ANY THIRD PARTY ORGANIZATION SALES ARE USED SOLELY FOR THE ENHANCEMENT OF THE ART COLLECTION |

| | | | |
|---|--|-----------------|----------------------------------|
| efile GRAPHIC print - DO NOT PROCESS | | As Filed Data - | DLN: 93493119001240 |
| SCHEDULE O (Form 990 or 990-EZ) | Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to <u>www.irs.gov/Form990</u> for the latest information. | | OMB No 1545-0047 |
| | | | 2018 |
| Department of the Treasury | | | Open to Public Inspection |
| Name of the organization LEHIGH UNIVERSITY | Employer identification number 24-0795445 | | |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--------------------------|--|
| FORM 990, PART I, LINE 1 | <p>LEHIGH UNIVERSITY STRIVES TO EARN INTERNATIONAL PROMINENCE AS A UNIVERSITY OF SPECIAL DIST INCTION AND PROVIDE STUDENTS WITH OPPORTUNITIES FOR SUCCESS THROUGH ITS INTEGRATION OF TEA CHING, RESEARCH AND SERVICE TO SOCIETY FORM 990, PART VI, SECTION B, LINE 11A THE UNIVERS ITY PROVIDES A COPY OF THE 990 TO ALL VOTING MEMBERS OF THE BOARD PRIOR TO FILING FORM 99 0, PART VI, SECTION B, LINE 11B THE DRAFT 990 IS REVIEWED BY APPROPRIATE SENIOR MANAGEMENT AT THE UNIVERSITY AND AN OUTSIDE PUBLIC ACCOUNTING FIRM AFTER THIS REVIEW IS COMPLETE, A COPY OF THE FINAL RETURN IS PROVIDED TO EACH MEMBER OF THE AUDIT COMMITTEE OF THE BOARD O F TRUSTEES AFTER THE REVIEW OF THE AUDIT COMMITTEE, ON BEHALF OF THE FULL BOARD OF TRUSTE ES, A COPY OF THE FINAL RETURN IS PROVIDED TO ALL VOTING MEMBERS OF THE BOARD AND THE RETU RN IS FILED FORM 990, PART VI, SECTION B, LINE 12C EACH YEAR, ON BEHALF OF THE BOARD OF T RUSTEES, THE CORPORATE SECRETARY AND THE INTERNAL AUDIT OFFICE FORWARD A COPY OF THE UNIVE RSITY'S CONFLICT OF INTEREST POLICY TO ALL TRUSTEES, OFFICERS, FULL-TIME FACULTY AND EXEMP T STAFF MEMBERS THEY ENSURE THAT EACH INDIVIDUAL RESPONDS THAT THEY HAVE READ AND AGREE T O ABIDE BY THE POLICY THE CORPORATE SECRETARY AND THE INTERNAL AUDIT OFFICE REVIEW THE QU ESTIONNAIRE RESPONSES AND ATTEMPT TO RESOLVE ANY SIGNIFICANT CONFLICTS WITH THE INDIVIDUAL S IF A CONFLICT CANNOT BE IMMEDIATELY RESOLVED, IT IS TAKEN TO THE NEXT LEVEL OF SUPERVIS ION UNTIL IT IS FULLY RESOLVED IF AT ANY TIME DURING THE YEAR A NEW OR POSSIBLE CONFLICT OCCURS, THE INDIVIDUAL IS RESPONSIBLE FOR NOTIFYING THE CORPORATE SECRETARY IN WRITING FO RM 990, PART VI, SECTION B, LINE 15 LEHIGH UNIVERSITY IS COMMITTED TO COMPENSATING ALL EMP LOYEES AT A FAIR AND COMPETITIVE LEVEL TO DO THIS, AN ANNUAL COMPARISON OF MARKET RATE SA LARY DATA IS PERFORMED BY THE UNIVERSITY'S HUMAN RESOURCES OFFICE, WHICH ALSO UTILIZES IND EPENDENT CONSULTANTS AS APPROPRIATE TO COMPILE AND ANALYZE SUCH DATA IN ADDITION, THE UNI VERSITY HAS ESTABLISHED AN INDEPENDENT COMPENSATION SUBCOMMITTEE OF THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES THE SUBCOMMITTEE MEETS AS NEEDED TO REVIEW COMPENSATION MATTER S, BUT NO LESS THAN ANNUALLY TO REVIEW THE PERFORMANCE AND APPROVE THE COMPENSATION FOR TH E PRESIDENT, OFFICERS OF THE UNIVERSITY ADMINISTRATION, OTHER SENIOR ADMINISTRATIVE OFFICE RS, AND ANY OTHER HIGHLY COMPENSATED UNIVERSITY EMPLOYEES WHOSE COMPENSATION SHOULD BE REV IEWED AND APPROVED BY THE BOARD OF TRUSTEES IN ACCORDANCE WITH UNIVERSITY GOVERNANCE DOCUM ENTS AND APPLICABLE LEGAL REQUIREMENTS SUCH REVIEW INCLUDES DETERMINATIONS BY THE SUBCOMM ITTEE AND RECOMMENDATIONS TO THE EXECUTIVE COMMITTEE OF THE BOARD, THAT THE COMPENSATION O F SUCH OFFICERS AND EMPLOYEES IS REASONABLE AND IN ACCORDANCE WITH LEGAL REQUIREMENTS APPL ICABLE TO THE UNIVERSITY AS A NON-PROFIT TAX-EXEMPT ORGANIZATION IN FULFILLING ITS RESPON SIBILITIES WITH RESPECT TO DETERMINING REASONABLE COMPENSATION, THE SUBCOMMITTEE UTILIZES INDEPENDENT CONSULTANTS AS APP</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--------------------------------|---|
| FORM 990, PART I, LINE 1 | APPROPRIATE TO COMPILE AND ANALYZE MARKET RATE AND COMPARATIVE SALARY DATA SUBSTANTIATION OF THE SUBCOMMITTEE'S DELIBERATIONS AND DETERMINATIONS ARE CONTEMPORANEOUSLY DOCUMENTED IN THE MINUTES OF THE MEETING FORM 990, PART VI, SECTION C, LINE 19 THE UNIVERSITY'S GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND CONFLICT OF INTEREST POLICY ARE LOCATED ON THE UNIVERSITY'S WEBSITE FORM 990, PART XI, LINE 8 THE UNIVERSITY APPLIED ASU 2014-09 MODIFIED RETROSPECTIVE METHOD BY RECOGNIZING THE CUMULATIVE EFFECT OF INITIALLY APPLYING ASU 2014-09 TO THE OPENING NET ASSETS BALANCE AT JULY 1, 2018 THE CUMULATIVE EFFECT OF THE ADOPTION RESULTS IN A \$3,690,578 INCREASE TO THE BEGINNING NET ASSETS BALANCE FORM 990, PART XI, LINE 9 THIS AMOUNT CONSISTS OF OTHER INCOME AND LOSS AS FOLLOWS ADJ VALUE SPLIT INTEREST AGREEMENT (743,468) RATE SWAP FAIR VALUE ADJUSTMENT (9,261,843) NON-CASH IN KIND GIFTS (65,692) POST RETIREMENT LIABILITY ADJUSTMENT (3,405,000) OTHER (232,400) ----- TOTAL TO LINE 9 (13,708,403) |

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
LEHIGH UNIVERSITY

Employer identification number
24-0795445

Part I Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| See Additional Data Table | | | | | |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (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 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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 |
| (1) BEN FRANKLIN TECHNOLOGY PARTNERS NE PA 116 RESEARCH DRIVE BETHLEHEM, PA 18015 23-2517422 | ECONOMIC DEV | PA | 501(C)(3) | 7 | NA | Yes | |
| (2) MANUFACTURERS RESOURCE CENTER 7200 WINDSOR DRIVE ALLENTOWN, PA 18106 23-2514764 | ECONOMIC DEV | PA | 501(C)(3) | 7 | NA | Yes | |
| (3) LEHIGH & NORTHAMPTON CNTIES REVOLV LOAN 621 TAYLOR STREET RAUCH BUSINESS CT BETHLEHEM, PA 18015 23-2461494 | ECONOMIC DEV | PA | 501(C)(4) | N/A | NA | Yes | |
| (4) LEHIGH UNIVERSITY ALUMNI ASSOCIATION 306 SOUTH NEW ST SUITE 500 BETHLEHEM, PA 18015 24-0796860 | ALUMNI RELAT | PA | 501(C)(3) | 12c, III FI | NA | Yes | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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 | |
| | | | | | | | | | | | | |
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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.

See Additional Data Table

| (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 |
| | | | | | | | | | |
| | | | | | | | | | |
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Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

| | Yes | No |
|--|-----|----|
| 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) | Yes | |
| c Gift, grant, or capital contribution from related organization(s) | Yes | |
| 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) | Yes | |
| l Performance of services or membership or fundraising solicitations for related organization(s) | Yes | |
| m Performance of services or membership or fundraising solicitations by related organization(s) | Yes | |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | Yes | |
| o Sharing of paid employees with related organization(s) | Yes | |
| p Reimbursement paid to related organization(s) for expenses | | No |
| q Reimbursement paid by related organization(s) for expenses | Yes | |
| r Other transfer of cash or property to related organization(s) | | No |
| s Other transfer of cash or property from related organization(s) | | No |

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

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|---|----------------------------------|------------------------|--|
| (1) LEHIGH UNIVERSITY ALUMNI ASSOCIATION | 1B | 995,778 | CASH VALUE |
| (2) BEN FRANKLIN TECH PARTNERS OF NORTHEASTERN PA | 1C | 1,377,037 | CASH VALUE |
| (3) MANUFACTURERS RESOURCE CENTER | 1L | 74,291 | CASH VALUE |
| (4) BEN FRANKLIN TECH PARTNERS OF NORTHEASTERN PA | 1L | 141,263 | CASH VALUE |
| (5) BEN FRANKLIN TECH PARTNERS OF NORTHEASTERN PA | 1Q | 567,829 | CASH VALUE |
| (6) MANUFACTURERS RESOURCE CENTER | 1Q | 384,290 | CASH VALUE |

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

[illegible]

Part VII **Supplemental Information**

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

| Return Reference | Explanation |
|------------------|-------------|
| | |

Additional Data

Software ID:

Software Version:

EIN: 24-0795445

Name: LEHIGH UNIVERSITY

Form 990, Schedule R, Part I - Identification of Disregarded Entities

| (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) LU PROPERTIES LLC 306 SOUTH NEW ST SUITE 428 BETHLEHEM, PA 18015 24-0795445 | REAL ESTATE | PA | 0 | 0 | LEHIGH UNIV |
| (1) LUP2 LLC 306 SOUTH NEW ST SUITE 428 BETHLEHEM, PA 18015 24-0795445 | REAL ESTATE | PA | 2,890 | 12,589,439 | LEHIGH UNIV |
| (2) LUP3 LLC 306 SOUTH NEW ST SUITE 428 BETHLEHEM, PA 18015 24-0795445 | REAL ESTATE | PA | 0 | 0 | LEHIGH UNIV |
| (3) LUP4 LLC 306 SOUTH NEW ST SUITE 428 BETHLEHEM, PA 18015 24-0795445 | REAL ESTATE | PA | 12,162 | 17,226,836 | LEHIGH UNIV |
| (4) LUP5 LLC 306 SOUTH NEW ST SUITE 428 BETHLEHEM, PA 18015 24-0795445 | REAL ESTATE | PA | 0 | 1,726,206 | LEHIGH UNIV |
| (5) LUP6 LLC 306 SOUTH NEW ST SUITE 428 BETHLEHEM, PA 18015 24-0795445 | REAL ESTATE | PA | 0 | 2,735,116 | LEHIGH UNIV |
| (6) LUP7 LLC 306 SOUTH NEW ST SUITE 428 BETHLEHEM, PA 18015 24-0795445 | REAL ESTATE | PA | 0 | 1,493,029 | LEHIGH UNIV |
| (7) LUP8 LLC 306 SOUTH NEW ST SUITE 428 BETHLEHEM, PA 18015 24-0795445 | REAL ESTATE | PA | 0 | 1,778,167 | LEHIGH UNIV |
| (8) LUP9 LLC 306 SOUTH NEW ST SUITE 428 BETHLEHEM, PA 18015 24-0795445 | REAL ESTATE | PA | 1,360 | 641,059 | LEHIGH UNIV |
| (9) LUP10 LLC 306 SOUTH NEW ST SUITE 428 BETHLEHEM, PA 18015 24-0795445 | REAL ESTATE | PA | 510 | 314,434 | LEHIGH UNIV |
| (10) LUP11 LLC 306 SOUTH NEW ST SUITE 428 BETHLEHEM, PA 18015 24-0795445 | REAL ESTATE | PA | 0 | 23,547 | LEHIGH UNIV |
| (11) LUP12 LLC 306 SOUTH NEW ST SUITE 428 BETHLEHEM, PA 18015 24-0795445 | REAL ESTATE | PA | 0 | 1,804,332 | LEHIGH UNIV |
| (12) LUP13 LLC 306 SOUTH NEW ST SUITE 428 BETHLEHEM, PA 18015 24-0795445 | REAL ESTATE | PA | 34,705 | 1,359,601 | LEHIGH UNIV |
| (13) LUP14 LLC 306 SOUTH NEW ST SUITE 428 BETHLEHEM, PA 18015 24-0795445 | REAL ESTATE | PA | 0 | 1,648,224 | LEHIGH UNIV |
| (14) LUP15 LLC 306 SOUTH NEW ST SUITE 428 BETHLEHEM, PA 18015 24-0795445 | REAL ESTATE | PA | 123,852 | 1,398,099 | LEHIGH UNIV |
| (15) LUP16 LLC 306 SOUTH NEW ST SUITE 428 BETHLEHEM, PA 18015 24-0795445 | REAL ESTATE | PA | 0 | 234,198 | LEHIGH UNIV |
| (16) LUP17 LLC 306 SOUTH NEW ST SUITE 428 BETHLEHEM, PA 18015 24-0795445 | REAL ESTATE | PA | 1,806 | 9,572,772 | LEHIGH UNIV |
| (17) LUP18 LLC 306 SOUTH NEW ST SUITE 428 BETHLEHEM, PA 18015 24-0795445 | REAL ESTATE | PA | 510 | 315,552 | LEHIGH UNIV |
| (18) LUP19 LLC 306 SOUTH NEW ST SUITE 428 BETHLEHEM, PA 18015 24-0795445 | REAL ESTATE | PA | 0 | 0 | LEHIGH UNIV |
| (19) LUP20 LLC 306 SOUTH NEW ST SUITE 428 BETHLEHEM, PA 18015 24-0795445 | REAL ESTATE | PA | 1,020 | 0 | LEHIGH UNIV |

Form 990, Schedule R, Part I - Identification of Disregarded Entities

| (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 |
|--|--------------------------------|--|----------------------------|----------------------------------|---|
| (21) LUP21 LLC 306 SOUTH NEW ST SUITE 428 BETHLEHEM, PA 18015 24-0795445 | REAL ESTATE | PA | 510 | 430,076 | LEHIGH UNIV |
| (1) LUP22 LLC 306 SOUTH NEW ST SUITE 428 BETHLEHEM, PA 18015 24-0795445 | REAL ESTATE | PA | 340 | 379,019 | LEHIGH UNIV |
| (2) LUP23 LLC 306 SOUTH NEW ST SUITE 428 BETHLEHEM, PA 18015 24-0795445 | REAL ESTATE | PA | 0 | 374,041 | LEHIGH UNIV |
| (3) LUPLT LLC 306 SOUTH NEW ST SUITE 428 BETHLEHEM, PA 18015 24-0795445 | REAL ESTATE | PA | 0 | 0 | LEHIGH UNIV |
| (4) SO-BETH FUNDING LLC 306 SOUTH NEW ST SUITE 428 BETHLEHEM, PA 18015 24-0795445 | STUDENT HOUS | PA | 0 | 86,885 | LEHIGH UNIV |
| (5) SOUTH RIVER INVESTMENTS LLC 306 SOUTH NEW ST SUITE 428 BETHLEHEM, PA 18015 24-0795445 | REAL ESTATE | PA | 220,923 | 3,123,844 | LEHIGH UNIV |

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

| (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) LIFE INCOME FUNDS HELD IN TRUST (2) | | PA | VARIOUS | TRUST | | | | | No |
| (1) LIFE INCOME FUNDS HELD IN TRUST (2) | | CA | VARIOUS | TRUST | | | | | No |
| (2) LIFE INCOME FUNDS HELD IN TRUST (1) | | NJ | VARIOUS | TRUST | | | | | No |
| (3) LIFE INCOME FUNDS HELD IN TRUST (1) | | DC | VARIOUS | TRUST | | | | | No |
| (4) LIFE INCOME FUNDS HELD IN TRUST (1) | | NY | VARIOUS | TRUST | | | | | No |
| (5) LIFE INCOME FUNDS HELD IN TRUST (1) | | TX | VARIOUS | TRUST | | | | | No |
| (6) LIFE INCOME FUNDS HELD IN TRUST (3) | | FL | VARIOUS | TRUST | | | | | No |
| (7) LIFE INCOME FUNDS HELD IN TRUST (1) | | DE | VARIOUS | TRUST | | | | | No |
| (8) LIFE INCOME FUNDS HELD IN TRUST (1) | | OH | VARIOUS | TRUST | | | | | No |
| (9) ENDOWMENT FUNDS HELD IN TRUST (1) | | NJ | VARIOUS | TRUST | | | 100 000 % | | No |
| (10) ENDOWMENT FUNDS HELD IN TRUST (2) | | CO | VARIOUS | TRUST | | | 100 000 % | | No |
| (11) ENDOWMENT FUNDS HELD IN TRUST (1) | | PA | VARIOUS | TRUST | | | 100 000 % | | No |
| (12) ENDOWMENT FUNDS HELD IN TRUST (1) | | WV | VARIOUS | TRUST | | | 100 000 % | | No |
| (13) STABLER CORP CTR PROPERTY OWNERS ASSOC 27 MEMORIAL DRIVE WEST BETHLEHEM, PA 18015 | PROPERTY MGMT | PA | LU PROPERTIES | C CORP | | | | | No |

Form 990, Schedule R, Part V - Transactions With Related Organizations

| (a) Name of related organization | (b) Transaction type(a-s) | (c) Amount Involved | (d) Method of determining amount involved |
|---|---------------------------------|------------------------|--|
| (1) LEHIGH UNIVERSITY ALUMNI ASSOCIATION | 1B | 995,778 | CASH VALUE |
| (1) BEN FRANKLIN TECH PARTNERS OF NORTHEASTERN PA | 1C | 1,377,037 | CASH VALUE |
| (2) MANUFACTURERS RESOURCE CENTER | 1L | 74,291 | CASH VALUE |
| (3) BEN FRANKLIN TECH PARTNERS OF NORTHEASTERN PA | 1L | 141,263 | CASH VALUE |
| (4) BEN FRANKLIN TECH PARTNERS OF NORTHEASTERN PA | 1Q | 567,829 | CASH VALUE |
| (5) MANUFACTURERS RESOURCE CENTER | 1Q | 384,290 | CASH VALUE |