Form	990-T	E		nization Bus			ax Returr	ר ⊢	OMB No. 1545-0687		
		F		and proxy tax und			NT 30 201		2018		
		For ca		rear beginning $JUL 1$, w.irs.gov/Form990T for in				<u> </u>	2010		
Depar Interna	tment of the Treasury al Revenue Service			ers on this form as it may				. 5	Open to Public Inspection for 01(c)(3) Organizations Only		
Α	Check box if address changed		Name of organization (Check box if name cl	hanged	and see instructions.)		(Emplo	DEmployer identification number (Employees' trust, see instructions.)		
B Ex	kempt under section	Print	LAFAYETTE (COLLEGE				24	1-0795686		
X] 501(c)(3)	or	Number, street, and roo	m or suite no. If a P.O. box	k, see ir	structions.		E Unrelation	ted business activity code structions.)		
	408(e) 220(e)	Туре	730 SULLIVA	AN ROAD, 030	MA	RQUIS HALL		,	,		
	408A 530(a) 529(a)		EASTON, PA	ovince, country, and ZIP or 18042–1778				5259	990		
C Boo	ok value of all assets	Ilue of all assets F Group exemption number (See instructions.)									
	ook value of all assets t end of year F Group exemption number (See instructions.) -, 387, 145, 011. G Check organization type > X 501(c) corporation										
	H Enter the number of the organization's unrelated trades or businesses. 3 Describe the only (or first) unrelated										
			EE STATEMEN				complete Parts I-V.				
			•	ous sentence, complete Pa	ırts I an	d II, complete a Schedule	M for each addition	nal trade	or		
	siness, then complete										
				affiliated group or a paren	nt-subs	idiary controlled group?	► L	Yes	s X No		
			tifying number of the pare			Talanha	na numbar 🕨 G	10 3			
			CRAIG BECKEN de or Business In			(A) Income	one number 🕨 6 (B) Expenses		(C) Net		
							(D) Expenses	3	(0) Net		
	Gross receipts or sale Less returns and allow			c Balance►	1c						
			A, line 7)		2						
3	Gross profit. Subtract				3			-			
					4a	29,867.			29,867.		
			Part II, line 17) (attach For		4b	_ ,			- ,		
			sts		4c						
5				attach statement)	5	-753,775.	STMT 2	2	-753,775.		
6	Rent income (Schedu				6						
7	Unrelated debt-financ		me (Schedule E)		7						
8	Interest, annuities, roy	/alties, a	and rents from a controlle	d organization (Schedule F)	8						
9				organization (Schedule G)							
10			ome (Schedule I)		10						
11			e J)		11						
12	Other income (See ins	struction	is; attach schedule)		12	722 000			722 000		
13	rt II Deductio	3 throu	ign 12	ere (See instructions fo	13	- 725,900 ·			-723,908.		
Га				st be directly connected			s income.)				
14			-	nedule K)				14			
15								15			
16								16			
17								17			
18	Interest (attach sche	dule) (s	ee instructions)					18			
19	Taxes and licenses							19			
20				n rules)				20			
21											
22	D 1 1			ere on return				22b			
23								23			
24 25								24 25			
25 26								25			
27	Excess readership of	nsts (Sc	hedule I)					27			
28	Other deductions (at	tach scl	nedule)					28			
29								29	0.		
30	Unrelated business t	axable i	ncome before net operati	ng loss deduction. Subtrac	t line 2	9 from line 13		30	-723,908.		
31				eginning on or after Janua				31			
32	Unrelated business t	axable i	ncome. Subtract line 31 f	rom line 30				32	-723,908.		
82370	1 01-09-19 LHA Fo	or Pape	rwork Reduction Act Noti	ce, see instructions.	0				Form 990-T (2018)		

82 11560511 131844 097-10156000 2018.05090 LAFAYETTE COLLEGE 097-4YQ1

orm 990-			24-	0795686	F
		Total Unrelated Business Taxable Income			
33		of unrelated business taxable income computed from all unrelated trades or businesses (see inst			25,5
34		ints paid for disallowed fringes		34	
35		ction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions	,	35	25,5
36		of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of			
	lines	33 and 34		36	
37	Speci	fic deduction (Generally \$1,000, but see line 37 instructions for exceptions)		37	1,0
38		ated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,			
		the smaller of zero or line 36		38	
Part I		Fax Computation			
39		nizations Taxable as Corporations. Multiply line 38 by 21% (0.21)		▶ 39	
40		s Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line			
		Tax rate schedule or 🛛 Schedule D (Form 1041)		▶ 40	
41	Proxy	/ tax. See instructions		▶ 41	
42	Alterr	ative minimum tax (trusts only)		42	
43	Tax o	n Noncompliant Facility Income. See instructions		43	
44	Total	Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44	
Part \		Fax and Payments		· ·	
45 a	Foreig	gn tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a			
		credits (see instructions) 45b			
c		ral business credit. Attach Form 3800 45c			
-		t for prior year minimum tax (attach Form 8801 or 8827) 45d			
		credits. Add lines 45a through 45d		45e	
46					
47	Othor	act line 45e from line 44 taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866	Other (attach acho	40 dule) 47	
48				,	
		tax. Add lines 46 and 47 (see instructions)			
49 50 c		net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2 ents: A 2017 overpayment credited to 2018 50a	1	49	
		estimated tax payments 50b			
		eposited with Form 8868			
		gn organizations: Tax paid or withheld at source (see instructions)			
		p withholding (see instructions) 50e			
		t for small employer health insurance premiums (attach Form 8941) 50f			
g		credits, adjustments, and payments: Form 2439			
		Form 4136 Other Total 🕨 50g			
51	Total	payments. Add lines 50a through 50g		51	
52	Estim	ated tax penalty (see instructions). Check if Form 2220 is attached 🕨 🛄		52	
53	Tax d	ue. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		► <u>53</u>	
54		Dayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		► <u>54</u>	
55		the amount of line 54 you want: Credited to 2019 estimated tax	Refunded	► 55	
Part V	VI S	Statements Regarding Certain Activities and Other Information (s	ee instructions)		
56	At an	time during the 2018 calendar year, did the organization have an interest in or a signature or oth	er authority		Yes
	over a	a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may	have to file		
	FinCE	N Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreig	n country		
	here				
57	Durin	g the tax year, did the organization receive a distribution from, or was it the grantor of, or transfer	or to, a foreign trust	?	
	If "Ye	s," see instructions for other forms the organization may have to file.			
58	Enter	the amount of tax-exempt interest received or accrued during the tax year \blacktriangleright \$			
	Ur	der penalties of perjury, I declare that I have examined this return, including accompanying schedules and stateme rrect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has	ents, and to the best of	my knowledge and bel	ief, it is true,
Sign		rece and complete. Declaration of preparer (other than taxpayer) is based on an information of which preparer has	any knowledge.	May the IDC dies	use this veture :
lere		6/2/2020 ASST VP -	FINANCE	May the IRS disc the preparer show	
		Signature of officer Date Title		instructions)?	K Yes
	I	Print/Type preparer's name Preparer's signature Date	Check	if PTIN	
Paid			self- emp		
	oro	KAREN GRIES 05/11			078514
Prepa		Firm's name CLIFTONLARSONALLEN LLP	Firm's E		074674
Use (Uniy	610 W. GERMANTOWN PIKE, STE. 400			
		Firm's address PLYMOUTH MEETING , PA 19462		o. 215-64	3-3900
23711 0 [.]	1-09-19	· · · · · · · · · · · · · · · · · · ·			rm 990-T (
-		83		10	
6051	11 .	L31844 097-10156000 2018.05090 LAFAYETTE C	OLLEGE		097-4¥
		COTOTA ON' TOTACOON TOTO ONO DULUTITU C			マンパーキ

Schedule A - Cost of Goods	Sold. Enter	method of inven	tory v	aluation 🕨 N/A						
1 Inventory at beginning of year	1		6	Inventory at end of yea	r		6			
2 Purchases	. 2		7	Cost of goods sold. Su	ubtract li	ine 6				
3 Cost of labor			1	from line 5. Enter here	and in F	Part I,				
4a Additional section 263A costs			1	line 2			7			
(attach schedule)	4a		8	Do the rules of section				Yes	No	
b Other costs (attach schedule)	4b			property produced or a	acquired	l for resale) apply to				
5 Total. Add lines 1 through 4b				the organization?					X	
Schedule C - Rent Income ((see instructions)	From Real	Property and	d Pe	rsonal Property	Lease	ed With Real Pro	perty	()		
1. Description of property										
(1)										
(2)										
(3)										
(4)										
	2. Rent receiv	ed or accrued								
rent for personal property is more than for personal property is more than				sonal property (if the percenta I property exceeds 50% or if sed on profit or income)	age	3(a) Deductions directly columns 2(a) an			e in	
(1)										
(2)										
(3)										
(4)										
Total	0.	Total			0.					
(c) Total income. Add totals of columns 2 here and on page 1, Part I, line 6, column	2(a) and 2(b). En (A)	iter			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)			0.	
Schedule E - Unrelated Deb	t-Financec	Income (see	instru	ictions)		•				
				2. Gross income from		 Deductions directly connected with or allocable to debt-financed property 				
1. Description of debt-fin.	anced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	Τ	(b) Other deduction (attach schedule		
(1)										
(2)										
(3)										
(4)										
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a debt-fina	e adjusted basis allocable to inced property h schedule)	6	 Column 4 divided by column 5 		7. Gross income reportable (column 2 x column 6)	(0	8. Allocable deduc column 6 x total of c 3(a) and 3(b))	olumns	
(1)				%						
(2)				%						
(3)				%						
(4)				%						
						nter here and on page 1, Part I, line 7, column (A).		nter here and on pa Part I, line 7, columr		
Totals				•		0.			0.	
Total dividends-received deductions inc	luded in colum	יייי ז 8					-		0.	
		• •				·····			<u> </u>	

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Page 3

Form 990-T (2018) LAFAYETTE COLLEGE

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Form 990-T (2018) LAFAYE				- F HATTE A				24-07		
Schedule F - Interest,	ANNUITIE	es, Roya					zation	IS (see ins	structions	S)
				Controlled O			1 -			
1. Name of controlled organiza	ation	2. Em identif num	ication (loss) (see	related income e instructions)		otal of specified ments made	include	of column 4 d in the contr tion's gross i	rolling	 Deductions directly connected with income in column 5
(1)										
(2)										
(3)										
(4)										
Nonexempt Controlled Organ	izations									
7. Taxable Income	7. Taxable Income 8. Net unrelated income (loss) (see instructions)			of specified payr made	nents	10. Part of column 9 that is included in the controlling organization's gross income			 Deductions directly connected with income in column 10 	
(1)										
(2)										
(3)										
(4)										
Totals					►		column (A			ere and on page 1, Part I, line 8, column (B). 0 •
Schedule G - Investme		me of a	Section 501(c)	(7), (9), or	(17) O	rganizatior	ו			
	tructions)					3. Deductio	ins			5. Total deductions
	cription of inco	ome		2. Amount of	income	directly connected 4. Set		4. Set-a (attach s	and set-asides (col. 3 plus col. 4	
(1)										
(2)										
(3) (4)										
(4)				Enter here and o Part I, line 9, co		,				Enter here and on page 1, Part I, line 9, column (B).
Totals			►		0.					0.
Schedule I - Exploited (see instr	Exempt			r Than Ad	vertis	ing Income	Э			
				1 1 1 1	<i>a</i>)	1				1
1. Description of exploited activity	unrelated incom	àross business e from business	3. Expenses directly connected with production of unrelated business income	4. Net incom from unrelated business (co minus column gain, compute through	trade or lumn 2 n 3). If a e cols. 5	5. Gross inco from activity is not unrela business inco	that ted	6. Expenses attributable to column 5		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)										
(2)										
(3)										

	(4)											
		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).									
Т	Totals ►	0.	0.									
	Schedule J - Advertising Income (see instructions)											

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross 3. Direct of		4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) ►	0.	0.				0.
						Form 990-T (2018)

823731 01-09-19

Enter here and on page 1, Part II, line 26.

0.

Form 990-T (2018) LAFAYETTE COLLEGE

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I 📃 🕨 🕨	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.	
Totals, Part II (lines 1-5) 🕨	0.	0.				0.
Schedule K - Compensatio	n of Officers,	Directors, and	d Trustees (see in	structions)		
1. Name			2. Title	3. Percer time devot busines	ed to	ompensation attributable o unrelated business
(1)					%	
(2)					%	
(3)					%	
(4)					%	
Total. Enter here and on page 1, Part II, li	ine 14			•		، 0

Form 990-T (2018)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1 BUSINESS ACTIVITY

INVESTMENTS IN LIMITED PARTNERSHIPS

TO FORM 990-T, PAGE 1

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 2
DESCRIPTION	NET INCOME OR (LOSS)
AG SUPER FUND, LP 13-3701947 - ORDINARY BUSINESS INCOME (LOSS) ENERGY TRANSFER EQUITY, LP 30-0108820 - ORDINARY BUSINESS INCOME (LOSS) GTIS REAL ESTATE OPPORT. FUND I LP 20-8274073 - ORDINARY	-36,253. -142,694.
BUSINESS INCOME (L OCM REAL ESTATE OPPORTUNITIES 01-0709496 - ORDINARY BUSINESS INCOME (LOSS) PINEBRIDGE PEP III DIRECT, LP 56-2346013 - ORDINARY BUSINESS INCOME (LOSS)	108,118. -1,721. 606.
PINEBRIDGE PEP III SECONDARY, LP 56-2346009 - ORDINARY BUSINESS INCOME (LOSS PINEBRIDGE PEP III U.S. BUYOUT, LP 56-2345996 - ORDINARY BUSINESS INCOME (LO PINEBRIDGE PEP IV SECONDARY, LP - ORDINARY BUSINESS INCOME	-738.
(LOSS) PINEBRIDGE PEP IV U.S. BUYOUT, LP - ORDINARY BUSINESS INCOME (LOSS) PINEBRIDGE PEP V ASIA, LP 98-0516010 - ORDINARY BUSINESS INCOME (LOSS)	3. -410. -7,172.
PINEBRIDGE PEP V LARGE MARKET U.S. BUYOUT, LP - ORDINARY BUSINESS INCOME (LO PINEBRIDGE PEP V PREFERRED PART. FUND, LP 98-0515985 - ORDINARY BUSINESS INC PINEBRIDGE PEP V SMALL-MID MARKET U.S. BUYOUT LP -	20,529. 5,556.
ORDINARY BUSINESS INCOME PINEBRIDGE PEP V U.S. VENTURE, LP 98-0512995 - ORDINARY BUSINESS INCOME (LOS YORKTOWN ENERGY PARTNERS VI, LP 20-1384906 - ORDINARY BUSINESS INCOME (LOSS	603. -16. 624.
YORKTOWN ENERGY PARTNERS VII, LP 20-5451317 - ORDINARY BUSINESS INCOME (LOSS YORKTOWN ENERGY PARTNERS VIII, LP 26-2754039 - ORDINARY BUSINESS INCOME (LOS YORKTOWN ENERGY PARTNERS IX, LP 27-3125579 - ORDINARY	-18,975. -115,579.
BUSINESS INCOME (LOSS YORKTOWN ENERGY PARTNERS X 46-2445852 - ORDINARY BUSINESS INCOME (LOSS)	-166,103. -334,207.

LAFAYETTE COLLEGE

CERBERUS INSTITUTIONAL PARTNERS, L.P 41-2217841 - ORDINARY BUSINESS INCOME (ENCAP ENERGY CAPITAL FUND XI, LP 81-4648210 - ORDINARY BUSINESS INCOME (LOSS	-8. -87,375.
FORTRESS SECURED LENDING FUND I(A)LP 36-4844667 - ORDINARY BUSINESS INCOME (PINEBRIDGE PEP IV CO-INVESTMENT LP - ORDINARY BUSINESS INCOME (LOSS)	20,155. 609.
PINEBRIDGE PEP V SECONDARY LP - ORDINARY BUSINESS INCOME (LOSS)	671.
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	-753,775.

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/12	356,288.	3,013.	353,275.	353,275.
06/30/13 06/30/14	2,686,518. 3,279,624.	0. 0.	2,686,518. 3,279,624.	2,686,518. 3,279,624.
06/30/15 06/30/16	2,790,736. 1,236,397.	0. 0.	2,790,736. 1,236,397.	2,790,736. 1,236,397.
06/30/18	20,511.	0.	20,511.	20,511.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	10,367,061.	10,367,061.

24-0795686

	SCHEDULE M Unrelated Business Taxable Income for (Form 990-T) Unrelated Trade or Business										
		For calendar year 2018 or other tax year beginning $ {f J}$	UL 1,	2018	and endir	JU.	N 30,	2019	2018		
	ment of the Treasury I Revenue Service (99)	► Go to www.irs.gov/Form990)T for instr	ructions an	d the la	test inf	ormation.		Open to Public Inspection for 501(c)(3) Organizations Only		
	of the organization	► Do not enter SSN numbers on this form LAFAYETTE COLLEGE	as it may b	e made pub	lic if you	r organiz	Employe		tion number		
	Inrelated business	activity code (see instructions) 451	211				24	07550			
		ted trade or business BOOKSTO									
		Trade or Business Income		(A) Ir	ncome		(B) Expe	enses	(C) Net		
1a	Gross receipts or	sales 206,500.									
b	Less returns and allo	owances c Balance	e ▶ 1c		6,50						
2	Cost of goods sole	d (Schedule A, line 7)	2		94,11						
3	Gross profit. Subt	ract line 2 from line 1c	3	1	.2,39	90.			12,390.		
4 a	Capital gain net in	come (attach Schedule D)	4a								
b	Net gain (loss) (Fo	rm 4797, Part II, line 17) (attach Form 4797)	4b								
с	Capital loss deduc	ction for trusts	4c								
5	Income (loss) from	n a partnership or an S corporation (attach									
	statement)		5								
6	Rent income (Sch	edule C)	6								
7	Unrelated debt-fin	anced income (Schedule E)	7								
8		, royalties, and rents from a controlled									
	organization (Sche	edule F)	8								
9		e of a section 501(c)(7), (9), or (17)									
	organization (Sche	edule G)									
10		activity income (Schedule I)									
11		e (Schedule J)				_					
12		e instructions; attach schedule)		1	0 0				10.200		
13	Total. Combine lir	nes 3 through 12	13	_	.2,39	90.			12,390.		
Pa	deduction	ns Not Taken Elsewhere (See instru- s must be directly connected with the officers, directors, and trustees (Schedule K)	he unrela	ated busi	ness ii	ncome	e.)	· ·	for contributions,		
15		95									
16		tenance									
17											
18		hedule) (see instructions)									
19		s						19			
20	Charitable contrib	utions (See instructions for limitation rules)	STAT	EMENT	4	ST	MT 5	20	1,239.		
21		ch Form 4562)									
22		claimed on Schedule A and elsewhere on re						22b			
23	Depletion							23			
24		leferred compensation plans									
25		programs									
26		penses (Schedule I)									
27											
28		(attach schedule)									
29		Add lines 14 through 28							1,239.		
30	Unrelated busines	s taxable income before net operating loss o	deduction.	Subtract lin	ne 29 fro	om line ⁻	13	30	11,151.		
31	Deduction for net	operating loss arising in tax years beginning	on or afte	r January 1	, 2018 (see					
32	Unrelated busines	s taxable income. Subtract line 31 from line	30						11,151.		
LHA	For Paperwork F	Reduction Act Notice, see instructions.						Schedu	ile M (Form 990-T) 2018		

823741 01-28-19

Form 990-T (2018)								Page 3
LAFAYETTE					24-079	<u>5686</u>	5	
Schedule A - Cost of Goods	s Sold. Enter	method of invent	-					
1 Inventory at beginning of year	1		6 Inventory at end of year	r		6		
2 Purchases	2	194,110.	7 Cost of goods sold. Su	btract I	ine 6			
3 Cost of labor	3		from line 5. Enter here a	and in F	Part I,			
4a Additional section 263A costs			line 2			7	194,1	10.
(attach schedule)	4a		8 Do the rules of section				Yes	No
b Other costs (attach schedule)	4b		property produced or a	cquirec	l for resale) apply to			
5 Total. Add lines 1 through 4b		194,110.	the organization?					Х
Schedule C - Rent Income ((see instructions)	From Real	Property and	Personal Property	Leas	ed With Real Pro	perty	r)	
1. Description of property								
(1)								
(2)								
(3)								
(4)								
(4)	2. Rent receiv	ved or accrued			1			
(a) From personal property (if the perc			nd personal property (if the percenta	ne	3(a) Deductions directly			in
(a) From personal property in the pert rent for personal property is more 10% but not more than 50%)	of rent for pe	ersonal property exceeds 50% or if is based on profit or income)	ge	columns 2(a) ar	1d 2(b) (at	ttach schedule)		
(1)								
(2)								
(3)								
(4)								
Total	0.	Total		0.				
(c) Total income. Add totals of columns 2	2(a) and 2(b). Er	nter		_	(b) Total deductions. Enter here and on page 1,			•
here and on page 1, Part I, line 6, column Schedule E - Unrelated Deb			netructions)	0.	Part I, line 6, column (B)			0.
					3. Deductions directly con	nected v	vith or allocable	
			2. Gross income from		to debt-finance			
1. Description of debt-fin	anced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
					(anaon boneaulo)		(anaon conocato)	
(1)						+		
(1)						+		
(2)						+		
(3) (4)						+		
			0		7	+	<u></u>	
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or debt-fina	e adjusted basis allocable to anced property h schedule)	 Column 4 divided by column 5 		 Gross income reportable (column 2 x column 6) 		8. Allocable deduct olumn 6 x total of co 3(a) and 3(b))	
(1)			%			+		
(1) (2) (3)			%			+		
(3)			%			+		
(4)			%			+		
\'7			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		nter here and on page 1, Part I, line 7, column (A).		nter here and on pag Part I, line 7, column	
Totala			_		0		, , ,	0.
Totals	oludod in oolum	n 9	▶					0.
Total dividends-received deductions inc		10				·	Form 000_T	-

ENTITY 1

LAFAYETTE COLLEGE		24-0795686
FORM 990-T (M)	CONTRIBUTIONS	STATEMENT 4
DESCRIPTION/KIND OF PROPE	RTY METHOD USED TO DEI	TERMINE FMV AMOUNT
CASH ONLY	41,124.	
TOTAL TO SCHEDULE M, PART	II, LINE 20	41,124.
FORM 990-T (M)	CONTRIBUTION LIMITATIONS	S STATEMENT 5
CONTRIB		ED DISASTER TOTAL ONTRIBUTIONS CONTRIBUTIONS
TOTAL CONTRIBUTIONS	41,124.	0. 41,124.
10% TAXABLE INCOME CURRENT YEAR AMOUNT	1,239. 1,239.	1,239.

	CHEDULE M Unrelated Business Taxable Income for Unrelated Trade or Business							ENTITY 2 OMB No. 1545-0687 2018		
		For calendar year 2018 or other tax year be	eginning JUL	1,	2018	, and endi	ng JUI	J 30,	2019	2010
	The service (99) Control to th							Open to Public Inspection for		
	Do not enter San numbers on uns form as it may be made public if your organization is a so (c)(s).							501(c)(3) Organizations Only		
Name	of the organization	LAFAYETTE COLLEG	E						07956	
ι	Inrelated business	activity code (see instructions)	90009					•		
	Describe the unrelat	ted trade or business 🛛 🕨 MI	SCELLAN	EOU	S INCC	OME				
Pa	rt I Unrelated	Trade or Business Incom	e		(A) Ir	ncome		(B) Expe	nses	(C) Net
	Gross receipts or									
	Less returns and allo		Balance 🕨	1c			_			
2		d (Schedule A, line 7)		2			_			
3		ract line 2 from line 1c		3 4a			_			
4a b		come (attach Schedule D) rm 4797, Part II, line 17) (attach Fo		4a 4b			_			
c c	• • • • •	ction for trusts	,	40 4c			-			
5		a partnership or an S corporatior								
Ŭ	· · · ·			5						
6		edule C)		6			_			
7		anced income (Schedule E)		7						
8		, royalties, and rents from a contro								
	organization (Sche	edule F)		8						
9		e of a section 501(c)(7), (9), or (17)								
	organization (Sche	edule G)		9						
10		activity income (Schedule I)		10						
11		e (Schedule J)		11		6 0				1.000
12								16,000.		
<u>13</u>	Total. Combine lir	nes 3 through 12		13		.0,0	00.			16,000.
Pa 14	deduction	ns Not Taken Elsewhere (S s must be directly connecte officers, directors, and trustees (S	ed with the u	unrela	ted busi	ness i	ncome	.)	 	for contributions,
15		es								
16		tenance								
17										
18		hedule) (see instructions)								
19	Taxes and license	s							19	
20	Charitable contrib	utions (See instructions for limitati	on rules) S	TAT	EMENT	7	STI	4T 8	20	1,600.
21		ch Form 4562)								
22		claimed on Schedule A and elsew							22b	
23										
24		leferred compensation plans								
25		programs								
26		(penses (Schedule I)								
27		costs (Schedule J)								
28 20		(attach schedule)								1,600.
29 30		Add lines 14 through 28								14,400.
31		operating loss arising in tax years	-					~	30	
51		operating loss ansing in tax years							31	
32	,	s taxable income. Subtract line 3 ⁻								14,400.
LHA		Reduction Act Notice, see instru								le M (Form 990-T) 2018

823741 01-28-19

LAFAYETTE COLLEGE

24-0795686

FORM 990-T (M)	OTHER	INCOME	STATEMENT	6	
DESCRIPTION			AMOUNT		
MISCELLANEOUS INCOM	E		16,0	00.	
TOTAL TO SCHEDULE M	I, PART I, LINE 12		16,0	00.	
FORM 990-T (M)	CONTRI	BUTIONS	STATEMENT	7	
DESCRIPTION/KIND OF	PROPERTY METHOI	USED TO DETERMINE FMV	AMOUNT		
CASH ONLY		41,124.			
TOTAL TO SCHEDULE M	I, PART II, LINE 20		41,1	24.	
FORM 990-T (M)	CONTRIBUTION	I LIMITATIONS	STATEMENT	8	
С	ONTRIBUTIONS SUBJEC TO THE 10% LIMIT	CT QUALIFIED DISASTER RELIEF CONTRIBUTIONS	TOTAL CONTRIBUTIO	NS	
TOTAL CONTRIBUTIONS	•	0.	41,12	4.	
10% TAXABLE INCOME CURRENT YEAR AMOUNT	1,600. 1,600.		1,60	0.	

Name

Capital Gains and Losses ► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T. ► Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123 18 20

Employer identification number

LAFAYETTE COLLEGE				24-	0795686	
Part I Short-Term Capital Ga	ains and Losses (See	instructions.)				
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gai or loss from Form(s) 894 Part I, line 2, column (g	n 9,)	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)	
 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b 						
1b Totals for all transactions reported on Form(s) 8949 with Box A checked						
 2 Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on 						
Form(s) 8949 with Box C checked					3,629.	
4 Short-term capital gain from installment sale	s from Form 6252, line 26 or 3	7		4		
5 Short-term capital gain or (loss) from like-kir				5		
6 Unused capital loss carryover (attach compu				6	()	
7 Net short-term capital gain or (loss). Combin	ne lines 1a through 6 in columr	۱h		7	3,629.	
Part II Long-Term Capital Ga					•	
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to gail or loss from Form(s) 894	n	(h) Gain or (loss). Subtract column (e) from column (d) and	
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part II, line 2, column (g	9, I)	combine the result with column (g)	
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b						
8b Totals for all transactions reported on						
Form(s) 8949 with Box D checked						
9 Totals for all transactions reported on						
Form(s) 8949 with Box E checked						
10 Totals for all transactions reported on					0,000	
Form(s) 8949 with Box F checked					26,238.	
				11		
12 Long-term capital gain from installment sale				12		
13 Long-term capital gain or (loss) from like-kin	nd exchanges from Form 8824			13		
				14	26.220	
15 Net long-term capital gain or (loss). Combin		nn		15	26,238.	
Part III Summary of Parts I an		loss (line 15)		10	3,629.	
16 Enter excess of net short-term capital gain (I				16 17	26,238.	
	 17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns. 					
		oper line on other returns.		18	29,867.	
Note: If losses exceed gains, see Capital los	ວຬວ 🖬 ຏາຬ ຏາຣຏ ຏຬຏຎຎຎຘ.					

JWA For Paperwork Reduction Act Notice, see the Instructions for Form 1120. Schedule D (Form 1120) 2018

821051 01-03-19

94 11560511 131844 097-10156000 2018.05090 LAFAYETTE COLLEGE

Form	8949						
Department of the Treasury Internal Revenue Service							

Name(s) shown on return

11

Sales and Other Dispositions of Capital Assets

Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. OMB No. 1545-0074 18 20

Attachment Sequence No. **12A** Social security number or

taxpayer identification no.

24-0795686 Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your

LAFAYETTE	COLLECE

broker and may even tell you which b			,	())	,	,	,,,
Part I Short-Term. Transacti	ons involving capit	al assets you held	1 year or less are g	enerally short-term (se	e instructio	ns). For long-term	
transactions, see page 2. Note: You may aggregate all codes are required. Enter the	l short-term transac e totals directly on	ctions reported on Schedule D, line 1a	Form(s) 1099-B sho a: vou aren't require	wing basis was reported to report these tran	ted to the IF sactions on	S and for which no a Form 8949 (see inst	adjustments or ructions).
You must check Box A, B, or C below.	Check only one be	ox. If more than one b	ox applies for your sho	ort-term transactions, com	plete a separ	ate Form 8949, page 1, f	
If you have more short-term transactions than wi							
(B) Short-term transactions rep		,	•			Jve)	
			-				
(C) Short-term transactions no				(-)	Adjustmer	nt, if any, to gain or	(1-)
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other	loss. If yo	où enter an amount	(h) Gain or (loss).
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of	(sales price)	basis. See the		(g), enter a code in . See instructions.	Subtract column (e)
	(1010., ddy, yr.)	(Mo., day, yr.)		Note below and	(f)		from column (d) &
		(·····, -···, , , , , , , , ,		see Column (e) in the instructions	Code(s)	(g) Amount of	combine the result with column (g)
				the instructions	0000(0)	adjustment	(6)
AG SUPER FUND , LP							661.
PINEBRIDGE PEP IV							
U.S. BUYOUT LP							26.
PINEBRIDGE PEP V							
LARGE MARKET U.S.							
BUYOU							46.
PINEBRIDGE PEP V							
SECONDARY LP							2,896.
				1			<u> </u>
				1			
2 Totals. Add the amounts in colum	$\frac{1}{2}$	nd (b) (subtract		1			<u> </u>
negative amounts). Enter each to							
Schedule D, line 1b (if Box A abo							
		•					3,629.
above is checked), or line 3 (if Bo			waa inaarraat	tor in column (c) th		roported to the ID	-
Note: If you checked Box A above b adjustment in column (g) to correct t							
823011 11-28-18 LHA For Paperwor	k Reduction Ac	t Notice, see yo	our tax return ins 95	structions.		F	orm 8949 (2018)
560511 131844 097-1	L0156000	2018.05		YETTE COLI	LEGE		097-4YQ1

Form 8949 (2018)				Attachm	nent Seque	ence No. 12A	Page 2
Name(s) shown on return. Name and	d SSN or taxpay	er identification r	no. not required if	f shown on page 1		-	ity number or ntification no.
LAFAYETTE COLL	EGE						795686
Before you check Box D, E, or F belo statement will have the same information	ow, see whether ation as Form 10	you received any 99-B. Either will	/ Form(s) 1099-B show whether yo	or substitute stater ur basis (usually you	ment(s) fror ur cost) wa		
Broker and may even tell you which it Part II Long-Term. Transaction			more then 1 year or	a gaparally long tarm	lago instructi	iono) For obort torm	transactions
see page 1.							
Note: You may aggregate al codes are required. Enter the	e totals directly on	Schedule D, line 8	a: voù aren't require	ed to report these tran	sactions on	Form 8949 (see inst	ructions).
You must check Box D, E, or F below. If you have more long-term transactions than will	Check only one bo	ox. If more than one b	ox applies for your lon	g-term transactions, comp	olete a separate	e Form 8949, page 2, fo	r each applicable box.
(D) Long-term transactions rep							
(E) Long-term transactions rep	-	-	•	-		,	
X (F) Long-term transactions not							
1 (a)	(b)	(c)	(d)	(e)		t, if any, to gain or	(h)
Description of property	Date acquired	Date sold or	Proceeds	Cost or other	in column	u enter an amount (g), enter a code in	Gain or (loss).
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of	(sales price)	basis. See the Note below and	column (f).	See instructions.	Subtract column (e) from column (d) &
		(Mo., day, yr.)		see Column (e) in	(f)	(g) Amount of	combine the result
				the instructions	Code(s)	adjustment	with column (g)
GTIS REAL ESTATE							
OPPORT. FUND I LP							13,044.
PINEBRIDGE PEP IV							
U.S. BUYOUT LP							<27.>
PINEBRIDGE PEP V							
ASIA, LP							350.
PINEBRIDGE PEP V							
LARGE MARKET U.S.							F (00
BUYOU							<5,620.>
PINEBRIDGE PEP V							
PREFERRED PART.							12 272
FUND, L PINEBRIDGE PEP V							13,373.
SMALL-MID MARKET							
US BUY							<13.>
YORKTOWN ENERGY							<13.2
PARTNERS VII, LP							<1,252.>
YORKTOWN ENERGY							<u> </u>
PARTNERS VIII, LP							5,165.
YORKTOWN ENERGY							0,2000
PARTNERS IX, LP							<599.>
YORKTOWN ENERGY							
PARTNERS X							1,817.
	L						
2 Totals. Add the amounts in colur							
negative amounts). Enter each to		-					
Schedule D, line 8b (if Box D abo							26 220
above is checked), or line 10 (if E		, ,		l () ii			26,238.
Note: If you checked Box D above adjustment in column (g) to correct							
aujaotinone in oolanin (g) to ooneot							

823012 11-28-18