Form <b>990-T</b>	E	Exempt Orga				ax Return	⊢ ⊢	OMB No. 1545-0047	
			nd proxy tax und			20.000		2010	
	For ca	lendar year 2019 or other tax yea					·	2019	
Department of the Treasury Internal Revenue Service	►	► Go to www Do not enter SSN numbe	-		ns and the latest informa le public if your organiza		3	Open to Public Inspection for 501(c)(3) Organizations Only	
A Check box if address changed		Name of organization (	Check box if name c	hanged	and see instructions.)		(Empl	oyer identification number oyees' trust, see ctions.)	
B Exempt under section	Print	LAFAYETTE COLLEG	3				24-0795686		
X 501(c)(3)	or	Number, street, and roon			structions.		E Unrelated business activity code (See instructions.)		
408(e) 220(e)	Type	730 SULLIVAN ROAD	D, 030 MARQUIS HA	LL					
408A 530(a) 529(a)		City or town, state or pro EASTON, PA 1804		r foreigr	postal code		525990		
<b>C</b> Book value of all assets at end of year		F Group exemption num	ber (See instructions.)						
1,381,563,	896.	G Check organization typ	e 🕨 🛛 🛛 501(c) corp	ooration	501(c) trust	401(a)	trust	Other trust	
H Enter the number of the o	0		· · ·	4	Describe t	he only (or first) ur	related		
trade or business here	► INVE	ESTMENTS IN LIMITE	D PARTNERSHIPS		If only one, o	complete Parts I-V.	If more	than one,	
		ice at the end of the previo	us sentence, complete Pa	rts I and	II, complete a Schedule	M for each addition	al trade	or	
business, then complete									
I During the tax year, was	-			nt-subsid	liary controlled group?	►	Ye	s X No	
J The books are in care of		tifying number of the parer	it corporation.		Talaaha	ne number 🕨 6	10 22	0 5057	
		de or Business Inc	ome		(A) Income	(B) Expenses		(C) Net	
1a Gross receipts or sale							,	(0) NCI	
<b>b</b> Less returns and allow			<b>c</b> Balance	1c					
		A, line 7)		2					
3 Gross profit. Subtract				3	1				
		h Schedule D)		4a	-270,035.			-270,035.	
		art II, line 17) (attach Forn		4b					
		sts		4c					
		ship or an S corporation (a		5	115,421.	STMT 1		115,421.	
6 Rent income (Schedu				6					
7 Unrelated debt-financ	ed incor	ne (Schedule E)		7					
	,	nd rents from a controlled	0	8					
		on 501(c)(7), (9), or (17) o		9					
		me (Schedule I)		10					
		e J)		11					
12 Other income (See ins				12 13	-154,614.			-154,614.	
13 Total. Combine lines Part II Deductio	ns No	ot Taken Elsewher	e (See instructions fo					134,014.	
		be directly connected w							
		rectors, and trustees (Sche					14		
							15		
							16		
							17		
		ee instructions)					18 19		
<ul><li>19 Taxes and licenses</li><li>20 Depreciation (attach</li></ul>	Eorm Al	562)			20		19		
		n Schedule A and elsewher					21b		
							22		
23 Contributions to defe	erred co	mpensation plans					23		
24 Employee benefit pro							24		
	•	chedule I)					25		
26 Excess readership co	osts (Sc	hedule J)					26		
27 Other deductions (at	tach sch	nedule)					27		
28 Total deductions. A	dd lines	14 through 27					28	0.	
29 Unrelated business t	axable i	ncome before net operating	g loss deduction. Subtract	t line 28	from line 13		29	-154,614.	
		loss arising in tax years be							
							30	0.	
		ncome. Subtract line 30 fro					31	-154,614.	
923701 01-27-20 LHA FO	or Paper	work Reduction Act Notice	e, see instructions.					Form <b>990-T</b> (2019)	

## 14560402 131839 097-10156000

82 2019.05080 LAFAYETTE COLLEGE

Form 990		LAFAYETTE COLLEGE						24-079568	5	Page <b>2</b>
Part		Total Unrelated Business Taxat	ble Income							
32	Total of	f unrelated business taxable income computed	from all unrelated trades or businesses (s	see ins	structio	ns)		32	13,	188.
33	Amoun	ts paid for disallowed fringes						33		
34	Charita	ble contributions (see instructions for limitation	n rules) STMT 4	STM	т 5			34		0.
35	Total ur	nrelated business taxable income before pre-20	18 NOLs and specific deduction. Subtract	t line 34	4 from the	e sum of lines 32 and 33		35	13,	188.
36	Deduct	ion for net operating loss arising in tax years b	eginning before January 1, 2018 (see inst	ructio	ns)	STMT 3	:	36	13,	188.
37	Total of	f unrelated business taxable income before spe	cific deduction. Subtract line 36 from line	35			:	37		
38	Specific	c deduction (Generally \$1,000, but see line 38 i	nstructions for exceptions)					38	1,	000.
39	Unrelat	ted business taxable income. Subtract line 38								
	enter th	ne smaller of zero or line 37					:	39		0.
Part	: IV	Tax Computation								
40	Organiz	zations Taxable as Corporations. Multiply line	e 39 by 21% (0.21)			•		40		0.
41		Taxable at Trust Rates. See instructions for ta								
	Ta	ax rate schedule or Schedule D (Form	1041)				· []	41		
42	Proxy t	ax. See instructions					· []	42		
43		tive minimum tax (trusts only)						43		
44	Tax on	Noncompliant Facility Income. See instruction	ns					44		
		Add lines 42, 43, and 44 to line 40 or 41, which						45		0.
Part	V	Tax and Payments								
46 a	Foreign	tax credit (corporations attach Form 1118; tru	sts attach Form 1116)	L	46a					
b	Other c	redits (see instructions)		L	46b					
C	Genera	l business credit. Attach Form 3800		L	46c					
d	Credit f	or prior year minimum tax (attach Form 8801 o	or 8827)	L	46d					
		redits. Add lines 46a through 46d					4	6e		
47	Subtrac	ct line 46e from line 45						47		0.
48	Other ta	axes. Check if from: 🗌 Form 4255 📃	Form 8611 Form 8697 Form	n 8866	3	Other (attach schedule)	Ľ	48		
49	Total ta	<b>ax.</b> Add lines 47 and 48 (see instructions)					Ľ	19		0.
50		et 965 tax liability paid from Form 965-A or Fo						50		0.
51 a	Paymer	nts: A 2018 overpayment credited to 2019		L	51a					
b	2019 es	stimated tax payments		L	51b					
C	Tax dep	oosited with Form 8868		L	51c					
d	Foreign	organizations: Tax paid or withheld at source	(see instructions)	L	51d					
е	Backup	withholding (see instructions)		L	51e					
f	Credit f	or small employer health insurance premiums	(attach Form 8941)	L	51f					
g	Other c	redits, adjustments, and payments: Fo	orm 2439							
			her Total		51g					
52	Total p	ayments. Add lines 51a through 51g					Ŀ	52		
53	Estimat	ed tax penalty (see instructions). Check if Forn	n 2220 is attached 🕨 📃				Ŀ	53		
54		e. If line 52 is less than the total of lines 49, 50					· [!	54		
55	Overpa	yment. If line 52 is larger than the total of line	s 49, 50, and 53, enter amount overpaid			►		55		
56		ne amount of line 55 you want: Credited to 202				Refunded 🕨 🕨		56		
Part		Statements Regarding Certain	Activities and Other Informa	tion	(see	instructions)				
57	At any t	time during the 2019 calendar year, did the org	anization have an interest in or a signatur	e or o	ther au	thority			Yes	No
	over a f	financial account (bank, securities, or other) in	a foreign country? If "Yes," the organization	on mag	y have t	to file				
	FinCEN	Form 114, Report of Foreign Bank and Financi	al Accounts. If "Yes," enter the name of the	e fore	ign cou	ntry				
	here	►								X
58	-	the tax year, did the organization receive a dist		transf	eror to,	a foreign trust?				X
		' see instructions for other forms the organizat	•							
59		ne amount of tax-exempt interest received or ad								
Sign		nder penalties of perjury, I declare that I have examined prrect, and complete. Degraration of preparer (other than					edge	and belief, it is true	,	
Here		( ) ( ( ) ) ( ( ) )	04/40/2024			<b>Г</b>	May t <sup>i</sup>	he IRS discuss this	return w	/ith
nere		Signature of officer		NT V	P AND			eparer shown below		
		Signature of officer	Date Title				- 1	ctions)? X Ye	S	No
		Print/Type preparer's name	Preparer's signature	Date		Check		PTIN		
Paid					0.10-	self- employed	t	D000000000		
-	barer	KAREN GRIES		U4/0	9/21			P00078514	4.0	
Use	Only	Firm's name CLIFTONLARSONALLEN				Firm's EIN	▶	41-07467	49	
		220 S 6TH STREE					<i></i>	286 1522		
		Firm's address <b>MINNEAPOLIS</b> , MN	55402			Phone no.	o12	-376-4500	0 <del>-</del>	
923711	01-27-20		0.7					Form <b>99</b>	<b>U-I</b> (	(2019)
			83							

Schedule A - Cost of Goods Sold. Enter	method of invent	ory va	aluation 🕨 N/A						
1 Inventory at beginning of year 1		6	Inventory at end of year	r		6			
2 Purchases 2			Cost of goods sold. Su						
3 Cost of labor 3			from line 5. Enter here	and in F	Part I,				
4a Additional section 263A costs			line 2			7			
(attach schedule) 4a		8	Do the rules of section				Yes	No	
b Other costs (attach schedule) 4b			property produced or a	cquired	for resale) apply to				
5 Total. Add lines 1 through 4b 5			the organization?					X	
Schedule C - Rent Income (From Real I	Property and	Per	sonal Property L	ease	d With Real Prope	erty)			
(see instructions)									
1. Description of property									
(1)									
(2)									
(3)									
(4)									
	ed or accrued								
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	ersonal	onal property (if the percentag property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly o columns 2(a) and	connec d 2(b) (a	ted with the income in attach schedule)	1		
(1)									
(2)									
(3)									
(4)									
Total 0.	Total			Ο.					
(c) Total income. Add totals of columns 2(a) and 2(b). En here and on page 1, Part I, line 6, column (A)	►			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)			٥.	
Schedule E - Unrelated Debt-Financed	Income (see i	nstru	ctions)						
		,	. Gross income from	<ol> <li>Deductions directly connected with or allocable to debt-financed property</li> </ol>					
1. Description of debt-financed property		2	or allocable to debt-	(a)	Straight line depreciation	(b) Other deductions			
			financed property	. ,	(attach schedule)	(attach schedule)			
(1)									
(2)									
(3)									
(4)									
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5. Average debt-financed debt-financed	adjusted basis illocable to nced property n schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(	8. Allocable deducti column 6 x total of co 3(a) and 3(b))		
(1)			%						
(2)			%						
(3)			%						
(4)			%						
<u></u>				Ei	nter here and on page 1,	E	Enter here and on page	e 1,	
					Part I, line 7, column (A).		Part I, line 7, column (		
Totals					0.	.		0.	
Total dividends-received deductions included in column		<u></u> .						0.	

Form 990-T (2019)

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Form 990-T (2019) LAFAYETTE									24-079		Page 4
Schedule F - Interest, A	Annuitie	s, Royal	ties, an	d Rents	From Co	ntrolle	d Organiza	ations	S (see ins	struction	s)
				Exempt	Controlled O	rganizatio	ons				
1. Name of controlled organization	ion	<b>2.</b> Em identifi num	cation				ments made includ		Part of column 4 that is cluded in the controlling anization's gross income		6. Deductions directly connected with income in column 5
(1)								<u> </u>			
_(2)											
(3)								<u> </u>			
(4) Nonexempt Controlled Organiz	zationa										
			(1)	0		. 1	10 0 1 1			44 -	
7. Taxable Income		unrelated incon see instruction		9. Total	of specified payr made	nents	10. Part of colu in the controlli gross	mn 9 tha ing orgai s income	nization's		ductions directly connected income in column 10
(1)											
_(2)											
(3)											
(4)											
							Add colun Enter here and line 8, c		e 1, Part I,	Enter h	d columns 6 and 11. ere and on page 1, Part I, line 8, column (B).
Totals									0.		0.
Schedule G - Investme	nt Incor	me of a S	Section	501(c)(7	7) (9) or (	17) Oro	anization				
(see instr				001(0)(1	,, (0), 01 (						
	ription of inco	ome			2. Amount of	income	3. Deductio directly conne (attach sched	ected	<b>4.</b> Set- (attach s	asides schedule)	<b>5.</b> Total deductions and set-asides (col. 3 plus col. 4)
(1)							,	,			
(2)											
(3)											
(4)											
(4)					Enter here and Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B).
Totals			<u></u>	<u> </u>	<u> </u>	0.					0.
Schedule I - Exploited	-	Activity	Income	e, Other	Than Adv	/ertisin	g Income				
(see instru	ictions)				1				r		1
1. Description of exploited activity	unrelated incom	Gross d business ne from business	directly o with pro of uni	penses connected oduction related s income	4. Net incon from unrelated business (co minus colum gain, comput through	trade or blumn 2 n 3). If a e cols. 5	<b>5.</b> Gross inco from activity t is not unrelat business inco	that ted	attribut	benses table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)											
(1)											+
(2)											+
(3)											+
(4)	Enter he	ve and an	Enter he	re and on							Enter here and
	page 1	re and on 1, Part I, , col. (A).	page 1	i, Part I, col. (B).							on page 1, Part II, line 25.
Totals		0.		٥.							0.
Schedule J - Advertisir											
Part I Income From I	Periodic	als Rep	orted o	n a Con	solidated	Basis					
1. Name of periodical		<b>2.</b> Gross advertising income		<b>3.</b> Direct ertising costs	or (loss) (c col. 3). If a g	tising gain ol. 2 minus ain, compute nrough 7.	e 5. Circulat income		6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)											
(2)									1		
(3)											
(4)					-						
<u>\''/</u>			_								
Totals (carry to Part II, line (5))	►		0.	(	<b>.</b>						0.

0. Form **990-T** (2019)

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	2019) LAFAYETTE COLLEGE	24-0795686
Part II	ncome 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	<b>2.</b> Gross advertising income		Direct ing costs	<b>4.</b> Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.		rculation come	6. 1	Readership costs	<ol> <li>Excess readershi costs (column 6 minu column 5, but not mo than column 4).</li> </ol>	us
(1)										
(2)										
(3)										
(4)										
Totals from Part I	0.		0.		•					٥.
	Enter here and on page 1, Part I, line 11, col. (A).	page	re and on 1, Part I, , col. (B).						Enter here and on page 1, Part II, line 26.	
Totals, Part II (lines 1-5)	Ο.		Ο.							Ο.
Schedule K - Compensation	n of Officers, I	Directo	ors, and	Trustees (see in	nstructio	ns)				
<b>1</b> . Name				<b>2.</b> Title		<ol> <li>Percer time devote busines</li> </ol>	ed to		ensation attributable related business	
(1)							%			
(2)							%			
(3)							%			
(4)							%			
Total. Enter here and on page 1, Part II, I	ine 14	ı								٥.

Form **990-T** (2019)

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 1
DESCRIPTION	NET INCOME OR (LOSS)
AG SUPER FUND , LP - ORDINARY BUSINESS INCOME (LOSS) ENERGY TRANSFER EQUITY, LP - ORDINARY BUSINESS INCOME	-22,640.
(LOSS) GTIS REAL ESTATE OPPORT. FUND I LP - ORDINARY BUSINESS INCOME (LOSS)	-1,262. -161,331.
PINEBRIDGE PEP III DIRECT LP - ORDINARY BUSINESS INCOME (LOSS)	1,890.
PINEBRIDGE PEP III SECONDARY LP - ORDINARY BUSINESS INCOME (LOSS)	2.
PINEBRIDGE PEP III U.S. BUYOUT LP - ORDINARY BUSINESS INCOME (LOSS)	-41.
PINEBRIDGE PEP IV U.S. BUYOUT LP - ORDINARY BUSINESS INCOME (LOSS) PINEBRIDGE PEP V ASIA, LP - ORDINARY BUSINESS INCOME	-321.
(LOSS) PINEBRIDGE PEP V EUROPE, LP [FP] - ORDINARY BUSINESS	-6,361.
INCOME (LOSS) PINEBRIDGE PEP V LARGE MARKET U.S. BUYOUT, LP - ORDINARY	179.
BUSINESS INCOME (LO PINEBRIDGE PEP V PREFERRED PART. FUND, LP - ORDINARY	5,905.
BUSINESS INCOME (LOSS) PINEBRIDGE PEP V SMALL-MID MARKET US BUYOUT LP - ORDINARY	59,180.
BUSINESS INCOME (L YORKTOWN ENERGY PARTNERS VI, LP - ORDINARY BUSINESS INCOME (LOSS)	52,883. -1,250.
YORKTOWN ENERGY PARTNERS VII, LP - ORDINARY BUSINESS INCOME (LOSS)	-18,263.
YORKTOWN ENERGY PARTNERS VIII, LP - ORDINARY BUSINESS INCOME (LOSS)	, 32,950.
YORKTOWN ENERGY PARTNERS IX, LP - ORDINARY BUSINESS INCOME (LOSS)	193,328.
YORKTOWN ENERGY PARTNERS X - ORDINARY BUSINESS INCOME (LOSS)	402,016.
ENCAP ENERGY CAPITAL FUND XI, LP - ORDINARY BUSINESS INCOME (LOSS)	-164,154.
FORTRESS SECURED LENDING FUND I(A)LP - ORDINARY BUSINESS INCOME (LOSS) ALPINE INVESTORS VII, LP - ORDINARY BUSINESS INCOME (LOSS)	14,402. -272,431.
BLACKSTONE REAL ESTATE PARTNERS IX TE 1 LP - ORDINARY BUSINESS INCOME (LOSS)	_,, 59.
GREENSPRING GLOBAL PARTNERS IX-B LP - ORDINARY BUSINESS INCOME (LOSS)	-1.
JAM PARTNERS LP – ORDINARY BUSINESS INCOME (LOSS) TA XIII-A LP – ORDINARY BUSINESS INCOME (LOSS)	1,568. -886.
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	115,421.

097-1011

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/19	723,908.	0.	723,908.	723,908.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	723,908.	723,908.

FORM 990-T	NET	STATEMENT 3		
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/12	356,288.	28,564.	327,724.	327,724.
06/30/13	2,686,518.	0.	2,686,518.	2,686,518.
06/30/14	3,279,624.	0.	3,279,624.	3,279,624.
06/30/15	2,790,736.	0.	2,790,736.	2,790,736.
06/30/16	1,236,397.	0.	1,236,397.	1,236,397
06/30/18	20,511.	Ο.	20,511.	20,511
NOL CARRYOV	ER AVAILABLE THIS	YEAR	10,341,510.	10,341,510
FORM 990-T		CONTRIBUTIONS		STATEMENT 4
DESCRIPTION	KIND OF PROPERTY	METHOD USED TO	D DETERMINE FMV	AMOUNT
50% CASH ON	ILY	N/A		44,38
TOTAL TO FO	DRM 990-T, PAGE 2,	LINE 34		44,38

FORM 990-T CONTRIBUTIONS SUMMARY	STATEMENT 5
QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT	
CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS FOR TAX YEAR 2014 FOR TAX YEAR 2015 FOR TAX YEAR 2016 FOR TAX YEAR 2017 FOR TAX YEAR 2018	
TOTAL CARRYOVER TOTAL CURRENT YEAR 10% CONTRIBUTIONS 4	4,382
TOTAL CONTRIBUTIONS AVAILABLE 4 TAXABLE INCOME LIMITATION AS ADJUSTED	4,382 0
EXCESS 100% CONTRIBUTIONS	4,382 0 4,382
ALLOWABLE CONTRIBUTIONS DEDUCTION	0
TOTAL CONTRIBUTION DEDUCTION	0

					ENT	ITY 1
		Unrelated Business	Taxa	ble Income f	rom an	OMB No. 1545-0047
(For	m 990-T)	Unrelated Tr	ade	or Business		
			1 001	· · · · · ·		2019
		For calendar year 2019 or other tax year beginning JUL	-			
	ment of the Treasury I Revenue Service	<ul> <li>Go to www.irs.gov/Form990T fo</li> <li>Do not enter SSN numbers on this form as it</li> </ul>				Open to Public Inspection for 501(c)(3) Organizations Only
Name	of the organization				Employer identifica	tion number
		LAFAYETTE COLLEGE			24-079568	5
L	Inrelated Business	Activity Code (see instructions) 🕨 451211				
C	escribe the unrelat	ed trade or business <b>BOOKSTORE</b>				
Par	t I Unrelated	Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or s	sales105,800.				
b	Less returns and allo	owances c Balance >	1c	105,800.		
2	Cost of goods sole	d (Schedule A, line 7)	2	120,612.		
3	Gross profit. Subt	ract line 2 from line 1c	3	-14,812.		-14,812.
4 a		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		a partnership or an S corporation (attach				
	statement)		5			
6		edule C)	6			
7		anced income (Schedule E)	7			
8	Interest, annuities,	, 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)	9			
10		activity income (Schedule I)	10			
11	Advertising incom	e (Schedule J)	11			
12		e instructions; attach schedule)	12			
13	Total. Combine lir	nes 3 through 12	13	-14,812.		-14,812.
Par	t II Deduction	ns Not Taken Elsewhere (See instruct	ions fo	r limitations on ded	uctions.) (Deduct	ions must be
		nnected with the unrelated business in				
14	Compensation of	officers, directors, and trustees (Schedule K)			14	
15		2525				
16		enance				
17						
18		hedule) (see instructions)				
19		s				
20		ch Form 4562)				
21		claimed on Schedule A and elsewhere on return			21b	,
22						
23	Contributions to d	eferred compensation plans				
24		programs				
25		penses (Schedule I)				
26		o costs (Schedule J)				
27		(attach schedule)				
28		Add lines 14 through 27				
29		s taxable income before net operating loss dedu				
30		operating loss arising in tax years beginning on c				
·		······································			30	0.
31		s taxable income. Subtract line 30 from line 29				
LHA		Reduction Act Notice, see instructions.				ule M (Form 990-T) 2019

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Form 990-T (2019)									Page 3
LAFAYETTE COLLEG						24-07956	586		-
Schedule A - Cost of Goods S	old. Ente	r method of invent	ory v	aluation 🕨 N/A					
1 Inventory at beginning of year	1		6	Inventory at end of yea	r		6		
2 Purchases	2	120,612.		Cost of goods sold. Su					
3 Cost of labor	3			from line 5. Enter here	and in I	Part I,			
4 a Additional section 263A costs				line 2			7	120	0,612.
(attach schedule)	4a		8	Do the rules of section	263A (	with respect to		Yes	s No
<b>b</b> Other costs (attach schedule)	4b			property produced or a	cquired	l for resale) apply to			
5 Total. Add lines 1 through 4b	5	120,612.		the organization?					x
Schedule C - Rent Income (Fre	om Real	Property and	Per	sonal Property L	ease	d With Real Prop	erty	)	
(see instructions)									
1. Description of property									
(1)									
(2)									
(3)									
(4)									
2	. Rent receiv	ed or accrued							
rent for personal property is more than '' of rent for personal property is more than				onal property (if the percentag property exceeds 50% or if ed on profit or income)	ge	<b>3(a)</b> Deductions directly columns 2(a) ar	connee nd 2(b) (	cted with the income (attach schedule)	in
(1)									
(2)									
(3)									
(4)									
Total	٥.	Total			0.				
(c) Total income. Add totals of columns 2(a) here and on page 1, Part I, line 6, column (A)		nter			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)			0.
Schedule E - Unrelated Debt-F			nstru	ctions)	••				
		(0001				3. Deductions directly con			
			2	<ol> <li>Gross income from or allocable to debt-</li> </ol>	(-)	to debt-financ			
1. Description of debt-finance	ed property			financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(1)									
(2)									
(3)									
(4)									
<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	of or debt-fina	e adjusted basis allocable to anced property ch schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		<b>8.</b> Allocable dedu (column 6 x total of c 3(a) and 3(b)	columns
(1)				%			+		
(2)				%			+		
(3)				%			+		
(4)				%			+		
<u></u>				/0		nter here and on page 1, Part I, line 7, column (A).		Enter here and on pa Part I, line 7, colum	•
Totals						0			0.
Total dividends-received deductions include				·····					0.
		··						Corm 000	

Form **990-T** (2019)

ENTITY 1

14560402 131839 097-10156000

					ENTI	ТҮ 2				
		Unrelated Business	ble Income fr	om an	OMB No. 1545-0047					
(For	m 990-T)	Unrelated Tr	ade	or Business						
			2019							
		For calendar year 2019 or other tax year beginning				2013				
	Department of the Treasury Internal Revenue Service Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).									
Name	Name of the organization Employer identification									
Name	or the organization	LAFAYETTE COLLEGE			24-0795686					
L	Inrelated Business	Activity Code (see instructions) > 900099								
		ed trade or business MISCELLANEOUS	INCOM	E						
		Trade or Business Income			(P) Expanses	(C) Net				
Fai				(A) Income	(B) Expenses					
1a	Gross receipts or s	sales								
b	Less returns and allo		1c							
2		d (Schedule A, line 7)	2							
3		ract line 2 from line 1c	3							
4 a	Capital gain net in	come (attach Schedule D)	4a							
b		rm 4797, Part II, line 17) (attach Form 4797) $\dots$	4b							
С	Capital loss deduc	ction for trusts	4c							
5	Income (loss) from	a partnership or an S corporation (attach								
	statement)		5							
6	Rent income (Sche	edule C)	6							
7	Unrelated debt-fination	anced income (Schedule E)	7							
8	Interest, annuities,	, royalties, and rents from a controlled								
	organization (Sche	edule F)	8							
9	Investment incom	e of a section 501(c)(7), (9), or (17)								
	organization (Sche	edule G)	9							
10		activity income (Schedule I)	10							
11	Advertising incom	e (Schedule J)	11							
12	Other income (See	e instructions; attach schedule) STMT 6	12	13,188.		13,188.				
13	Total. Combine lir		13	13,188.		13,188.				
Par	+ II Deduction	ns Not Taken Elsewhere (See instructi	ions fo	r limitations on dedu	uctions.) (Deducti	ons must be				
. ai		nnected with the unrelated business in								
	-					1				
14		officers, directors, and trustees (Schedule K)								
15		PS								
16	Repairs and maint	enance								
17										
18		hedule) (see instructions)								
19		s								
20		ch Form 4562)								
21		claimed on Schedule A and elsewhere on return			21b					
22										
23		eferred compensation plans								
24		programs				ļ				
25	Excess exempt ex		ļ							
26	Excess readership		ļ							
27		(attach schedule)				ļ				
28		Add lines 14 through 27				0.				
29	Unrelated busines	s taxable income before net operating loss deduc	ction. Su	ubtract line 28 from line 1	3 <b>29</b>	13,188.				
30	Deduction for net	operating loss arising in tax years beginning on o	r after J	anuary 1, 2018 (see						
	instructions)				30	0.				
31		s taxable income. Subtract line 30 from line 29				13,188.				
LHA	For Paperwork F	Reduction Act Notice, see instructions.			Schedu	Ile M (Form 990-T) 2019				

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LAFAYETTE COLLEGE

## 24 - 0795686

FORM 990-T (M)	OTHER INCOME	STATEMENT 6
DESCRIPTION		AMOUNT
MISCELLANEOUS INCOME		13,188.
TOTAL TO SCHEDULE M, PAR	F I, LINE 12	13,188.

				ENTI	ТҮ 3
SCHEDULE M (Form 990-T)	Unrelated Business Unrelated T	OMB No. 1545-0047			
					2019
	For calendar year 2019 or other tax year beginningJUL	1, 201	9 , and ending JUN	1 30, 2020	2013
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990T f				Open to Public Inspection for
	Do not enter SSN numbers on this form as	it may be	made public if your organiz		501(c)(3) Organizations Only
Name of the organization	LAFAYETTE COLLEGE			Employer identificat 24-0795686	ion number
Unrelated Business	Activity Code (see instructions) 🕨 52				
Describe the unrela	ted trade or business PARTNERSHIP 1	INV IRS	NOTICE 2018-67 DE	EMED CONTROL	1
Part I Unrelated	d Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or	sales				
<b>b</b> Less returns and all	owances c Balance 🕨	► 1c			
2 Cost of goods sol	ld (Schedule A, line 7)	2			
3 Gross profit. Subt	tract line 2 from line 1c	3			
4a Capital gain net ir	ncome (attach Schedule D)	4a			
<b>b</b> Net gain (loss) (Fo	orm 4797, Part II, line 17) (attach Form 4797)	4b			
c Capital loss dedu	ction for trusts	4c			
	n a partnership or an S corporation (attach				
statement) STA		5	-3,448.		-3,448.
	nedule C)				
	nanced income (Schedule E)				
	s, royalties, and rents from a controlled				
	edule F)	8			
	ne of a section 501(c)(7), (9), or (17)				
	edule G)				
	activity income (Schedule I)				
	ne (Schedule J)				
	e instructions; attach schedule) nes 3 through 12		-3,448.		-3,448.
			· · ·		
	ns Not Taken Elsewhere (See instruc onnected with the unrelated business in			uctions.) (Deduction	ons must be
14 Componention of	officers, directors, and trustees (Schedule K)			14	
,					
	tenance				
	chedule) (see instructions)				
	es ach Form 4562)				
	claimed on Schedule A and elsewhere on return			21b	
23 Contributions to c	deferred compensation plans				
	programs				
	xpenses (Schedule I)				
	p costs (Schedule J)				
	(attach schedule)				
	. Add lines 14 through 27				0.
	ss taxable income before net operating loss ded				-3,448.
	operating loss arising in tax years beginning on				,
				30	0.
,	ss taxable income. Subtract line 30 from line 29				-3,448.
	Reduction Act Notice, see instructions.				le M (Form 990-T) 2019

FORM 990-T (M) INCOME (1		FROM PARTNERSHIPS	STATEMENT 7
DESCRIPTION			NET INCOME OR (LOSS)
GREENSPRING GLOBAL P INCOME (LOSS)	ARTNERS VIII LP -	ORDINARY BUSINESS	-3,448.
TOTAL INCLUDED ON SC	HEDULE M, PART I,	LINE 5	-3,448.

## Capital Gains and Losses Attach to Form 1120, 1120-FC, 1120-FS, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-RIC, 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

19

Yes 🗴 No

(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)

82.

) 82.

20 Employer identification number

24 - 0795686

4 5 6

7

►L

LAFAYETTE COLLEGE			
Did the corporation dispose of any investme	nt(s) in a qualified opportur	nity fund during the tax yea	ır?
If "Yes," attach Form 8949 and see its instru	ctions for additional require	ements for reporting your o	jain or loss.
Part I Short-Term Capital Ga	ins and Losses (See	instructions.)	
See instructions for how to figure the amounts to enter on the lines below.	(d)	(e) Cost	( <b>g)</b> Adjustments to gain or loss from Form(s) 8949.
This form may be easier to complete if you round off cents to whole dollars.	Proceeds (sales price)	(or other basis)	Part I, line 2, 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 <b>Box A</b> checked			
2 Totals for all transactions reported on			
Form(s) 8949 with <b>Box B</b> checked			
3 Totals for all transactions reported on			
Form(s) 8949 with <b>Box C</b> checked			
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 3	7	
5 Short-term capital gain or (loss) from like-kin	d exchanges from Form 8824		
6 Unused capital loss carryover (attach comput	ation)		Γ
7 Net short-term capital gain or (loss). Combin			
Part II Long-Term Capital Gai			
See instructions for how to figure the amounts to enter on the lines below.	(d)	(e) Cost	(g) Adjustments to gain
This form may be easier to complete if you round off cents to whole dollars.	Proceeds (sales price)	Cost (or other basis)	or lóss from Form(s) 8949, Part II, line 2, column (g)
8a Totals for all long-term transactions reported			

See instructions for how to figure the amounts to enter on the lines below.		_ (d)	(e) <sub>Cost</sub>	(g) Adjustments to gai	n	(h) Gain or (loss). Subtract	
Thi rou	s form may be easier to complete if you nd off cents to whole dollars.	Proceeds (sales price)	(or other basis)	or lóss from Form(s) 894 Part II, line 2, column (g		column (e) from column (d) and 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 <b>Box D</b> checked						
9	Totals for all transactions reported on						
	Form(s) 8949 with <b>Box E</b> checked						
10	Totals for all transactions reported on						
	Form(s) 8949 with <b>Box F</b> checked					-270,117.	
11	Enter gain from Form 4797, line 7 or 9				11		
12	Long-term capital gain from installment sales	s from Form 6252, line 26 or 3	7		12		
13	Long-term capital gain or (loss) from like-kin	d exchanges from Form 8824			13		
14	Capital gain distributions						
15	Net long-term capital gain or (loss). Combine	-270,117.					
F	Part III Summary of Parts I and	d II					
16	Enter excess of net short-term capital gain (lin						
17	Net capital gain. Enter excess of net long-term	n capital gain (line 15) over ne	t short-term capital loss (line :	7)	17		
18	Add lines 16 and 17. Enter here and on Form	1120, page 1, line 8, or the pr	oper line on other returns		18	٥.	
	Note: If losses exceed gains, see Capital Los	sses in the instructions.					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1120. Schedule D (Form 1120) 2019

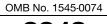
14560402 131839 097-10156000

Form	8949
	ent of the Treasury evenue Service

Name(s) shown on return

## 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.



Attachmen 12A ence No. Social security number or

taxpayer identification no.

LAFAYETTE COLLEGE						24-07	795686
Before you check Box A, B, or C belo statement will have the same informa broker and may even tell you which b	ow, see whether ation as Form 109	you received any 99-B. Either will s	/ Form(s) 1099-B o show whether you	or substitute statem r basis (usually you	ent(s) from r cost) was	your broker. A su reported to the IR	bstitute S by your
Part I Short-Term. Transacti	ons involving capit	al assets you held	1 year or less are ge	nerally short-term (see	e instructions	s). For long-term	
transactions, see page 2. Note: You may aggregate all codes are required. Enter the	short-term transac	tions reported on I	Form(s) 1099-B show	ving basis was reporte	d to the IRS	and for which no ad	
You must check Box A, B, or C below. C	Check only one bo	x. If more than one b	oox applies for your shor	t-term transactions, comp	lete a separate	e Form 8949, page 1, for	
If you have more short-term transactions than will (A) Short-term transactions rep					-		
(B) Short-term transactions rep	•	,	• .		Note abt	jvej	
(C) Short-term transactions no							
				(a)	Adjustmen	t, 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	in column	(g), enter a code in . See instructions.	Subtract column (e)
	(110., ddy, jr.)	(Mo., day, yr.)		Note below and	(f)	(g)	from column (d) &
				see Column (e) in the instructions	Code(s)	Amount of	combine the result with column (g)
					0000(0)	adjustment	with column (g)
PINEBRIDGE PEP V LARGE							
MARKET U.S. BUYOU							<602.>
YORKTOWN ENERGY PARTNERS							
VII, LP							8.
YORKTOWN ENERGY PARTNERS							
VIII, LP							67.
YORKTOWN ENERGY PARTNERS							
IX, LP							37.
YORKTOWN ENERGY PARTNERS X							24.
JAM PARTNERS LP							548.
2 Totals. Add the amounts in colum	nns (d), (e), (g), a	nd (h) (subtract					
negative amounts). Enter each to	tal here and inclu	ude on your					
Schedule D, line 1b (if Box A abo	ove is checked),	line 2 (if Box B					
above is checked), or line 3 (if B	<b>ox C</b> above is ch	necked)					82.
Note: If you checked Box A above b adjustment in column (g) to correct t	•			. ,		•	•

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Form 8949 (2019)				Attachn	nent Seque	nce No. 12A	Page <b>2</b>
Name(s) shown on return. Name and	I SSN or taxpaye	er identification n	o. not required if			Social secur	rity number or entification no.
LAFAYETTE COLLEGE						24-0	795686
Before you check Box D, E, or F belo statement will have the same informa broker and may even tell you which b Part II Long-Term. Transaction	oox to check.						
see page 1. Note: You may aggregate all							
codes are required. Enter the	e totals directly on S	Schedule D, line 8a	; you aren't required	to report these trans	actions on Fo	orm 8949 (see instru	ictions).
You must check Box D, E, or F below. O If you have more long-term transactions than will							each applicable box.
(D) Long-term transactions rep	orted on Form(s	) 1099-B showing	g basis was repor	ted to the IRS (see	Note abo	ve)	
(E) Long-term transactions rep	orted on Form(s)	) 1099-B showing	g basis <b>wasn't</b> re	eported to the IRS			
<b>X</b> (F) Long-term transactions not	reported to you	on Form 1099-B					
1 (a)	(b)	(c)	_ (d)	(e)		t, if any, to gain or ou enter an amount	(h)
Description of property	Date acquired	Date sold or	Proceeds (sales price)	Cost or other basis. See the	in column	(g), enter a code in	Gain or (loss). Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(60.00 p.100)	Note below and		See instructions.	from column (d) &
		(100., day, yr.)		see Column (e) in	(f)	<b>(g)</b> Amount of	combine the result
				the instructions	Code(s)	adjustment	with column (g)
GTIS REAL ESTATE OPPORT.							
FUND I LP							<271,167.>
PINEBRIDGE PEP V ASIA, LP				-			<217.>
PINEBRIDGE PEP V LARGE				-			
MARKET U.S. BUYOU							11,371.
PINEBRIDGE PEP V PREFERRED							220
PART. FUND, L							<228.>
YORKTOWN ENERGY PARTNERS							.1 5 5
VI, LP							<155.>
YORKTOWN ENERGY PARTNERS							12 242 5
VII, LP YORKTOWN ENERGY PARTNERS							<2,242.>
VIII, LP							<2,702.>
YORKTOWN ENERGY PARTNERS							<2,702.2
IX, LP							<6,607.>
YORKTOWN ENERGY PARTNERS X							<2,423.>
JAM PARTNERS LP							4,253.
2 Totals. Add the amounts in colum							
negative amounts). Enter each to		-					
Schedule D, line 8b (if Box D abo							
above is checked), or <b>line 10</b> (if <b>E</b>					h a si		<270,117.>
Note: If you checked Box D above b adjustment in column (g) to correct t	•					-	•

923012 12-11-19

Form 8949 (2019)