

Form **990-T**

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No 1545-0687

For calendar year 2018 or other tax year beginning 07/01, 2018, and ending 06/30, 2019

2018

Department of the Treasury
Internal Revenue Service

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

Open to Public Inspection for
501(c)(3) Organizations Only

| | | |
|---|---|---|
| <input type="checkbox"/> A Check box if address changed | Name of organization (<input type="checkbox"/> Check box if name changed and see instructions) | D Employer identification number (Employees' trust, see instructions) |
| B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <u>03</u> <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) | Print or Type NEW YORK MEDICAL COLLEGE Number, street, and room or suite no. If a P.O. box, see instructions 40 SUNSHINE COTTAGE ROAD City or town, state or province, country, and ZIP or foreign postal code VALHALLA, NY 10595 | 13-1099420 E Unrelated business activity code (See instructions) 525990 |
| C Book value of all assets at end of year 321,592,523. | F Group exemption number (See instructions) ▶ | |
| | G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust | |

H Enter the number of the organization's unrelated trades or businesses ▶ 2 Describe the only (or first) unrelated trade or business here ▶ INVESTMENTS IN PARTNERSHIPS If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V

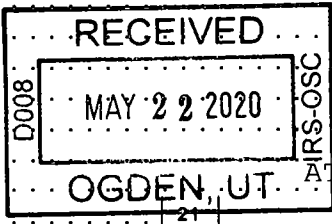
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidary controlled group? Yes No
If "Yes," enter the name and identifying number of the parent corporation ▶

J The books are in care of ▶ ADAM HAMMERMAN Telephone number ▶ 914-594-4750

| Part I Unrelated Trade or Business Income | | (A) Income | (B) Expenses | (C) Net |
|---|---|------------|-----------------|----------|
| 1a | Gross receipts or sales | | | |
| b | Less returns and allowances | | | |
| | c Balance ▶ | 1c | | |
| 2 | Cost of goods sold (Schedule A, line 7) | 2 | | |
| 3 | Gross profit Subtract line 2 from line 1c | 3 | | |
| 4a | Capital gain net income (attach Schedule D) | 4a | 11,023. | 11,023. |
| b | Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) | 4b | | |
| c | Capital loss deduction for trusts | 4c | | |
| 5 | Income (loss) from a partnership or an S corporation (attach statement) | 5 | -35,903. ATCH 1 | -35,903. |
| 6 | Rent income (Schedule C) | 6 | | |
| 7 | Unrelated debt-financed income (Schedule E) | 7 | | |
| 8 | Interest, annuities, royalties, and rents from a controlled organization (Schedule F) | 8 | | |
| 9 | Investment income of a section 501(c)(7) (9) or (17) organization (Schedule G) | 9 | | |
| 10 | Exploited exempt activity income (Schedule I) | 10 | | |
| 11 | Advertising income (Schedule J) | 11 | | |
| 12 | Other income (See instructions, attach schedule) | 12 | | |
| 13 | Total. Combine lines 3 through 12 | 13 | -24,880. | -24,880. |

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income)

| | | | | |
|----|--|-----|--------|----------|
| 14 | Compensation of officers, directors, and trustees (Schedule K) | 14 | | |
| 15 | Salaries and wages | 15 | | |
| 16 | Repairs and maintenance | 16 | | |
| 17 | Bad debts | 17 | | |
| 18 | Interest (attach schedule) (see instructions) | 18 | | |
| 19 | Taxes and licenses | 19 | | 125. |
| 20 | Charitable contributions (See instructions for limitation rules) | 20 | | |
| 21 | Depreciation (attach Form 4562) | 21 | | |
| 22 | Less depreciation claimed on Schedule A and elsewhere on return | 22a | | 22b |
| 23 | Depletion | 23 | | |
| 24 | Contributions to deferred compensation plans | 24 | | |
| 25 | Employee benefit programs | 25 | | |
| 26 | Excess exempt expenses (Schedule I) | 26 | | |
| 27 | Excess readership costs (Schedule J) | 27 | | |
| 28 | Other deductions (attach schedule) | 28 | ATCH 2 | 4,339. |
| 29 | Total deductions Add lines 14 through 28 | 29 | | 4,464. |
| 30 | Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13 | 30 | | -29,344. |
| 31 | Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) | 31 | | |
| 32 | Unrelated business taxable income Subtract line 31 from line 30 | 32 | | -29,344. |



SCANNED JUL 16 2021

03 08724

4

Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, and Amount. Includes lines 33-38 with amounts like 282,934 and 97,172.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Includes lines 39-44 with amounts like 39,010 and 39,010.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 45a-45e, 46-49, 50a-50g, 51-55 with amounts like 39,010, 39,010, 1,735, and 40,745.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Question number, Question text, and Yes/No response. Includes questions 56, 57, and 58.

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

Sign Here: Signature of officer, Date 05/12/2020, Title VP & CFO. Includes a box for 'May the IRS discuss this return with the preparer shown below?' with 'Yes' checked.

Table with 4 columns: Field name, Value, Field name, Value. Includes Preparer's name (DEVIN L DUNCAN), Signature, Date (5/8/20), Firm's name (KPMG LLP), Firm's EIN (13-5565207), and Firm's address (345 PARK AVENUE, NEW YORK, NY 10154-0102).

Schedule A - Cost of Goods Sold. Enter method of inventory valuation

Table with 5 main rows and 2 sub-rows for line 8. Columns include line numbers, descriptions, and Yes/No boxes.

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

Table for Schedule C with sections for Description of property, Rent received or accrued, and Total income/deductions.

Schedule E - Unrelated Debt-Financed Income (see instructions)

Table for Schedule E with columns for Description of debt-financed property, Gross income, Deductions, and Allocable deductions.

Schedule F—Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

| 1 Name of controlled organization | 2 Employer identification number | Exempt Controlled Organizations | | | |
|-----------------------------------|----------------------------------|--|------------------------------------|--|---|
| | | 3 Net unrelated income (loss) (see instructions) | 4 Total of specified payments made | 5 Part of column 4 that is included in the controlling organization's gross income | 6 Deductions directly connected with income in column 5 |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |

Nonexempt Controlled Organizations

| 7 Taxable income | 8 Net unrelated income (loss) (see instructions) | 9 Total of specified payments made | 10 Part of column 9 that is included in the controlling organization's gross income | 11 Deductions directly connected with income in column 10 |
|------------------|--|------------------------------------|---|---|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| | | | Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A) | Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B) |

Totals

Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

| 1 Description of income | 2 Amount of income | 3 Deductions directly connected (attach schedule) | 4 Set-asides (attach schedule) | 5 Total deductions and set-asides (col 3 plus col 4) |
|-------------------------|--------------------|---|--------------------------------|---|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| | | Enter here and on page 1, Part I, line 9, column (A) | | Enter here and on page 1, Part I, line 9, column (B) |

Totals

Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

| 1 Description of exploited activity | 2 Gross unrelated business income from trade or business | 3 Expenses directly connected with production of unrelated business income | 4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7 | 5 Gross income from activity that is not unrelated business income | 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) | | | Enter here and on page 1, Part II, line 26 |

Totals

Schedule J—Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated 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 (carry to Part II, line (5)) | | | | | | |

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 ▶ | | | | | | |
| | Enter here and on page 1, Part I, line 11, col (A) | 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) ▶ | | | | | | |

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

| 1 Name | 2 Title | 3 Percent of time devoted to business | 4 Compensation attributable to unrelated business |
|--|---------|---------------------------------------|---|
| (1) | | % | |
| (2) | | % | |
| (3) | | % | |
| (4) | | % | |
| Total. Enter here and on page 1, Part II, line 14 ▶ | | | |

**SCHEDULE M
(Form 990-T)**

**Unrelated Business Taxable Income for
Unrelated Trade or Business**

OMB No 1545-0687

2018

For calendar year 2018 or other tax year beginning 07/01, 2018, and ending 06/30, 2019

Department of the Treasury
Internal Revenue Service

▶ Go to www.irs.gov/Form990T for instructions and the latest information

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

Open to Public Inspection for
501(c)(3) Organizations Only

Name of organization

NEW YORK MEDICAL COLLEGE

Employer identification number

13-1099420

Unrelated business activity code (see instructions) ▶ 541700

Describe the unrelated trade or business ▶ ANIMAL CLINIC REVENUE

| Part I Unrelated Trade or Business Income | | (A) Income | (B) Expenses | (C) Net |
|--|---|------------|--------------|----------|
| 1 a | Gross receipts or sales | | | |
| b | Less returns and allowances | | | |
| | c Balance ▶ | 1 c | | |
| 2 | Cost of goods sold (Schedule A, line 7) | 2 | | |
| 3 | Gross profit Subtract line 2 from line 1c | 3 | | |
| 4 a | Capital gain net income (attach Schedule D) | 4 a | | |
| b | Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) | 4 b | | |
| c | Capital loss deduction for trusts | 4 c | | |
| 5 | Income (loss) from a partnership or an S corporation (attach statement) | 5 | | |
| 6 | Rent income (Schedule C) | 6 | | |
| 7 | Unrelated debt-financed income (Schedule E) | 7 | | |
| 8 | Interest, annuities, royalties, and rents from a controlled organization (Schedule F) | 8 | | |
| 9 | Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) | 9 | | |
| 10 | Exploited exempt activity income (Schedule I) | 10 | | |
| 11 | Advertising income (Schedule J) | 11 | | |
| 12 | Other income (See instructions, attach schedule) <u>ATCH 3</u> | 12 | 907,742. | 907,742. |
| 13 | Total Combine lines 3 through 12 | 13 | 907,742. | 907,742. |

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income)

| | | | | |
|-----------|--|-------------|------|----------|
| 14 | Compensation of officers, directors, and trustees (Schedule K) | 14 | | |
| 15 | Salaries and wages | 15 | | 570,853. |
| 16 | Repairs and maintenance | 16 | | |
| 17 | Bad debts | 17 | | |
| 18 | Interest (attach schedule) (see instructions) | 18 | | |
| 19 | Taxes and licenses | 19 | | 125. |
| 20 | Charitable contributions (See instructions for limitation rules) | 20 | | |
| 21 | Depreciation (attach Form 4562) | 21 | 396. | |
| 22 | Less depreciation claimed on Schedule A and elsewhere on return | 22 a | | |
| | | 22 b | | 396. |
| 23 | Depletion | 23 | | |
| 24 | Contributions to deferred compensation plans | 24 | | |
| 25 | Employee benefit programs | 25 | | |
| 26 | Excess exempt expenses (Schedule I) | 26 | | |
| 27 | Excess readership costs (Schedule J) | 27 | | |
| 28 | Other deductions (attach schedule) <u>ATCH 4</u> | 28 | | 53,434. |
| 29 | Total deductions Add lines 14 through 28 | 29 | | 624,808. |
| 30 | Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13 | 30 | | 282,934. |
| 31 | Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) | 31 | | |
| 32 | Unrelated business taxable income Subtract line 31 from line 30 | 32 | | 282,934. |

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2018

**SCHEDULE D
(Form 1120)**

Capital Gains and Losses

OMB No 1545-0123

Department of the Treasury
Internal Revenue Service

▶ 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

2018

| | |
|---|---|
| Name NEW YORK MEDICAL COLLEGE | Employer identification number 13-1099420 |
|---|---|

Part I Short-Term Capital Gains 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 gain or loss from Form(s) 8949, Part I, line 2, column (g) | (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 | 9. | | | 9. |
| 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 | | | | 4 |
| 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 | | | | 5 |
| 6 Unused capital loss carryover (attach computation) | | | | 6 () |
| 7 Net short-term capital gain or (loss) Combine lines 1a through 6 in column h | | | | 7 9. |

Part II Long-Term Capital Gains 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 gain or loss from Form(s) 8949, Part II, line 2, column (g) | (h) Gain or (loss) Subtract 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 Box D checked | | | | |
| 9 Totals for all transactions reported on Form(s) 8949 with Box E checked | | | | |
| 10 Totals for all transactions reported on Form(s) 8949 with Box F checked | 26. | | | 26. |
| 11 Enter gain from Form 4797, line 7 or 9 | | | | 11 10,988. |
| 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 | | | | 12 |
| 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 | | | | 13 |
| 14 Capital gain distributions (see instructions) | | | | 14 |
| 15 Net long-term capital gain or (loss) Combine lines 8a through 14 in column h | | | | 15 11,014. |

Part III Summary of Parts I and II

| | | | | |
|---|--|--|--|------------|
| 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) | | | | 16 9. |
| 17 Net capital gain Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) | | | | 17 11,014. |
| 18 Add lines 16 and 17 Enter here and on Form 1120, page 1, line 8, or the proper line on other returns | | | | 18 11,023. |

Note: If losses exceed gains, see **Capital losses** in the instructions

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2018

Sales and Other Dispositions of Capital Assets

▶ Go to www.irs.gov/Form8949 for instructions and the latest information

2018

Department of the Treasury
Internal Revenue Service

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Attachment
Sequence No **12A**

| | |
|--|---|
| Name(s) shown on return NEW YORK MEDICAL COLLEGE | Social security number or taxpayer identification number 13-1099420 |
|--|---|

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 broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a, you aren't required to report these transactions on Form 8949 (see instructions).

You **must** check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

| 1 | (a) Description of property (Example 100 sh XYZ Co) | (b) Date acquired (Mo, day, yr) | (c) Date sold or disposed of (Mo, day, yr) | (d) Proceeds (sales price) (see instructions) | (e) Cost or other basis See the Note below and see Column (e) in the separate instructions | Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f) See the separate instructions | | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|----------|--|---------------------------------------|--|--|---|---|--------------------------------|--|
| | | | | | | (f) Code(s) from instructions | (g) Amount of adjustment | |
| | STGC FROM PARTNERSHIP | VARIOUS | VARIOUS | 9 | | | | 9 |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 2 | Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ▶ | | | | 9 | | | 9 |

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

ATTACHMENT 1

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS OR S CORPORATIONS

| | |
|---|-----------------|
| COMMONFUND CAPITAL NAT. RESOURCES PARTNERS IX | -35,682. |
| METROPOLITAN REAL ESTATE PARTNERS IV-A, LP | -221. |
| INCOME (LOSS) FROM PARTNERSHIPS | <u>-35,903.</u> |

ATTACHMENT 2

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

TAX PREP FEES

4,339.

PART II - LINE 28 - OTHER DEDUCTIONS

4,339.

SCHEDULE M - LINE 12 - OTHER INCOME

ANIMAL CLINIC REVENUE

907,742.

LINE 12 - OTHER INCOME

907,742.

ATTACHMENT 3

SCHEDULE M - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

| | |
|-------------------|---------|
| ANIMAL FOOD | 36,149. |
| SUPPLIES | 10,577. |
| OTHER | 4,042. |
| CARCASS DISPOSAL | 1,176. |
| UTILITIES | 938. |
| SECURITY & SAFETY | 432. |
| INSURANCE | 120. |

PART II - LINE 28 - OTHER DEDUCTIONS

53,434.

ATTACHMENT 4

NEW YORK MEDICAL COLLEGE

13-1099420
ATTACHMENT 5

FORM 990-T, PART III, LINE 35 - NET OPERATING LOSSES ARISING IN TAX YEARS BEGINNING BEFORE JANUARY 1, 2018

| YEAR END | AMOUNT GENERATED | AMOUNT CARRIED BACK OR UTILIZED IN PY | AMOUNT UTILIZED | AVAILABLE FOR CARRYFORWARD |
|---------------|------------------|---------------------------------------|-----------------|----------------------------|
| June 30, 2014 | 128,685 | (128,685) | - | - |
| June 30, 2015 | 41,258 | (41,258) | - | - |
| June 30, 2016 | 105,373 | (48,023) | (57,350) | - |
| June 30, 2017 | - | - | - | - |
| June 30, 2018 | 39,822 | - | (39,822) | - |
| TOTAL | 315,138 | (217,966) | (97,172) | - |

FORM 990-T, PART II, LINE 31 - NET OPERATING LOSSES ARISING IN TAX YEARS BEGINNING AFTER JANUARY 1, 2018 - INVESTMENTS IN PARTNERSHIPS

| YEAR END | AMOUNT GENERATED | AMOUNT CARRIED BACK OR UTILIZED IN PY | AMOUNT UTILIZED | AVAILABLE FOR CARRYFORWARD |
|---------------|------------------|---------------------------------------|-----------------|----------------------------|
| June 30, 2019 | 29,344 | - | - | 29,344 |
| TOTAL | 29,344 | - | - | 29,344 |

* THE NET OPERATING LOSS GENERATED IN YEAR ENDED 6/30/2018 HAS BEEN ADJUSTED IN ACCORDANCE WITH REVENUE RULING 81-88. THE \$17,118 INCREASE IN AVAILABLE NOL IS DUE TO THE RETROACTIVE REPEAL OF IRC SECTION 512(A)(7) FOR UBTI FROM QUALIFIED TRANSPORTATION FRINGE BENEFITS.

Depreciation and Amortization
(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return
▶ Go to www.irs.gov/Form4562 for instructions and the latest information

Attachment
Sequence No **179**

| | | |
|--|--|---|
| Name(s) shown on return NEW YORK MEDICAL COLLEGE | Business or activity to which this form relates GENERAL DEPRECIATION | Identifying number 13-1099420 |
|--|--|---|

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I

| | | |
|--|------------------------------|------------------|
| 1 Maximum amount (see instructions) | 1 | |
| 2 Total cost of section 179 property placed in service (see instructions) | 2 | |
| 3 Threshold cost of section 179 property before reduction in limitation (see instructions) | 3 | |
| 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- | 4 | |
| 5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions | 5 | |
| 6 | | |
| (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
| | | |
| 7 Listed property Enter the amount from line 29 | 7 | |
| 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 | 8 | |
| 9 Tentative deduction Enter the smaller of line 5 or line 8 | 9 | |
| 10 Carryover of disallowed deduction from line 13 of your 2017 Form 4562 | 10 | |
| 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 See instructions | 11 | |
| 12 Section 179 expense deduction Add lines 9 and 10, but don't enter more than line 11 | 12 | |
| 13 Carryover of disallowed deduction to 2019 Add lines 9 and 10, less line 12 ▶ | 13 | |

Note Don't use Part II or Part III below for listed property Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property See instructions)

| | | |
|---|----|--|
| 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year See instructions. | 14 | |
| 15 Property subject to section 168(f)(1) election | 15 | |
| 16 Other depreciation (including ACRS) | 16 | |

Part III MACRS Depreciation (Don't include listed property See instructions)

Section A

| | | |
|--|--------------------------|-----|
| 17 MACRS deductions for assets placed in service in tax years beginning before 2018 | 17 | 398 |
| 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ | <input type="checkbox"/> | |

Section B - Assets Placed in Service During 2018 Tax Year Using the General Depreciation System

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only - see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19a 3-year property | | | | | | |
| b 5-year property | | | | | | |
| c 7-year property | | | | | | |
| d 10-year property | | | | | | |
| e 15-year property | | | | | | |
| f 20-year property | | | | | | |
| g 25-year property | | | 25 yrs | | S/L | |
| h Residential rental property | | | 27 5 yrs | MM | S/L | |
| | | | 27 5 yrs | MM | S/L | |
| i Nonresidential real property | | | 39 yrs | MM | S/L | |
| | | | | MM | S/L | |

Section C - Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System

| | | | | | | |
|----------------|--|--|--------|----|-----|--|
| 20a Class life | | | | | S/L | |
| b 12-year | | | 12 yrs | | S/L | |
| c 30-year | | | 30 yrs | MM | S/L | |
| d 40-year | | | 40 yrs | MM | S/L | |

Part IV Summary (See instructions)

| | | |
|--|----|-----|
| 21 Listed property Enter amount from line 28 | 21 | |
| 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instructions. | 22 | 398 |
| 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 23 | |

For Paperwork Reduction Act Notice, see separate instructions.

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)

| 24a Do you have evidence to support the business/investment use claimed? | | | | Yes | No | 24b If "Yes," is the evidence written? | | | | Yes | No |
|--|-------------------------------|---|----------------------------|--|------------------------|---|-------------------------------|---------------------------------|-----------|-----|----|
| (a) Type of property (list vehicles first) | (b) Date placed in service | (c) Business/investment use percentage | (d) Cost or other basis | (e) Basis for depreciation (business/investment use only) | (f) Recovery period | (g) Method/Convention | (h) Depreciation deduction | (i) Elected section 179 cost | | | |
| 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use See instructions | | | | | | | | 25 | | | |
| 26 Property used more than 50% in a qualified business use | | | | | | | | | | | |
| | | % | | | | | | | | | |
| | | % | | | | | | | | | |
| | | % | | | | | | | | | |
| 27 Property used 50% or less in a qualified business use | | | | | | | | | | | |
| | | % | | | | S/L - | | | | | |
| | | % | | | | S/L - | | | | | |
| | | % | | | | S/L - | | | | | |
| 28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1. | | | | | | | | 28 | | | |
| 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1. | | | | | | | | | 29 | | |

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

| | (a) Vehicle 1 | (b) Vehicle 2 | (c) Vehicle 3 | (d) Vehicle 4 | (e) Vehicle 5 | (f) Vehicle 6 |
|--|------------------|------------------|------------------|------------------|------------------|------------------|
| 30 Total business/investment miles driven during the year (don't include commuting miles) | | | | | | |
| 31 Total commuting miles driven during the year | | | | | | |
| 32 Total other personal (noncommuting) miles driven | | | | | | |
| 33 Total miles driven during the year Add lines 30 through 32 | 0 | 0 | 0 | 0 | 0 | 0 |
| 34 Was the vehicle available for personal use during off-duty hours? | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No |
| 35 Was the vehicle used primarily by a more than 5% owner or related person? | | | | | | |
| 36 Is another vehicle available for personal use? | | | | | | |

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons See instructions

| | | |
|--|-----|----|
| 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? | Yes | No |
| 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners | | |
| 39 Do you treat all use of vehicles by employees as personal use? | | |
| 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? | | |
| 41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions | | |

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles

Part VI Amortization

| (a) Description of costs | (b) Date amortization begins | (c) Amortizable amount | (d) Code section | (e) Amortization period or percentage | (f) Amortization for this year |
|--|---------------------------------|---------------------------|---------------------|--|-----------------------------------|
| 42 Amortization of costs that begins during your 2018 tax year (see instructions) | | | | | |
| | | | | | |
| 43 Amortization of costs that began before your 2018 tax year | | | | | 43 |
| 44 Total. Add amounts in column (f) See the instructions for where to report | | | | | 44 |