-orm 990-T		Organization						OMB No	0 1545-0047
		(and proxy tax) 19 or other tax year begin						ର(∂ 10
							, 20 2 5		019
Department of the Treasury nternal Revenue Service		www.irs gov/Form990					1(c)(3)	Open to Pul	blic inspection for rganizations Only
Check box if	Name of org			ne changed and see					ation number
address changed		,		Ū		,	(Empl	oyees' trust, see	instructions)
Exempt under section		COLLEGE							
X 501(C 1/3)	Print Number, str	reet, and room or suite no	lf a P O	box, see instruction	15			676570	
408(e) 220(e)	Type							lated busines nstructions)	s activity code
408A530(a)	l ———	EVENTH AVENUE					┙`	·	
529(a)	4 1 '	, state or province, countr	y, and Z	.IP or foreign postal	code		5000		
Book value of all assets at end of year		ORK, NY 10018					5200	00	
558 489 117		on number (See instruct			501/2	\	401/5	terrat	Othersten
		related trades or busine			501(c)		401 (a)		Other tru
		WESTMENT IN L			only one	complete Parts		y (or first) un re than one (
		previous sentence, co				•			Jeschbe the
trade or business, the		•	Implete	r arts rand ii, coi	inpicte a O	Chedule Willord	acii addilic	1121	
		a subsidiary in an affil	iated or	roup or a parent-s	ubsidiary c	controlled arour	7		Yes X
=		number of the parent ∞			absidiary c	williamed group		,	
•		PPMAN, CONTROL			Telephon	e number ▶ 6	46-565	-6026	
Part I Unrelated	•			(A) Incor		(B) Exp		1	(C) Net
1a Gross receipts or			\sqcap	, ,				1	
b Less returns and allowa	-	c Balance ▶	1c					/	
•		<u> </u>	2						
	•	lc	3					1	
		ule D)	4a	-					
		7) (attach Form 4797)	4b						
c Capital loss dedu	ction for trusts		4c				``		
5 Income (loss) from a p	artnership or an Scorporation	on (attach statement)	5	, 5	5,872.	ATCH	1		••5,87
6 Rent income (Sch	edule C)		6						*
7 Unrelated debt-fir	nanced income (Sche	dule E)	7						
8 Interest, annuities, roya	alties, and rents from a contr	olled organization (Schedule F	8						
9 Investment income of a	a section 501(c)(7), (9), or (17) organization (Schedule G)	9						
10 Exploited exempt	activity income (Sch	edule I)							
			11						
		schedule)							
3 Total. Combine lii	nes 3 through 12	<u></u>	13		5,872.				5,87
		sewhere (See inst		ns for limitati	ons on d	leductions)	(Deduct	ions must	be directly
		ted business incom							
14 Compensation of	officers, directors, ar	nd trustees (Schedule K)	<u> </u>				i i		
I5 Salaries and wage	;s	REC	ΈIV	ED.					
i 6 Repairs and main	itenance / .						16		
7 Bad debts	chadula) (application	ions) BB MAY	1 7 2	(1) (S)					
			٠ ، ۷	121 . 8					
9 Taxes and license20 Depreciation (atta	s	000		: اعاد	20		19		
to Depreciation (atta	sch rom 4562)	le A and elsewhere on the	<u>- N</u> ;	·UT· · · } ;	1a		211	-	
	/							-	
	,	on plans							
									
								-	
									2,10
		h 27							2,10
		before net operating							3,77
		ng in tax years beginnii							
10 Deduction for net	=								3,77
	ss taxable income S	ubtract line 30 from line	≥ 29 .						
		subtract line 30 from line nstructions.	29 .	<u> </u>		<u> </u>	<u> 91</u>		m 990-T (20

Part 🚻 Total Unrelated Business Taxable Income	13-2676570	Page
2 Total of unrelated business taxable income computed from all unrelated trades or businesses (see		
instructions)	32	3,772
instructions) Amounts paid for disallowed fringes Chambella contributions (see instructions for limitation rules)	33	
4 Charitable contributions (see instructions for limitation rules)	34	
5 Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract lyde		
34 from the sum of lines 32 and 33	35	3,772
6 Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see	 	
Instructions)		3,116
7. Total of unrelated huminous touchle income hefers according deduction. Cultivate line 36 from line 35	30	656
7 Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	30 1	1,000
V	38	1,000
9 Unrelated business taxable income Subtract line 38 from line 37 If line 38 is greater than line 37,		(
enter the smaller of zero or line 37	39	···
Part IV Tax Computation	1	
Organizations Taxable as Corporations. Multiply line 39 by 21% (0 21)	40	
1 Trusts Taxable at Trust Rates. See Instructions for tex computation Income tax on	-	
the amount on line 39 from. Tax rate schedule or Schedule D (Form 1041)		
2 Proxy tax. See instructions		
Alternative minimum tax (trusts only)		
Tax on Noncompliant Facility Income. See instructions		
Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	
Part_V Tax and Payments		
Ba/Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a		
b Other credits (see instructions)		
c General business credit Attach Form 3800 (see instructions)		
d Credit for prior year minimum tax (attach Form 8801 or 8827),		
	46e	
Subtract line 46e from line 45	47	
3 Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) .	48	
Total tax Add lines 47 and 48 (see instructions)	49	
2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	
1a Payments: A 2018 overpayment credited to 2019		
· · · · · · · · · · · · · · · · · · ·		
b 2019 estimated tax payments	1	
d Foreign organizations: Tax paid or withheld at source (see instructions)		
d Foreign organizations: Tax paid or withheld at source (see instructions)		
d Foreign organizations: Tax paid or withheld at source (see instructions)		
d Foreign organizations: Tax paid or withheld at source (see instructions)		
d Foreign organizations: Tax paid or withheld at source (see instructions)		1 00
d Foreign organizations: Tax paid or withheld at source (see instructions)	53	1,00
d Foreign organizations: Tax paid or withheld at source (see instructions)	53	1,00
d Foreign organizations: Tax paid or withheld at source (see instructions)	53 . 54	
d Foreign organizations: Tax paid or withheld at source (see instructions)	53 54 55	
d Foreign organizations: Tax paid or withheld at source (see instructions)	53 54 55 56	
d Foreign organizations: Tax paid or withheld at source (see instructions)	53 54 55 56	1,00
d Foreign organizations: Tax paid or withheld at source (see instructions)	53 54 55 56 56 5 other authority	1,00
d Foreign organizations: Tax paid or withheld at source (see instructions)	53 54 55 56 other authority ay have to file	1,00
d Foreign organizations: Tax paid or withheld at source (see instructions)	53 54 55 56 other authority ay have to file	1,00
d Foreign organizations: Tax paid or withheld at source (see instructions)	53 54 55 56 other authority ay have to file	1,00 Yes N
d Foreign organizations: Tax paid or withheld at source (see instructions)	53 54 55 56 5 other authority ay have to file foreign country	1,00 Yes N
d Foreign organizations: Tax paid or withheld at source (see instructions)	53 54 55 56 5 other authority ay have to file foreign country	1,00 Yes N
d Foreign organizations: Tax paid or withheld at source (see instructions)	53 54 55 56 59 other authority ay have to file foreign country	1,00
d Foreign organizations: Tax paid or withheld at source (see instructions)	53 54 55 56 59 other authority ay have to file foreign country	1,00
d Foreign organizations: Tax paid or withheld at source (see instructions)	53 54 55 56 s) other authority ay have to file foreign country gn trust?	1,00
d Foreign organizations: Tax paid or withheld at source (see instructions)	53 54 55 56 57 58 59 other authority and have to file foreign country gn trust? est of my knowledge and y the IRS discuss the second	1,00 Yes N X X
d Foreign organizations: Tax paid or withheld at source (see instructions)	53 54 55 56 s) other authority ay have to file foreign country gn trust?	Yes N X X Ad belor, this return win below
d Foreign organizations: Tax paid or withheld at source (see instructions)	53 54 55 56 56 s) other authority by have to file foreign country gn trust?	Yes N X X Ad belled, this return win belo
d Foreign organizations: Tax paid or withheld at source (see instructions) Backup withholding (see instructions) Credit for small employer health insurance premiums (attach Form 8941) Gother credits, adjustments, and payments Form 2439 Form 4136 Total payments. Add lines 51a through 51g Total payments. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid Statements Regarding Certain Activities and Other Information (see instructions over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the here FRANCE, GERMANY, ISRAEL During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign the tax year, did the organization of the bound of tax-exempt interest received or accrued during the tax year \$ 0. Under penalties of perjury, I declare that I have examined the return, including accompanying schedules and sixtements, and to the bound, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Print/Type preparer's name Priparer's signature Date Check	55 56 56 56 56 56 56 56 56 56 56 56 56 5	1,000 Yes No
d Foreign organizations: Tax paid or withheld at source (see instructions) e Backup withholding (see instructions) f Credit for small employer health insurance premiums (attach Form 8941) g Other credits, adjustments, and payments Form 2439 Cother Total payments. Add lines 51a through 51g Total payments. Add lines 51a through 51g Estimated tax penalty (see instructions) Check if Form 2220 is attached. Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owerpaid. Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid. Statements Regarding Certain Activities and Other Information (see instructions over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may fince France, Germany, Israel. During the tax year, did the organization have an interest in or a signature or over a financial account (bank, securities, or other) in a foreign country? If "Yes," enter the name of the here France, Germany, Israel. During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign the tax year, did the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year. See instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year. Senior VP AND CFO Signature of officer FruntType preparer's name PrintType preparer's name PrintType preparer's name PrintType preparer's name Priparer's signature Date Check self-enter and the print of the p	53 54 55 56 56 s) other authority by have to file foreign country gn trust? est of my knowledge an by the IRS discuss to the preparer sho be instructions)? X Yes TINI mployed P0190	Yes N. X X X d belief, to below his return with below N. 7071
d Foreign organizations: Tax paid or withheld at source (see instructions) e Backup withholding (see instructions) f Credit for small employer health insurance premiums (attach Form 8941) g Other credits, adjustments, and payments Form 2439 Form 4136 Total payments. Add lines 51a through 51g Estimated tax penalty (see instructions) Check if Form 2220 is attached. Tax due, if line 52 is less than the total of lines 49, 50, and 53, enter amount ower paid. Overpayment, if line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid. Overpayment if line 55 you want. Credited to 2020 estimated tax. 1,000. Refunded Tax due, if line 55 you want. Credited to 2020 estimated tax. 1,000. Refunded The critical payments regarding Certain Activities and Other Information (see instructions over a financial account (bank, securities, or other) in a foreign country? if "Yes," the organization may fine payments account (bank, securities, or other) in a foreign country? if "Yes," the organization may fine payments and the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign fire payments and the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign fires, "see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year. Under penalties of perplay, I declars that I have examined this return, including accompanying schadules and statements, and to the brue, correct, and complete Declaration of preparer (other than tax payer) is based on all information of which preparer has any knowledge properer. Print Type preparer's name. Print Type preparer's name. Print Type preparer's name. Print Type preparer's name. Firm's name.	other authority by have to file foreign country gn trust? est of my knowledge and by the IRS discuss to the preparer sho constructions)? X Yes If PTIN mployed P0190 EIN 13-5565	X X X his return wn below No.
d Foreign organizations: Tax paid or withheld at source (see instructions) e Backup withholding (see instructions) f Credit for small employer health insurance premiums (attach Form 8941) g Other credits, adjustments, and payments Form 2439 Form 4136 Total payments. Add lines 51a through 51g Estimated tax penalty (see instructions) Check if Form 2220 is attached. Tax due, if line 52 is less than the total of lines 49, 50, and 53, enter amount ower paid. Overpayment, if line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid. Overpayment if line 55 you want. Credited to 2020 estimated tax. 1,000. Refunded Tax due, if line 55 you want. Credited to 2020 estimated tax. 1,000. Refunded The critical payments regarding Certain Activities and Other Information (see instructions over a financial account (bank, securities, or other) in a foreign country? if "Yes," the organization may fine payments account (bank, securities, or other) in a foreign country? if "Yes," the organization may fine payments and the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign fire payments and the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign fires, "see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year. Under penalties of perplay, I declars that I have examined this return, including accompanying schadules and statements, and to the brue, correct, and complete Declaration of preparer (other than tax payer) is based on all information of which preparer has any knowledge properer. Print Type preparer's name. Print Type preparer's name. Print Type preparer's name. Print Type preparer's name. Firm's name.	53 54 55 56 56 s) other authority by have to file foreign country gn trust? est of my knowledge an by the IRS discuss to the preparer sho be instructions)? X Yes TINI mployed P0190	Yes No X X X X X X X X X X X X X X X X X X

Form 990-T•(2019)							Page 3
Schedule A - Cost of Go	ods Sold. En	ter method	of inventory valuation	<u> </u>		···	
1 Inventory at beginning of ye	ear . 1		6 Inventory	at end of yea	ar	6	
2 Purchases			7 Cost of	goods so	ld. Subtract line		
3 Cost of labor	3		6 from li	ne 5 Enter	here and in Part		
4a Additional section 263A co	sts		I, line 2			7	
(attach schedule)	4a		8 Do the	rules of	section 263A (wi	th respect to	Yes No
b Other costs (attach schedule	e) . <mark>4b</mark>			•	or acquired for		
5 Total. Add lines 1 through 4			to the org	anization?	<u> </u>	<u> </u>	X
Schedule C - Rent Income	(From Real P	roperty ar	nd Personal Property	Leased V	Vith Real Proper	ty)	
(see instructions)			·				
1. Description of property							
(1)							
(2)							
(3)							
(4)					Ţ		
	2. Rent recei	ved or accrue	d		_		
(a) From personal property (if the p for personal property is more tha more than 50%)		percenta	om real and personal property ge of rent for personal propert if the rent is based on profit or	y exceeds		rectly connected with a) and 2(b) (attach sch	
(1)							
(2)							
(3)	. ,						
(4)							
Total		Total					
(c) Total income. Add totals of cohere and on page 1, Part I, line 6,					(b) Total deduction Enter here and on Part I, line 6, colum	page 1,	
Schedule E - Unrelated De			e instructions)				
1 Description of debt			2 Gross income from or allocable to debt-financed		Deductions directly conductions debt-finance	ed property	
·			property		ht line depreciation ich schedule)	(b) Other dedu (attach sched	
(1)							
(2)							
(3)							•
(4)							
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjust of or allocal debt-financed (attach sche	ble to property	6. Column 4 divided by column 5		income reportable n 2 x column 6)	8. Allocable ded (column 6 x total c 3(a) and 3(l	of columns
(1)			%				
(2)			%				
(3)			%				
(4)			%				
					re and on page 1, ne 7, column (A)	Enter here and o Part I, line 7, coli	
Totals	ons included in co					-	

Form 990-T (2019)	TOURO CO	LLEGE						_1.	3-2	676570 Page 4
Schedule F - Interest, Ann	uities, Royaltie	s, and Re	nts Fr	om Contro	lled O	rganizat	i ons (se	e instructio	ns)	
		Exer	npt Co	ontrolled Org	ganızatı	ons				
Name of controlled organization	2. Employer identification numb	iei		lated income instructions)	l	of specified ents made	included	f column 4 that in the control ion's gross inc	lling	6 Deductions directly connected with income in column 5
(1)										_
(2)										
(3)										
(4)										-
Nonexempt Controlled Organi	zations									
7 Taxable Income	8 Net unrelated in (loss) (see instruc	1		Total of specific payments made		ınclud	rt of column ed in the co ation's gros	ntrolling		Deductions directly nected with income in column 10
(1)										,
(2)				······································						
(3)										
(4)										
						Enter	columns 5 a here and on , line 8, colu	page 1,	En	dd columns 6 and 11 ter here and on page 1, irt I, line 8, column (B)
Totals	<u></u>	.	<u></u>		<u></u> ▶					
Schedule G-Investment I	ncome of a Sec	tion 501((c)(7),			nization	(see ins	tructions)		
1. Description of income	2 Amount of	income		3. Deduction directly contact (attach sch	nected			t-asides schedule)		5 Total deductions and set-asides (col 3 plus col 4)
(1)										
(2)										
(3)										
(4)										
	Enter here and a Part I, line 9, o			*	• •	•			-	Enter here and on page 1, Part I, line 9, column (B)
Totals ▶										
Schedule I-Exploited Ex	empt Activity In	come, Otl	her Th	an Advert	ising Ir	come (s	see instru	ictions)		······································
1 Description of exploited activity	2. Gross unrelated business income from trade or business	3 Expendirect connected production unrelation business in	ly d with on of ed	4 Net inconfrom unrelated or business 2 minus coll fagain, ocols 5 three	ed tradé (column umn 3) ompute	from ac	s income tivity that inrelated s income	6 Expen attributat column	ole to	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 page 1, P	art I,			J				Enter here and on page 1, Part II, line 25
Totals		4 \								
Schedule J- Advertising I				i de de al Des			-			
Part I Income From Per	riodicals Report	ed on a C	onsol	idated Bas	SIS			т		
1. Name of periodical	2. Gross advertising income	3 Dire advertising		4 Advertigation or (los 2 minus or a gain, co cols 5 thro	s) (col ol 3) If mpute	1	culation ome	6 Reader		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))								L		Form 990-T (2019)

Part II	· Income	From Periodica	als Reported o	on a Separ	te Basis	(For	each	periodical	listed	ın Part	II, fil	l ın	columns
	2 throug	th 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, ∞I (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 26
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)		%	
otal. Enter here and on page 1, Part II, line 14			

Form **990-T** (2019)

ATTACHMENT 1

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

AMBERTRAIL ASSOCIATES, LLP

5,872.

INCOME (LOSS) FROM PARTNERSHIPS

5,872.

ATTACHMENT 2

FORM 990T - PART II - LINE 27 - TOTAL OTHER DEDUCTIONS

TAX PREPARATION FEES

2,100.

PART II - LINE 27 - OTHER DEDUCTIONS

2,100.