		_m 990-T	Exe	empt Orga	nization B	usin	ess Incom	e Tax	< Return	L	OMB No. 1545-0687
	For	m 330-1		•			ection 6033(e	• •		- 1	20 18
					-		, 2018, and en				2010
	Departm	nent of the Treasury Revenue Service	l .	_			ctions and the la				Open to Public Inspection for 501(6)(3) Organizations Only
11	nternal		► Do not	enter SSN number			made public if your nanged and see instru		tion is a 501(c)(3).		
-	A	Check box if address change		Albany Me	dical Coll		ranged and see insur	actions.)		D Em (En	ployer Identification number nployees' trust, see tructions)
ָ ק	BEX X	empt under sectio 501(c)(03,)	or	47 New Sc	otland Ave	nue	MC-116			1	4-1338310
SIE ,		408(e) 220	_(e) Type	Albany, N	Y 12208					E Un	related business activity code
ĭĕ		408A 530								"	oo alstrooms y
 꽃		529(a)								5	23000
84.9	C Boo	ok value of all assets and of year			nber (See instru						······································
ENVELOPE POSTMARK DATE		304,363,639	G Check	organization ty	/pe ► 🗓	501(c)	corporation	<u>501(</u>	c) trust 🔲 4	01(a) t	rust Other trust
8 T	H E	nter the number o		on's unrelated to	rades or busines	ses.	- 1	De	scribe the only (or first) unrelated
\geq	tra	ade or business he	ere ► <u>Pass-t</u>	<u>hrough Inv</u>	<u>vestment Ac</u>	<u>ctiv</u>	<u>ity</u>				e, complete Parts I-V.
-		more than one, do r each additional t				it the p	orevious sentend	e, com	piete Parts I and	I II, cor	nplete a Schedule M
4		uring the tax year,				d arou	up or a parent-su	ubsidiar	v controlled arou	?aı	. ► Yes X No
2019		'Yes,' enter the na							,	•	
13		ne books are in ca						Te	lephone numbe	r ► (5	18) 262-8795
ſ		图象 Unrelate					(A) Income		(B) Expense		(C) Net
•	1 a	Gross receipts or	sales								A CARLES TO SERVICE
		Less returns and allow			c Balance►	1c		1			
	2	Cost of goods sol	d (Schedule A,	line 7)		2					
		Gross profit. Subt				3				1986	
	4 a	Capital gain net in	ncome (attach S	Schedule D)		4a	62,	380.			62,380.
		Net gain (loss) (Form			•	4b					
		Capital loss dedu				4c					
	5	Income (loss) from (attach statement	m a partnership t)	or an S corpor	ation St 1	5	-16.	927			-16,927.
		Rent income (Sch				6	107	J21.	ACTUAL TO ACCUMENT AND A SECURE WALLS	GEN BENEFER	20/3211
		Unrelated debt-fir	· · · · · · · · · · · · · · · · · · ·			7					****
	8	Interest, annuities, roy				8				·	
	9	Investment income of	a section 501(c)(7),	(9), or (17) organi	zation (Schedule B)	9					
	10	Exploited exempt	activity income	(Schedule I)		10					
(3)	11	Advertising incom	ne (Schedule J)			11					
02	12	Other income (Se	ee instructions;	attach schedule	;)						
2						12					
<i>د"</i> وو		Total. Combine lii	nes 3 through 1	2		13	45,	453.	<u> </u>	0.	
**	Par	Deduction	ons Not Tak	en Elsewher	r e (See instru	ection	ns for limitation	ons on	deductions.)(Exc	cept for
- ,	14	Compensation of	officers direct	ore and trustee	e (Schedule K)	HICCI	ed with the u	ii ii Giai	eu busiliess	114	1
	15	Salaries and wag									
£.		Repairs and mair	ntenance							16	-
ALECTON	17	Bad debts									
٠٠Č	18										
	19	Interest (attach s Taxes and licens	es,		SECEIVE)]			. 19	250
12.)	20	Charitable contribution (attack) Depreciation (attack) Less depreciation	butions (See ins	structions for lin	nitation (rujes)		د			. 20	
	21	Depreciation (atta	ach Form 4562)	2	10 (2) X 2010	a 6	3 21				S AND
	22	Less depreciation	n claimed on So	hedule Aland e	lsewhere on ret	urn 🦸	22	а		22b	
	23	Depletion Contributions to			77776	ᆕᆌᅃᆂ	.			. 23	
	24	Contributions to	deferred compe	nsation_plans	ÖÖEN, U.	l				. 24	
	25	Employee benefi									
	26	Excess exempt e	expenses (Sche	dule I)		• • • • •	• • • • • • • • • • • • • • • • • • • •	· · · · · · ·	• • • • • • • • • • • • • • • • • • • •	. 26	
	27	Excess readersh Other deductions									
	28 29	Total deductions									250
	30	Unrelated busine	ess taxable inco	me before net o	perating loss de	ductio	n. Subtract line	29 from	line 13	. 30	45,203
	31	Deduction for net ope	erating loss arising i	n tax years beginniz	ng on or after Januar	y 1, 201	8 (see instructions).			. 31	
	32	Unrelated busine	ess taxable inco	me. Subtract lir	ne 31 from line 3		<u> </u>				45,203
	BAA	For Paperwork F	Reduction Act N	otice, see instr	uctions.		TEEA0	201L 1/31	/19		Form 990-T (2018

BAA For Paperwork Reduction Act Notice, see instructions.

	990-T (2018) Albany Medical College		14-	1338310	Page 2
Par	Total Unrelated Business Taxable Income				
33	Total of unrelated business taxable income computed from all unrelated trades or businstructions).			33	45,203.
34	Amounts paid for disallowed fringes)	34	460,745.
	Deduction for net operating loss arising in tax years beginning before January 1, 2018		· · ·	 	460,745.
	instructions)	tatement 2		35	71,657.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35	from the sum	ſ		
	of lines 33 and 34			36	434,291.
	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)			37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater				422 201
7722473	enter the smaller of zero or line 36	· · · · · · · · · · · · · · · · · · ·	<u></u>	38	433,291.
Par	Tax Computation				
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)			39	90,991.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the				
	on line 38 from: Tax rate schedule or Schedule D (Form 1041)			40	·
41	Proxy tax. See instructions,			41	
	Alternative minimum tax (trusts only)			42	
	Tax on Noncompliant Facility Income. See instructions		L	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies			44	90,991.
Pai	Tax and Payments				
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45	a			
ŀ	Other credits (see instructions)	b			
C	General business credit. Attach Form 3800 (see instructions)	i c			
	Credit for prior year minimum tax (attach Form 880) or 8827)				
	Total credits. Add lines 45a through 45d			45 e	0.
46	Subtract line 45e from line 44		····· . [46	90,991.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 886	56	ſ		
	Other (attach schedule)			47	
48	Total tax. Add lines 46 and 47 (see instructions)		[48	90,991.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), lin	ie 2		49	
50 a	Payments: A 2017 overpayment credited to 2018	0 a l			
		оb			
(Tax deposited with Form 8868	0 c 8	4,057.		
(Foreign organizations: Tax paid or withheld at source (see instructions) 50	0 d			
		0 e			
		0 f			
9	Other credits, adjustments, and payments: Form 2439				
	Form 4136 Olher Total ▶ 50	0 g			
51	Total payments. Add lines 50a through 50g			51	84,057.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached		►X	52	3,160.
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed			53	10,094.
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount	overpaid	►	54	
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax	R	efunded >	55	
Pa	Statements Regarding Certain Activities and Other Informati	on (see instruc	tions)		
56	At any time during the 2018 calendar year, did the organization have an interest in o			rity over a	Yes No
	financial account (bank, secunties, or other) in a foreign country? If 'Yes,' the organization	_		-	
	Report of Foreign Bank and Financial Accounts. If 'Yes,' enter the name of the foreign				X
57	During the tax year, did the organization receive a distribution from, or was it the gra			foreian trust?	
٠,	If 'Yes,' see instructions for other forms the organization may have to file.				
58		s o	,066.		
	Under-penalties of perjury, I declare that I have examined this return, including accompanying schedul	es and statements, a	nd to the best	of my knowledge	and
Sig	Under penalties of perjury, I declare that I have examined this return, including accompanying schedul betef, it is true correct, and complete. Declaration of preparer (other than taxpayer) is based on all in	formation of which pr	eparer has any	/ knowledge.	se this return with
He	e Maries Exe	C VP COO	& CFO	the preparer show	ss this return with in below (see
	Signature of officer Date 7			instructions)?	Yes No
	PrintType preparer's name Preparer's signature Date	- 1	Check If	PTIN	
Pai	d 11		self-employed	P01247	783
Pre			Firm's EIN	13-5565	
pai Us	W1		3 ===	<u> </u>	
On	lv l		Phone no.	267-256-	-1756
BA	ALDANY, NT 12207		NUMB NO.		m 990-T (2018)
·	TECNOZOZE OTIZATO			1 011	

Form 990-T (2018) Albany M	edical Co	ollege				14	-1338310	Page 3		
Schedule A - Cost of Good			entory valuation	>						
1 Inventory at beginning of year	r	1	6	inventor	y at e	nd of year	6			
2 Purchases		2	7	Cost of	goods	s sold, Subtract				
3 Cost of labor		3		line 6 fro	m lın	e 5. Enter here	7			
4 a Additional section 263A costs (attach	schedule)			ano in P	In Part I, line 2					
		4a		D- 11	15-2-2					
b Other costs (altach sch)		4b	8	8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply						
5 Total. Add lines 1 through 4b		5		to the organization?						
Schedule C - Rent Income (Fr	rom Real Pro	perty and Pers	onal Property	Leased	With	Real Property) (see instructions)			
1 Description of property		<u></u>						<u>-</u> -		
(1)			 							
(2)							· · · · · · · · · · · · · · · · · · ·	·		
(3)										
(4)										
	2 Rent receiv	ed or accrued				24.55.1.15		1		
(a) From personal prope	erty	(b) From re	eal and personal	property		the income	Deductions directly connected with income in columns 2(a) and 2(b)			
property is more than 10% but not proper			entage of rent for ceeds 50% or if t	personal	! :	(al	tach schedule)			
			on profit or inco	me)						
(1)										
(2)										
(3)										
(4)										
Total		Total				/b> T-1-1 do do oblos	F-1-			
(c) Total income. Add totals of colu			(b) Total deductions. Enter here and on page 1, Part							
here and on page 1, Part I, line 6,						i, line 6, column (B) .	.			
Schedule E — Unrelated De	ebt-Finance	ed Income (see	instructions)							
1 Description of debt	financed prop	orty	2 Gross income or allocable to		3 D	3 Deductions directly connected with or allocable to debt-financed property				
1 Description of debt	maneca prop	city	financed prop		depr	(a) Straight line eciation (attach sc		leductions chedule)		
(1)							_			
(2)										
(3)				-						
(4)										
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	or allocable	djusted basis of to debt-financed ttach schedule)	6 Column divided b column s	y	rep	7 Gross income portable (column 2 column 6)		deductions x total of a) and 3(b))		
(1)	 		<u> </u>	ક	·					
(2)	1			8						
(3)				જ						

Total dividends-received deductions included in column 8.....

(4)

Enter here and on page 1, Enter here and on page 1, Part I, line 7, column (A). Part I, line 7, column (B).

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Schedule F — Interest, A					rolled Org			5				·
1 Name of controlled organization	ider	mployer ntification umber	lification inc		Ret unrelated income (loss) see instructions)		4 Total of specified payments made		5 Part of column that is included in the controlling organization's gross income		n co	ductions directly innected with me in column 5
(1) (2) (3) (4)								·				
(2)												
(3)												
(4)												
Nonexempt Controlled Organiza	ations											
7 Taxable Income	7 Taxable Income 8 Net unre income (see instru		9 Total of specified payments made		I	10 Part of column 9 that is included in the controlling organization's gross income		controlling	connected		ions directly with income lumn 10	
(1)			1			丁						
(1) (2) (3) (4)												
(3)						\exists						
(4)			1			\neg						
Totals							Add columns here and on p 8, co	age 1	I, Part I, line		and on pa	6 and 11. Enter age 1, Part I, line umn (B).
Schedule G - Investme							or (17) Orga	niza	tion (see in	structio	ns)	
	1 Description of income		nt of income		3 direc	Ded	Deductions tly connected ch schedule)		4 Set-asides (attach schedule)		5 Total set-as	deductions and sides (column 3 is column 4)
(1)					(,
(2)												
(2)				-	†							
(4)												
Totals Schedule I — Exploited		Enter here ar Part I, line 9, ot Activity I	colum	nr (A).	ther Tha	an /	Advertising	Inc	ome (see ins	structio	Part I, lìi	re and on page 1 ne 9, column (B).
Description of exploited	activity	2 Gross unrelate busines income fr trade o busines	ted connected with production from of unrelated or business income		ected with duction inrelated	fror or b 2 m	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute columns 5 through 7.		ss income from vity that is not lated business income	attribi	penses utable to umn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)												
(2)												
(3)												
(4)												
Totals			and 1, e 10, (A).	on (Part	here and page 1, I, line 10, mn (B).							Enter here and on page 1, Part II, line 26.
Schedule J – Advertisi		ome (see inc	truction	ns)		经营业	1200 CONTRACTOR OF STREET	manus VIII		12 505500 25 18 1	MOST SHEET BUILT	·I
Part Income From P					nsolid	ate	d Basis					
ENGINEE HICOME FIOM P	Cilouit	2 Gros			Direct		Advertising gain or	57	Circulation	6 Res	adership	7 Excess readership
1 Name of periodical		advertisi incom	ing	adv	ertising osts	(10	oss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.		income		osts	costs (col. 6 minus col. 5, but not more than col. 4).
(1)						3						
(2)											 	
(3)											· .	
(4)						- SE		-				
Totals (carry to Part II, line (5)))	>										
BAA				ī	EEA0204 L	12/3	1/18				F	orm 990-T (2018)

Form 990-T (2018)

BAA

Rartill 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.) 2 Gross advertising 3 Direct advertising 4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. 6 Readership 5 Circulation 7 Excess readership costs (col. 6 minus col. 5, but not more than col. 4). costs income 1 Name of periodical income costs (1) (2) (3) (4) Totals from Part I..... Enter here and Enter here and Enter here and on page 1, Part II, line 27. on page 1, Part I, line 11, on page 1, Part I, line 11, column (B). column (A) Totals, Part II (lines 1-5)...... Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3 Percent of 4 Compensation attributable 1 Name 2 Title time devoted to unrelated business to business કૃ 왕 왕 ક્ષ ▶ Total. Enter here and on page 1, Part II, line 14.....

TEEA0204 L 12/31/18

SCHEDULE D

(Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

► Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2018

Employer Identification number

	Albany Medical College			14-133	831(n
Part	Short-Term Capital Gains and L	osses (See instru	ctions)	12220		
See in enter This fo	ostructions for how to figure the amounts to on the lines below. Form may be easier to complete if you round onts to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustment to gain or loss fr Form(s) 8949, Pa line 2, column (om art I.	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a 7 t	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 ine 1b.				***	
1b -	Fotals for all transactions reported on Form(s) 8949 with Box A checked					
	Fotals for all transactions reported on Form(s) 8949 with Box B checked					
	Form(s) 8949 with Box C checked	1,415.	·			1,415.
4	Short-term capital gaın from installment sales t	from Form 6252, line 26	or 37		4	
5	Short-term capital gain or (loss) from like-kind	exchanges from Form 8	3824		5	
6	Unused capital loss carryover (attach computar	tion)			6	
	Net short-term capital gain or (loss). Combine				7	1,415.
	Long-Term Capital Gains and L	_osses (See instru	ctions)	-T		 2
enter	nstructions for how to figure the amounts to on the lines below. form may be easier to complete if you round onts to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmen to gain or loss fr Form(s) 8949, Pa line 2, column	rom art II,	(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.					
	Totals for all transactions reported on Form(s) 8949 with Box D checked					
	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	60,961.			r	60,961.
11	Enter gain from Form 4797, line 7 or 9	• • • • • • • • • • • • • • • • • • • •			11	4.
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	3824		13	
14	Capital gain distributions (see instructions)				14	
15 Par	Net long-term capital gain or (loss). Combine	lines 8a through 14 in c	olumn h		15	60,965.
16	Enter excess of net short-term capital gain (lin	ne 7) over net long-term	capital loss (line 15).	•••••	16	1,415.
17	Net capital gain. Enter excess of net long-term	n capıtal gain (line 15) o	ver net short-term cap	oital loss (line 7)	17	60,965.
18	Add lines 16 and 17. Enter here and on Form	· · · · · · · · · · · · · · · · · · ·	the proper line on oth	er returns	18	62,380.
	- wing: ir iosses exceed bains, see Cabital loss	es acide instructions.				

Form 8949

Department of the Treasury Internal Revenue Service

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.

2018

OMB No. 1545-0074

Attachment Sequence No. 12A

Name(s) shown on return

SSN or taxpayer identification number

Albany Medical Collede	14-1338310
Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statem	ent(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. Rarti 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.

1 (a) Description of property (Example: 100 shares XYZ Co.)	(b) Dale acquired (Mo., day, yr.)	C) Date sold or disposed of	(d) Proceeds (sales price)	(e) Cost or other basis See the Note below	Adjustment, if a lif you enter an a enter a cod	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.	
		(Mo.', day, yr.)	(see instructions)	and see <i>Column (e)</i> in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
ass-through (shor	t-term)		1,415.	0.		· · · · · · · · · · · · · · · · · · ·	1,415
						-	
\							
-							
							\
		-					
2 Totals. Add the amoun (subtract negative amo include on your Schedi checked), line 2 (if Bos Box C above is checke	ts in columns (d), bunts). Enter each ule D, line 1b (if B k B above is checl	(e), (g), and (h) total here and fox A above is ked), or line 3 (if	1.415.	0.		0.	1,415

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.

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гинн	0343	LZULDI

Attachment Sequence No. 12A Page 2

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

SSN or taxpayer identification number

Albany Medical College

14-1338310

Before you check Box D, E, or F 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.

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate

Note: You may aggregate all long-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 8a; you aren't required to report these transactions on Form 8949 (see instructions).

(E) Long-term transact X (F) Long-term transact	ctions reported on ctions reported on	Form(s) 1099-B s Form(s) 1099-B s	howing basis was howing basis <mark>was</mark>	reported to the IF	RS (see No te		ine boxes,	
1 (a) Description of property (Example: 100 shares XYZ Co)	(b) Date acquired (Mo., day, yr.)	(C) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(d) (e) If you conceeds Cost or other basis.		any, to gain or loss. amount in column (g), de in column (f). arate instructions.	(h) Gain or (loss), Subtract column (e) from column (d) and	
			,	and see <i>Column (e)</i> in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)	
Pass-through (long	-term)		60,961.	0.			60,961.	
2 Totals. Add the amounts (subtract negative amou include on your Schedul checked), line 9 (if Box I Box F above is checked	e D , line 8b (if Bo : E above is checke	x D above is d), or line 10 (ıf	60,961.	0.		0.	60,961.	

	2018
l	Client

11/12/19

Federal Statements

Page 1

COL

Albany Medical College

14-1338310 06:01PM

Statement 1 Form 990-T, Part I, Line 5 Income (Loss) from Partnerships and S Corporations

Name	 Gross Income	_Deduct	ions	 Income (Loss)
Landmark Equity Partners XVI, L.P. Davidson Kempner Institutional Partne Apollo Global Management, LLC	\$ -16,465. -461. -1.		0. 0. 0. Total	\$ -16,465. -461. -1. -16,927.

Statement 2 Form 990-T, Part III, Line 35 Net Operating Loss Deduction

Loss Year Ending		Original Loss	 Loss Previously Used	Loss <u>Available</u>		
12/31/07 12/31/10	\$	69,501. 2,240. 250.	\$ 2,538. 0.	\$	66,963. 2,240. 250.	
12/31/14 12/31/15 12/31/16		250. 82. 213.	0. 0.		250. 82. 213.	
12/31/17 12/31/17 Total Net Operating	Loss	1,909.	 Ŏ.		1,909. \$ 71,657.	