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Here the number of the organizations unrelated trades or businesses * 1	C Book value of all assets at end of year						<del></del>					
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1 a Gross receipts or sales .  b Less returns and allowance .  2 Cost of goods sold (Schedule A, line 7) .  3 Gross profit Subtract line 2 from line 1c .  4 a Capital gain net income (attach Schedule D) .  4 a Capital gain net income (attach Schedule D) .  5 Net gain (less) (From 4787, Part II, line 17) (attach from 4787) .  4 c Capital loss deduction for trusts .  5 Income (loss) from a partnership or an S corporation (attach statement) .  6 Rent income (Schedule C) .  7 Unrelated debt-financed income (Schedule E) .  7 Unrelated debt-financed income (Schedule E) .  8 Interest, anulutes, regalles, and retis from a controlled organization (schedule P) .  10 Exploited exempt activity income (Schedule I) .  11 Advertising income (Schedule J) .  12 Other income (Schedule J) .  13 Total. Combine lines 3 through 12 .  13 Total. Combine lines 3 through 12 .  14 Compensation of officers, directors, and trustees (Schedule K) .  15 Salaries and wages .  16 Repairs and maintenance .  16 Repairs and maintenance .  17 Interest (attach schedule) (see instructions) .  18 Interest (attach schedule) (see instructions) .  19 Taxes and licenses .  19 250 .  10 Depreciation (attach form 4562) .  21 Less depreciation (attach form 4562) .  22 Depreciation (attach form 4562) .  23 Contributions to deferred compensation plans .  24 Employee benefit programs .  25 Excess exempt expenses (Schedule I) .  26 Contributions to deferred compensation plans .  27 Exploited to .  28 Exployee benefit programs .  29 Carributions to deferred compensation plans .  21 Total deductions .  22 Carributions to deferred compensation plans .  23 Carributions to deferred compensation plans .  24 Employee benefit programs .  25 Excess exempt expenses (Schedule I) .  26 Contributions to deferred compensation plans .  27 Carributions to deferred compensation plans .  28 Excess exempt express (Schedule I) .  29 Carributions to deferred compensation plans .  21 Total deductions .  22 Carributions to deferred compensation plans .  28 Carributions to deferred com	J The books are in c	are of Franc	es S. A	lbert, CPA				Telepho	ne number	<b>(51</b>	8) 262	-8795
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30 Deduction for net operating loss ansing in tax years beginning on or after January 1, 2018 (see instructions)										-		
31 Unrelated business taxable income. Subtract line 30 from line 29										<del></del>		-10,694.
												10 604
					y		• • • • •	· · · · · ·		51		

Form	990//(2019) Albany Medical College	14-1338310	Page 2
Rar	Total Unrelated Business Taxable Income		
327	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions).	32	10. 504
22	Amounts paid for disallowed fringes	. 1/ 1	-10,694.
	•		
	Charitable contributions (see instructions for limitation rules)	1 1 .	
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 fro the sum of lines 32 and 33	7 35	-10,694.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instr.).		-10,054.
			-10 694
	Total of unrelated business taxable income before specific deduction. Subtract line 35 from line 35	• /	-10,694.
	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	
35	enter the smaller of zero or line 37	.] .39	-10,694.
Par	Tax Computation	<u> </u>	
	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	<b>≻</b>   40	0.
	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount		
	on line 39 from: Tax rate schedule or Schedule D (Form 1041)	► 41	
42	Proxy tax. See instructions		
43	Alternative minimum tax (trusts only)		
44	Tax on Noncompliant Facility Income. See Instructions	44	
	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies		0.
	Va Tax and Payments		
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)   46 a	1999	<del></del>
	Other credits (see instructions)	200 M	
	General business credit. Attach Form 3800 (see instructions)		
	Credit for prior year minimum tax (attach Form 8801 or 8827)		
	Total credits. Add lines 46a through 46d		0.
47	Subtract line 45e from line 45	47	0.
48	Other taxes. Check If from: Form 4255 Form 8611 Form 8697 Form 8866		
	Other (attach schedule)	48	
49	Total tax. Add lines 47 and 48 (see instructions)	49	Ō.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	
51 a	Payments: A 2018 overpayment credited to 2019 51 a	2000	
	2019 estimated tax payments		
c	Tax deposited with Form 8868		
d	Foreign organizations: Tax paid or withheld at source (see instructions) 51 d		
	Backup withholding (see instructions)		
ſ	Credit for small employer health insurance premiums (attach Form 8941) 51 f		
g	Other credits, adjustments, and payments: Form 2439		
	□ Form 4136 □ Olher □ Total ► 51 g		
52	Total payments. Add lines 51a through 51g		0.
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached	53	
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	. > 54	
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	
56	Enter the amount of line 55 you want. Credited to 2020 estimated tax ► Refund		
Par	Statements Regarding Certain Activities and Other Information (see instructions)	<del></del> -	·
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other	authority over a	Yes No
	financial account (bank, securities, or other) in a foreign country? If Yes, ' the organization may have to file FinC	-	157.4 强盟
	Report of Foreign Bank and Financial Accounts. If 'Yes,' enter the name of the foreign country here		X
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor t	o, a foreign trust?	
<b>J</b> G	If 'Yes,' see instructions for other forms the organization may have to file.	o, a loroigh cast.	ा स <del>्वित्र दिस्त</del>
59			
	Enter the amount of tax-exempt interest received or accrued during the tax year > \$ 1,160  Fundamoenalties of parkers. I declare that I have examined this return, including accompanying schedules and statements, and to the	best of my knowledge	and
Sign	Under penalties of partury, I declare that I have examined this return, including accompanying schedules and statements, and to the belief, it is too correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer to		uss this return with
Her	EXEC VE COU & CF	the preparer sho	wn below (see
_,,	Signature of officer Date Title	instructions)?	X Yes No
	Print/Type preparer's name Preparer's signature Date Check	] <sub>II</sub> PπN	
Paid	7 7 7 11/11/2020	-d	7720
Pre-	Total I. Iterate		
pare Use		- 74 TOXT	<del></del>
Only		518-262	-2375
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~~~	I TO TO THE PARTY OF THE PARTY	1 01	(:-/

·							
Form 990-T (2019) Albany Me	edical Co	llege			14-	1338310	Page 3
Schedule A - Cost of Good	<b>s Sold.</b> Ent	er method of inv	entory valuation				
1 Inventory at beginning of year.		1	6 Inv	entory at	end of year	6	
2 Purchases		2	7 Co	st of goo	ds sold. Subtract ine 5 Enter here		
3 Cost of labor		3	line	7			
4 a Additional section 263A costs (attach s	schedule)		all	umranı	l, line 2	<u> </u>	TV I No
		4 a	0.00	dha walaa	-f		Yes No
b Other costs (attach sch)		4 b			of section 263A (with duced or acquired for		
5 Total. Add lines 1 through 4b		5	to	the organ	ızatıon?		X
Schedule C - Rent Income (Fro	om Real Pro	perty and Pers	onal Property Lea	ased Wit	h Real Property) (se	e instructions)	
1 Description of property					<del> </del>	_	<u> </u>
(1)	<u>-</u>		<u></u> ,			<del></del>	
(2)							
(3)							
(4)							
	Rent receive	d or accrued			2(a) Dodugljana	directly seens	otad with
(if the percentage of rent for personal property is more than 10% but not property ex		eal and personal pro entage of rent for per ceeds 50% or if the re d on profit or income)	rsonal rent is	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)			
(1)			у до		<del></del>		<del></del>
(2)			<del> </del>		-		
(3)			·····			·	
(4)							
Total		Total					
(c) Total income. Add totals of columbere and on page 1, Part I, line 6, c					(b) Total deductions. En here and on page 1, Part 1, line 6, column (B)		
Schedule E - Unrelated Del	bt-Finance	d Income (see	e instructions)				
1 Description of debt-fi	nanced prope	irty	2 Gross income from	om	Deductions directly con debt-financ	nected with or ced property	allocable to
1 Description of debter	nancea prope		financed property	<i>i</i>	(a) Straight line depreciation (attach sch) (attach sch)		leductions chedule)
(1)							
(2)							
(3)							
(4)							
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	or allocable to	djusted basis of o debt-financed ach schedule)	6 Column 4 divided by column 5	re	7 Gross income portable (column 2 x column 6)	8 Allocable (column 6 columns 3(a	x total of

(2) (3)

(4)

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

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%

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

Form 990-T (2019)

Schedule F — Interest, A	nnuitie							Orga	inizations	(see II	nstructions	s)	
1 Name of controlled	<b>2</b> F	mployer		Exempt Controlled Organizations  3 Net unrelated 4 Total of specified 5 Part of column 4 6 0							4 6 De	Deductions directly	
organization	ıden	tification umber	ı	ncome ee instri	(loss)		payments mad		that is include the controlli organization gross incon		ided in connected wit offing income in colum income in colum		
(1)						T						<del></del>	
(2)													
(3)						Τ							
(4)													
Nonexempt Controlled Organiza	tions								=				
7 Taxable Income	inco	t unrelated ome (loss) instructions)			specified its made	1	10 Part of included in organization	the c	ontrolling		connected	ions directly with income umn 10	
(1)			1										
(2)			丁										
(3)													
(4)													
Totals							Add columns here and on p 8, co		, Part I, line		and on pa	6 and 11. Enter age 1, Part I, line umn (B)	
Schedule G – Investmen	t Inco	me of a Se	ctio	n 5014	'c)(7) (9	<u>,,,</u>	or (17) Orga	niza	ion (see ins	tructio	ne)		
1 Description of income		2 Amount			3 direc	De tly	ductions connected schedule)	4 Set-asides 5 Total		5 Total set-as	5 Total deductions and set-asides (column 3 plus column 4)		
(1)	-+				(								
(2)													
(3)													
(4)													
Totals Schedule I — Exploited E	▶	Enter here an Part I, line 9,						Inco	me (see ins	tructio	Part I, Iır	e and on page 1, ne 9, column (B).	
1 Description of exploited a		2 Gross unrelate busines income fro trade of busines	d s om	3 Expension connection of u	ses directly icted with duction nrelated iss income	fro or 2 i	Net income (loss) om unrelated trade business (column minus column 3). a gain, compute lumns 5 through 7.	5 Gros	s income from ty that is not ated business income	6 Exp	penses stable to umn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1)		<u> </u>		l —						_			
(2)													
(3)						Г		_					
(4)		1				Г							
Totals	<b>-</b>	Enter here on page Part I, line column (	1 10,	on p	here and page 1, , line 10, mn (B).							Enter here and on page 1, Part II, line 25	
Schedule J – Advertisin	a Inco	me (see incl	ructio	ne)		~~	Marie Lander Service St. C.	- <u>- 1974</u>	かいいか いかがいい	~2~V\$	was the called	<u> </u>	
Part I Income From Pe					neolida	ato	d Racic		<del></del>			<del></del>	
Parce Income From Fe	Hourca	2 Gross		·	Direct		Advertising gain or	E.C.	rculation	<b>6</b> Doo	dership	7 Excess readership	
1 Name of periodical		advertisii	ng	adve	ertising osts	i	loss) (col. 2 minus col. 3) If a gain, compute cols. 5 through 7.		ncome		osts	costs (col. 6 minus col. 5, but not more than col. 4).	
(1)						133						95 00	
(2)				ļ <u>.</u>		1000							
(3)				ļ		10.00					i		
(4)		<del> </del> -				$\vdash$		ļ			<del></del>	A A E.A A.A.	
Totals (carry to Part II, line (5))	, <b>&gt;</b>	-	_				· · · · · · · · · · · · · · · · · · ·						

Form 990-T (2019) Albany Medical College Page 5 14-1338310 Rantill 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) 4 Advertising gain or (loss) (col 2 minus col. 3) If a gain, compute cols. 5 through 7. 5 Circulation income 2 Gross 3 Direct 6 Readership 7 Excess readership costs (col. 6 minus col 5, but not more than col. 4). advertising advertising costs 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 26. on page 1, Part I, line 11, on page 1, Part I, line 11, column (A) column (B). Totals, Part II (lines 1-5) Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 4 Compensation attributable to unrelated business 3 Percent of 2 Title 1 Name time devoted to business

<del></del>% 왕 % 

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Form 990-T (2019)

## **SCHEDULE D**

Department of the Treasury Internal Revenue Service

(Form 1120)

Name

**Capital Gains and Losses** 

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

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

OMB No. 1545 0123

Name			Employer ide	entifica	tion number				
Albany Medical College			14-133	831	0				
Did the corporation dispose of any investment	(s) in a qualified opp	ortunity fund during	the tax year?	>	Yes 🛚 No				
If "Yes," attach Form 8949 and see its instruction			g your gain or loss	s.					
	Parti Short-Term Capital Gains and Losses (See instructions.)								
See instructions for how to figure the amounts to enter on the lines below.	(d)	(e)	(g) Adjustment to gain or loss from		(h) Gain or (loss) Subtract column (e) from				
This form may be easier to complete if you round off cents to whole dollars.	Proceeds (sales price)	Cost (or other basis)	Form(s) 8949, Pa line 2, column (		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, teave this line blank and go to line 1b									
1b Totals for all transactions reported on Form(s) 8949 with Box A checked									
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	778.				778.				
4 Short-term capital gain from installment sales f	rom Form 6252, line 26	or 37		4					
5 Short-term capital gain or (loss) from like-kind	exchanges from Form 8	8824		5					
6 Unused capital loss carryover (attach computat	ion)			6_					
7 Net short-term capital gain or (loss). Combine I			. <u> </u>	7	778.				
Part II Long-Term Capital Gains and L	.osses (See instru	ctions.)	<del></del>						
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	<b>(e)</b> Cost	(g) Adjustment to gain or loss from	om	(h) Gain or (loss) Subtract column (e) from				
This form may be easier to complete if you round off cents to whole dollars	(sales price)	(or other basis)	Form(s) 8949, Pa line 2, column (	rt II,	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	10,248.			!	10,248.				
11 Enter gain from Form 4797, line 7 or 9				11	177.				
12 Long-term capital gain from installment sales fi	om Form 6252, line 26	or 37		12					
13 Long-term capital gain or (loss) from like-kind e	exchanges from Form 8	824		13					
14 Capital gain distributions (see instructions)		***************************************		14_					
15 Net long-term capital gain or (loss). Combine li	nes 8a through 14 in co	lumn h		15	10,425.				
Part III Summary of Parts I and II									
16 Enter excess of net short-term capital gain (line			[	16	778.				
17 Net capital gain. Enter excess of net long-term			· · · · · · · · · · · · · · · · · · ·	17	10,425.				
18 Add lines 16 and 17. Enter here and on Form 1		the proper line on othe	r returns	18	11,203.				

## Form **8949**

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for Instructions and the latest information.

2019

Attachment Sequence No. 12A

Department of the Treasury Internal Revenue Service Name(s) shown on return

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

SSN or taxpayer identification number

Albany Medical College

14-1338310

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 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)

1 (a) Description of property (Example: 100 shares XYZ Co)	(b) Date acquired (Mo , day, yr )	(C) Date sold or disposed of	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below	Adjustment, i If you enter an enter a co See the se	(h) Gain or (loss). Subtract column (e)	
		(Mo., day, yr)	(see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
Pass-through (shor	t term)		778.	0.			778.
						·····	
	,						
						<del></del>	
	<del>.</del>		,			 	
2 Totals. Add the amounts (subtract negative amounts) include on your Schedul checked), line 2 (if Box Box C above is checked	e D, li <b>ne 1b</b> (if Bi <b>B</b> above is check	ox A above is ed), or line 3 (if	778.	0.		0.	778.

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.

Form	8949	12010	n
- (7) 111	0343	14013	,,

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

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.

Rartili 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.

**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).

You must check Box D, E, or Form 8949, page 2, for each complete as many forms with	F below. Check of applicable box If the same box ch	only one box. If mo you have more lo secked as you nee	ore than one box ang-term transaction	applies for your loons than will fit on	ng-term tran: this page fo	sactions, comple r one or more of	te a separate the boxes,
(D) Long-term transac (E) Long-term transac X (F) Long-term transac	ctions reported on ctions reported on	Form(s) 1099-B s Form(s) 1099-B s	thowing basis was thowing basis was	reported to the IF	RS (see Note		
1 (a) Description of property (Example: 100 shares XYZ Co.)	(b) Date acquired (Mo., day, yr)	(C) Date sold or disposed of	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see Column (e)	Adjustment, if if you enter an enter a co See the sep	(h) Gain or (loss), Subtract column (e)	
		(Mo , day, yr )	(see instructions)	in the separate	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
Pass-through (long	term)		10,248.	0,			10,248.
		- · · · · · · · · · · · · · · · · · · ·				<del></del>	
1							
·							
						<del>"-</del>	
		م					
					হেম্প্রেম		
2 Totals. Add the amounts (subtract negative amour include on your Schedule checked), line 9 (if Box E	its). Enter each to D. line 8b (if Box	ital here and D above is	10 249				10 240

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## **Federal Statements**

Page 1

**Client COL** 

**Albany Medical College** 

14-1338310

11/09/20

05:50PM

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

Name Name	Gross Income	Deductions	Income (Loss)
Landmark Equity Partners XVI, L.P. Davidson Kempner Institutional Partne Apollo Global Management, LLC	\$ -22,155. 514. -6.	\$ 0. 0. 0. Total	\$ -22,155. 514. -6. \$ -21,647.

## Statement 2 Form 990-T, Part III, Line 36 Net Operating Loss Deduction

Loss Year Ending	 Original Loss	Loss Previously Used		Loss Available
12/31/07 12/31/10 12/31/14 12/31/15 12/31/16 12/31/17	\$ 69,501. 2,240. 250. 82. 213. 1,909.		741. \$ 0. 0. 0. 0. 0.	21,760. 2,240. 250. 82. 213. 1,909.
Net Operating Loss I Taxable Income Net Operating Loss I	 			26,454. \$ -10,694. \$ 0.