

**PA-20S/PA-65**PA S Corporation/Partnership  
Information Return

1706010020

Page 1 of 3 (PT) 05-17 (I)  
PA Department of Revenue**2017**

PLEASE PRINT. USE BLACK INK.

Filing Status

PA-20S ☐PA-65 ☒P-S KOZ ☐

FEIN

690000008

Revenue ID

C

NAICS Code

236200

Inactive

☒

Business Name

CAPITAL MANAGER DISTRESSED FUND LP

First Line of Address - Street Address - If Address has Apartment Number, Suite, RR No - Place on this Line

32 CORPORATE CIRCLE STE 300

Second Line of Address - PO Box

City or Post Office

ALBANY

State

NY

ZIP Code

12202

Fill in the applicable ovals

Method of Accounting

Accrual ☒Cash ☐Other, Describe ☐Extension Requested ☒Initial Year ☐Fiscal Year ☐Short Year ☐

Beginning Ending

Final Return ☐FEIN/Name/Address  
Change ☐Amended Information  
Return ☐

Date activity began in PA

01/01/2007

(MMDDYYYY)

SUBMIT ALL SUPPORTING SCHEDULES

USE BLACK INK

If a loss, fill in the oval ☐ next to the line**Part I. Total Taxable Business Income (Loss) from Operations Everywhere**

1a	Taxable Business Income (Loss) from Operations Everywhere	LOSS <input type="radio"/>	1a	.00
1b	Share of Business Income (Loss) from All Other Entities	LOSS <input type="radio"/>	1b	.00
1c	Total Income (Loss). Add Lines 1a and 1b	LOSS <input type="radio"/>	1c	.00
1d	Previously Disallowed CNI Deductions - PA S Corporations only	LOSS <input type="radio"/>	1d	.00
1e	Total Adjusted Business Income (Loss). Subtract Line 1d from Line 1c	LOSS <input type="radio"/>	1e	.00

**Part II. Apportioned/Allocated PA-Taxable Business Income (Loss)**

		Outside PA		PA Source
2	Net Business Income (Loss)	LOSS <input type="radio"/>	2a	.00
2	Share of Business Income (Loss) from Other Entities	LOSS <input type="radio"/>	2b	.00
2	Previously Disallowed PA Source CNI Deductions - PA S Corporations only	LOSS <input type="radio"/>	2c	.00
2	Calculate Adjusted/Apportioned Net Business Income (Loss)	LOSS <input type="radio"/>	2d	.00
			2e	.00
			2f	.00
			2g	.00
			2h	.00

**Part III. Allocated Other PA PIT Income (Loss)**

		Outside PA		PA Source
3	Interest Income from PA Schedule A		3	.00
4	Dividend Income from PA Schedule B		4	.00
5	Net Gain (Loss) from PA Schedule D	LOSS <input type="radio"/>	5a	.00
6	Rent/Royalty Net Income (Loss) from PA Schedule M, Part B	LOSS <input type="radio"/>	6a	.00
7	Estates or Trusts Income from PA Schedule J	LOSS <input type="radio"/>	7a	.00
8	Gambling and Lottery Winnings from PA Schedule T	LOSS <input type="radio"/>	8a	.00
9	Total Other PA PIT Income (Loss)	LOSS <input type="radio"/>	9	.00

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CAPITAL MANAGER DISTRESSED FUND LP

**Part IV. Total PA S Corporation or Partnership Income (Loss)**

10	Total Income (Loss) per Books and Records . . . . .	LOSS	10	.00
11	Total Reportable Income (Loss). Add Lines 1e and 9 or add Lines 2h and 9 . . . . .	LOSS	11	.00
12	Total Nontaxable/Nonreportable Income (Loss). Subtract Line 11 from Line 10 . . . . .	LOSS	12	.00

**Part V. Pass Through Credits - See the PA-20S/PA-65 instructions**

13a	Total Other Credits. Submit PA-20S/PA-65 Schedule OC . . . . .	13a	.00
13b	Resident Credit . . . . .	13b	.00
14a	PA 2017 Quarterly Tax Withholding Payments/Extension Payment for Nonresident Owners . . . . .	14a	.00
14b	Final Payment of Nonresident Withholding Tax . . . . .	14b	.00
14c	Total PA Income Tax Withheld. Add Lines 14a and 14b . . . . .	14c	.00

**Part VI. Distributions - See the PA-20S/PA-65 instructions - Partnerships Only**

15	Distributions of Cash, Marketable Securities, and Property . . . . .	15	.00
16	Guaranteed Payments for Capital or Other Services . . . . .	16	.00
17	All Other Guaranteed Payments for Services Rendered . . . . .	17	.00
18	Guaranteed Payments to Retired Partners . . . . .	18	.00

**Distributions - See the PA-20S/PA-65 instructions - PA S Corporations Only**

19	Distributions from PA Accumulated Adjustments Account . . . . .	19	.00
20	Distributions of Cash, Marketable Securities, and Property . . . . .	20	.00

**Part VII. Other Information - See the PA-20S/PA-65 instructions for each line**

Yes or No

1	During the entity's tax year, did the entity own any interest in another partnership or in any foreign entity that was disregarded as an entity separate from its owner under federal regulations Sections 301.7701-2 and 301.7701-3? If yes, submit statement . . . . .	1	NO
2	Does the entity have any tax-exempt partners/members/shareholders? If yes, submit statement . . . . .	2	YES
3	Does the entity have any foreign partners/members/shareholders (outside the U.S.)? If yes, submit statement . . . . .	3	NO
4	Was there a distribution of property or a transfer (e.g., by sale or death) of a partner/member interest during the tax year? (Partnership only) If yes, submit statement . . . . .	4	NO
5	Has the federal government changed taxable income as originally reported for any prior period? If yes, indicate period on supplemental statement, and submit final IRS determination paperwork . . . . .	5	NO
6	Does the entity have any foreign operations or ownership in a foreign bank account? If yes, submit statement . . . . .	6	NO
7	Is this entity involved in a reportable transaction, listed transaction, or registered tax shelter within this return? If yes, submit statement . . . . .	7	NO
8	Does the entity filing as a partnership have other partnerships as partners? . . . . .	8	NO
9	Has the entity sold any tax credits? If yes, submit statement . . . . .	9	NO
10	Has the entity changed its method of accounting for federal income tax purposes during this tax year? If yes, submit federal Form 3115 . . . . .	10	NO
11	Has the entity entered into any like-kind exchanges under IRC Section 1031? If yes, submit federal Form 8824 . . . . .	11	NO
12	PA Apportionment as reported on PA-20S/PA-65 Schedule H-Corp . . . . .	12	



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CAPITAL MANAGER DISTRESSED FUND LP

**Part VIII. PA S Corporations Only - Accumulated Adjustments Account (AAA)  
and Accumulated Earnings and Profits (AE&P)**

			AAA	AE&P
1	Balance at the beginning of the taxable year . . . . .	If AAA is negative, fill in the oval <input type="radio"/> LOSS	1	
2	Total reportable income from Part IV, Line 11 . . . . .		2	N/A
3	Other additions. Submit an itemized statement . . . . .		3	
4	Loss from Part IV, Line 11 . . . . .	<input checked="" type="radio"/> LOSS	4	N/A
5	Other reductions. Submit an itemized statement . . . . .	<input checked="" type="radio"/> LOSS	5	
6	Sum of Lines 1 through 5 . . . . .	<input type="radio"/> LOSS	6	
7	Distributions . . . . .		7	
8	Balance at taxable year-end Subtract Line 7 from Line 6 . . . . .	<input type="radio"/> LOSS	8	

**Part IX. Ownership in Pass Through Entities**

If the entity received income (loss) from an S corporation, partnership, estate or trust, limited liability company, qualified subchapter S subsidiary (QSSS) or disregarded entity, list below the FEIN, name and address for each entity. If additional space is needed, submit a separate statement. If the income (loss) is from a QSSS, enter "yes" in the QSSS box. If the income (loss) is from a disregarded entity, enter "yes" in the D box.

FEIN	QSSS	D	NAME & ADDRESS
a			
b			
c			
d			
e			
f			

**Part X. Signature and Verification**

Under penalties of perjury, I declare 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 paid preparer is based on all information of which preparer has any knowledge.

Print/Type name of general partner, principal officer or authorized individual <b>JOHN R. REID</b>	Signature of general partner, principal officer or authorized individual	Date <b>03/15/18</b>	Daytime phone no <b>814-306-1600</b>
<b>Paid Preparer's Use Only</b>			
Print/Type preparer's name <b>NORMA NICHOLS</b>	Preparer's signature	Date <b>03/15/18</b>	Check if self-employed <input type="checkbox"/>
Firm's name (or yours if self-employed) <b>JS BARK LLC</b>			Daytime phone no <b>801-222-0011</b>
Firm's address <b>2200 WASHINGTON STREET SALT LAKE CITY UT 84081</b>			

☐ E-File Opt Out

Preparer's PTIN

P00450645

Firm's FEIN

021253349



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**PA SCHEDULE M**Reconciliation of Federal-Taxable  
Income (Loss) to PA-Taxable  
Income (Loss)PA-20S/PA-65 M (PT) 03-17 (I)  
PA Department of Revenue

1707010029

**2017**

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Name as shown on PA-20S/PA-65 Information Return

FEIN

PA Sales Tax License Number

CAPITAL MANAGER DISTRESSED FUND LP

690000008

**PA Schedule M, Part A. Classifying Federal Income (Loss) for PA Personal Income Tax Purposes**

Classify, without adjustment, the federal income (loss) from Schedule K of federal Form 1120S or from Schedule K of federal Form 1065. The entity must allocate or apportion the amounts from the federal categories to the reportable PA PIT classes. The total of the specific federal line items should equal the total of the federal schedule.

Federal Form		Classified for Pennsylvania Personal Income Tax purposes				
Form 1120S, Schedule K line description Form 1065, Schedule K line description	(a) Federal Income (loss)	(b) PA Business Income (loss)	(c) Interest Income PA Schedule A	(d) Dividend Income PA Schedule B	(e) Gain (loss) From Sales PA Schedule D	(f) Rent & Royalty Income (loss) PA Schedule E
1 Ordinary income (loss) from trade or business activities						
2 Net income (loss) from rental real estate activities						
3 Other gross rental income (loss)						
4 Interest income						
5 Dividends						
6 Royalty income						
7 Net short-term capital gain (loss)						
8 Net long-term capital gain (loss)						
9 Net gain (loss) from disposal of IRC Section 179 property						
10 Net IRC Section 1231 gain (loss) from Form 4797						
11 Other income (loss)						
12 <b>Total Federal Income (loss) by Pennsylvania classification.</b> Total the amounts in each column						



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**PA SCHEDULE M**Reconciliation of Federal-Taxable  
Income (Loss) to PA-Taxable  
Income (Loss)PA-20S/PA-65 M 03-17 (I)  
PA Department of Revenue**2017**

1707110027

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Name as shown on PA-20S/PA-65 Information Return

CAPITAL MANAGER DISTRESSED FUND LP

FEIN

690000008

**PA Schedule M, Part B. Determining PA Reportable Income (Loss) by Classification**

The entity may need to prepare a PA Schedule M, Part B, if it must make adjustments to properly determine its reportable classified income (loss) for its PA-20S/PA-65 Information Return. This specific list of adjustments applies to income (loss) from a business or farm and rental/royalty income (loss).  
Enter whole dollars only.

PA Allocated  
Income (Loss)Total Rental Income (Loss) or  
Total Business Income (Loss)  
Before Apportionment

Section A. Federal Classified Income (Loss). Income class from Part A, Column   
Enter the initial of Column (b) or (f) only

1		2	
---	--	---	--

**Section B. Itemize income adjustments that increase PA reportable income (reduce the loss).**

a Deferred income relating to advance payments for goods and services

1		2	
---	--	---	--

b Difference in qualified gain (loss) for each business sale of property

3		4	
---	--	---	--

c Gain from business like-kind exchanges, see PA PIT Guide for instructions

5		6	
---	--	---	--

d Gain (loss) on involuntary conversions - IRC Section 1033

7		8	
---	--	---	--

e Income from cancellation of debt that PA treats differently from federal rules

9		10	
---	--	----	--

f Increases in income in the year of change resulting from spread in the year of change associated with IRC Section 481(a) adjustment

11		12	
----	--	----	--

g Income from obligations of other states and organizations that is not exempt for PA purposes

13		14	
----	--	----	--

h Other income adjustments that increase PA-reportable income. Submit statement

15		16	
----	--	----	--

**B Total**

17		18	
----	--	----	--

**Section C. Itemize income adjustments that decrease the PA reportable income (increase the loss).**

a Difference in qualified gain (loss) for each business sale of property

1		2	
---	--	---	--

b Income from obligations of the U.S. government and other organizations that is not taxable for PA purposes

3		4	
---	--	---	--

c Decreases for previously reported income in prior year resulting from spread associated with IRC Section 481(a)

5		6	
---	--	---	--

d Other income adjustments that decrease PA-reportable income. Submit statement

7		8	
---	--	---	--

**C Total**

9		10	
---	--	----	--

**Section D. Adjusted PA Reportable Income. See PA-20S/PA-65 Schedule M instructions**

1		2	
---	--	---	--

**Section E. Itemize those expenses that PA law does not allow that the entity deducted on its federal form.**  
These adjustments increase PA reportable income (reduce the loss)

a Taxes paid on income. Submit REV-1190

1		2	
---	--	---	--

b Differences in depreciation/amortization taken for PA and federal purposes

3		4	
---	--	---	--

c Key man life insurance premiums (owners as beneficiaries)

5		6	
---	--	---	--

d Differences in PA treatment of guaranteed payments for capital

7		8	
---	--	---	--

e Differences in depreciation for bonus depreciation (PA law does not allow bonus depreciation)

9		10	
---	--	----	--

f Expense adjustments to qualify for the PA credits claimed in Part V of the PA-20S/PA-65

11		12	
----	--	----	--

g Other expenses the entity deducted on its federal return that PA does not allow. Submit statement

13		14	
----	--	----	--

**E Total**

15		16	
----	--	----	--

**Section F. Itemize those expenses that PA law allows that the entity could not deduct on its federal form.**  
These adjustments decrease PA reportable income (increase the loss)

a 50 percent of business meals and entertainment expenses that the entity could not deduct

1		2	
---	--	---	--

b Sales tax on depreciable assets

3		4	
---	--	---	--

c Differences in depreciation/amortization taken for PA and federal purposes

5		6	
---	--	---	--

d IRC Section 179 expenses (the maximum for PA purposes is \$25,000)

7		8	
---	--	---	--

e Expenses for employees, including PA S corporation shareholder-employees

9		10	
---	--	----	--

f Life insurance premiums (PA S corporation or partnership as beneficiary)

11		12	
----	--	----	--

g Expense adjustments to qualify for federal credits

13		14	
----	--	----	--

h Current expensing of Intangible Drilling costs - Schedule I, Line 5

15		16	
----	--	----	--

i Other expenses PA allows that the entity did not deduct on the federal return. Submit statement

17		18	
----	--	----	--

**F Total**

19		20	
----	--	----	--

**Section G. Total Taxable Income (Loss). Add Section D, plus E, minus F.**

1		2	
---	--	---	--



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**PARTNER/MEMBER/  
SHAREHOLDER DIRECTORY**  
Directory

1707610026

PA-20S/PA-65 P/M/D (PT) 04-17 (I)  
PA Department of Revenue

**2017**

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Name as shown on the PA-20S/PA-65 Information Return

FEIN

CAPITAL MANAGER DISTRESSED FUND LP

690000008

C

The entity must list its partners/members/shareholders on this schedule. Enter the following for all partners/members/shareholders

SSN/FEIN; REVENUE ID; OWNERSHIP % (enter each owner's percentage); and NAME AND ADDRESS. Copy Directory to list additional owners.

CODE - Enter the type of owner by code

See instructions

DE = Disregarded Entity

RI = Resident Individual

C = C Corporation

B = Bank/Financial Institution

I = Insurance Company

L = LLC taxed as a Partnership

NR = Nonresident Individual

PI = Part-year Resident Individual (S Corp Only)

P = Partnership

LC = LLC taxed as a C Corporation

E = Estate

T = Trust

S = S Corporation

LS = LLC taxed as an S Corporation

X = Exempt

1	Code	SSN/FEIN	Revenue ID	Ownership %
	T	258881212		0 = 065000

Name  
Somers Trust FBO W Somers

Address  
1425 SOUTH CENTRE AVENUE SOMERSET, PA 15501

2	Code	SSN/FEIN	Revenue ID	Ownership %
	RI	212708185		0 = 100000

Name  
GREEN, MOLLY J

Address  
400 SCARLET LANE WALLINGFORD, PA 19086

3	Code	SSN/FEIN	Revenue ID	Ownership %
	X	621108215		0 = 100000

Name  
BOW UNIVERSITY

Address  
2121 CHARLES STREET BALTIMORE, MD 21201

4	Code	SSN/FEIN	Revenue ID	Ownership %
	NR	364180077		0 = 105000

Name  
BLESSING, JAMES M

Address  
1616 BIRMHAM ROAD LAKE FOREST, IL 60045

5	Code	SSN/FEIN	Revenue ID	Ownership %
	DE	371234567	4455212	0 = 130000

Name  
18TH STREET LLC

Address  
1820 18TH STREET NW ALTOONA, PA 16601

6	Code	SSN/FEIN	Revenue ID	Ownership %
	L	221818203		0 = 150000

Name  
DELL SHARP LLC

Address  
2100 GRANT STREET PITTSBURGH, PA 15219



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**PARTNER/MEMBER/  
SHAREHOLDER DIRECTORY**  
Directory

1707610026

PA-20S/PA-65 P/M/D (PT) 04-17 (1)  
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See instructions

DE = Disregarded Entity

RI = Resident Individual

C = C Corporation

B = Bank/Financial Institution

I = Insurance Company

L = LLC taxed as a Partnership

NR = Nonresident Individual

PI = Part-year Resident Individual (S Corp Only)

P = Partnership

LC = LLC taxed as a C Corporation

E = Estate

T = Trust

S = S Corporation

LS = LLC taxed as an S Corporation

X = Exempt

1	Code	SSN/FEIN	Revenue ID	Ownership %
	RI	180205556		0 - 250000

Name.

REID, JOHN R

Address

2400 MILL ROAD STATE COLLEGE, PA 16801

2	Code	SSN/FEIN	Revenue ID	Ownership %
	X	522233645		0 - 100000

Name

KUNKEL FOUNDATION

Address

1480 NORTHERN BLVD STOCKBRIDGE, MA 01262

3	Code	SSN/FEIN	Revenue ID	Ownership %
				.

Name.

Address

4	Code	SSN/FEIN	Revenue ID	Ownership %
				.

Name:

Address.

5	Code	SSN/FEIN	Revenue ID	Ownership %
				.

Name

Address

6	Code	SSN/FEIN	Revenue ID	Ownership %
				.

Name

Address



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**PA SCHEDULE NRK-1**

1707310023

Nonresident Schedule of Shareholder/  
Partner/Beneficiary Pass Through  
Income, Loss and Credits  
PA-20S/PA-65 NRK-1 (PT) 03-17 (I)  
PA Department of Revenue**2017**

Part I General Information	SSN		Last Name		Suffix		First Name		MI	
	Spouse's SSN		Phone Number							
	If jointly held		Name of Owner Receiving NRK-1 (if other than an individual)							
	FEIN	258881212	SOMERS TRUST FBO WILLIAM SOMERS							
	First Line of Address	1425 SOUTH CENTRE AVENUE								
	Second Line of Address									
	City or Post Office	State	ZIP Code	Amended Schedule <input type="checkbox"/> Final <input type="checkbox"/>						
	SOMERSET	PA	15501	Shareholder's stock ownership _____ %						
				Beneficiary's year-end distribution _____ %						
				Partner's percentage of _____ %						
			Profit sharing 0.065000 %							
			Loss sharing 0.065000 %							
			Ownership of capital 0.065000 %							
Name of Entity Issuing NRK-1										
CAPITAL MANAGER DISTRESSED FUND LP										
City or Post Office			State	ZIP Code	Entity (Fill in one oval only)					
ALBANY			NY	12202	<input type="checkbox"/> Estate/Trust <input checked="" type="checkbox"/> Partnership					
FEIN			Revenue ID	<input type="checkbox"/> PA S Corp <input type="checkbox"/> LLC						
690000008				<input type="checkbox"/> Fiscal Year <input type="checkbox"/> Short Year						
					Begin _____ End _____					

- Owner.
- ☐ Individual
- ☐ PA S Corp
- ☐ All Other Corp
- ☒ Estate/Trust
- ☐ Partnership
- ☐ LLC
- ☐ Exempt
- Partner:
- ☐ General Partner or LLC Member - Manager
- ☒ Limited Partner or Other LLC Member

NOTE: Amounts from this schedule must be reported on the appropriate PA Tax Return.

Enter whole dollars only

Part II	1	PA-Taxable Business Income (Loss) from Operations	.....	If a loss, fill in the oval.	<input type="checkbox"/>	1	
	2	Net Gain (Loss) from the Sale, Exchange or Disposition of Property	.....	If a loss, fill in the oval	<input type="checkbox"/>	2	
	3	Net Income (Loss) from Rents, Royalties, Patents and Copyrights	.....	If a loss, fill in the oval	<input type="checkbox"/>	3	
	4	Income of/from Estates or Trusts	.....			4	
	5	Gambling and Lottery Winnings (Loss)	.....	If a loss, fill in the oval	<input type="checkbox"/>	5	
Part III	6	PA Nonresident Tax Withheld	.....			6	
	7	Total Other Credits. Submit statement	.....			7	
Part IV	8	Distributions of Cash, Marketable Securities and Property - not including guaranteed payments	..			8	
	9	Guaranteed Payments for Capital or Other Services	..			9	
	10	All Other Guaranteed Payments for Services Rendered (PA-Appportioned Amount Only)	..			10	
Part V	11	Guaranteed Payments to the Retired Partner	..			11	
	12	Distributions from PA Accumulated Adjustments Account	..	If liquidating, fill in the oval	<input type="checkbox"/>	12	
	13	Distributions of Cash, Marketable Securities and Property	..			13	
Part VI	14	Nontaxable income (loss) or nondeductible expenses required to calculate owner's economic investment. Submit statement	..	If a loss, fill in the oval	<input type="checkbox"/>	14	
	15	Owner's Share of IRC Section 179 allowed according to PA rules	..			15	
Part VII	16	Owner's Share of Straight-Line Depreciation	..			16	
	17	Partner's Share of Nonrecourse Liabilities at year-end	..			17	
	18	Partner's Share of Recourse Liabilities at year-end	..			18	



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# PA SCHEDULE RK-1

1707210025

Resident Schedule of Shareholder/  
Partner/Beneficiary Pass Through  
Income, Loss and Credits  
PA-20S/PA-65 RK-1 (PT) 03-17 (I)  
PA Department of Revenue

2017

SSN <b>212-70-8185</b>		Last Name <b>GREEN</b>		Suffix <b></b>	First Name <b>MOLLY</b>	M1 <b></b>
Spouse's SSN <b></b> If jointly held <b></b>		Name of Owner Receiving RK-1 (if other than an individual) <b></b>		Phone Number <b></b>		
FEIN <b></b>						
First Line of Address <b>400 SCARLET AVENUE</b>		Amended Schedule <input type="checkbox"/>		Final <input type="checkbox"/>		Owner
Second Line of Address <b></b>		Shareholder's stock ownership <b></b> %				<input checked="" type="radio"/> Individual
City or Post Office <b>WALLINGFORD</b>		Beneficiary's year-end distribution <b></b> %				<input type="radio"/> PA S Corp
State <b>PA</b>	ZIP Code <b>19806</b>	Partner's percentage of Profit sharing <b>0.100000</b> %				<input type="radio"/> All Other Corp
		Loss sharing <b>0.100000</b> %				<input type="radio"/> Estate/Trust
		Ownership of capital: <b>0.100000</b> %				<input type="radio"/> Partnership
						<input type="radio"/> LLC
						<input type="radio"/> Exempt
Name of Entity Issuing RK-1 <b>CAPITAL MANAGER DISTRESSED FUND LP</b>						
City or Post Office <b>ALBANY</b>		State <b>NY</b>		ZIP Code <b>12202</b>		Partner:
FEIN <b>690000008</b>		Revenue ID <b></b>		Entity: (Fill in one oval only)		<input type="radio"/> General Partner or LLC Member - Manager
				<input type="radio"/> Estate/Trust		<input checked="" type="radio"/> Limited Partner or Other LLC Member
				<input type="radio"/> PA S Corp		
				<input type="radio"/> Fiscal Year		
				<input type="radio"/> Short Year		
				Begin <b></b> End <b></b>		

NOTE: Amounts from this schedule must be reported on the appropriate PA Tax Return.

		Enter whole dollars only
1	PA-Taxable Business Income (Loss) from Operations . . . . . If a loss, fill in the oval <input type="checkbox"/>	1
2	Interest Income . . . . .	2
3	Dividend Income . . . . .	3
4	Net Gain (Loss) from the Sale, Exchange or Disposition of Property . . . . . If a loss, fill in the oval <input type="checkbox"/>	4
5	Net Income (Loss) from Rents, Royalties, Patents and Copyrights . . . . . If a loss, fill in the oval <input type="checkbox"/>	5
6	Income of/from Estates or Trusts . . . . .	6
7	Gambling and Lottery Winnings (Loss) . . . . . If a loss, fill in the oval <input type="checkbox"/>	7
8	Resident Credit. Submit statement . . . . .	8
9	Total Other Credits. Submit statement . . . . .	9
10	Distributions of Cash, Marketable Securities and Property - not including guaranteed payments . . . . .	10
11	Guaranteed Payments for Capital or Other Services . . . . .	11
12	All Other Guaranteed Payments for Services Rendered . . . . .	12
13	Guaranteed Payments to the Retired Partner . . . . .	13
14	Distributions from PA Accumulated Adjustments Account . . . . . If liquidating, fill in the oval <input type="checkbox"/>	14
15	Distributions of Cash, Marketable Securities and Property . . . . .	15
16	Nontaxable income (loss) or nondeductible expenses required to . . . . . If a loss, fill in the oval <input type="checkbox"/> calculate owner's basis. Submit statement	16
17	Owner's Share of IRC Section 179 allowed according to PA rules . . . . .	17
18	Owner's Share of Straight-Line Depreciation . . . . .	18
19	Partner's Share of Nonrecourse Liabilities at year-end . . . . .	19
20	Partner's Share of Recourse Liabilities at year-end . . . . .	20



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# PA SCHEDULE RK-1

1707210025

Resident Schedule of Shareholder/  
Partner/Beneficiary Pass Through  
Income, Loss and Credits  
PA-20S/PA-65 RK-1 (PT) 03-17 (I)  
PA Department of Revenue

2017

Last Name		Suffix	First Name	M I
SSN				
Spouse's SSN If jointly held		Phone Number		
Name of Owner Receiving RK-1 (if other than an individual)				
FEIN	371234567	18TH STREET LLC		
First Line of Address		Amended Schedule <input type="checkbox"/>	Final <input type="checkbox"/>	Owner
1820 18TH STREET NW		Shareholder's stock ownership _____%		<input type="checkbox"/> Individual
Second Line of Address		Beneficiary's year-end distribution _____%		<input type="checkbox"/> PA S Corp
City or Post Office		Partner's percentage of		<input type="checkbox"/> All Other Corp
ALTOONA	PA	Profit sharing 0.130000%		<input type="checkbox"/> Estate/Trust
State	ZIP Code	Loss sharing 0.130000%		<input type="checkbox"/> Partnership
PA	16601	Ownership of capital 0.130000%		<input checked="" type="checkbox"/> LLC
Name of Entity Issuing RK-1				
CAPITAL MANAGER DISTRESSED FUND LP				
City or Post Office	State	ZIP Code	Entity (Fill in one oval only)	
ALBANY	NY	12202	<input type="checkbox"/> Estate/Trust <input checked="" type="checkbox"/> Partnership	
FEIN	Revenue ID	<input type="checkbox"/> PA S Corp <input type="checkbox"/> LLC		
690000008		<input type="checkbox"/> Fiscal Year <input type="checkbox"/> Short Year		
Begin _____ End _____				

Partner.  
☐ General Partner  
or LLC Member  
- Manager  
☒ Limited Partner  
or Other LLC  
Member

NOTE: Amounts from this schedule must be reported on the appropriate PA Tax Return.

			Enter whole dollars only
1	PA-Taxable Business Income (Loss) from Operations . . . . .	If a loss, fill in the oval <input type="checkbox"/>	1
2	Interest Income . . . . .		2
3	Dividend Income . . . . .		3
4	Net Gain (Loss) from the Sale, Exchange or Disposition of Property . . . . .	If a loss, fill in the oval. <input type="checkbox"/>	4
5	Net Income (Loss) from Rents, Royalties, Patents and Copyrights . . . . .	If a loss, fill in the oval <input type="checkbox"/>	5
6	Income of/from Estates or Trusts . . . . .		6
7	Gambling and Lottery Winnings (Loss) . . . . .	If a loss, fill in the oval <input type="checkbox"/>	7
8	Resident Credit. Submit statement . . . . .		8
9	Total Other Credits. Submit statement . . . . .		9
10	Distributions of Cash, Marketable Securities and Property - not including guaranteed payments . . . . .		10
11	Guaranteed Payments for Capital or Other Services . . . . .		11
12	All Other Guaranteed Payments for Services Rendered . . . . .		12
13	Guaranteed Payments to the Retired Partner . . . . .		13
14	Distributions from PA Accumulated Adjustments Account . . . . .	If liquidating, fill in the oval <input type="checkbox"/>	14
15	Distributions of Cash, Marketable Securities and Property . . . . .		15
16	Nontaxable income (loss) or nondeductible expenses required to . . . . .	If a loss, fill in the oval <input type="checkbox"/>	16
calculate owner's basis. Submit statement.			
17	Owner's Share of IRC Section 179 allowed according to PA rules . . . . .		17
18	Owner's Share of Straight-Line Depreciation . . . . .		18
19	Partner's Share of Nonrecourse Liabilities at year-end . . . . .		19
20	Partner's Share of Recourse Liabilities at year-end . . . . .		20



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# PA SCHEDULE RK-1

Resident Schedule of Shareholder/  
Partner/Beneficiary Pass Through  
Income, Loss and Credits  
PA-20S/PA-6S RK-1 (PT) 03-17 (I)  
PA Department of Revenue

**2017**

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SSN		Last Name		Suffix	First Name	M1
Spouse's SSN		Name of Owner Receiving RK-1 (if other than an individual)		Phone Number		
FEIN		DELL SHARP LLC				
First Line of Address		Amended Schedule		Final		Owner:
2100 GRANT STREET		Shareholder's stock ownership. _____%				<input type="checkbox"/> Individual
Second Line of Address		Beneficiary's year-end distribution _____%				<input type="checkbox"/> PA S Corp
City or Post Office		Partner's percentage of				<input type="checkbox"/> All Other Corp
PITTSBURGH		Profit sharing 0.150000%				<input type="checkbox"/> Estate/Trust
State	ZIP Code	Loss sharing 0.150000%				<input type="checkbox"/> Partnership
PA	15219	Ownership of capital 0.150000%				<input checked="" type="checkbox"/> LLC
Name of Entity Issuing RK-1						<input type="checkbox"/> Exempt
CAPITAL MANAGER DISTRESSED FUND LP						Partner:
City or Post Office		Entity (Fill in one oval only)				<input type="checkbox"/> General Partner or LLC Member - Manager
ALBANY		<input type="checkbox"/> Estate/Trust <input checked="" type="checkbox"/> Partnership				<input checked="" type="checkbox"/> Limited Partner or Other LLC Member
State		<input type="checkbox"/> PA S Corp <input type="checkbox"/> LLC				
NY		<input type="checkbox"/> Fiscal Year <input type="checkbox"/> Short Year				
FEIN		Revenue ID				
690000008						
		Begin		End		

NOTE: Amounts from this schedule must be reported on the appropriate PA Tax Return.

		Enter whole dollars only
1	PA-Taxable Business Income (Loss) from Operations . . . . . If a loss, fill in the oval. <input type="checkbox"/>	1
2	Interest Income . . . . .	2
3	Dividend Income . . . . .	3
4	Net Gain (Loss) from the Sale, Exchange or Disposition of Property . . . . . If a loss, fill in the oval <input type="checkbox"/>	4
5	Net Income (Loss) from Rents, Royalties, Patents and Copyrights . . . . . If a loss, fill in the oval <input type="checkbox"/>	5
6	Income off/from Estates or Trusts . . . . .	6
7	Gambling and Lottery Winnings (Loss) . . . . . If a loss, fill in the oval <input type="checkbox"/>	7
8	Resident Credit. Submit statement . . . . .	8
9	Total Other Credits. Submit statement . . . . .	9
10	Distributions of Cash, Marketable Securities and Property - not including guaranteed payments . . . . .	10
11	Guaranteed Payments for Capital or Other Services . . . . .	11
12	All Other Guaranteed Payments for Services Rendered . . . . .	12
13	Guaranteed Payments to the Retired Partner . . . . .	13
14	Distributions from PA Accumulated Adjustments Account . . . . . If liquidating, fill in the oval <input type="checkbox"/>	14
15	Distributions of Cash, Marketable Securities and Property . . . . .	15
16	Nontaxable income (loss) or nondeductible expenses required to calculate owner's basis. Submit statement. . . . . If a loss, fill in the oval <input type="checkbox"/>	16
17	Owner's Share of IRC Section 179 allowed according to PA rules . . . . .	17
18	Owner's Share of Straight-Line Depreciation . . . . .	18
19	Partner's Share of Nonrecourse Liabilities at year-end . . . . .	19
20	Partner's Share of Recourse Liabilities at year-end . . . . .	20



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**PA SCHEDULE RK-1**

1707210025

Resident Schedule of Shareholder/  
Partner/Beneficiary Pass Through  
Income, Loss and Credits  
PA-20S/PA-6S RK-1 (PT) 03-17 (I)  
PA Department of Revenue

**2017**

SSN <b>180-20-5556</b>		Last Name <b>REID</b>		Suffix <input type="checkbox"/>	First Name <b>JOHN</b>	MI <input type="checkbox"/>
Spouse's SSN <input type="text"/>		Name of Owner Receiving RK-1 (if other than an individual) <input type="text"/>		Phone Number <input type="text"/>		
FEIN <input type="text"/>						
Part I. General Information	First Line of Address <b>2400 MILL ROAD</b>		Amended Schedule <input type="checkbox"/>		Final <input type="checkbox"/>	
	Second Line of Address <input type="text"/>		Shareholder's stock ownership <input type="text"/> %		<input checked="" type="radio"/> Individual	
	City or Post Office <b>STATE COLLEGE</b>		Beneficiary's year-end distribution <input type="text"/> %		<input type="radio"/> PA S Corp.	
	State <b>PA</b>		Partner's percentage of		<input type="radio"/> All Other Corp	
	ZIP Code <b>16801</b>		Profit sharing <b>0.250000</b> %		<input type="radio"/> Estate/Trust	
			Loss sharing <b>0.250000</b> %		<input type="radio"/> Partnership	
			Ownership of capital <b>0.250000</b> %		<input type="radio"/> LLC	
					<input type="radio"/> Exempt	
	Name of Entity Issuing RK-1 <b>CAPITAL MANAGER DISTRESSED FUND LP</b>				Partner	
	City or Post Office <b>ALBANY</b>		State <b>NY</b>		<input type="radio"/> General Partner or LLC Member - Manager	
ZIP Code <b>12202</b>		Entity: (Fill in one oval only)		<input checked="" type="radio"/> Limited Partner or Other LLC Member		
FEIN <b>690000008</b>		Revenue ID <input type="text"/>				
		<input type="radio"/> Estate/Trust		<input type="radio"/> Partnership		
		<input type="radio"/> PA S Corp		<input type="radio"/> LLC		
		<input type="radio"/> Fiscal Year		<input type="radio"/> Short Year		
		Begin <input type="text"/>		End <input type="text"/>		

NOTE: Amounts from this schedule must be reported on the appropriate PA Tax Return.

		Enter whole dollars only
Part II	1 PA-Taxable Business Income (Loss) from Operations . . . . . If a loss, fill in the oval <input type="checkbox"/>	1
	2 Interest Income . . . . .	2
	3 Dividend Income . . . . .	3
	4 Net Gain (Loss) from the Sale, Exchange or Disposition of Property . . . . . If a loss, fill in the oval. <input type="checkbox"/>	4
	5 Net Income (Loss) from Rents, Royalties, Patents and Copyrights . . . . . If a loss, fill in the oval. <input type="checkbox"/>	5
	6 Income of/from Estates or Trusts . . . . .	6
	7 Gambling and Lottery Winnings (Loss) . . . . . If a loss, fill in the oval <input type="checkbox"/>	7
Part III	8 Resident Credit. Submit statement . . . . .	8
	9 Total Other Credits. Submit statement . . . . .	9
Part IV	10 Distributions of Cash, Marketable Securities and Property - not including guaranteed payments . . . . .	10
	11 Guaranteed Payments for Capital or Other Services . . . . .	11
	12 All Other Guaranteed Payments for Services Rendered . . . . .	12
Part V	13 Guaranteed Payments to the Retired Partner . . . . .	13
	14 Distributions from PA Accumulated Adjustments Account . . . . . If liquidating, fill in the oval <input type="checkbox"/>	14
Part VI	15 Distributions of Cash, Marketable Securities and Property . . . . .	15
	16 Nontaxable income (loss) or nondeductible expenses required to . . . . . If a loss, fill in the oval <input type="checkbox"/> calculate owner's basis. Submit statement.	16
Part VII	17 Owner's Share of IRC Section 179 allowed according to PA rules . . . . .	17
	18 Owner's Share of Straight-Line Depreciation . . . . .	18
	19 Partner's Share of Nonrecourse Liabilities at year-end . . . . .	19
	20 Partner's Share of Recourse Liabilities at year-end . . . . .	20



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**PA SCHEDULE RK-1**Resident Schedule of Shareholder/  
Partner/Beneficiary Pass Through  
Income, Loss and Credits  
PA-20S/PA-65 RK-1 (PT) 03-17 (I)  
PA Department of Revenue

1707210025

**2017**

Last Name		Suffix	First Name	MI
SSN				
Spouse's SSN If jointly held		Phone Number		
Name of Owner Receiving RK-1 (if other than an individual)				
FEIN	258881212	SOMERS TRUST FBO WILLIAM SOMERS		
First Line of Address		Amended Schedule <input type="checkbox"/>	Final <input type="checkbox"/>	Owner
1425 SOUTH CENTRE AVENUE		Shareholder's stock ownership _____%		<input type="checkbox"/> Individual
Second Line of Address		Beneficiary's year-end distribution _____%		<input type="checkbox"/> PA S Corp.
		Partner's percentage of		<input type="checkbox"/> All Other Corp
City or Post Office	State	ZIP Code	Profit sharing 0.065000%	<input checked="" type="checkbox"/> Estate/Trust
SOMERSET	PA	15501	Loss sharing 0.065000%	<input type="checkbox"/> Partnership
			Ownership of capital 0.065000%	<input type="checkbox"/> LLC
				<input type="checkbox"/> Exempt
Name of Entity Issuing RK-1				
CAPITAL MANAGER DISTRESSED FUND LP				
City or Post Office	State	ZIP Code	Entity* (Fill in one oval only)	
ALBANY	NY	12202	<input type="checkbox"/> Estate/Trust <input checked="" type="checkbox"/> Partnership	
FEIN	Revenue ID	<input type="checkbox"/> PA S Corp <input type="checkbox"/> LLC		
690000008		<input type="checkbox"/> Fiscal Year <input type="checkbox"/> Short Year		
			Begin	End
NOTE: Amounts from this schedule must be reported on the appropriate PA Tax Return.				
Enter whole dollars only				
1 PA-Taxable Business Income (Loss) from Operations . . . . . If a loss, fill in the oval. <input type="checkbox"/> 1				
2 Interest Income . . . . . 2				
3 Dividend Income . . . . . 3				
4 Net Gain (Loss) from the Sale, Exchange or Disposition of Property . . . . . If a loss, fill in the oval <input type="checkbox"/> 4				
5 Net Income (Loss) from Rents, Royalties, Patents and Copyrights . . . . . If a loss, fill in the oval <input type="checkbox"/> 5				
6 Income off/from Estates or Trusts . . . . . 6				
7 Gambling and Lottery Winnings (Loss) . . . . . If a loss, fill in the oval <input type="checkbox"/> 7				
8 Resident Credit. Submit statement . . . . . 8				
9 Total Other Credits. Submit statement . . . . . 9				
10 Distributions of Cash, Marketable Securities and Property - not including guaranteed payments . . . . . 10				
11 Guaranteed Payments for Capital or Other Services . . . . . 11				
12 All Other Guaranteed Payments for Services Rendered . . . . . 12				
13 Guaranteed Payments to the Retired Partner . . . . . 13				
14 Distributions from PA Accumulated Adjustments Account . . . . . If liquidating, fill in the oval. <input type="checkbox"/> 14				
15 Distributions of Cash, Marketable Securities and Property . . . . . 15				
16 Nontaxable income (loss) or nondeductible expenses required to . . . . . If a loss, fill in the oval <input type="checkbox"/> 16 calculate owner's basis. Submit statement.				
17 Owner's Share of IRC Section 179 allowed according to PA rules . . . . . 17				
18 Owner's Share of Straight-Line Depreciation . . . . . 18				
19 Partner's Share of Nonrecourse Liabilities at year-end . . . . . 19				
20 Partner's Share of Recourse Liabilities at year-end . . . . . 20				



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**PA SCHEDULE NRK-1**

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Nonresident Schedule of Shareholder/  
Partner/Beneficiary Pass Through  
Income, Loss and Credits  
PA-20S/PA-6S NRK-1 (PT) 03-17 (I)  
PA Department of Revenue

**2017**

Part I. General Information	SSN		Last Name		Suffix		First Name		M I	
	Spouse's SSN If jointly held		Name of Owner Receiving NRK-1 (if other than an individual)						Phone Number	
	FEIN	221818203	DELL SHARP LLC							
	First Line of Address		Amended Schedule <input type="checkbox"/>		Final <input type="checkbox"/>		Owner			
	2100 GRANT STREET		Shareholder's stock ownership _____%				<input type="checkbox"/> Individual			
	Second Line of Address		Beneficiary's year-end distribution _____%				<input type="checkbox"/> PA S Corp			
			Partner's percentage of				<input type="checkbox"/> All Other Corp			
	City or Post Office		State	ZIP Code	Profit sharing 0.150000%		<input type="checkbox"/> Estate/Trust			
	PITTSBURGH		PA	15219	Loss sharing 0.150000%		<input type="checkbox"/> Partnership			
					Ownership of capital 0.150000%		<input checked="" type="checkbox"/> LLC			
Name of Entity Issuing NRK-1										
CAPITAL MANAGER DISTRESSED FUND LP										
City or Post Office		State	ZIP Code	Entity (Fill in one oval only)						
ALBANY		NY	12202	<input type="checkbox"/> Estate/Trust <input checked="" type="checkbox"/> Partnership						
FEIN		Revenue ID		<input type="checkbox"/> PA S Corp <input type="checkbox"/> LLC						
690000008				<input type="checkbox"/> Fiscal Year <input type="checkbox"/> Short Year						
Begin _____ End _____										

NOTE: Amounts from this schedule must be reported on the appropriate PA Tax Return.

Enter whole dollars only

Part II	1	PA-Taxable Business Income (Loss) from Operations	.....	If a loss, fill in the oval	<input type="checkbox"/>	1	
	2	Net Gain (Loss) from the Sale, Exchange or Disposition of Property	..	If a loss, fill in the oval	<input type="checkbox"/>	2	
	3	Net Income (Loss) from Rents, Royalties, Patents and Copyrights	..	If a loss, fill in the oval.	<input type="checkbox"/>	3	
	4	Income of/from Estates or Trusts	..			4	
	5	Gambling and Lottery Winnings (Loss)	..	If a loss, fill in the oval	<input type="checkbox"/>	5	
Part III	6	PA Nonresident Tax Withheld	.....			6	
	7	Total Other Credits. Submit statement	.....			7	
Part IV	8	Distributions of Cash, Marketable Securities and Property - not including guaranteed payments	..			8	
	9	Guaranteed Payments for Capital or Other Services	.....			9	
	10	All Other Guaranteed Payments for Services Rendered (PA-Appportioned Amount Only)	..			10	
Part V	11	Guaranteed Payments to the Retired Partner	.....			11	
	12	Distributions from PA Accumulated Adjustments Account	..	If liquidating, fill in the oval.	<input type="checkbox"/>	12	
	13	Distributions of Cash, Marketable Securities and Property	..			13	
Part VI	14	Nontaxable income (loss) or nondeductible expenses required to calculate owner's economic investment. Submit statement	.....	If a loss, fill in the oval	<input type="checkbox"/>	14	
	15	Owner's Share of IRC Section 179 allowed according to PA rules	.....			15	
Part VII	16	Owner's Share of Straight-Line Depreciation	..			16	
	17	Partner's Share of Nonrecourse Liabilities at year-end	..			17	
	18	Partner's Share of Recourse Liabilities at year-end	..			18	



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**PA SCHEDULE NRK-1**  
Nonresident Schedule of Shareholder/  
Partner/Beneficiary Pass Through  
Income, Loss and Credits  
PA-20S/PA-6S NRK-1 (PT) 03-17 (I)  
PA Department of Revenue

1707310023

**2017**

Part I General Information

SSN  Last Name  Suffix  First Name  MI

Spouse's SSN  If jointly held  Phone Number

FEIN  621108215 Name of Owner Receiving NRK-1 (if other than an individual)  BOW UNIVERSITY

First Line of Address  2121 CHARLES STREET

Second Line of Address

City or Post Office  State  ZIP Code

BALTIMORE MD 21201

Name of Entity Issuing NRK-1  CAPITAL MANAGER DISTRESSED FUND LP

City or Post Office  State  ZIP Code

ALBANY NY 12202

FEIN  690000008 Revenue ID

Entity: (Fill in one oval only)

☐ Estate/Trust ☒ Partnership

☐ PA S Corp ☐ LLC

☐ Fiscal Year ☐ Short Year

Amended Schedule ☐ Final ☐

Shareholder's stock ownership \_\_\_\_\_%

Beneficiary's year-end distribution \_\_\_\_\_%

Partner's percentage of Profit sharing 0.100000%

Loss sharing 0.100000%

Ownership of capital 0.100000%

Owner:

☐ Individual

☐ PA S Corp

☐ All Other Corp

☐ Estate/Trust

☐ Partnership

☐ LLC

☒ Exempt

Partner:

☐ General Partner or LLC Member - Manager

☒ Limited Partner or Other LLC Member

Begin \_\_\_\_\_ End \_\_\_\_\_

NOTE: Amounts from this schedule must be reported on the appropriate PA Tax Return.

Enter whole dollars only

Part II

1 PA-Taxable Business Income (Loss) from Operations ..... If a loss, fill in the oval ☐ 1

2 Net Gain (Loss) from the Sale, Exchange or Disposition of Property . If a loss, fill in the oval. ☐ 2

3 Net Income (Loss) from Rents, Royalties, Patents and Copyrights If a loss, fill in the oval ☐ 3

4 Income of/from Estates or Trusts . . . . . 4

5 Gambling and Lottery Winnings (Loss) . . . . . If a loss, fill in the oval ☐ 5

Part III

6 PA Nonresident Tax Withheld . . . . . 6

7 Total Other Credits. Submit statement . . . . . 7

Part IV

8 Distributions of Cash, Marketable Securities and Property - not including guaranteed payments . . . . . 8

9 Guaranteed Payments for Capital or Other Services . . . . . 9

10 All Other Guaranteed Payments for Services Rendered (PA-Appportioned Amount Only) . . . . . 10

11 Guaranteed Payments to the Retired Partner . . . . . 11

Part V

12 Distributions from PA Accumulated Adjustments Account . . . . . If liquidating, fill in the oval. ☐ 12

13 Distributions of Cash, Marketable Securities and Property . . . . . 13

Part VI

14 Nontaxable income (loss) or nondeductible expenses required to calculate owner's economic investment. Submit statement . . . . . If a loss, fill in the oval. ☐ 14

Part VII

15 Owner's Share of IRC Section 179 allowed according to PA rules . . . . . 15

16 Owner's Share of Straight-Line Depreciation . . . . . 16

17 Partner's Share of Nonrecourse Liabilities at year-end . . . . . 17

18 Partner's Share of Recourse Liabilities at year-end . . . . . 18



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**PA SCHEDULE NRK-1**  
Nonresident Schedule of Shareholder/  
Partner/Beneficiary Pass Through  
Income, Loss and Credits  
PA-20S/PA-65 NRK-1 (PT) 03-17 (I)  
PA Department of Revenue

1707310023

**2017**

**Part I. General Information**

SSN **364-18-0077** Last Name **BLESSING** Suffix ☐ First Name **JAMES** M I ☐

Spouse's SSN  If jointly held ☐ Phone Number

Name of Owner Receiving NRK-1 (if other than an individual)

FEIN

First Line of Address **1616 BIRMHAM ROAD**

Second Line of Address

City or Post Office **LAKE FOREST** State **IL** ZIP Code **60045**

Amended Schedule ☐ Final ☐

Shareholder's stock ownership  %

Beneficiary's year-end distribution  %

Partner's percentage of Profit sharing **0.10000000** %

Loss sharing **0.10000000** %

Ownership of capital **0.10000000** %

Owner:

☒ Individual

☐ PA S Corp

☐ All Other Corp

☐ Estate/Trust

☐ Partnership

☐ LLC

☐ Exempt

Name of Entity Issuing NRK-1 **CAPITAL MANAGER DISTRESSED FUND LP**

City or Post Office **ALBANY** State **NY** ZIP Code **12202**

FEIN **690000008** Revenue ID

Entity (Fill in one oval only)

☐ Estate/Trust ☒ Partnership

☐ PA S Corp ☐ LLC

☐ Fiscal Year ☐ Short Year

Begin  End

NOTE: Amounts from this schedule must be reported on the appropriate PA Tax Return.

Enter whole dollars only

Part II	1	PA-Taxable Business Income (Loss) from Operations . . . . .	If a loss, fill in the oval <input type="checkbox"/>	1	<input type="text"/>
	2	Net Gain (Loss) from the Sale, Exchange or Disposition of Property . . . . .	If a loss, fill in the oval <input type="checkbox"/>	2	<input type="text"/>
	3	Net Income (Loss) from Rents, Royalties, Patents and Copyrights . . . . .	If a loss, fill in the oval <input type="checkbox"/>	3	<input type="text"/>
	4	Income of/from Estates or Trusts . . . . .		4	<input type="text"/>
	5	Gambling and Lottery Winnings (Loss) . . . . .	If a loss, fill in the oval <input type="checkbox"/>	5	<input type="text"/>
Part III	6	PA Nonresident Tax Withheld . . . . .		6	<input type="text"/>
	7	Total Other Credits. Submit statement . . . . .		7	<input type="text"/>
Part IV	8	Distributions of Cash, Marketable Securities and Property - not including guaranteed payments . . . . .		8	<input type="text"/>
	9	Guaranteed Payments for Capital or Other Services . . . . .		9	<input type="text"/>
	10	All Other Guaranteed Payments for Services Rendered (PA-Appportioned Amount Only) . . . . .		10	<input type="text"/>
Part V	11	Guaranteed Payments to the Retired Partner . . . . .		11	<input type="text"/>
	12	Distributions from PA Accumulated Adjustments Account . . . . .	If liquidating, fill in the oval <input type="checkbox"/>	12	<input type="text"/>
Part VI	13	Distributions of Cash, Marketable Securities and Property . . . . .		13	<input type="text"/>
	14	Nontaxable income (loss) or nondeductible expenses required to calculate owner's economic investment. Submit statement . . . . .	If a loss, fill in the oval <input type="checkbox"/>	14	<input type="text"/>
Part VII	15	Owner's Share of IRC Section 179 allowed according to PA rules . . . . .		15	<input type="text"/>
	16	Owner's Share of Straight-Line Depreciation . . . . .		16	<input type="text"/>
	17	Partner's Share of Nonrecourse Liabilities at year-end . . . . .		17	<input type="text"/>
	18	Partner's Share of Recourse Liabilities at year-end . . . . .		18	<input type="text"/>



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**PA SCHEDULE NRK-1**

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Nonresident Schedule of Shareholder/  
Partner/Beneficiary Pass Through  
Income, Loss and Credits  
PA-20S/PA-65 NRK-1 (PT) 03-17 (I)  
PA Department of Revenue

**2017**

Last Name		Suffix	First Name	MI
SSN				
Spouse's SSN If jointly held		Phone Number		
FEIN	522233645	Name of Owner Receiving NRK-1 (if other than an individual) KUNKEL FOUNDATION		
First Line of Address		Amended Schedule <input type="checkbox"/>	Final <input type="checkbox"/>	Owner
1480 NORTHERN BLVD		Shareholder's stock ownership _____%		<input type="checkbox"/> Individual
Second Line of Address		Beneficiary's year-end distribution _____%		<input type="checkbox"/> PA S Corp.
City or Post Office		Partner's percentage of		<input type="checkbox"/> All Other Corp
STOCKBRIDGE	State MA	Profit sharing 0.100000%		<input type="checkbox"/> Estate/Trust
ZIP Code 01262		Loss sharing 0.100000%		<input type="checkbox"/> Partnership
Name of Entity Issuing NRK-1		Owning of capital 0.100000%		<input type="checkbox"/> LLC
CAPITAL MANAGER DISTRESSED FUND LP				<input checked="" type="checkbox"/> Exempt
City or Post Office		Entity (Fill in one oval only)		Partner:
ALBANY	State NY	<input type="checkbox"/> Estate/Trust	<input checked="" type="checkbox"/> Partnership	<input type="checkbox"/> General Partner or LLC Member - Manager
FEIN 690000008	Revenue ID	<input type="checkbox"/> PA S Corp	<input type="checkbox"/> LLC	<input checked="" type="checkbox"/> Limited Partner or Other LLC Member
		<input type="checkbox"/> Fiscal Year	<input type="checkbox"/> Short Year	
		Begin	End	

NOTE: Amounts from this schedule must be reported on the appropriate PA Tax Return.

Enter whole dollars only

Part II	1	PA-Taxable Business Income (Loss) from Operations . . . . .	If a loss, fill in the oval <input type="checkbox"/>	1	
	2	Net Gain (Loss) from the Sale, Exchange or Disposition of Property . . . . .	If a loss, fill in the oval <input type="checkbox"/>	2	
	3	Net Income (Loss) from Rents, Royalties, Patents and Copyrights . . . . .	If a loss, fill in the oval <input type="checkbox"/>	3	
	4	Income of/from Estates or Trusts . . . . .		4	
	5	Gambling and Lottery Winnings (Loss) . . . . .	If a loss, fill in the oval <input type="checkbox"/>	5	
Part III	6	PA Nonresident Tax Withheld . . . . .		6	
	7	Total Other Credits, Submit statement . . . . .		7	
Part IV	8	Distributions of Cash, Marketable Securities and Property - not including guaranteed payments . . . . .		8	
	9	Guaranteed Payments for Capital or Other Services . . . . .		9	
	10	All Other Guaranteed Payments for Services Rendered (PA-Appportioned Amount Only) . . . . .		10	
Part V	11	Guaranteed Payments to the Retired Partner . . . . .		11	
	12	Distributions from PA Accumulated Adjustments Account . . . . .	If liquidating, fill in the oval <input type="checkbox"/>	12	
	13	Distributions of Cash, Marketable Securities and Property . . . . .		13	
Part VI	14	Nontaxable income (loss) or nondeductible expenses required to calculate owner's economic investment Submit statement . . . . .	If a loss, fill in the oval <input type="checkbox"/>	14	
	15	Owner's Share of IRC Section 179 allowed according to PA rules . . . . .		15	
Part VII	16	Owner's Share of Straight-Line Depreciation . . . . .		16	
	17	Partner's Share of Nonrecourse Liabilities at year-end . . . . .		17	
	18	Partner's Share of Recourse Liabilities at year-end . . . . .		18	



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**PA SCHEDULE NRK-1**  
Nonresident Schedule of Shareholder/  
Partner/Beneficiary Pass Through  
Income, Loss and Credits  
PA-205/PA-65 NRK-1 (PT) 03-17 (I)  
PA Department of Revenue

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**2017**

Part I General Information

SSN  Last Name  Suffix  First Name  M I

Spouse's SSN  If jointly held  Phone Number

Name of Owner Receiving NRK-1 (if other than an individual)

FEIN  371234567 18TH STREET LLC

First Line of Address  1820 18TH STREET NW

Second Line of Address

City or Post Office  State  ZIP Code

ALTOONA PA 16601

Name of Entity Issuing NRK-1

CAPITAL MANAGER DISTRESSED FUND LP

City or Post Office  State  ZIP Code

ALBANY NY 12202

FEIN  690000008 Revenue ID

Entity: (Fill in one oval only)

☐ Estate/Trust ☒ Partnership

☐ PA S Corp ☐ LLC

☐ Fiscal Year ☐ Short Year

Amended Schedule ☐ Final ☐

Shareholder's stock ownership \_\_\_\_\_ %

Beneficiary's year-end distribution \_\_\_\_\_ %

Partner's percentage of Profit sharing 0.130000 %

Loss sharing 0.130000 %

Ownership of capital 0.130000 %

Owner

☐ Individual

☐ PA S Corp.

☐ All Other Corp

☐ Estate/Trust

☐ Partnership

☒ LLC

☐ Exempt

Partner:

☐ General Partner or LLC Member - Manager

☒ Limited Partner or Other LLC Member

Begin \_\_\_\_\_ End \_\_\_\_\_

NOTE: Amounts from this schedule must be reported on the appropriate PA Tax Return.

Enter whole dollars only

Part II

1 PA-Taxable Business Income (Loss) from Operations . . . . . If a loss, fill in the oval ☐ 1

2 Net Gain (Loss) from the Sale, Exchange or Disposition of Property . . . . . If a loss, fill in the oval ☐ 2

3 Net Income (Loss) from Rents, Royalties, Patents and Copyrights . . . . . If a loss, fill in the oval ☐ 3

4 Income of/from Estates or Trusts . . . . . 4

5 Gambling and Lottery Winnings (Loss) . . . . . If a loss, fill in the oval ☐ 5

Part III

6 PA Nonresident Tax Withheld . . . . . 6

7 Total Other Credits. Submit statement . . . . . 7

Part IV

8 Distributions of Cash, Marketable Securities and Property - not including guaranteed payments . . . . . 8

9 Guaranteed Payments for Capital or Other Services . . . . . 9

10 All Other Guaranteed Payments for Services Rendered (PA-Appportioned Amount Only) . . . . . 10

11 Guaranteed Payments to the Retired Partner . . . . . 11

Part V

12 Distributions from PA Accumulated Adjustments Account . . . . . If liquidating, fill in the oval ☐ 12

13 Distributions of Cash, Marketable Securities and Property . . . . . 13

Part VI

14 Nontaxable income (loss) or nondeductible expenses required to . . . . . If a loss, fill in the oval ☐ 14

calculate owner's economic investment. Submit statement

Part VII

15 Owner's Share of IRC Section 179 allowed according to PA rules . . . . . 15

16 Owner's Share of Straight-Line Depreciation . . . . . 16

17 Partner's Share of Nonrecourse Liabilities at year-end . . . . . 17

18 Partner's Share of Recourse Liabilities at year-end . . . . . 18



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**Statement #1- Capital Manager Distressed Fund LP 69-0000008**

**Part VII – Other Information Tax-Exempt Partners**

**Kunkel Foundation FEIN 52-2233645      Tax Exempt filing 990-PF Private Foundation under IRC 501(c)3**

**Bow University FEIN 62-1108215      Tax Exempt filing 990 under IRC 501(c)3**