(CSE )-	
Form 990-T	E
•	For ca
Department of the Treasury Internal Revenue Service	▶t
A Check box if address changed	
B Evernt under section	1

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

07/01, 2018, and ending 06/30, 2019 alendar year 2018 or other tax year beginning \_\_\_

2M18

OMB No 1545-0687

		Co to receive im married and 000	T fo- '	actrustions and the let	t information		<u> </u>
Department of the Treasury Internal Revenue Service	<b>▶</b> Da	► Go to www.irs gov/Form990 o not enter SSN numbers on this form				c)(3)	Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed				me changed and see instruction		D Empl	oyer identification number oyees' trust, see instructions )
B Exempt under section		TOURO COLLEGE					
`	Print	Number, street, and room or suite no	lf a P O	hox see instructions		13-2	676570
X 501( C 103 )	or	redirect, street, and resin or salte no		box, see management			lated business activity code
408(e) 220(e) 408A 530(a)	i i i be	500 SEVENTH AVENUE				(See i	nstructions)
$\vdash$		City or town, state or province, count	v. and Z	ZIP or foreign postal code		1	•
529(a)  C Book value of all assets	1	NEW YORK, NY 10018	· y,	an ar totolgri poolar ooms		5259	90
at end of year	F Gro	oup exemption number (See instruc	tions )		_		(
434.472.731.		eck organization type X 50			c) trust	401(a)	trust Other trust
		anization's unrelated trades or busine				<del></del>	y (or first) unrelated
trade or business her	_						re than one, describe the
		e end of the previous sentence, co	molete	<del></del>	•		
trade or business, th							
		corporation a subsidiary in an affil	liated o	roup or a parent-subsidiary	controlled group?		Yes X No
=		identifying number of the parent co		_	3 ,		
		TUART LIPPMAN, CONTRO			ne number ▶ 64	6-565	-6026
Part I Unrelated	Trade	or Business Income		(A) Income	(B) Exper	ises	(C) Net
1a Gross receipts or							
b Less returns and allowa	nces	c Balance ▶	1 c				<u> </u>
, 2 Cost of goods so	Id (Sched	dule A, line 7)					
3 Gross profit Sub	tract line	2 from line 1c	3			•	
4a Capital gain net i	ncome (a	attach Schedule D)	4a				
		Part II, line 17) (attach Form 4797)	4b				·
c Capital loss dedu	ction for	trusts	4c				
		or an S corporation (attach statement)	5	5,872.	ATCH 2		5,872
6 Rent income (Sch	edule C)		6				'
7 Unrelated debt-fit	nanced ir	ncome (Schedule E)	7				
8 Interest, annuities, roy	alties, and r	ents from a controlled organization (Schedule F	8_				•
9 Investment income of a	a section 50	01(c)(7), (9), or (17) organization (Schedule G	9		<u> </u>		
10 Exploited exempt	activity	income (Schedule I)	10				<u></u>
11 Advertising incom	ne (Sche	dule J)	11		<del> </del>		
12 Other income (Se	ee instru	ctions, attach schedule)	12		ļ		
13 Total. Combine li	nes 3 th	rough 12	13	5,872.			5,872
		Taken Elsewhere (See inst				Except	for contributions,
		t be directly connected with				<del></del>	
14 Compensation of	officers,	directors, and trustees (Schedule K	ECE	EIVED · · · · · ·		14	
13 Salaries allu way	50			<del>'''-'''</del> ''''''''''''''''''''''''''''''		· · <del>  · ·</del>	
16 Repairs and mair	itenance				• • • • • • • •		
			UL 3	T 5050 (W)			
		1 hamanan					
19 Taxes and license	s	See instructions for limitation rules)	3DE	EN; UT···		19	
20 Charitable contril	outions (	See instructions for limit <u>ation, tules).</u>		21			1
		n 4562)					
· ·		on Schedule A and elsewhere on r			·		
		compensation plans				· · —	
		is					
		Schedule I)					
		Schedule J)					
	-	schedule)					2 100
		es 14 through 28				8. 29	
		ble income before net operating			•		2 770

John Paperwork Reduction Act Notice, see instructions 8X2740 1,000 9ER 2231

Unrelated business taxable income Subtract line 31 from line 30,

3,772. Form **990-T** (2018)

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ATCH 4

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Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)

Form	990-T (2018)			F	age 2
Par	t III Total Unrelated Business Taxable Income				
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see				
	instructions).			3,	772.
34	Amounts paid for disallowed fringes	<del></del>			
	· · · · · · · · · · · · · · · · · · ·	7	-		-
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see			ъ.	773
	Instructions)	. 35		٠,	772.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum				
	of lines 33 and 34	36			
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	34		1,0	000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,				
••	enter the smaller of zero or line 36	. 38			0.
Par	Tax Computation	1 30 1	•		
		120			
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)				
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on				
	the amount on line 38 from Tax rate schedule or Schedule D (Form 1041)	<b>40</b>			
41	Proxy tax. See instructions	<u>41</u>			
42	Alternative minimum tax (trusts only)	42			
43	Tax on Noncompliant Facility Income. See instructions				
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies				
	t V Tax and Payments	1			
		<del>-</del> 1 1			
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a	- 1			
	Other credits (see instructions)	-i I			
C	General business credit Attach Form 3800 (see instructions)	_			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)				
е	Total credits. Add lines 45a through 45d	45e			
46	Subtract line 45e from line 44			-	
47	Other taxes, Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)		· · · · · · · · · · · · · · · · · · ·		
					0.
48	Total tax. Add lines 46 and 47 (see instructions)			•	
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2				
50 a	Payments A 2017 overpayment credited to 2018	<b>⊣</b> ।			
b	2018 estimated tax payments	<b>⊣</b> 1			
c	Tax deposited with Form 8868	<u>.</u>			
đ	Foreign organizations Tax paid or withheld at source (see instructions)				
	Backup withholding (see instructions)				
	Credit for small employer health insurance premiums (attach Form 8941)	7			
		7			
9					
- 4	Form 4136 Other Total ▶ [50g]	ا جم ا		152,8	396
51	Total payments. Add lines 50a through 50g			1327	,,,,,,
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	52			
53	Tax due, If line 51 is less than the total of lines 48, 49, and 52, enter amount owed				
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid			152,8	
55	Enter the amount of line 54 you want  Credited to 2019 estimated tax  Refunded	<b>/55</b>		152,8	396.
Par	tVI Statements Regarding Certain Activities and Other Information (see instruction	ns)			
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature of		authority	Yes	No
••	over a financial account (bank, secunities, or other) in a foreign country? If "Yes," the organization of				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts, if "Yes," enter the name of the			] ]	
	_	Toreigi	Country	x	
	here FRANCE, GERMANY, ISRAEL		<del></del>	1	<del>-</del>
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a for	eign trust	?	<b></b>	X
	if "Yes," see instructions for other forms the organization may have to file			1 1	
58	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ 0.			1	
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the	best of m	y knowledge	and belo	ef it is
Sign	true, correct, end complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	A	120 :		
Her			IRS discuss		
1161	7.3220	vitu tus 1999 (ustructi	preparer st		No
			PTIN	c3	HO
Paid	Print/Type preparer's name Preparer's signature Date Che	rck L ıf		4050	
_	DEVIN L DUNCAN 3 501	-employed		4952	
•	.   Firm's name   RPNG LDF	's EIN 🟲	13-556		
- 56	Only Firm's address ► 345 PARK AVENUE, NEW YORK, NY 10154 Pho	ne no 2:	12-758-		
10.1			Form 9		(2018)
JSA			=		

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Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶  1 Inventory at beginning of year . 1	
2 Purchases 2 7 Cost of goods sold. Subtract line	
3 Cost of labor	
4a Additional section 263A costs Part I, line 2	
(attach schedule) 4a 8 Do the rules of section 263A (with respect to	Yes No
b Other costs (attach schedule) . 4b property produced or acquired for resale) apply	
5 Total. Add lines 1 through 4b . 5 to the organization?	X
Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)	
(see instructions)	,
1 Description of property	
(1)	
(2)	
(3)	
(4)	
2 Rent received or accrued	
(a) From personal property (if the percentage of rent (b) From real and personal property (if the 3(a) Deductions directly connected with t	he income
for personal property is more than 10% but not percentage of rent for personal property exceeds in columns 2(a) and 2(b) (attach sche	edule)
more than 50%) 50% or if the rent is based on profit or income)	
(1)	
(2)	
(3)	
(4)	
Total Total	
(c) Total income. Add totals of columns 2(a) and 2(b) Enter Enter here and on page 1,	
here and on page 1, Part I, line 6, column (A) ▶ Part I, line 6, column (B) ▶	
Schedule E - Unrelated Debt-Financed Income (see instructions)	
2 Gross income from or debt-financed property	e to
1 Description of debt-financed property allocable to debt-financed (a) Straight line depreciation (b) Other deduc	ctions
property (attach schedule) (attach schedule)	
(1)	
(2)	
(3)	
(4)	
4 Amount of average 5 Average adjusted basis 6 Column 8 Allocable dedu	uctions
acquisition debt on or or allocable to debt-financed debt-	f columns
property (attach schedule) (attach schedule) by column 5 (column 2 x column 5) 3(a) and 3(b)	o))
(1) %	
(2) %	
(3) %	
(4) %	
Enter here and on page 1, Enter here and or	
Part I, line 7, column (A) Part I, line 7, colu	ווווו (פ)
Totals	
Total dividends-received deductions included in column 8	

Page 4	Page	4
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Form 990-T (2018)	TOURO CO									676570 Page <b>4</b>
Schedule F-Interest, Ann	uities, Royalties	, and Rer	nts Fro	m Contro	lled Or	ganizat	i <b>ons</b> (see	instructio	ns)	
•	<u>.                                      </u>	Exe	npt Co	ntrolled Or	ganizatio	ons				1
Name of controlled organization	2 Employer identification number	er   ~ ·	3 Net unrelated income (loss) (see instructions)  4 Total of specified payments made  5 Part of column 4 that is included in the controlling organization's gross income		6 Deductions directly connected with income in column 5					
(1)										
(2)										
(3)			_							
(4)										<u> </u>
Nonexempt Controlled Organi	zations		<u> </u>					- · · · · · · · · · · · · · · · · · · ·		
7 Taxable Income	8 Net unrelated in (loss) (see instruct			Total of specific ayments made		includ	irt of column led in the coi zation's gross	ntrolling		I Deductions directly inected with income in column 10
(1)				Ι,						
(2)										
(3)						/				
(4)										
	ı					Enter	columns 5 a here and on I, line 8, colur	page 1,	Ent	dd columns 6 and 11 ter here and on page 1, rt I, line 8, column (B)
Totals	<u> </u>		<u></u>		<u></u> ▶					
Schedule G-Investment I	ncome of a Sec	tion 501(	c)(7),	(9), or (17		nizatior	ı (see ınst	ructions)	- 1	
1 Description of income	2 Amount of	income		3 Deduction directly core (attach sch	nnected	_		t-asides schedule)		Total deductions     and set-asides (col. 3     plus col. 4)
(1)				-						
(2)										
(3)										
(4)			_							
	Enter here and of Part I, line 9, co	on page 1,* olumn (A)			•		•			Enter here and on page 1, Part I, line 9, column (B)
Totals ▶										
Schedule I-Exploited Ex	empt Activity In	come, Ot	her Th	an Advert	ising Ir	come (	see instru	ctions)		
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3. Experdirect connecter production unrelated business in the contract of the	ly d with on of ted	4 Net incor from unrelat or business 2 minus co If a gain, c cols 5 thro	ted trade (column lumn 3) ompute	from a	ss income ctivity that unrelated ss income	6. Exper attributal columi	ble to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)	<del></del>						1			· · · · · · · · · · · · · · · · · · ·
(2)	1									
(3)										
(4)							J			
	Enter here and on page 1, Part I, line 10, col (A)	Enter here page 1, F line 10, co	art I,	,						Enter here and on page 1, Part II, line 26
Totals ▶										
Schedule J-Advertising I										
Part I Income From Per	riodicals Report	ed on a C	onsol	idated Bas	sis			1		
1. Name of periodical	2 Gross advertising income	3 Dire advertising		4 Adver gain or (los 2 minus co a gain, co cols 5 thro	ss) (col ol 3) If mpute	1	culation come	6. Reade costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)					-					
(2)										
(3)										
(4)										
		•				[	L			
Totals (carry to Part II, line (5)) ✓ , ▶										Form <b>990-T</b> (2018)

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Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)				**		
(3)						
(4)						
Totals from Part I ▶			]			
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and for on page 1, Part II, line 27
Totals, Part II (lines 1-5)						

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

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

Form **990-T** (2018)

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TOURO COLLEGE 13-2676570

ATTACHMENT 1

ORGANIZATION'S ONLY UNRELATED TRADE OR BUSINESS ACTIVITY

PASSIVE INVESTMENT IN LIMITED PARTNERSHIP.

ATTACHMENT 1 PAGE 85

ATTACHMENT 2

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

AMBERTRAIL ASSOCIATES, LLP

5,872.

INCOME (LOSS) FROM PARTNERSHIPS

5,872.

ATTACHMENT 3

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

TAX PREPARATION FEES

2,100.

PART II - LINE 28 - OTHER DEDUCTIONS

2,100.

TOURO COLLEGE

1

13-2676570 ATTACHMENT

- NET OPERATING LOSSES ARISING IN TAX YEARS BEGINNING BEFORE JANUARY 1, 2018

FORM 990-T, PART III, LINE 35

(5, 5, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7,	(3,529)
3,772	3,772
1	1
(7,301)	(1,301)
June 30, 2017 TOTAL	
	3,772

\* THE NET OPERATING LOSS GENERATED IN YEAR ENDED 6/30/2017 HAS BEEN ADJUSTED IN ACCORDANCE WITH REVENUE RULING 81-88 THE \$7,301 INCREASE IN AVAILABLE NOL IS DUE TO THE RETROACTIVE REPEAL OF IRC SECTION 512(A)(7) FOR UBTI FROM QUALIFIED TRANSPORTATION FRINGE BENEFITS

ATTACHMENT 4

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