

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493136018040

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2018

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public

Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

TOURO COLLEGE

% STUART LIPPMAN CONTROLLER

Doing business as

Number and street (or P O box if mail is not delivered to street address)

Room/suite

500 SEVENTH AVENUE

City or town, state or province, country, and ZIP or foreign postal code

NEW YORK, NY 10018

D Employer identification number

13-2676570

E Telephone number

(646) 565-6000

G Gross receipts \$

315,883,024

F Name and address of principal officer

MELVIN NESS

500 SEVENTH AVENUE

NEW YORK, NY 10018

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: WWW TOURO EDU

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation 1970

M State of legal domicile NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities

THE COLLEGE'S PRIMARY PURPOSE IS TO PROVIDE AN INDEPENDENT INSTITUTION OF HIGHER AND PROFESSIONAL EDUCATION (SEE SCHEDULE O)

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)

23

4 Number of independent voting members of the governing body (Part VI, line 1b)

16

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)

3,711

6 Total number of volunteers (estimate if necessary)

375

7a Total unrelated business revenue from Part VIII, column (C), line 12

5,872

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

8 Contributions and grants (Part VIII, line 1h)

9,715,635

9 Program service revenue (Part VIII, line 2g)

262,618,247

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

25,517,383

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

21,446,389

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

319,297,654

319,297,654

319,297,654

319,297,654

319,297,654

319,297,654

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

39,718,058

14 Benefits paid to or for members (Part IX, column (A), line 4)

0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

152,066,972

16a Professional fundraising fees (Part IX, column (A), line 11e)

0

16b Total fundraising expenses (Part IX, column (D), line 25) 2,175,618

2,175,618

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

100,283,669

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

292,068,699

19 Revenue less expenses Subtract line 18 from line 12

27,228,955

27,228,955

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

440,731,204

21 Total liabilities (Part X, line 26)

237,331,810

22 Net assets or fund balances Subtract line 21 from line 20

203,399,394

203,399,394

203,399,394

Part II Signature Block

Under penalties of perjury, I declare that 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 preparer (other than officer) is based on all information of which preparer has any knowledge

Signature of officer

2020-05-14

Date

MELVIN NESS SENIOR VP AND CFO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date 2020-05-13

Check ☐ if self-employed

PTIN P01249521

Firm's name KPMG LLP

Firm's EIN

Firm's address 345 Park Avenue

Phone no (212) 758-9700

New York, NY 10154

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2018)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III ☐ ☒

1 Briefly describe the organization's mission

THE COLLEGE'S PRIMARY PURPOSE IS TO PROVIDE AN INDEPENDENT INSTITUTION OF HIGHER AND PROFESSIONAL EDUCATION (SEE SCHEDULE O)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a	(Code)	(Expenses \$ 281,004,551	including grants of \$ 33,784,312)	(Revenue \$ 295,986,526)
See Additional Data				

4b	(Code)	(Expenses \$	including grants of \$) (Revenue \$)
-----------	---------	--------------	------------------------	-----------------

4c	(Code)	(Expenses \$	including grants of \$) (Revenue \$)
-----------	---------	--------------	------------------------	-----------------

4d	Other program services (Describe in Schedule O)	(Expenses \$	including grants of \$) (Revenue \$)
-----------	--	--------------	------------------------	-----------------

4e	Total program service expenses ▶	281,004,551
-----------	---	-------------

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8 Yes	
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 Yes	
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a Yes	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15 Yes	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16 Yes	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22 Yes	

Part IV Checklist of Required Schedules (continued)

		Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26 Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33 Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a Yes	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38 Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☒

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 457	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c Yes	

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	3,711			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a	Yes	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O				3b	Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?				4a	Yes	
b If "Yes," enter the name of the foreign country ► FR , GM , IS See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?				5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?				6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?				6b		
7 Organizations that may receive deductible contributions under section 170(c).						
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?				7a	Yes	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b	Yes	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?				7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year				7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?						
				8		
9a Did the sponsoring organization make any taxable distributions under section 4966?				9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?				9b		
10 Section 501(c)(7) organizations. Enter						
a Initiation fees and capital contributions included on Part VIII, line 12				10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				10b		
11 Section 501(c)(12) organizations. Enter						
a Gross income from members or shareholders				11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)				11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?						
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year				12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.						
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O				13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans				13b		
c Enter the amount of reserves on hand				13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?				14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O				14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N				15		No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O				16		No

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response or note to any line in this Part VI ☒

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 23		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b Enter the number of voting members included in line 1a, above, who are independent	1b 16		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6		No
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a Yes	
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b Yes	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a Yes	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a Yes	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b Yes	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c Yes	
13 Did the organization have a written whistleblower policy?	13 Yes	
14 Did the organization have a written document retention and destruction policy?	14 Yes	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a Yes	
b Other officers or key employees of the organization	15b	No
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed: NY

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.
 ▶STUART LIPPMAN CONTROLLER 500 SEVENTH AVENUE NEW YORK, NY 10018 (646) 565-6026

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII ☒

☒

● List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

● List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

● List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

[illegible]

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

[illegible]

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	8,398,987	474,681	1,251,191

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 259

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4 Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
EXCEL GUARD CORP, 505 EIGHTH AVENUE SUITE 1700 NEW YORK, NY 10018	SECURITY GUARDS	2,427,977
OUTFRONT MEDIA, PO BOX 33074 NEWARK, NJ 07188	ADVERTISING	767,975
KPMG LLP, DEPT 0511 POB 150511 DALLAS, TX 75312	ACCOUNTING SERVICES	759,710
ELLUCIAN COMPANY, 62590 COLLECTIONS DR CHICAGO, IL 60693	COMPUTER SERVICES	360,180
EWD INC, 190 SPRING STREET NEW YORK, NY 10012	EDU CONSULTANTS	358,649

<p>2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 67</p>	
---	--

Form 990 (2018)

Page 9

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues . . .	1b					
	c	Fundraising events . . .	1c	263,395				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	4,452,275				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,279,605				
	g	Noncash contributions included in lines 1a - 1f \$	75,411					
	h	Total. Add lines 1a-1f	7,995,275					
Program Service Revenue			Business Code					
	2a	Student Tuition/ Fees	611600	267,729,609	267,729,609			
	b	Dorm Fees	611600	2,814,399	2,814,399			
	c							
	d							
	e							
	f	All other program service revenue						
	9	Total. Add lines 2a-2f	270,544,008					
Other Revenue	3		Investment income (including dividends, interest, and other similar amounts)	1,158,838		5,872	1,152,966	
	4		Income from investment of tax-exempt bond proceeds	0				
	5		Royalties	0				
	6a	(i) Real		(ii) Personal				
		464,497						
		b Less rental expenses						
		c Rental income or (loss)		464,497	0			
	d		Net rental income or (loss)	464,497			464,497	
	7a	(i) Securities		(ii) Other				
		7,415,773						
		b Less cost or other basis and sales expenses		6,992,573				
		c Gain or (loss)		423,200				
	d		Net gain or (loss)	423,200			423,200	
	8a	Gross income from fundraising events (not including \$ 263,395 of contributions reported on line 1c) See Part IV, line 18		a	304,700			
		b Less direct expenses		b	191,255			
		c		Net income or (loss) from fundraising events	113,445			113,445
	9a	Gross income from gaming activities See Part IV, line 19		a	0			
		b Less direct expenses		b	0			
		c		Net income or (loss) from gaming activities	0			
	10a	Gross sales of inventory, less returns and allowances		a	0			
b Less cost of goods sold		b	0					
c		Net income or (loss) from sales of inventory	0					
Miscellaneous Revenue		Business Code						
11a	Academic Support	900099	19,818,719	19,818,719				
b	INTANGIBLE ASSET IMAGING	900099	4,235,000	4,235,000				
c	CLINIC PATIENT INCOME	900099	2,557,415			2,557,415		
d	All other revenue		1,388,799	1,388,799				
e	Total. Add lines 11a-11d	27,999,933						
12	Total revenue. See Instructions	308,699,196				295,986,526	5,872	4,711,523

Form 990 (2018)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	1,192,000	1,192,000		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	32,077,807	32,077,807		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	514,505	514,505		
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees.	4,780,477	2,532,090	2,160,614	87,773
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	911,166	811,552	91,924	7,690
7 Other salaries and wages.	127,726,426	115,613,982	11,074,228	1,038,216
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	4,464,501	3,980,619	445,946	37,936
9 Other employee benefits.	20,507,807	18,285,079	2,048,469	174,259
10 Payroll taxes.	8,792,523	7,839,550	878,261	74,712
11 Fees for services (non-employees):				
a Management.	0			
b Legal.	1,253,094	1,117,277	125,169	10,648
c Accounting.	702,027		702,027	
d Lobbying.	180,070	160,553	17,987	1,530
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees.	243,437	217,052	24,316	2,069
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	8,687,621	7,746,018	867,783	73,820
12 Advertising and promotion.	5,587,704	4,982,084	558,140	47,480
13 Office expenses.	4,392,086	3,841,705	521,117	29,264
14 Information technology.	6,682,067	5,957,835	667,453	56,779
15 Royalties.	0			
16 Occupancy.	39,350,221	35,085,269	3,930,586	334,366
17 Travel.	2,481,668	2,212,694	247,887	21,087
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	254,311	226,748	25,402	2,161
20 Interest.	154,688		154,688	
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	15,151,394	13,509,219	1,513,431	128,744
23 Insurance.	1,202,294	1,071,985	120,094	10,215
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a Educational Programs Expense.	12,324,730	12,324,730		
b BAD DEBT EXPENSE.	1,481,921	1,481,921		
c DUES, SUB & MEMBERSHIP.	844,251	752,747	84,330	7,174
d STUDENT ACTIVITIES.	3,000,790	3,000,790		
e All other expenses.	4,847,511	4,468,740	349,076	29,695
25 Total functional expenses. Add lines 1 through 24e.	309,789,097	281,004,551	26,608,928	2,175,618
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☒

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	33,127,555	1	21,305,104
	2 Savings and temporary cash investments	0	2	0
	3 Pledges and grants receivable, net	6,376,384	3	5,485,034
	4 Accounts receivable, net	10,153,868	4	9,576,834
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	145,899	5	49,700
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	16,539,972	7	16,113,044
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	6,355,368	9	4,873,717
	10a Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	420,919,422		
	b Less: accumulated depreciation	152,063,926		
		261,950,010	10c	268,855,496
	11 Investments—publicly traded securities	39,699,936	11	45,626,999
	12 Investments—other securities. See Part IV, line 11	617,500	12	646,010
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	600,000	14	4,300,000
15 Other assets. See Part IV, line 11	65,164,712	15	57,640,793	
16 Total assets. Add lines 1 through 15 (must equal line 34)	440,731,204	16	434,472,731	
Liabilities	17 Accounts payable and accrued expenses	43,852,627	17	39,056,824
	18 Grants payable	0	18	0
	19 Deferred revenue	27,747,229	19	31,157,889
	20 Tax-exempt bond liabilities	134,073,051	20	132,806,978
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	1,544,000	22	1,544,000
	23 Secured mortgages and notes payable to unrelated third parties	25,630,136	23	23,319,265
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	4,484,767	25	4,503,119
	26 Total liabilities. Add lines 17 through 25	237,331,810	26	232,388,075
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	192,922,642	27	191,115,694
	28 Temporarily restricted net assets	8,214,043	28	8,706,253
	29 Permanently restricted net assets	2,262,709	29	2,262,709
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	203,399,394	33	202,084,656	
34 Total liabilities and net assets/fund balances	440,731,204	34	434,472,731	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	308,699,196
2	Total expenses (must equal Part IX, column (A), line 25)	2	309,789,097
3	Revenue less expenses Subtract line 2 from line 1	3	-1,089,901
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	203,399,394
5	Net unrealized gains (losses) on investments	5	-289,648
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	64,811
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	202,084,656

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	No	
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

Additional Data

Software ID:
Software Version:
EIN: 13-2676570
Name: TOURO COLLEGE

Form 990 (2018)

Form 990, Part III, Line 4a:

ACADEMIC SUPPORT WITHIN THE TOURO SYSTEM, TOURO COLLEGE PROVIDED EDUCATION, PRIMARILY IN THE NEW YORK CITY METROPOLITAN AREA, TO APPROXIMATELY 12,000 UNDERGRADUATE, GRADUATE AND PROFESSIONAL STUDENTS DURING THE FISCAL YEAR IN VARIOUS FIELDS OF STUDY, INCLUDING LAW, MEDICINE AND OTHER HEALTHCARE FIELDS, GRANTING THE FOLLOWING ACADEMIC DEGREES UNDERGRADUATE (1,891), GRADUATE (1,557), FIRST PROFESSIONAL (568)

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Mark Hasten Chairman and Trustee	1 0 3 5	X						0	0	0
Alan Kadish President, CEO and Trustee	18 0 17 0	X		X				796,447	0	174,551
RABBI Daniel Lander Trustee and Chancellor	3 0 32 0	X		X				91,796	185,739	122,955
Abraham Biderman Trustee	0 8 0 2	X						0	0	0
Shmuel Braun Trustee	0 8 0 2	X						0	0	0
Ben Chouake Trustee	0 4 1 1	X						0	0	0
ALLEN FAGIN TRUSTEE	0 8 0 2	X						0	0	0
Howard Friedman Trustee	0 8 0 2	X						0	0	0
Gilles Gade Trustee	0 8 0 2	X						0	0	0
RABBI Menachem Genack Trustee and Faculty	31 0 4 0	X						27,112	53,088	3,253

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Solomon Goldfinger Trustee	0 8 0 2	X						0	0	0
Abraham Gutnicki Trustee	0 8 0 2	X						0	0	0
Leah Karfunkel Trustee	0 8 0 2	X						0	0	0
Brian Levinson Trustee	0 8 0 2	X						0	0	0
David Lichtenstein Trustee	0 7 0 3	X						0	0	0
Martin Oliner Trustee	0 5 0 5	X						0	0	0
Lawrence Platt Trustee	0 8 0 2	X						0	0	0
Margaret Retter Trustee	0 8 0 2	X						0	0	0
Stephen Rosenberg Trustee	0 8 0 2	X						0	0	0
Zvi Ryzman Trustee	0 8 0 2	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Israel Sendrovic Trustee	0 8 0 2	X						0	0	0
Jack Weinreb Trustee	0 8 0 2	X						0	0	0
RABBI Shabsai Wolfe Trustee	0 8 0 2	X						0	0	0
Rabbi Moshe Krupka Executive VP	18 0 17 0			X				194,423	0	143,802
David Raab Executive VP	14 0 21 0			X				66,540	235,854	46,052
Melvin Ness Senior VP, CFO	25 0 10 0			X				314,661	0	16,265
Michael Newman Secretary, Sr VP & Gen Counsel	24 0 11 5			X				284,044	0	32,467
Patricia Salkin Provost Grad and Prof Schools	34 5 0 5			X				390,558	0	45,772
Jeffrey Rosengarten Senior VP of Oper. & Admin	29 0 6 0			X				296,946	0	16,367
Ronnie Myers Dean, Dental School	35 0 0 0				X			370,298	0	16,367

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Louis Primavera Dean, School of Health Science	35 0 0 0				X			259,576	0	14,990
Kenneth Steier Dean, Col of Osteopathic Med	35 0 0 0				X			395,902	0	44,620
David Forstein DEAN, TOUROCOM	35 0 0 0				X			455,412	0	32,109
Henry Cohen Dean, Pharmacy	35 0 0 0				X			270,313	0	45,772
ARTHUR PRANCAN ASSOCIATE PROFESSOR	35 0 0 0					X		288,557	0	38,733
EDWARD F FARKAS VICE DEAN, TOURO DENTAL SCHOOL	35 0 0 0					X		278,655	0	39,530
Richard Klein Professor	35 0 0 0					X		256,138	0	14,609
Harold Abramson Dean, Lander College of ART &Sc	35 0 0 0					X		253,838	0	24,582
Thomas Modero Chief Human Resources Officer	35 0 0 0					X		246,943	0	35,726
Matthew Bonilla VP of Student Serv -END 6/18	21 0 14 0						X	249,060	0	40,585

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Stanley Boylan VP of Undergrad Ed -END 6/18	34 0 1 0						X	124,868	0	61,789
Richard Braunstein VP Deputy Gen Couns -END 6/18	23 0 12 0						X	226,244	0	30,276
Alan Ciner Vice President-END 6/18	35 0 0 0						X	129,742	0	59,234
Jerome Dimperio VP Real Estate Const -END 1/18	35 0 0 0						X	214,355	0	2,211
Robert Goldschmidt VP of Plan & Assess-END 6/18	35 0 0 0						X	166,898	0	26,597
Nadia Graff VP Grad & Prof Stud -END 6/18	35 0 0 0						X	244,391	0	14,399
Israel Singer Vice President-END 6/18	35 0 0 0						X	125,050	0	17,196
Franklin Steen VP of Technology-END 6/18	29 0 6 0						X	243,093	0	34,153
Marian Stoltz-Loike VP, Online Education-END 6/18	35 0 0 0						X	239,554	0	29,496
Robert Goldberg Former Dean of TouroCom	35 0 0 0						X	400,000	0	717

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Judah Weinberger VP Collab MEDICINE-END 6/18	35 0 0 0						X	228,301	0	13,310
Jay P Goldsmith DEAN EMERITUS, DENTAL SCHOOL	35 0 0 0						X	154,500	0	6,446
Arnold Spinner Dean, Grad Ed	35 0 0 0						X	114,772	0	6,260

SCHEDULE A
(Form 990 or
990EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
TOURO COLLEGE

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section
4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

**Open to Public
Inspection**

Employer identification number

13-2676570

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box.)

- 1** ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2** ☒ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3** ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4** ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5** ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6** ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7** ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8** ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9** ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10** ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11** ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12** ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a** ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b** ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c** ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d** ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e** ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f** Enter the number of supported organizations _____
- g** Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Schedule A (Form 990 or 990-EZ) 2018

Page 2

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.")	38,983,628	19,730,763	13,518,576	9,715,635	7,995,275	89,943,877
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	38,983,628	19,730,763	13,518,576	9,715,635	7,995,275	89,943,877
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2,381,283
6 Public support. Subtract line 5 from line 4						87,562,594

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7 Amounts from line 4	38,983,628	19,730,763	13,518,576	9,715,635	7,995,275	89,943,877
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	254,769	1,076,851	1,246,412	1,109,374	1,623,335	5,310,741
9 Net income from unrelated business activities, whether or not the business is regularly carried on		6,455				6,455
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part VI.)	9,922,813	0	437,484	0	2,557,415	12,917,712
11 Total support. Add lines 7 through 10						108,178,785
12 Gross receipts from related activities, etc. (see instructions)					12	1,310,562,803
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶					<input type="checkbox"/>	

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	80.942 %
15 Public support percentage for 2017 Schedule A, Part II, line 14	15	54.690 %

16a 33 1/3% support test—2018.

If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☒

b 33 1/3% support test—2017.

If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐

17a 10%-facts-and-circumstances test—2018.

If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b 10%-facts-and-circumstances test—2017.

If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

18 Private foundation.

If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Schedule A (Form 990 or 990-EZ) 2018

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

Part IV Supporting Organizations (continued)			Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?				
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		

Section B. Type I Supporting Organizations			Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.				
			1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.				
			2	

Section C. Type II Supporting Organizations			Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).				
			1	

Section D. All Type III Supporting Organizations			Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?				
			1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).				
			2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.				
			3	

Section E. Type III Functionally-Integrated Supporting Organizations			Yes	No
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)				
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.				
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.				
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
<div><div>1</div><div><input type="checkbox"/></div><div>Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.</div></div>			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<div><div><input type="checkbox"/></div><div>Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).</div></div>		

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:
Software Version:
EIN: 13-2676570
Name: TOURO COLLEGE

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization TOURO COLLEGE	Employer identification number 13-2676570
---	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions) ▶

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing
organization's
totals**(b)** Affiliated
group totals**1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)**b** Total lobbying expenditures to influence a legislative body (direct lobbying)**c** Total lobbying expenditures (add lines 1a and 1b)**d** Other exempt purpose expenditures**e** Total exempt purpose expenditures (add lines 1c and 1d)**f** Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

g Grassroots nontaxable amount (enter 25% of line 1f)**h** Subtract line 1g from line 1a If zero or less, enter -0-**i** Subtract line 1f from line 1c If zero or less, enter -0-**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?☐ **Yes** ☐ **No****4-Year Averaging Period Under section 501(h)****(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)****Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		180,070
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i			180,070
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
OTHER ACTIVITIES	FORM 990, SCHEDULE C, PART II-B, LINE 1(G) THE COLLEGE HIRED LOBBYISTS TO ASSIST IN OBTAINING APPROVAL FROM FEDERAL AND STATE AGENCIES TO ENHANCE THE FACILITIES AND PROGRAMS OF THE COLLEGE. THE COLLEGE OR ITS REPRESENTATIVES MAY MEET WITH LEGISLATORS TO DISCUSS CERTAIN GRANTS.

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493136018040

SCHEDULE D

(Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

TOURO COLLEGE

Employer identification number

13-2676570

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	

5

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

Part II

Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4

Number of states where property subject to conservation easement is located ►

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i)

Revenue included on Form 990, Part VIII, line 1

► \$

(ii)

Assets included in Form 990, Part X

► \$ 455,063

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 52283D

Schedule D (Form 990) 2018

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☒ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☒ No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	55,160,900	22,550,386	20,684,606	20,587,634	19,617,660
b Contributions	2,594,690	32,172,451	1,053,472	1,458,849	1,230,957
c Net investment earnings, gains, and losses	2,255,378	1,371,878	1,975,996	-562,780	527,195
d Grants or scholarships	1,256,278	616,767	283,300	85,075	147,012
e Other expenditures for facilities and programs	570,226	196,132	216,455	129,388	66,722
f Administrative expenses	17,842,320	120,916	663,933	584,634	574,444
g End of year balance	40,342,144	55,160,900	22,550,386	20,684,606	20,587,634

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment ▶ 91 960 %

b

Permanent endowment ▶ 5 610 %

c

Temporarily restricted endowment ▶ 2 430 %

The percentages on lines 2a, 2b, and 2c should equal 100%

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i)

unrelated organizations

(ii)

related organizations

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		No
3a(ii)		No
3b		

4

Describe in Part XIII the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		15,838,576		15,838,576
b Buildings		247,665,241	58,680,969	188,984,272
c Leasehold improvements		69,520,123	37,309,510	32,210,613
d Equipment		43,416,886	25,420,268	17,996,618
e Other		44,478,596	30,653,179	13,825,417
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				268,855,496

Schedule D (Form 990) 2018

Part VII

Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶		

Part VIII

Investments—Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX

Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) DUE FROM/TO AFFILIATES, NET	47,346,035
(2) ESCROW DEPOSIT MTI BONDS	9,396,156
(3) ARTWORK	455,063
(4) OTHER LONG TERM ASSETS	395,600
(5) ADVANCES	47,939
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	57,640,793

Part X

Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.
See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
OTHER LIABILITIES	1,495,241
TUITION ESCROW	668,362
SALE LEASEBACK 65TH ST	36,106
STUDENT DEPOSITS	1,242,588
REFUNDABLE GOVT LOAN PROGRAM	1,060,822
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	4,503,119

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 13-2676570
Name: TOURO COLLEGE

Supplemental Information

Return Reference	Explanation
COLLECTION OF ART AND RELIGIOUS OBJECTS	Form 990, Schedule D, Part III, Line 1a A COLLECTION OF ART AND RELIGIOUS OBJECTS ACQUIRED SINCE INCEPTION THROUGH PURCHASES, CONTRIBUTIONS AND LONG TERM LOANS ARE INSURED FOR APPROXIMATELY \$1,813,000 INCLUDING APPROXIMATELY \$300,000 RELATED TO RELIGIOUS OBJECTS ON LOAN RECORDS OF THE COST OF PURCHASED ITEMS OR OF THE FAIR VALUE AS OF THE DATE OF CONTRIBUTIONS ARE NOT AVAILABLE IN MANY INSTANCES, AND THE COLLEGE HAS DETERMINED THAT IT WOULD NOT BE PRACTICAL TO RETROACTIVELY CAPITALIZE ITS COLLECTION

Supplemental Information

Return Reference	Explanation
RELIGIOUS ARTWORK	Form 990, Schedule D, Part III, Line 4 TOURO MAINTAINS ARTWORK AT VARIOUS LOCATIONS A PORTION OF THE ARTWORK REPRESENTS RELIGIOUS ARTIFACTS USED IN WEEKLY RELIGIOUS SERVICES OTHER ARTWORK IS USED TO BEAUTIFY THE FACILITIES TO ENHANCE STUDENT AND FACULTY ACCEPTANCE OF THEIR SURROUNDINGS

Supplemental Information	
Return Reference	Explanation
ENDOWMENT FUNDS	Form 990, Schedule D, Part V, Line 4 TO PROVIDE SCHOLARSHIPS AND GRANTS TO STUDENTS, TO AD D OR IMPROVE FACILITIES, TO FUND RESEARCH AND PROVIDE ADDITIONAL PROGRAM FUNDS

Supplemental Information	
Return Reference	Explanation
ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES	Form 990, Schedule D, Part X, Line 2 THE COLLEGE SUBSCRIBES TO A THRESHOLD OF MORE LIKELY THAN NOT FOR RECOGNITION AND DERECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN AS OF JUNE 30, 2019 AND 2018, THE COLLEGE DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS OR ANY SIGNIFICANT UNRELATED BUSINESS INCOME TAX LIABILITY, WHICH WOULD HAVE A MATERIAL IMPACT UPON ITS FINANCIAL STATEMENTS

SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Name of the organization
TOURO COLLEGE

Schools

► Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.
► Attach to Form 990 or Form 990-EZ.
► Go to www.irs.gov/Form990EZ for the latest instructions.

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number
13-2676570

Part I		YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II	3	Yes
4	Does the organization maintain the following?		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain If you need more space, use Part II	4d	Yes
5	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?	5a	No
b	Admissions policies?	5b	No
c	Employment of faculty or administrative staff?	5c	No
d	Scholarships or other financial assistance?	5d	No
e	Educational policies?	5e	No
f	Use of facilities?	5f	No
g	Athletic programs?	5g	No
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II	5h	No
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Part II	6b	No
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	7	Yes

Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information (see instructions).

Return Reference	Explanation
RACIALLY NONDISCRIMINATORY POLICY	FORM 990, SCHEDULE E, PART I, LINE 3 BROCHURES AND CATALOGS DISTRIBUTED TO STUDENTS AND RECRUITMENT ADVERTISEMENTS IN JOURNALS AND NEWSPAPERS, AS WELL AS ON TV, INTERNET AND THE RADIO, CONTAIN STATEMENTS WITH RESPECT TO TOURO COLLEGE'S RACIALLY NONDISCRIMINATORY POLICY
EXPLANATION OF GOVERNMENTAL FINANCIAL AID	FORM 990, SCHEDULE E, PART I, LINE 6A GOVERNMENT CONTRIBUTIONS (GRANTS) OF \$4,452,275 STUDENTS ATTENDING THE COLLEGE MAY ALSO BE ELIGIBLE FOR FEDERAL FINANCIAL AID INCLUDING STUDENT LOANS ADDITIONALLY, THE COLLEGE RECEIVED GRANTS FROM THE GOVERNMENT FOR RESEARCH AND FACILITY IMPROVEMENTS

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization
TOURO COLLEGE

Statement of Activities Outside the United States

- Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

**Open to Public
Inspection**

Employer identification number

13-2676570

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
See Add'l Data					
3a Sub-total	4	70			4,332,128
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	4	70			4,332,128

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			Europe (Including Iceland and Greenland)	EDUCATION	470,582	wire			

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **1**
- 3 Enter total number of other organizations or entities **1**

Part III	Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
-----------------	---

Part III can be duplicated if additional space is needed.

[illegible]

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☒ Yes ☐ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* ☒ Yes ☐ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)* ☒ Yes ☐ No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

Return Reference	Explanation
OPERATIONS REVIEW	Form 990, Schedule F, Part I, Line 2 PERIODIC SITE VISITS BY COLLEGE ADMINISTRATORS AND FACULTY REVIEW LOCAL OPERATIONS SIGNIFICANT OPERATIONS HAVE REVIEWS BY LOCAL INDEPENDENT AUDITORS STUDENTS ARE AWARDED TUITION DISCOUNTS BASED ON VARIOUS CRITERIA THE DISCOUNTS ARE CREDITED TO THE STUDENT'S ACCOUNTS

Additional Data

Software ID:
Software Version:
EIN: 13-2676570
Name: TOURO COLLEGE

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)	1	36	Program Services	EDUCATION	2,140,242
Middle East and North Africa	1	34	Program Services	EDUCATION	1,472,031

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Russia and the Newly Independent States	2		Program Services	EDUCATION	204,350
East Asia and the Pacific			Program Services	EDUCATION	1,000

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)			Grantmaking		470,582
Middle East and North Africa	0	0	Grantmaking		43,923

Supplemental Information Regarding Fundraising or Gaming Activities

2018

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a
▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization
TOURO COLLEGE

Employer identification number

13-2676570

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

NY

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d)
		DENTAL DINNER (event type)	LAW DINNER (event type)	2 (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	187,700	227,565	131,381	546,646
	2 Less Contributions	50,450	135,765	55,731	241,946
	3 Gross income (line 1 minus line 2)	137,250	91,800	75,650	304,700
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	68,810	67,504	23,812	160,126
	7 Food and beverages	19,689		10,633	30,322
	8 Entertainment				
	9 Other direct expenses			807	807
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				191,255
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				113,445

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶					

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
13 Indicate the percentage of gaming activity conducted in					
a The organization's facility	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 100px; text-align: center;">13a</td><td style="width: 100px; text-align: center;">%</td></tr><tr><td style="text-align: center;">13b</td><td style="text-align: center;">%</td></tr></table>	13a	%	13b	%
13a	%				
13b	%				
b An outside facility					

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ►

Address ►

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party

Name ►

Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► \$

Description of services provided ►

☐ Director/officer

☐ Employee

☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference

Explanation

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
TOURO COLLEGE

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number
13-2676570

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Hebrew Theological College (HTC) 7135 North Carpenter Road Skokie, IL 60077	36-2167095	501(c)(3)	1,192,000				EDU SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 1
- 3 Enter total number of other organizations listed in the line 1 table ▶ 0

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) Scholarships	4534	32,077,807			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
MONITORING GRANTS	FORM 990, SCHEDULE I, PART I, LINE 2 SINCE ITS INCEPTION, MANAGEMENT REVIEWS REQUESTS FOR GRANTS THE COLLEGE MONITORS ALL REQUESTS FOR USE OF GRANT FUNDS AGAINST THE SUBMITTED BUDGETS FOR THE RESPECTIVE GRANTS PRIOR TO SUBMISSION OF REQUESTS FOR REIMBURSEMENT, ADDITIONAL REVIEW OF EXPENDED FUNDS IS PERFORMED TO ENSURE COMPLIANCE WITH GRANT AND COLLEGE GUIDELINES STUDENTS ARE AWARDED TUITION DISCOUNTS BASED ON VARIOUS CRITERIA THE DISCOUNTS ARE CREDITED TO THE STUDENT'S ACCOUNTS

Schedule J (Form 990)	<div>Compensation Information</div> <div>For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</div> <div>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990.</div> <div>▶ Go to www.irs.gov/Form990 for instructions and the latest information.</div>	OMB No 1545-0047
		2018
		Open to Public Inspection

Department of the Treasury Internal Revenue Service	Name of the organization TOURO COLLEGE	Employer identification number 13-2676570
--	---	--

Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
<input checked="" type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use		
<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input checked="" type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.		1b	No
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?		2	Yes
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract		
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study		
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a Receive a severance payment or change-of-control payment?		4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b	Yes
c Participate in, or receive payment from, an equity-based compensation arrangement?		4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a The organization?		5a	No
b Any related organization?		5b	No
If "Yes," on line 5a or 5b, describe in Part III.			
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a The organization?		6a	No
b Any related organization?		6b	No
If "Yes," on line 6a or 6b, describe in Part III.			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		7	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

See Additional Data Table**Schedule J (Form 990) 2018**

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
FORM 990, SCHEDULE J, PART I, LINE 1A	TRAVEL THE PRESIDENT AND SOME OF THE OFFICERS ARE PROVIDED WITH NONTAXABLE UPGRADED TRAVEL AND SPOUSAL TRAVEL ON CERTAIN TRIPS. HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE THE PROVOST OF THE GRADUATE AND PROFESSIONAL SCHOOLS AND AN EXECUTIVE VP ARE PROVIDED HOUSING AS A TAXABLE BENEFIT. THE VALUE OF THE HOUSING BENEFITS ARE INCLUDED AS OTHER REPORTABLE COMPENSATION IN SCHEDULE J, PART II, COLUMN B(III). THE PRESIDENT IS PROVIDED A CORPORATE APARTMENT AS A CONDITION OF EMPLOYMENT FOR THE CONVENIENCE OF THE COLLEGE. THE VALUE OF THE HOUSING BENEFIT FOR THE PRESIDENT IS INCLUDED AS A NONTAXABLE BENEFIT IN SCHEDULE J, PART II, COLUMN D. PERSONAL SERVICES THE PRESIDENT WAS PROVIDED WITH A CAR AND DRIVER FOR BUSINESS PURPOSES. THE VALUE OF THIS SERVICE IS INCLUDED AS A NONTAXABLE BENEFIT IN SCHEDULE J, PART II, COLUMN D.

Return Reference	Explanation
BOARD APPROVAL	FORM 990, SCHEDULE J, PART I, LINE 1B THE BENEFITS PROVIDED TO THE PRESIDENT ARE APPROVED BY THE BOARD BENEFITS PROVIDED TO THE OFFICERS ARE APPROVED BY THE PRESIDENT NONQUALIFIED DEFERRED COMPENSATION PLAN FORM 990, SCHEDULE J, PART I, LINE 4B TOURO COLLEGE'S PRESIDENT PARTICIPATES IN A 457(F) DEFERRED COMPENSATION PLAN, AMOUNTS IN COLUMN (C) INCLUDE A DEFERRAL OF \$31,250

Return Reference	Explanation
OTHER REPORTABLE COMPENSATION	FORM 990, SCHEDULE J, PART II, COLUMN B(III) ROBERT GOLDBERG RECEIVED A SETTLEMENT OF \$400,000 IN CALENDAR YEAR 2018

Return Reference	Explanation
NONTAXABLE BENEFITS	FORM 990, SCHEDULE J, PART II, COLUMN D NONTAXABLE BENEFITS, AS APPLICABLE, INCLUDE QUALIFIED TUITION REDUCTION, PARSONAGE ALLOWANCES AND QUALIFIED BENEFITS UNDER TOURO'S CAFETERIA PLAN CERTAIN INDIVIDUALS ARE REQUIRED TO LIVE IN COLLEGE PROVIDED HOUSING AS A CONDITION OF EMPLOYMENT FOR THE CONVENIENCE OF THE COLLEGE, AS SUCH THOSE HOUSING AMOUNTS ARE NONTAXABLE



Additional Data

Software ID:
Software Version:
EIN: 13-2676570
Name: TOURO COLLEGE

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Alan Kadish President, CEO and Trustee	(i)	794,863	0	1,584	45,000	129,551	970,998	0
	(ii)	0	0	0	0	0	0	0
RABBI Daniel Lander Trustee and Chancellor	(i)	90,610	0	1,186	0	0	91,796	0
	(ii)	185,739	0	0	9,652	113,303	308,694	0
Matthew Bonilla VP of Student Serv -END 6/18	(i)	248,822	0	238	13,511	27,074	289,645	0
	(ii)	0	0	0	0	0	0	0
Stanley Boylan VP of Undergrad Ed -END 6/18	(i)	122,699	0	2,169	6,739	55,050	186,657	0
	(ii)	0	0	0	0	0	0	0
Richard Braunstein VP Deputy Gen Couns -END 6/18	(i)	224,750	0	1,494	12,079	18,197	256,520	0
	(ii)	0	0	0	0	0	0	0
Alan Ciner Vice President-END 6/18	(i)	127,550	0	2,192	0	59,234	188,976	0
	(ii)	0	0	0	0	0	0	0
Jerome Dimperio VP Real Estate Const -END 1/18	(i)	213,106	0	1,249	0	2,211	216,566	0
	(ii)	0	0	0	0	0	0	0
Robert Goldschmidt VP of Plan & Assess-END 6/18	(i)	163,742	0	3,156	8,987	17,610	193,495	0
	(ii)	0	0	0	0	0	0	0
Nadia Graff VP Grad & Prof Stud -END 6/18	(i)	239,993	0	4,398	11,937	2,462	258,790	0
	(ii)	0	0	0	0	0	0	0
Rabbi Moshe Krupka Executive VP	(i)	193,637	0	786	10,285	133,517	338,225	0
	(ii)	0	0	0	0	0	0	0
David Raab Executive VP	(i)	0	0	66,540	0	0	66,540	0
	(ii)	233,188	0	2,666	19,761	26,291	281,906	0
Israel Singer Vice President-END 6/18	(i)	122,953	0	2,097	0	17,196	142,246	0
	(ii)	0	0	0	0	0	0	0
Franklin Steen VP of Technology-END 6/18	(i)	238,337	0	4,756	12,584	21,569	277,246	0
	(ii)	0	0	0	0	0	0	0
Marian Stoltz-Loike VP, Online Education-END 6/18	(i)	238,217	0	1,337	12,314	17,182	269,050	0
	(ii)	0	0	0	0	0	0	0
Melvin Ness Senior VP, CFO	(i)	309,717	0	4,944	13,648	2,617	330,926	0
	(ii)	0	0	0	0	0	0	0
Michael Newman Secretary, Sr VP & Gen Counsel	(i)	283,518	0	526	10,784	21,683	316,511	0
	(ii)	0	0	0	0	0	0	0
Robert Goldberg Former Dean of TouroCom	(i)	0	0	400,000	717	0	400,717	0
	(ii)	0	0	0	0	0	0	0
Jay P Goldsmith DEAN EMERITUS, DENTAL SCHOOL	(i)	153,879	0	621	6,446	0	160,946	0
	(ii)	0	0	0	0	0	0	0
Ronnie Myers Dean, Dental School	(i)	367,250	0	3,048	13,750	2,617	386,665	0
	(ii)	0	0	0	0	0	0	0
Louis Primavera Dean, School of Health Science	(i)	254,632	0	4,944	12,373	2,617	274,566	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Patricia Salkin Provost Grad and Prof Schools	(i)	329,910	0	60,648	13,750	32,022	436,330	0
	(ii)	0	0	0	0	0	0	0
Arnold Spinner Dean, Grad Ed	(i)	113,192	0	1,580	5,432	828	121,032	0
	(ii)	0	0	0	0	0	0	0
Kenneth Steier Dean, Col of Osteopathic Med	(i)	395,242	0	660	13,750	30,870	440,522	0
	(ii)	0	0	0	0	0	0	0
Judah Weinberger VP Collab MEDICINE-END 6/18	(i)	227,196	0	1,105	11,306	2,004	241,611	0
	(ii)	0	0	0	0	0	0	0
ARTHUR PRANCAN ASSOCIATE PROFESSOR	(i)	283,623	0	4,934	6,713	32,020	327,290	0
	(ii)	0	0	0	0	0	0	0
EDWARD F FARKAS VICE DEAN, TOURO DENTAL SCHOOL	(i)	278,025	0	630	13,750	25,780	318,185	0
	(ii)	0	0	0	0	0	0	0
David Forstein DEAN, TOUROCOM	(i)	454,982	0	430	2,181	29,928	487,521	0
	(ii)	0	0	0	0	0	0	0
Henry Cohen Dean, Pharmacy	(i)	269,761	0	552	13,750	32,022	316,085	0
	(ii)	0	0	0	0	0	0	0
Richard Klein Professor	(i)	251,194	0	4,944	3,987	10,622	270,747	0
	(ii)	0	0	0	0	0	0	0
Harold Abramson Dean,Lander College of ART &Sc	(i)	250,790	0	3,048	12,939	11,643	278,420	0
	(ii)	0	0	0	0	0	0	0
Thomas Modero Chief Human Resources Officer	(i)	246,283	0	660	5,019	30,707	282,669	0
	(ii)	0	0	0	0	0	0	0
Jeffrey Rosengarten Senior VP of Oper & Admin	(i)	293,898	0	3,048	13,750	2,617	313,313	0
	(ii)	0	0	0	0	0	0	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
TOURO COLLEGE

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number
13-2676570

Part I Bond Issues												
(a) Issuer name		(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	DORMITORY AUTHORITY OF THE STATE OF NEW YORK 2013A	14-6000293	000000000	12-18-2013	19,520,000	REFINANCE TAXABLE LOAN		X		X		X
B	DORMITORY AUTHORITY OF THE STATE OF NEW YORK 2014A	14-6000293	649907M82	06-26-2014	59,716,460	RENOVATE FACILITIES		X		X	X	
C	DORMITORY AUTHORITY OF THE STATE OF NEW YORK 2014	14-6000293	000000000	10-22-2014	41,475,000	REFINANCE TAXABLE LOAN		X		X		X
D	DORMITORY AUTHORITY OF THE STATE OF NEW YORK 2017	14-6000293	64990H6X3	12-28-2017	69,869,223	ACQUIRE BUILDING		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	1,703,599		505,000		4,110,000		0	
2	Amount of bonds legally defeased	0		0		0		0	
3	Total proceeds of issue	19,520,000		11,381,658		41,475,000		69,949,454	
4	Gross proceeds in reserve funds	0		803,067		0		6,223,240	
5	Capitalized interest from proceeds	0		311,858		0		3,171,898	
6	Proceeds in refunding escrows	0		0		0		0	
7	Issuance costs from proceeds	386,587		227,803		826,365		1,397,384	
8	Credit enhancement from proceeds	0		0		0		0	
9	Working capital expenditures from proceeds	0		0		0		0	
10	Capital expenditures from proceeds	19,133,413		10,038,930		0		57,494,281	
11	Other spent proceeds	0		0		40,648,635		0	
12	Other unspent proceeds	0		0		0		1,662,651	
13	Year of substantial completion	2006		2014		2007			
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X	X			X
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X			X
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use									
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		X

Part III Private Business Use (Continued)		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %		0 %		0 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test? . . .		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		X		X		X
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X	X	
b	Exception to rebate?		X		X		X		X
c	No rebate due?	X		X		X			X
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X			X	X			X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X			X		X		X
b	Name of provider	PEOPLES UNITED BANK		0		0		0	
c	Term of hedge	10 %							
d	Was the hedge superintegrated?		X						
e	Was the hedge terminated?		X						

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b Name of provider	0		0		0		0	
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
DORMITORY AUTHORITY OF THE STATE OF NEW YORK 2014A	Part I, Line B - Issue Price (e) does not tie to Part II, Column B, Line 3 as the issue is a pooled financing \$10,805,000 par benefits Touro College The other beneficiary of the pooled financing is New York Medical College DORMITORY AUTHORITY OF THE STATE OF NEW YORK 2017 Part II, Column D, Line 3 - The total proceeds do not agree to the issue price in Part I, Column (e) due to investment earnings SCHEDULE K, PART III, LINE 3B ANY MANAGEMENT OR SERVICE CONTRACTS THAT MAY RESULT IN PRIVATE BUSINESS USE OF BOND-FINANCED PROPERTY ARE INCIDENTAL AND/OR FALL UNDER A SAFE HARBOR PROVIDED Schedule K, Part IV, Arbitrage, Line 2c (a) Issuer Name Dormitory Authority of the State of New York 2013A Date the Rebate Computation was Performed 06/18/2014 (B) ISSUER NAME DORMITORY AUTHORITY OF THE STATE OF NEW YORK 2014A DATE THE REBATE COMPUTATION WAS PERFORMED 05/31/2019 (C) Issuer Name Dormitory Authority of the State of New York 2014 Date the Rebate Computation was Performed 04/22/2015 Note regarding the rebate computations on 6/18/2014 & 4/22/2015 Since the bond proceeds have been spent, a spending exception was met, and the debt service fund was operated on a bona fide basis, no further rebate calculations are necessary

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
► Attach to Form 990 or Form 990-EZ.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
TOURO COLLEGE

Employer identification number
13-2676570

Part I

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2

Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958

3

Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Part II

Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) RABBI SHABSAI WOLFE	TRUSTEE	SUPPORT TOUROCOLLEGE	X		1,560,000	1,544,000		No	Yes		Yes	
(2) OFFICERSKEY EMPLOYEES	VARIOUS POSITIONS	PAYROLL ADVANCE		X	49,700	49,700		No	Yes			No
Total						\$ 1,593,700						

Part III

Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
See Additional Data Table					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
------------------	-------------

Additional Data

Software ID:
Software Version:
EIN: 13-2676570
Name: TOURO COLLEGE

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
RICHARD WAXMAN	TRUSTEE'S BROTHER IN LAW	155,187	FACULTY		No
ESTHER GREENFIELD	TRUSTEE'S SISTER	117,937	DIRECTOR OF PUBLICATIONS		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
DAVID MIRSKY	TRUSTEE'S SON IN LAW	94,230	FACULTY		No
HANNAH LANDER	TRUSTEE'S SISTER	88,553	REGISTRAR		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
WILLIAM FISCHBEIN	TRUSTEE'S BROTHER IN LAW	81,691	FACULTY		No
DEBRA WAXMAN	TRUSTEE'S SISTER	69,809	FACULTY		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
PHYLLIS LANDER	TRUSTEE'S SPOUSE	69,005	LCM ADMINISTRATION		No
ESTHER BOYLAN	FMR OFCR'S SPOUSE	52,257	FACULTY		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
MOSHE FRIEDMAN	TRUSTEE'S GRANDSON	48,237	BUDGET ANALYST		No
EDNA DAVIS	FMR OFCR'S SPOUSE	48,150	FACULTY		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
RAPHAEL CSILLAG	TRUSTEE'S SON IN LAW	43,269	FACULTY		No
ERIC GENACK	TRUSTEE'S SON	42,841	FACULTY		No

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.
►Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
TOURO COLLEGE

Employer identification number
13-2676570

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures . .				
3 Art—Fractional interests . .				
4 Books and publications . .				
5 Clothing and household goods	X		2,242	SELLING PRICE
6 Cars and other vehicles . .				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded .	X	13	45,139	FMV
10 Securities—Closely held stock .				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous . .				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential . .				
16 Real estate—Commercial . .				
17 Real estate—Other				
18 Collectibles	X	13	595	SELLING PRICE
19 Food inventory				
20 Drugs and medical supplies .				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens . . .				
24 Archeological artifacts . . .				
25 Other ► (FOOD)	X	55	8,140	SELLING PRICE
26 Other ► (EVENTS)	X	49	11,175	SELLING PRICE
27 Other ► (EDUCATION)	X	14	7,580	SELLING PRICE
28 Other ► (MEMBERSHIPS)	X	5	540	SELLING PRICE

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

No

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

31

No

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

No

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Part II **Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
FORM 990, SCHEDULE M, PART I, COLUMN (B)	NUMBER OF CONTRIBUTORS THE AMOUNT LISTED IN COLUMN (B) REFERS TO THE NUMBER OF CONTRIBUTIONS

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018**Open to Public Inspection**

Department of the Treasury

Name of the organization

TOURO COLLEGE

Employer identification number

13-2676570

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 1, & PART III, LINE 1, MISSION STATEMENT	TOURO COLLEGE WAS ESTABLISHED PRIMARILY TO ENRICH THE JEWISH HERITAGE AND TO SERVE THE LARGER AMERICAN COMMUNITY THE COLLEGE HAS AN UNDERGRADUATE CURRICULUM OFFERING BACHELOR AND ASSOCIATES DEGREES, GRADUATE PROGRAMS OFFERING MASTERS' DEGREES, AND PROFESSIONAL SCHOOLS INCLUDING A LAW SCHOOL, A SCHOOL OF HEALTH SCIENCES, A SCHOOL OF PHARMACY, A SCHOOL OF OST EOPATHIC MEDICINE, AND A SCHOOL OF DENTISTRY THE COLLEGE HAD AN AVERAGE ENROLLMENT OF APPROXIMATELY 12,000 DURING THE FISCAL YEAR

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B, FORM 990 REVIEW PROCESS	<p>THE TOURO COLLEGE FORM 990 AND SUPPORTING SCHEDULES ARE PREPARED BY AN INDEPENDENT ACCOUNTING FIRM. THE CONTROLLER, OFFICERS AND THE AUDIT COMMITTEE OF THE BOARD OF THE ORGANIZATION THEN REVIEW THE FORM 990. A COPY OF THE FORM 990 IS THEN PROVIDED TO THE FULL BOARD OF TRUSTEES PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE FORM 990, PART VI, SECTION B, LINE 12C, CONFLICT OF INTEREST POLICY. THE ANNUAL BOARD QUESTIONNAIRE, WHICH REQUIRES DISCLOSURE OF CONFLICT OF INTEREST AND OTHER DETAILS, IS CIRCULATED TO ALL OF THE BOARD MEMBERS AND IS REVIEWED BY IN-HOUSE COUNSEL. OUR POLICIES REQUIRE THAT TRUSTEES, OFFICERS, AND KEY EMPLOYEES NOTIFY TOURO ANY TIME CONFLICTS OF INTEREST ARISE. IN THE EVENT THERE IS A CONFLICT OF INTEREST, OR AN APPEARANCE OF A CONFLICT OF INTEREST, THE INDIVIDUAL MUST RECUSE THEMSELVES FROM ANY DISCUSSIONS OR DECISIONS CONCERNING THE CONFLICT. FORM 990, PART VI, SECTION B, LINE 15A, EXECUTIVE COMPENSATION. THE BOARD AND OFFICERS, WHO ARE FREE OF ANY CONFLICT, APPROVE EXECUTIVE HIRING DECISIONS. IN MAKING COMPENSATION AND EMPLOYEE BENEFIT DETERMINATIONS, CONSIDERATION IS GIVEN TO EXPERT REPORTS AND COMPENSATION TRENDS IN THE INDUSTRY, QUALIFICATIONS AND OTHER MERITS OF THE CANDIDATES. ALL SUCH DECISIONS ARE DOCUMENTED. COMPENSATION FOR SENIOR MANAGEMENT IS REVIEWED PERIODICALLY AND, WHEN APPLICABLE, WHEN THEIR CONTRACTS ARE RENEWED.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19, DOCUMENTATION AVAILABLE TO PUBLIC	<p>THE COLLEGE MAKES ITS FORM 990 AVAILABLE TO THE PUBLIC. IN ADDITION, ITS CONSOLIDATED FINANCIAL STATEMENTS ARE PUBLISHED ON THE ELECTRONIC MUNICIPAL MARKET ACCESS WEBSITE. CERTAIN GOVERNING POLICIES ARE INCLUDED IN TOURO COLLEGE'S WEBSITE, HOWEVER ITS CONFLICT OF INTEREST POLICY IS NOT MADE PUBLIC. FORM 990, PART X, LINES 27-29, NET ASSET CLASSIFICATION. THE FASB ISSUED ACCOUNTING STANDARDS UPDATE (ASU) 2016-14 NOT-FOR-PROFIT ENTITIES (TOPIC 958), PRESENTATION OF FINANCIAL STATEMENTS OF NOT-FOR-PROFIT ENTITIES, WHICH AMONG OTHER THINGS, CHANGES HOW NOT-FOR-PROFIT ENTITIES REPORT NET ASSET CLASSES. THE SIGNIFICANT REQUIREMENTS OF ASU 2016-14 INCLUDE REDUCTION IN THE NUMBER OF NET ASSET CLASSES FROM THREE TO TWO WITH DONOR RESTRICTIONS (FORMERLY REPORTED AS TEMPORARILY RESTRICTED NET ASSETS AND PERMANENTLY RESTRICTED NET ASSETS) AND WITHOUT DONOR RESTRICTIONS (FORMERLY REPORTED AS UNRESTRICTED NET ASSETS). THE 2018 FORM 990, PART X WAS NOT UPDATED TO REFLECT THE CHANGE IN NET ASSET CLASS TERMINOLOGY, THEREFORE, THE COLLEGE HAS REPORTED NET ASSETS WITHOUT DONOR RESTRICTION AS UNRESTRICTED NET ASSETS AND NET ASSETS WITH DONOR RESTRICTIONS AS TEMPORARILY RESTRICTED NET ASSETS AND PERMANENTLY RESTRICTED NET ASSETS, RESPECTIVELY. FORM 990, schedule L, PART II, LOANS. IN 2015 WHEN TOURO CONVERTED FROM A SEMI-MONTHLY TO A BI-WEEKLY PAYROLL, TOURO ADVANCED EIGHT DAYS OF SALARY TO SUBSTANTIALLY ALL EMPLOYEES TO COMPENSATE FOR THE BUILT-IN DELAY IN PROCESSING THE NEW BI-WEEKLY PAYROLL CYCLE. OF SUCH AMOUNT, \$49,700 IS INCLUDED IN LOANS AND OTHER RECEIVABLES FROM CURRENT AND FORMER OFFICERS AND KEY EMPLOYEES, AND \$3,268,734 FOR OTHER EMPLOYEES IS INCLUDED IN NOTES AND LOANS RECEIVABLE. SUCH AMOUNTS ARE EXPECTED TO BE REPAYED AS EMPLOYEES LEAVE THE COLLEGE.</p>

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
TOURO COLLEGE

Employer identification number
13-2676570

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) WARWICK ACADEMIC ASSOCIATES LLC C/O TOURO COLLEGE 500 7TH AVE NEW YORK, NY 10018 20-4236301	HOLDING CO	NY	75,975	3,257,717	TOUROCOLLEGE
(2) CENTER FOR HEALTH OUTCOME RESEARCH LLC C/O TOURO COLLEGE 500 7TH AVE NEW YORK, NY 10018 27-2347268	RESEARCH CTR	DE	0	0	TOUROCOLLEGE
(3) INSTRUMENT LOGISTICS LLC C/O TOURO COLLEGE 500 7TH AVE NEW YORK, NY 10018 13-2676570	SUPPORT TOURO	NY	0	0	TOUROCOLLEGE
(4) TOURO MARE ISLAND LLC C/O TOURO COLLEGE 500 7TH AVE NEW YORK, NY 10018 26-3766690	SUPPORT TOURO	CA	0	0	TOUROCOLLEGE

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) Touro Speech & Rehab 500 7TH AVE NEW YORK, NY 10018 13-4180235	INACTIVE	NY	NA	C CORP	0	0	100 000 %	Yes	
(2) Touro Foundation Corporation 500 7TH AVE NEW YORK, NY 10018 13-4014618	INACTIVE	NY	NA	C CORP	0	0	100 000 %	Yes	
(3) Touro University Foundation 500 7TH AVE NEW YORK, NY 10018 94-3318585	INACTIVE	CA	NA	C CORP	0	0	100 000 %	Yes	
(4) TOURO COLLEGE FDN FOR JEWISH STUDIES 500 7TH AVE NEW YORK, NY 10018 13-3639225	INACTIVE	NY	NA	C CORP	0	0	100 000 %	Yes	

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity

1a

No

b Gift, grant, or capital contribution to related organization(s)

1b

Yes

c Gift, grant, or capital contribution from related organization(s)

1c

No

d Loans or loan guarantees to or for related organization(s)

1d

No

e Loans or loan guarantees by related organization(s)

1e

Yes

f Dividends from related organization(s)

1f

No

g Sale of assets to related organization(s)

1g

No

h Purchase of assets from related organization(s)

1h

No

i Exchange of assets with related organization(s)

1i

No

j Lease of facilities, equipment, or other assets to related organization(s)

1j

No

k Lease of facilities, equipment, or other assets from related organization(s)

1k

Yes

l Performance of services or membership or fundraising solicitations for related organization(s)

1l

Yes

m Performance of services or membership or fundraising solicitations by related organization(s)

1m

No

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

1n

No

o Sharing of paid employees with related organization(s)

1o

Yes

p Reimbursement paid to related organization(s) for expenses

1p

Yes

q Reimbursement paid by related organization(s) for expenses

1q

Yes

r Other transfer of cash or property to related organization(s)

1r

Yes

s Other transfer of cash or property from related organization(s)

1s

Yes

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds
See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
SCHEDULE R, PART V	TRANSACTIONS WITH RELATED ORGANIZATIONS UNDER IRC SECTIONS 512(B)(13) AND 318, ORGANIZATIONS CONTROLLED BY TOURO COLLEGE ARE ATTRIBUTED CONSTRUCTIVE OWNERSHIP BETWEEN THE BROTHER/SISTER RELATED ENTITIES ON SCHEDULE R. ALL TRANSACTIONS WITH DIRECTLY CONTROLLED ORGANIZATIONS ARE REPORTED ON PART V, LINE 2.



Additional Data

Software ID:
Software Version:
EIN: 13-2676570
Name: TOURO COLLEGE

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
500 7TH AVE NEW YORK, NY 10018 13-3838740	EDUCATION	CA	501(C)(3)	2	TOUROC COLLEGE	Yes	
500 7TH AVE NEW YORK, NY 10018 20-0362127	EDUCATION	NV	501(C)(3)	2	TOUROC COLLEGE	Yes	
500 7TH AVE NEW YORK, NY 10018 68-0646771	EDUCATION	NJ	501(C)(3)	2	TOUROC COLLEGE	Yes	
500 7TH AVE NEW YORK, NY 10018 11-2808947	EDUCATION	NY	501(C)(3)	2	TOUROC COLLEGE	Yes	
500 7TH AVE NEW YORK, NY 10018 11-1681674	EDUCATION	NY	501(C)(3)	2	TOUROC COLLEGE	Yes	
500 7TH AVE NEW YORK, NY 10018 13-3922718	SUPPORT ORG	NY	501(C)(3)	12A(I)	TOUROC COLLEGE	Yes	
500 7TH AVE NEW YORK, NY 10018 27-1481147	MEMBER NYMC	DE	501(C)(3)	12A(I)	TOUROC COLLEGE	Yes	
40 SUNSHINE COTTAGE ROAD VALHALLA, NY 10595 13-1099420	EDUCATION	NY	501(C)(3)	2	NYMC LLC	Yes	
500 7TH AVE NEW YORK, NY 10018 13-4028939	HEALTH STUDY	NY	501(C)(3)	7	TOUROC COLLEGE	Yes	
AM RUPERHORN 4 14055 BERLIN GM	EDUCATION	GM	501(C)(3)		TOUROC COLLEGE	Yes	
7135 NORTH CARPENTER ROAD SKOKIE, IL 60077 36-2167095	EDUCATION	IL	501(C)(3)	2	TOUROC COLLEGE	Yes	
40 SUNSHINE COTTAGE ROAD VALHALLA, NY 10595 47-1682208	RESEARCH	NY	501(C)(3)	10	NYMC	Yes	
1805 N CALIFORNIA ST STE 201 STOCKTON, CA 95204 84-3416009	HEALTH CARE	CA	501(c)(3)	7	TOURO UNI CA	Yes	
40 SUNSHINE COTTAGE RD VALHALLA, NY 10595 83-3709834	HEALTH CARE	NY	501(c)(3)	10	NYMC	Yes	

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1) YESHIVAS OHR HACHAIM	p	3,330,952	CASH TRANSFER
(1) TOURO UNIVERSITY NEVADA	q	8,108,163	CASH TRANSFER
(2) TOURO UNIVERSITY NEVADA	R	16,882,564	CASH TRANSFER
(3) TOURO UNIVERSITY CALIFORNIA	q	9,120,172	CASH TRANSFER
(4) TOURO UNIVERSITY CALIFORNIA	r	9,104,168	CASH TRANSFER
(5) TOURO LAW SCHOOL DEVELOPMENT FOUNDATION	e	219,392	CASH TRANSFER
(6) RABBI DOV REVEL YESHIVA OF FOREST HILLS	R	658,916	CASH TRANSFER
(7) NEW YORK MEDICAL COLLEGE	Q	646,390	CASH TRANSFER
(8) HEBREW THEOLOGICAL COLLEGE	b	1,192,000	CASH TRANSFER
(9) TOURO COLLEGE BERLIN GGMBH BERLIN	B	470,582	CASH TRANSFER
(10) NEW YORK MEDICAL COLLEGE	K	3,029,268	CASH TRANSFER