Extended to No. 990-T . Exempt Organization Bu	sine	ess Income 1		ո <u> </u>	OMB No. 1545-0687	
	(and proxy tax under section 6033(e))					
For calendar year 2018 or other tax year beginning					<b>2018</b>	
Department of the Treasury  Department of the Treasury				ho	Pen 16 Public Inspection for 01(c)(3) Organizations Only	
Internal Revenue Service Do not enter SSN numbers on this form as it me			tation is a 501(c)(3)		01(c)(3) Organizations Only yer identification number	
A Check box if Name of organization ( Check box if name address changed	cnange	o and see instructions.)		(Emplo	yeas' lost, see	
B Exempt under section   Print Touro Infirmary					2-0423659	
X 501(c003) Print 2001 Street, and room or suite no. If a P O. bi	OY 500 I	netructions		E Unrelat	od business activity code	
408(e) 220(e) Type 1401 FOUCHER STREET	UX, SEE 1	iisii uciioiis.		(See Ins	structions,)	
408A 530(a) City or town, state or province, country, and ZIP	or foreic	un oostal code		1		
529(a) NEW ORLEANS, LA 7011		jii poswi cooc	-	5170	000	
Book vature of all assets     E Croup exempting number (See instructions.)		······································		1		
301,905,540. G Check organization type ► 🗶 501(c) co	rporatio	n 501(c) trust	401(a)	trust	Other trust	
H Enter the number of the organization's unrelated trades or businesses.	1	Describe	the only (or first) un	related		
trade or business here  See Statement 1			complete Parts I-V.			
describe the first in the blank space at the end of the previous sentence, complete F	Parts I ar	nd II, complete a Scheduli	e M for each additior	al trade	or	
business, then complete Parts III-V.						
During the tax year, was the corporation a subsidiary in an affiliated group or a pare	ent-subs	sidiary controlled group?		X Yes	No No	
If "Yes," enter the name and identifying number of the parent corporation.		XXXX	12-99	777		
J The books are in care of ▶ The Organization				504)		
Part I Unrelated Trade or Business Income	7 7	(A) Income	(8) Expenses	·	(C) Net	
1a Gross receipts or sales 51,843.	4	F1 042			_	
b Less returns and allowances c Balance	10	51,843.			<u> </u>	
2 Cost of goods sold (Schedule A, line 7)	2	51,064.		<del></del> -		
3 Gross profit. Subtract line 2 from line 1c	3	779.		<del>, </del> -	779.	
4a Capital gain net income (attach Schedule D)	4a		,		on August 1 gill	
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b 4c	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			
c Capital loss deduction for trusts				-		
5 Income (loss) from a partnership or an S corporation (attach statement)	6	· · · · · · · · · · · · · · · · · · ·				
Rent income (Schedule C) Unrelated debt-financed income (Schedule E)	7	1		<del>}</del>		
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	<u> </u>					
Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G						
10 Exploited exempt activity income (Schedule I)	10				***************************************	
11 Advertising income (Schedule J)	11			<del>-  </del>		
12 Other income (See instructions; attach schedule)	12					
13 Total. Combine lines 3 through 12	13	779.			7.7.9.	
Part II Deductions Not Taken Elsewhere (See instructions f	or limita	ations on deductions)				
(Except for contributions, deductions must be directly connected	d with	the unrelated business	s income )			
14 Compensation of officers, directors, and trustees (Schedule K)			),	14		
15 Salaries and wages RE	CE	INFFI	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	15		
16 Repairs and maintenance		[8]	** >*******	18		
17 Bad debts		77019 101	**1 *** *** * ********	17		
18 Interest (attach schedule) (see instructions)	J.V1		, , ,	18		
19 Taxes and licenses		<u> </u>	**** **** ,**** *** ***	19		
20 Charitable contributions (See instructions for limitation rules)	اريات	EN-UT		20		
21 Depreciation (attach Form 4562)	رياي	21		'		
• •		, 22a		22b		
23 Depletion	· ···· · <u>·</u> ·		***************************************	23		
24 Contributions to deferred compensation plans		24				
25 Employee benefit programs	25					
26 Excess exempt expenses (Schedule I)	26	- 4,				
27 Excess readership costs (Schedule J)	27	15,075.				
28 Other deductions (attach schedule)	·····	z'èà'' 5 r'a'r'.	Émeiir ' 4 ''	28	15,075.	
Total deductions. Add lines 14 through 28	at line of	is tone or a tone rouge or a :	****** *******	30	-14,296.	
<ul> <li>Unrelated business taxable income before net operating loss deduction. Subtrat</li> <li>Deduction for net operating loss arising in tax years beginning on or after Janua</li> </ul>			d	31	14,230.	
32 Unrelated business taxable income. Subtract line 31 from line 30			ł	32	-14,296.	
823701 01-09-18 I HA For Paperwork Reduction Act Notice, see instructions.	**** * **	****** 6 ** 107 ** (** ******		<u> </u>	Form <b>990-T</b> (2018)	

FORM 990-	10020 21122411027	12-04	43039		rage
Part !	II Total Unrelated Business Taxable Income			•	
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)			-14,2	296.
34	Amounts paid for disallowed fringes		34		
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)Stm	t 3	35		Ō.
38	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of	***************************************	- 1	······	
	lines 33 and 34		38	-14,2	96.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	• • • • • • • • • • • • • • • • • • • •	37	1,0	
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,	. ,	\ <del>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</del>		
-	enter the smaller of zero or line 36		38	-14,2	96.
Part I	V Tax Computation		1 00		
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)		39		0.
40	Trusts Taxable at Trust Rates See instructions for tax computation, Income tax on the amount on line 38 from:	,,.	39	·	
70		_	40		
44	Tax rate schedule or Schedule D (Form 1041)				
41	Proxy tax. See Instructions		41		
42	Alternative minimum tax (trusts only)		42		
43	Tax on Noncompliant Facility Income. See instructions		43		
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44		0.
	Tax and Payments				
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)		_		
b	Other credits (see instructions) 45b		]		
C	General business credit, Attach Form 3800				
đ	Credit for prior year minimum tax (attach Form 8801 or 8827)		7		
	Total credits. Add lines 45a through 45d		45e		
46	Subtract line 45e from line 44		46		0.
47	Subtract line 45e from line 44 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (atta	ach schedule)	47		
48	Total tax. Add lines 46 and 47 (see instructions)		48		0.
49	2018 net 965 lax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	***********			0.
	Payments: A 2017 overpayment credited to 2018 50a 500	**** *********	<del>  "</del>		<del></del>
	2018 estimated tax payments 50b		-		
	Tax deposited with Form 8868		- I		
نا	1211111 11 40 1 111 1111 1111 1111 1111		-l i		
	Foreign organizations. Tax paid or withheld at source (see instructions)		-{		
	Backup withholding (see instructions) 50e		<b>-</b>		
r	Credit for small employer health insurance premiums (attach Form 8941)		<b>⊣</b>		
9	Other credits, adjustments, and payments: Form 2439				
	Form 4136 Other Total ▶ 50g		4		
51	Total payments. Add lines 50a through 50g		51		
	Estimated tax penalty (see instructions). Check if Form 2220 is attached 🕨 🔲		52		
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		53		
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	🏲	54		
55	Enter the amount of line 54 you want; Credited to 2019 estimated tax		55		
Part V	Statements Regarding Certain Activities and Other Information (see instruction	ons)		-	
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority			Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			1	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country				
	here >				X
	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreig	n trust?		_   _	X
	f "Yes," see instructions for other forms the organization may have to file.			<del>     </del>	
	Enter the amount of tax-exempt interest received or accrued during the tax year > \$			1 1	
		pest of my kno	wiedge and beli	ef, It is true.	<del></del> :
Sign	Under penalties of perjury I declare that I have examined this return, including accompanying echedules and statements, and to the I correct, and complete. Declaration of which preparer has any knowledge				
iere	1 /6 / /w. / 11/5/10 x 000		tay the IRS disc.		vith
	Signature of officer Date Title		no preparer show		۱
		<del></del>	structiona)?	Yes	No
			if PTIN		
Paid	self	t- employed			
Prepai	er				
Use O	I Francis name No.	rm's EIN 🕨	•		
	11y				
		none no.			

Schedule A - Cost of Good	is Sold. Ente	r method of inven	tory valuation N/P	Ą		
1 Inventory at beginning of year		0 • 6 Inventory at end of year				6 0.
2 Purchases			7 Cost of goods sold. Subtract line 6			
3 Cost of labor		-	from line 5. Enter here	e and in I	Part I,	_
4a Additional section 263A costs			line 2		4.2	7 51,064.
(attach schedule)	4a		8 Do the rules of section			Yes No
b Other costs (attach schedule)	* 4b	51,064.	property produced or	acquired	for resale) apply to	
5 Total. Add lines 1 through 4b	5	51,064	the organization?	., ., .,, .		.,
Schedule C - Rent Income (see instructions)	(From Real	Property and	Personal Property	Leas	ed With Real Prop	perty)
1. Description of property						
(1)						
(2)						-
(3)						
(4)						
·		ved or accrued			2/2) Doda - 4 3/2-4	
(a) From personal property (if the per rent for personal property is mor 10% but not more than 50%	e than	of rent for pe	id personal property (if the percent irsonal property exceeds 50% or if is based on profit or income)	tago ſ	columns 2(n) and	connected with the Income in 3 2(b) (attach schedule)
'(1)						
(2)						
,(3)		*				
(4)						
Total	0.	Total		0.		
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	2(a) and 2(b). Er n (A)	nter		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6 column (8)	<b>.</b>
Schedule E - Unrelated De	bt-Financed	Income (see i	nstructions)			
			2. Gross income from		3. Deductions directly conn to debt-finance	ected with or allocable id property
1. Description of debt-financed property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (altach schedule)
(1)				1		
(2)		1		1		
'(3)	····			1		
(4)				1		
4. Amount of average acquisition debt on or allocable to debt-imanced property (attach schedule)	of or a debt-fina	e adjusted basis allocable to inced property n schadule)	6. Column 4 divided by column 5		7. Gross incomo repertable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)			%	Ī		
(2)-			%	T		
(3)			%	T		
(4)			%			
/w/.///					nter here and on page 1	Enter here and on page 1,
				l P	art I, line 7, column (A).	Part I, line 7, column (8).
Totals				P	ert I, line 7, column (A).	Part I, line 7, column (8).
Totals	:		, %		0.	Part I, line 7, column (B).

\*\* See Statement 4

Schedule F - Interest,	Annuities, Roya		ts From C			ations (see in	struction	18)
1. Name of controlled organization	identi	nployer 3. Net u	inrelated income se Instructions)	4. Tot	tal of specified ments made	5. Part of column 4 included in the con organization's gross	trolling	6. Deductions directly connected with income in column 5
741								
<u>(1)</u> (2)				<del> </del>				
		<del></del>	, <del>, , , ,</del>	<del> </del>	<del></del>			
(3)						*		
(4).			<del></del>	L				
Nonexempt Controlled Organ	T			<del>.</del>	10 5". 1 .		T 44 5	
/, Taxaore Income	8. Net unrelated inco (see instruction		al of specified pay made	ments	in the controller gross	in 9 that is included ag organization's income	11. De with	ductions directly connected income in column 10
<b>(1)</b>					•		<del> </del>	<del></del>
(2)	<del> </del>				4000 14		<b>-</b>	
(3) .							1	
(4)							<del>                                     </del>	
					Enter here and	ns 5 and 10, on page 1, Part I olumn (A),	Enter h	d columns 6 and 11, ere and on page 1, Part I, line 8, column (8),
Totale					iine o, ca	0.		0 •
Schedule G - Investme	ant Income of a	Costion FO1/a	(7) (0) 0=	(17) 0		0.	L	
	ructions)	Section 50 I(c)	(7), ( <del>3</del> ), Of	(17) (1	ganization			
	cription of income		2. Amount of	ілсоте	3. Deduction directly connec (attach schedu	ted 4. Set	-asides schedule)	5. Total deductions and sat-asides (col 3 plus col 4)
(1)								
(2)								
(3)							<del>" /</del>	<del>                                     </del>
(4)			1					- <del></del>
		· v	Enter here and	on page 1.	"			Enter here and on page 1,
			Part I line 9, co					Part I, line 9, column (B).
Totals			<u>-                                    </u>	0.				0.
Schedule I - Exploited (see instru	<b>Exempt Activity</b>	/ Income, Othe	er Than Ad	vertisi	ng Income			
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Exponses directly connected with production of unrelated business income	4. Net incom from unrelated business (co minus colum gain, compute through	trade or lumn 2 n 3), if a cols, 5	5. Gross incom from activity the is not unrelated business incom	at attribut	penses sable to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)		· · · · · · · · · · · · · · · · · · ·	1					
(2)			†			1.	<del></del>	1
(3)			<del>                                     </del>	- 1				1
:(4)			<del>                                     </del>					
Totals	Enter here and on page 1, Part I, line 10, col (A).	Enter here and on page 1, Part I, line 10, col. (B)		^ \ ,	<u>.</u>			Enter here and and on page 1, Part II, line 26
Schedule J - Advertisi			<u> </u>			<del></del>		
Part I . Income From I	Periodicals Rep	orted on a Cor	nsolidated	Basis	· · · · · · · · · · · · · · · · · · ·			
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4 Adverti or (loss) (co col, 3), if a ga cols, 5 th	1,2 minus in, compute	5. Circulatio income	n 6. Reade cost	ership s	7. Excoss readership costs (column 6 minus column 6, but not more than column 4),
(1)								
(2)			<del>_</del> _,'					
(3)			,	t				
(4)			4	···	ļ <u> </u>			
Totals (carry to Part II, line (5))	▶	o.	<u>,                                    </u>	·				0.
			•					Form 990-T (2018)

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

1. Name of periodical	2. Gross advertising income	3. Direct advortising costs	4. Advertising gain or (loss) (col. 2 minus col. 3), if a gain, compute cols. 5 through 7,	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						•
(3)						
(4)		-	-			
Totals from Part I	0.	0.			•	0.
	Enter here and on — page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B)			•	Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	0.	0.		•		0.
Schedule K - Compensation	n of Officers,	Directors, and	Trustees (see in	structions)		

1. Name	2. Title	3. Percent of time devoted to business	Componsation attributable to unrelated business
(1)	-	. %	
(2)		%	
(3)		%	
(4) .		%	
Total. Enter here and on page 1, Part II, line 14			O.

Form 990-T (2018)

Amount

51,064.

51,064.

Description

Labor, supplies and sevice cost.

Total to Form 990-T, Schedule A, line 4b