For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2019)

Form 990-T (20	μ) LOUISIANA CHILDREN'	S MEDICAL CENTER			94-	348013	1 Page 2
Part III	Total Unrelated Business Taxa	ble Income		4		<u></u>	
32 Jotal	of unrelated business taxable income computed	from all unrelated trades or businesses (see instructions)		82	-84,	784.
33 Amol	ints paid for disallowed fringes	33					
34 Charr	table contributions (see instructions for limitation	34		0.			
35 Total	unrelated business taxable income before pre-2	018 NOLs and specific deduction Subtract	t line 34 from the sum of	of lines 32 and 38	35	-84,	784.
36 Dedu	ction for net operating loss arising in tax years b	36		0.			
37 Total	of unrelated business taxable income before sp	ecific deduction. Subtract line 36 from line	35	7	37	-84,	784.
38 Speci	fic deduction (Generally \$1,000, but see line 38	instructions for exceptions)		8	38		000.
	ated business taxable income Subtract line 3		e 37.				
enter	the smaller of zero or line 37	·		11	39	-84,	784.
Part IV	Tax Computation						
40 Organ	nizations Taxable as Corporations Multiply line	e 39 by 21% (0 21)	•		40		0.
41 Trust	s Taxable at Trust Rates. See instructions for to	ax computation. Income tax on the amoun	it on line 39 from.				
	Tax rate schedule or Schedule D (Form	1041)		•	41		
42 Proxy	tax. See instructions	•		•	42		
43 Altern	ative minimum tax (trusts only)				43	•	
44 Taxo	n Noncompliant Facility Income. See instruction	ons			44		
	Add lines 42, 43, and 44 to line 40 or 41, which				45		0.
Part V	Tax and Payments						
	n tax credit (corporations attach Form 1118, tri	usts attach Form 1116)	46a				
b Other	credits (see instructions)	,	46b		1		
	al business credit. Attach Form 3800		46c		1		
	for prior year minimum tax (attach Form 8801	or 8827)	46d		1 . [
	credits. Add lines 46a through 46d	,			46e		
	act line 46e from line 45				47		0.
48 Other	taxes. Check if from: Form 4255	Form 8611 Form 8697 Form	8866 Other	(attach schedule)	48		
	tax. Add lines 47 and 48 (see instructions)				49		0.
	net 965 tax liability paid from Form 965-A or Fo	rm 965-B, Part II, column (k), line 3			50		0.
	ents: A 2018 overpayment credited to 2019	(.,,	51a				
-	estimated tax payments		51b		1		
	eposited with Form 8868		51c		1		
	n organizations: Tax paid or withheld at source	(see instructions)	51d		1		
-	p withholding (see instructions)	(51e		1		
	for small employer health insurance premiums	(attach Form 8941)	51f		1		
	_	orm 2439			1 1		
· · ·	=	her Total	▶ 51g				
	payments. Add lines 51a through 51g				52		
	ated tax penalty (see instructions). Check if Forr	n 2220 is attached 🕨 🗍			53		
	ue If line 52 is less than the total of lines 49, 50			•	54		
55 Overp	ayment. If line 52 is larger than the total of lines	s 49, 50, and 53, enter amount overpaid		•	55		
•	the amount of line 55 you want: Credited to 20		Re	funded -	56		
Part VI	Statements Regarding Certain	Activities and Other Informa					
	time during the 2019 calendar year, did the ord					Yes	No
-	financial account (bank, securities, or other) in	,	•				
	N Form 114, Report of Foreign Bank and Financ	• • •	-				1
here	•	·	,				X
	the tax year, did the organization receive a dist	ribution from, or was it the grantor of, or t	transferor to, a fore	an trust?			X
	s," see instructions for other forms the organizat	•					
	the amount of tax-exempt interest received or a	•					1 1
	Under penalties of perjury, I declare that I have examined				wledge and I	belief, it is true	
Sign	correct, and complete Declaration of preparer other than	taxpayer) is based on all information of which pr	FINANCIA	L -			
Here	Lenger Dava	Obus 11/16/20 NOFFICE	ER			iscuss this return nown below (see	with
	Signature of officer	Date Title			structions)?	Yes	□ No I
	Print/Type preparer's name	Preparer's signature	Date	Check I	f PTIN		السيبات
Detal				self- employed	,		
Paid	.1		}	Jp.ojou			
Preparer				Firm's EIN ▶			
Use Only	/			1	_		
	Firm's address			Phone no.			
923711 01-27-2				•	F	orm 990-T	(2019)
		93			•	•	,,

Schedule A - Cost of Good	ls Sold. Enter	method of inve	ntory valuation N/A	4				
1 Inventory at beginning of year	1 1	ar	······································	6				
2 Purchases	2		6 Inventory at end of year 7 Cost of goods sold Subtract line 6					
3 Cost of labor	3		from line 5. Enter here		i			
4 a Additional section 263A costs			line 2		´ [7		
(attach schedule)	4a	8 Do the rules of section						
b Other costs (attach schedule)	4b		property produced or	•	· ·			
5 Total. Add lines 1 through 4b	5		the organization?	•				
Schedule C - Rent Income	(From Real	Property an	. <u> </u>	Leas	ed With Real Pro	perty)		
(see instructions)								
1 Description of property								
(1)								
(2)								
(3)					······································			
(4)								
		ed or accrued			3(a) Deductions directly	connected with the income in		
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	e than	of rent for	and personal property (if the percent personal property exceeds 50% or if int is based on profit or income)	age '	ge 3(a) Deductions directly connected with the income in columns 2(a) and 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	` ' ' '	ter		0.	(b) Total deductions Enter here and on page 1, Part I line 6, column (B)	• 0.		
Schedule E - Unrelated Del	bt-Financed	Income (see	nstructions)		•			
			2. Gross income from		3 Deductions directly conn to debt-finance			
1. Description of debt-fit		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)			
				_	· ··· · -			
(1)		-	1			_		
(2)		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		ļ		· · · · · · · · · · · · · · · · · · ·		
(3)								
(4)								
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5. Average adjusted basis of or allocable to debt-financed property (attach schedule)			6. Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))		
(1)			%					
(2)			%					
(3)			%					
(4)			%					
					nter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1 Part I, line 7 column (B)		
Totals			•		0.	0.		
Total dividends-received deductions in	icluded in column	8				0.		
						Form 990-T (2019)		

Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising income (see instructions) 2. Gross advertising costs of 3. Direct advertising costs (col 3) if a gain compute cols 5 through 7 (1) (2) (3) (4)					nd Rents From Controlled Organizations (see instructions) Exempt Controlled Organizations								
Compared Controlled Organizations Controll	Name of controlled organization		identification (loss						included in the controlling		rolling	connected with income	
Compared Controlled Organizations Controll	(1)				1					<u>.</u>			
Comparing Controlled Organizations Controlled Organizations S. Neil unreased income issues S. Total of especified payments 10. Per or course is that is incomed 11. Delications friendly controlled 12. Delications friendly controlled 12. Delications friendly controlled 12. Delications from the controlling appraisable Controlled 12. Delications from the controlling appraisable Controlled 12. Delications from the controlling appraisable Controlled 12. Delications from the controlled appraisable Controlled 13. Delications from the controlled appraisable Controlled 14. Delications from the controlled					1								
Add columns & and Column Add colum													
7, Taxable income 8, Nat unraillated excore (tree instructions) 9, Total of spreched payments 10, Part of catern 5 than a exchange in the controlling organization's gross income in column 10 (2) (3) (4) Add columns 5 and 10 Enter her and on page 1 Part in the 5 colomology of the part in the controlling organization (see instructions) Totals Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1, Description of income 2, Amount of income 2, Amount of income 3, Cenarization (see instructions) 1, Description of income 2, Amount of income 3, Cenarization (sea instructions) 1, Description of income 2, Amount of income 3, Cenarization (sea instructions) 1, Description of income 2, Amount of income 3, Cenarization (state here and on page 1, Part I, Intel Amount of income income in the column (a) of inter here and on page 1, Part I, Intel Section of the analysis of inter here and on page 1, Part I, Intel Section of the analysis of inter here and on page 1, Part I, Intel Section of the analysis of the page 1, Part I, Intel Section of the s													
(1) (2) (3) (4) Add columns 5 and 10 Enter here and on page 1 Part I Ince 8, column (A) Totals Add columns 6 and 10 Enter here and on page 1 Part I Ince 8, column (A) Totals Add columns 6 and 10 Enter here and on page 1 Part I Ince 8, column (A) Enter here and on page 1 Part I Ince 8, column (A) Totals Add columns 6 and 10 Enter here and on page 1 Part I Ince 8 column (B) Totals Add columns 6 and 10 Enter here and on page 1 Part I Ince 8 column (B) Totals Add columns 6 and 10 Enter here and on page 1 Part I Ince 8 column (B) Totals 6 column (B) Totals Enter here and on page 1 Part I Ince 8 column (B) Totals A Sensories (data schedule) Enter here and on page 1 Part I Ince 8 column (B) Totals A Sensories (data schedule) Enter here and on page 1 Part I Income Form Periodicals Reported on a Consolidated Basis 1. Description of microne 4 Net recome lices 1 Part I Income Form Periodicals Reported on a Consolidated Basis 1. Name of periodical Reported on a Consolidated Basis 1. Name of periodicals Reported on a Consolidated Basis 7. Excess readership costs of Part I Income Form Periodicals Reported on a Consolidated Basis 7. Excess readership costs of Part I Income Form Periodicals Reported on a Consolidated Basis 1. Name of periodicals Reported on a Consolidated Basis 7. Excess readership costs of Part I Income Form Periodicals Reported on a Consolidated Basis 1. Name of periodicals Reported on a Consolidated Basis 7. Excess readership costs of Part I Income Form Periodicals Reported on a Consolidated Basis	Nonexempt Controlled Organ	nizations	-		<u> </u>					•			
(g)	7. Taxable Income				9. Total		ments	in the controlli	ng orga	nization's	11. c	Peductions directly connected th income in column 10	
(g)	(1)		·		1							-	
(d) (d) Add columns 5 and 10 Enter here and no page 1 Part I line S column (5) Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1, Description of income 2, Amount of income 2, Amount of income 2, Amount of income 3, Deductions (affacts schedule) (affacts schedule) (b) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 2 C Gross unrefised business unrefisited business trade or business unrefisited business unrefis			· · ·					_					
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Totals Add columns 5 and 10 Enter here and on page 1 Part I In the Re and on page 1, Part I, line 8 column (8)		1			<u> </u>								
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(1) (2) (3) (4) Enter here and on page 1, Part 1, line 9, column (A)		<u></u>	me			2. Amount of	ıncome	directly conne	cted			and set-asides	
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(3) (4) Enter here and on page 1, Part 1, line 9, column (A) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of exploited activity 2 Gross unrelated trade for business income business income business income 2 Gross unrelated trade for business from activity that is not unrelated trade for business (column 2 gain, compute cols 5 litrough 7? 2 Excess exempt expenses (column 2 gain, compute cols 5 litrough 7? 3 (3) (4) Enter here and on page 1, Part 1 line 9, column (loss) 1 Description of exploited Exempt Activity Income, loss of the production of the pro													
Content Cont													
Enter here and on page 1, Part 1, line 9, column (A) Column (B)						 		·					
Totals Part I, line 9, column (A) Part I, line 9, column (B)	(4)					Enter here and	n page 1.	· · · · · · · · · · · · · · · · · · ·				Enter here and on page	
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1 Description of exploited activity	-	-	•		,			ŭ					
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(2) (3) (4) Enter here and on page 1, Part I Inne 10 cot (A) Totals O. O. Schedule J - Advertising Income (see instructions) 1. Name of periodical 2. Gross advertising income 2. Gross advertising costs 3. Direct advertising gain or (loss) (col 2 minus col 3) if a gain compute cots 5 through 7 (1) (2) (3) (4)	(1)	1											
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Part I Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising costs or (loss) (col 2 minus cold 3) if a gain compute costs 5 through 7 (1) (2) (3) (4)		ing Incor		nstruction		<u> </u>						<u> </u>	
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(2) (3) (4)	1. Name of periodical		advertising			or (loss) (co	l 2 minus in computi		on			costs (column 6 minus column 5, but not more	
(2) (3) (4)	(1)						,	1				ŧ	
(3) (4)					· · · · · · · · · · · · · · · · · · ·	7,	N	,				1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(4)				_		7	-					1	
						7						1	
Totals (carry to Part II, line (5)) ► 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0													
	Totals (carry to Part II, line (5))	•	(0.	0	<u>.</u>						0.	

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 advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5 Circulation income	6 Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)	ĺ						
(3)							·
(4)		·					
Totals from Part I	▶	0.	0.			<u> </u>	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 26
Totals, Part II (lines 1-5)	▶	0.	0.				0.

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

1 Name	2. Title	time devoted to business	 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14	· · · · · · · · · · · · · · · · · · ·	•	0.

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