Form <b>990-T</b>	Ex	cempt Organization				'n	OMB No. 1545-0687
Form JJU-1		`		der section 6033(	* -	- 1 0	0010
	For cale	ndar year 2018 or other tax year begin		· <del>··</del>		0 + 9	<b>2018</b>
Department of the Treasury Internal Revenue Service	<b>▶</b> Do	Go to www.irs.gov/Form990				-1/21	Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if	<b>D</b> 00	Name of organization ( Check b		me changed and see instructions			oyer identification number
address changed		Traine of organization (			,	(Empl	oyees' trust, see instructions.)
B Exempt under section	1	DOHENY EYE INSTITUT	E				
X 501(C)(3)	Print	Number, street, and room or suite no.	lf a P.O	box, see instructions.		95-2	916590
408(e) 220(e)	or						lated business activity code
408A 530(a)	l i à he	P.O. BOX 86228				(See i	nstructions.)
529(a)		City or town, state or province, countr	y, and Z	ZIP or foreign postal code			
C Book value of all assets	1	LOS ANGELES, CA 900	86			5313	90
at end of year	F Gro	up exemption number (See instruct	ions.)	<b>&gt;</b>	_		
184,277,503.	G Che	ck organization type 🕨 X 501	(c) co	rporation 501(c)	trust	401(a)	trust Other trust
		nization's unrelated trades or busine	sses.	<b>→</b> 3	Describe	the only	y (or first) unrelated
trade or business her	re ▶PAR	RKING		If only one,	complete Parts I-	V. If mo	e than one, describe the
first in the blank spa	ice at the	end of the previous sentence, cor	mplete	Parts I and II, complete a So	chedule M for eac	ch additio	nal
trade or business, th							.
		corporation a subsidiary in an affili			ontrolled group?		▶ Yes X No
		identifying number of the parent co	rporati	on. D	e number ▶ 32	2 242	7100
J The books are in care							
		126,000.		(A) Income	(B) Expen	ses	(C) Net
1a Gross receipts or				126,000.			
b Less returns and allows		c Balance ▶	1c 2	120,000.			
		ule A, line 7)	3	126,000.			126,000.
		ttach Schedule D)	4a	12070001			1207000.
		Part II, line 17) (attach Form 4797)	4b				
		rusts	4c		-		
		an S corporation (attach statement)	5				+
		· · · · · · · · · · · · · · · · · · ·	6				
•	•	come (Schedule E)	7				
		nts from a controlled organization (Schedule F)					
9 Investment income of a	section 50	1(c)(7), (9), or (17) organization (Schedule G)	9				
10 Exploited exempt	activity in	ncome (Schedule I)	10				
11 Advertising incom	ne (Sched	ule J)	11				
12 Other income (Se	e instruc	tions; attach schedule)	12				
13 Total. Combine li	nes 3 thro	ough 12	13	126,000.			126,000.
		Taken Elsewhere (See instr				except	for contributions,
		be directly connected with t					
		directors, and trustees (Schedule K)					
							<u></u>
							· · · · · · · · · · · · · · · · · · ·
		see instructions)					36,674.
		ee instructions for limitation rules)					30,074.
		4562)				. 20	1
		on Schedule A and elsewhere on re				22b	
				*			
		compensation plans					<del>                                     </del>
		ompensation plans					
		Schedule I).					
		chedule J)					
		chedule)					3,684.
		s 14 through 28.				1	40,358.
		e income before net operating					85,642.
		a loce origina in tay years haginnin				24	

32 Unrelated business taxable income. Subtract line 31 from line 30 . . . . . . For Paperwork Reduction Act Notice, see instructions.

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Form **990-T** (2018)

93452

85,642.

45 a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116). . . . . . 45a 

Part V Tax and Payments

Part III

33

34

35

36

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41

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43

46

47

48

51 52

53

Part IV

DOHENY EYE INSTITUTE	95-2916590	
190-T (2018)		Page
Total Unrelated Business Taxable Income		
Total of unrelated business taxable income computed from all unrelated trades or businesses (see		06 440
instructions)	33	86,442
Amounts paid for disallowed fringes	34	
Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	
Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum	20	86,442
of lines 33 and 34	36	1,000
Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000
Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,	20	85,442
enter the smaller of zero or line 36	38	00/112
Tax Computation	39	17,943
Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	1,,510
	40	
the amount on line 38 from: Tax rate schedule or Schedule D (Form 1041)	41	
Proxy tax. See instructions	42	
Tax on Noncompliant Facility Income. See instructions	43	
Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	17,943
V Tax and Payments		
Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a		
Other credits (see instructions)		
Credit for prior year minimum tax (attach Form 8801 or 8827)		
Total credits. Add lines 45a through 45d	45e	
Subtract line 45e from line 44	46	17,943
Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	47	
Total tax. Add lines 46 and 47 (see instructions)	48	17,943
2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	
Payments: A 2017 overpayment credited to 2018		
2018 estimated tax payments		
Tax deposited with Form 8868		
Foreign organizations: Tax paid or withheld at source (see instructions) 50d		
Backup withholding (see instructions)		
Credit for small employer health insurance premiums (attach Form 8941) 50f		
Other credits, adjustments, and payments: Form 2439	1 2	
Form 4136 Other Total ▶ 50g		
Total payments. Add lines 50a through 50g	51	60,000
Estimated tax penalty (see instructions). Check if Form 2220 is attached	52	
Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed ▶	53	
Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	42,057
Enter the amount of line 54 you want: Credited to 2019 estimated tax ▶18,000. Refunded ▶	55	24,057
Statements Regarding Certain Activities and Other Information (see instructions		IV IN-
At any time during the 2018 calendar year, did the organization have an interest in or a signature or		Yes No
over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization ma		
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 foreign	gn trust?	<u> </u>
If "Yes," see instructions for other forms the organization may have to file.		
Enter the amount of tax-exempt interest received or accrued during the tax year 🕨 \$		

55 Enter the amount of line 54 you want: Credited to 2019 estimated tax ▶ 18,000. Refunded ▶ 55  Part VI Statements Regarding Certain Activities and Other Information (see instructions)  56 At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country	24,057.  Yes No  X  X
Part VI Statements Regarding Certain Activities and Other Information (see instructions)  56 At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file	X
At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file	X
over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file	
here ▶	Х
57 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?	
If "Yes." see instructions for other forms the organization may have to file.	
58 Enter the amount of tax-exempt interest received or accrued during the tax year > \$	
Sign Here  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge at true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  May the IRS discuss with the preparer sh	this return
Signature of officer Date Title (see instructions)? X Ye	s No
Print/Type preparer's name Preparer's signature Date Check if PTIN	
Paid LINDA E G BALLESTEROS   04/01/2020   self-employed   P0036	56852
Preparer Firm's name ► MAGINNIS KNECHTEL & MCINTYRE LLP Firm's EIN ► 95-2746	-
Use Only Firm's address ▶ 300 W. COLORADO BLVD., PASADENA, CA 91105 Phone no. 626-449-3	1466
	<b>0-T</b> (2018)
8X2741 1.000	מאכב ו

(1)

(2)

(3)

(4)

Total dividends-received deductions included in column 8

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1								
	DOHENY	EYE INS	TITUTE				95-2916590	
Form 990-T (2018)								Page
Schedule A - Cost of G	oods Sold. Er	ter method						
1 Inventory at beginning of y	rear 1		6			ar		
2 Purchases			7	Cost of	goods sol	ld. Subtract line		
3 Cost of labor	3			6 from	line 5. En	ter here and in		
4a Additional section 263A co	osts							T
(attach schedule)	4a		8				with respect to	Yes N
b Other costs (attach schedu	ile) . 4b					or acquired fo		
5 Total. Add lines 1 through	4b . 5			to the orga	anization? .	<del></del>		X
chedule C - Rent Income (see instructions)  Description of property	s (110m real 1	Toperty un	u i 013011d1	Topolty				
)								
2)								
3)								
)					-			
	2. Rent recei	ved or accrued	d .					
for personal property is more than 10% but not percenta			From real and personal property (if the stage of rent for personal property exceeds or if the rent is based on profit or income)				lirectly connected with (a) and 2(b) (attach sch	
)								
)								
)								
)								
otal		Total				//-> T -4 - [ -11444		
e) Total income. Add totals of coere and on page 1, Part I, line 6						(b) Total deducti Enter here and o Part I, line 6, colu	n page 1,	
chedule E - Unrelated D	ebt-Financed I	ncome (see	instructions	)	10-11			
			2. Gross inco	ome from or		debt-finan	onnected with or allocat ced property	
Description of debt-financed property			prope		(a) Straigh (atta	nt line depreciation ch schedule)	(b) Other deductions (attach schedule)	
)								
)								
)								
)								
Amount of average     acquisition debt on or     allocable to debt-financed     property (attach schedule)	5. Average adju of or alloca debt-financed (attach sche	ble to property	6. Colu 4 divid by colu	ded		income reportable n 2 x column 6)	8. Allocable dec (column 6 x total of 3(a) and 3(	of columns
1)		70		0/2				

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Enter here and on page 1, Part I, line 7, column (B).

Enter here and on page 1, Part I, line 7, column (A).

%

%

%

PAGE 48

Schedule F-Interest, Ann	uities, Royalties						ons (see	instruction	ons)			
		Exe	mpt Co	ntrolled Or	anizatio	ons						
Name of controlled organization	2. Employer identification number	#		ated income nstructions)	1	of specified nts made	included	f column 4 to in the contr ion's gross in	olling	6. Deductions directly connected with income in column 5		
(1)												
(2)												
(3)												
(4)												
Nonexempt Controlled Organi	zations											
7. Taxable Income	8. Net unrelated ind (loss) (see instructi			Total of specific ayments made		includ				Deductions directly nnected with income in column 10		
(1)												
(2)		-										
(3)												
(4)												
Totals	ncome of a Sec	 tion 501	 (c)(7),	(9), or (17		Enter I Part I	columns 5 a nere and on , line 8, colu	page 1, mn (A).	En	dd columns 6 and 11. ter here and on page 1, art I, line 8, column (B).		
1. Description of income	2. Amount of	income	_	3. Deduction directly cor (attach sch	nected			t-asides schedule)		5. Total deductions and set-asides (col. 3 plus col. 4)		
(1)												
(2)										****		
(3)												
Totals	Part I, line 9, column (A).						Enter here and on page 1, Part I, line 9, column (B).					
Odnodalo i Exploitou Exc	Jinpertouviey inc	omo, o				,						
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Experience direct connecte producti unrela business i	tly d with on of ted	4. Net incor from unrelat or business 2 minus col If a gain, co cols. 5 thro	ed tradé (column umn 3). ompute	from ac	5. Gross income from activity that is not unrelated business income  6. Expenses attributable toolumn 5		able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).		
(1)												
(2)												
(3)												
(4)												
Totals	Enter here and on page 1, Part I, line 10, col. (A).	Enter here page 1, I line 10, c	Part I,						Enter here and on page 1, Part II, line 26.			
Schedule J-Advertising In	ncome (see instru	ctions)										
Part I Income From Per			onsol	idated Bas	sis				-3.0-1			
1. Name of periodical	2. Gross advertising income	3. Dire advertisine	ect	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.		Advertising or (loss) (col. nus col. 3). If income costs in, compute				6. Readership costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)												
(2)				1								
(3)												
(4)										1536		
Totals (carry to Part II, line (5))												
									-17	Form 990-T (2018)		

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)						
(3)						
(4)						
Totals from Part I ▶						
	Enter here and on page 1, Part I, line 11, col (A).	Enter here and on page 1, Part I, line 11, col (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5) ▶						

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

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

Form 990-T (2018)

## SCHEDULE M (Form 990-T)

## **Unrelated Business Taxable Income for Unrelated Trade or Business**

OMB No. 1545-0687

Department of the Treasury Internal Revenue Service

For calendar year 2018 or other tax year beginning  $\frac{07/01}{}$  , 2018, and ending  $_{-}$ 06/30 .2019

► Go to www.irs.gov/Form990T for instructions and the latest information. ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Name of organization DOHENY EYE INSTITUTE Employer identification number 95-2916590

Unrelated business activity code (see instructions) ► 531390 Describe the unrelated trade or business ► LICENSE REVENUE

Par	tI Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 167,250.				
b	Less returns and allowances c Balance	1c _	167,250.		
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit. Subtract line 2 from line 1c	3	167,250.		167,250
4a	Capital gain net income (attach Schedule D)				
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
С	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			····
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17)				
	organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions; attach schedule)	12			
13	Total. Combine lines 3 through 12	13	167,250.		167,250

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	5,775.
16	Repairs and maintenance		
17	Bad debts		
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses		47,296.
20	Charitable contributions (See instructions for limitation rules)		
21	Depreciation (attach Form 4562)		
22	Less depreciation claimed on Schedule A and elsewhere on return	22b	
23	Depletion	23	
24	Contributions to deferred compensation plans		
25	Employee benefit programs		
26	Excess exempt expenses (Schedule I).		
27	Excess readership costs (Schedule J)		
28	Other deductions (attach schedule)		120,692.
29	Total deductions. Add lines 14 through 28	29	173,763.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-6,513.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
-	instructions)	31	
32	Unrelated business taxable income. Subtract line 31 from line 30	1600000	-6,513.
			hadula M (Form 990 T) 2018

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

## **SCHEDULE M** (Form 990-T)

## **Unrelated Business Taxable Income for Unrelated Trade or Business**

OMB No. 1545-0687

Department of the Treasury Internal Revenue Service

For calendar year 2018 or other tax year beginning  $\frac{07/01}{}$  , 2018, and ending  $_{-}$ 

06/30 ,2019

► Go to www.irs.gov/Form990T for instructions and the latest information. ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Name of organization DOHENY EYE INSTITUTE Employer identification number 95-2916590

Unrelated business activity code (see instructions) ▶ 531390

Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
ross receipts or sales 800.				
ss returns and allowances c Balance ▶	1c	800.		
ost of goods sold (Schedule A, line 7)	2			
ross profit. Subtract line 2 from line 1c........ .	3	800.		800.
apital gain net income (attach Schedule D)	4a			
et gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)。.	4b			
apital loss deduction for trusts	4c			
come (loss) from a partnership or an S corporation (attach				
atement)	5			
ent income (Schedule C)	6			
nrelated debt-financed income (Schedule E)	7			
terest, annuities, royalties, and rents from a controlled				
ganization (Schedule F)	8			
vestment income of a section 501(c)(7), (9), or (17)				
ganization (Schedule G)	9			
oploited exempt activity income (Schedule I) [	10			
dvertising income (Schedule J)	11			
ther income (See instructions; attach schedule) $\dots \dots$	12			
otal. Combine lines 3 through 12	13	800.		800.
Deductions Not Taken Elsewhere (See instruction			s.) (Except for contrib	outions,
ompensation of officers, directors, and trustees (Schedule K).	3		14	
alaries and wages			<u>15</u>	
	oss receipts or sales  streturns and allowances  est of goods sold (Schedule A, line 7)  oss profit. Subtract line 2 from line 1c  pital gain net income (attach Schedule D)  spital loss deduction for trusts  come (loss) from a partnership or an S corporation (attach attement)  ent income (Schedule C)  erest, annuities, royalties, and rents from a controlled ganization (Schedule F)  erest, annuities, royalties, and rents from a controlled ganization (Schedule G)  erestment income of a section 501(c)(7), (9), or (17)  ganization (Schedule G)  ploited exempt activity income (Schedule I)  her income (See instructions; attach schedule)  tal. Combine lines 3 through 12  Deductions Not Taken Elsewhere (See instruction deductions must be directly connected with the unimpensation of officers, directors, and trustees (Schedule K).	oss receipts or sales sereturns and allowances oss profit. Subtract line 2 from line 1c	oss receipts or sales	oss receipts or sales

	•		
14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	ı	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	ı	
19	Taxes and licenses		
20	Charitable contributions (See instructions for limitation rules)		
21	Depreciation (attach Form 4562)		
22	Less depreciation claimed on Schedule A and elsewhere on return	22b	
23	Depletion	23	
24	Contributions to deferred compensation plans	l .	
25	Employee benefit programs		
26	Excess exempt expenses (Schedule I)		
27	Excess readership costs (Schedule J)		
28	Other deductions (attach schedule)		
29	Total deductions. Add lines 14 through 28		<del></del>
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	800.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
•	instructions)	31	
32	Unrelated business taxable income. Subtract line 31 from line 30		800.
<u></u>	Citizen Paris Control		

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

ATTACHMENT 1

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

INSURANCE

3,684.

PART II - LINE 28 - OTHER DEDUCTIONS

3,684.

ATTACHMENT 2

SCHEDULE M - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

INSURANCE OCCUPANCY

5,435. 115,257.

PART II - LINE 28 - OTHER DEDUCTIONS

120,692.