

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

For calendar year 2019 or other tax year beginning 07/01, 2019, and ending 06/30, 2020.

**2019**

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form990T](http://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

|   |                      |  |   |
|---|----------------------|--|---|
| <b>A</b> <input type="checkbox"/> Check box if address changed<br><br><b>B</b> Exempt under section<br><input checked="" type="checkbox"/> 501(C)(3)<br><input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)<br><input type="checkbox"/> 408A <input type="checkbox"/> 530(a)<br><input type="checkbox"/> 529(a)<br><br><b>C</b> Book value of all assets at end of year<br><br>183,036,548. | <b>Print or Type</b> | Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)<br><br>DOHENY EYE INSTITUTE   | <b>D</b> Employer identification number (Employees' trust, see instructions.)<br><br>95-2916590 |
|   |                      | Number, street, and room or suite no. If a P.O. box, see instructions.<br><br>P.O. BOX 86228   | <b>E</b> Unrelated business activity code (See instructions.)<br><br>531390                     |
|   |                      | City or town, state or province, country, and ZIP or foreign postal code<br><br>LOS ANGELES, CA 90086  |   |
| <b>F</b> Group exemption number (See instructions.) ▶   |                      | <b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust |   |

**H** Enter the number of the organization's unrelated trades or businesses. ▶ 1 Describe the only (or first) unrelated trade or business here ▶ PARKING. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidary controlled group? . . . . .  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation. ▶

**J** The books are in care of ▶ STEVE MACGREGOR Telephone number ▶ 323-342-7100

| <b>Part I Unrelated Trade or Business Income</b> |   | (A) Income | (B) Expenses | (C) Net  |
|--|---|------------|--------------|----------|
| 1a   | Gross receipts or sales <u>116,975.</u>   |            |              |          |
| b  | Less returns and allowances <u>                                </u> c Balance ▶                 | 1c         | 116,975.     |          |
| 2  | Cost of goods sold (Schedule A, line 7) . . . . .   | 2          |              |          |
| 3  | Gross profit. Subtract line 2 from line 1c . . . . .  | 3          | 116,975.     | 116,975. |
| 4a   | Capital gain net income (attach Schedule D) . . . . .   | 4a         |              |          |
| b  | Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) . . . . .                      | 4b         |              |          |
| c  | 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   | <b>Total.</b> Combine lines 3 through 12 . . . . .  | 13         | 116,975.     | 116,975. |

| <b>Part II Deductions Not Taken Elsewhere</b> (See instructions for limitations on deductions.) (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  |         |
| 16  | Repairs and maintenance . . . . .  | 16  |         |
| 17  | Bad debts . . . . .  | 17  |         |
| 18  | Interest (attach schedule) (see instructions) . . . . .  | 18  |         |
| 19  | Taxes and licenses . . . . .   | 19  | 36,674. |
| 20  | Depreciation (attach Form 4562) . . . . .  | 20  |         |
| 21  | Less depreciation claimed on Schedule A and elsewhere on return . . . . .  | 21a |         |
| 22  | Depletion . . . . .  | 21b |         |
| 22  | Depletion . . . . .  | 22  |         |
| 23  | Contributions to deferred compensation plans . . . . .   | 23  |         |
| 24  | Employee benefit programs . . . . .  | 24  |         |
| 25  | Excess exempt expenses (Schedule I) . . . . .  | 25  |         |
| 26  | Excess readership costs (Schedule J) . . . . .   | 26  |         |
| 27  | Other deductions (attach schedule) . . . . . ATCH. 1   | 27  | 3,767.  |
| 28  | <b>Total deductions.</b> Add lines 14 through 27 . . . . .   | 28  | 40,441. |
| 29  | Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 . . . . .           | 29  | 76,534. |
| 30  | Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) . . . . . | 30  |         |
| 31  | <b>Unrelated business taxable income.</b> Subtract line 30 from line 29 . . . . .  | 31  | 76,534. |

Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, and Amount. Rows include 32 Total of unrelated business taxable income, 33 Amounts paid for disallowed fringes, 34 Charitable contributions, 35 Total unrelated business taxable income before pre-2018 NOLs, 36 Deduction for net operating loss, 37 Total of unrelated business taxable income before specific deduction, 38 Specific deduction, and 39 Unrelated business taxable income.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Rows include 40 Organizations Taxable as Corporations, 41 Trusts Taxable at Trust Rates, 42 Proxy tax, 43 Alternative minimum tax, 44 Tax on Noncompliant Facility Income, and 45 Total.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Rows include 46a Foreign tax credit, 46b Other credits, 46c General business credit, 46d Credit for prior year minimum tax, 46e Total credits, 47 Subtract line 46e from line 45, 48 Other taxes, 49 Total tax, 50 2019 net 965 tax liability, 51a Payments: A 2018 overpayment, 51b 2019 estimated tax payments, 51c Tax deposited with Form 8868, 51d Foreign organizations, 51e Backup withholding, 51f Credit for small employer health insurance, 51g Other credits, adjustments, and payments, 52 Total payments, 53 Estimated tax penalty, 54 Tax due, 55 Overpayment, and 56 Enter the amount of line 55 you want.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Question number, Question text, and Yes/No columns. Rows include 57 At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account... and 58 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?

59 Enter the amount of tax-exempt interest received or accrued during the tax year \$

Sign Here: Signature of officer [Signature], Date 05/04/2021, Title CEO. May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [ ] No

Table with 3 columns: Field name, Value, and Field name. Rows include Preparer's name (LINDA E G BALLESTEROS), Preparer's signature, Date (05/04/2021), Firm's name (MAGINNIS KNECHTEL & MCINTYRE LLP), and Firm's address (300 W. COLORADO BLVD., PASADENA, CA 91105).

Form 990-T (2019)

Schedule A - Cost of Goods Sold. Enter method of inventory valuation

Table with 5 main rows and 2 sub-rows for line 8. Columns include line numbers, descriptions, and Yes/No checkboxes.

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

Table for Schedule C with 2 main columns: (a) From personal property and (b) From real and personal property. Includes a Total row and instructions for line 6.

Schedule E - Unrelated Debt-Financed Income (see instructions)

Table for Schedule E with 4 main columns: Description of debt-financed property, Gross income, Deductions, and Allocable deductions. Includes a Totals row and instructions for lines 7 and 8.

Form 990-T (2019)

**Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

| 1. Name of controlled organization | 2. Employer identification number | Exempt Controlled Organizations                   |                                     |   |  |
|------------------------------------|-----------------------------------|---|-------------------------------------|---|--|
|                                    |                                   | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | 6. Deductions directly connected with income in column 5 |
| (1)                                |                                   |   |                                     |   |  |
| (2)                                |                                   |   |                                     |   |  |
| (3)                                |                                   |   |                                     |   |  |
| (4)                                |                                   |   |                                     |   |  |

**Nonexempt Controlled Organizations**

| 7. Taxable Income   | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10                  |
|---------------------|---|-------------------------------------|--|---|
| (1)                 |   |                                     |  |   |
| (2)                 |   |                                     |  |   |
| (3)                 |   |                                     |  |   |
| (4)                 |   |                                     |  |   |
|                     |   |                                     | Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).          | Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). |
| <b>Totals</b> ..... |   |                                     |  |   |

**Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach schedule)    | 4. Set-asides (attach schedule)                       | 5. Total deductions and set-asides (col. 3 plus col. 4) |
|--------------------------|---------------------|---|---|---|
| (1)                      |                     |   |   |   |
| (2)                      |                     |   |   |   |
| (3)                      |                     |   |   |   |
| (4)                      |                     |   |   |   |
|                          |                     | Enter here and on page 1, Part I, line 9, column (A). | Enter here and on page 1, Part I, line 9, column (B). |   |
| <b>Totals</b> .....      |                     |   |   |   |

**Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

| 1. Description of exploited activity | 2. Gross unrelated business income from trade or business | 3. Expenses directly connected with production of unrelated business income | 4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7. | 5. Gross income from activity that is not unrelated business income | 6. Expenses attributable to column 5 | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4). |
|--------------------------------------|---|---|--|---|--------------------------------------|--|
| (1)                                  |   |   |  |   |                                      |  |
| (2)                                  |   |   |  |   |                                      |  |
| (3)                                  |   |   |  |   |                                      |  |
| (4)                                  |   |   |  |   |                                      |  |
|                                      |   | Enter here and on page 1, Part I, line 10, col. (A).                        | Enter here and on page 1, Part I, line 10, col. (B).   | Enter here and on page 1, Part II, line 25.                         |                                      |  |
| <b>Totals</b> .....                  |   |   |  |   |                                      |  |

**Schedule J – Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated 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)  |                             |                             |  |                       |                     |   |
| <b>Totals</b> (carry to Part II, line (5)) ..... |                             |                             |  |                       |                     |   |

**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)  |  |  |  |                       |                     |   |
| <b>Totals from Part I.</b> . . . . . ▶         |  |  |  |                       |                     |   |
|  | 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.                                       |
| <b>Totals, Part II (lines 1-5)</b> . . . . . ▶ |  |  |  |                       |                     |   |

**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)  |          | %                                      |  |
| <b>Total.</b> Enter here and on page 1, Part II, line 14 . . . . . ▶ |          |  |  |

ATTACHMENT 1

FORM 990T - PART II - LINE 27 - TOTAL OTHER DEDUCTIONS

INSURANCE

3,767.

PART II - LINE 27 - OTHER DEDUCTIONS

3,767.