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If Yes, enter the name and identifying number of the parent corporation. ▶  The books are in care of ▶ TAMMY SCHULZ  Telephone number ▶ 504-503-5596  Rair III Unrelated Trade or Business Income  1. Gross recepts or sales 1. Less returns and allowances 2. Cost of goods sold (Schedule A, line 7) 3. Gross profit. Subtract tine 2 from line 1c 4. Capital gain ent income (attach Schedule D) 4. But gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 6. Capital loss deduction for trusts 5. Income (loss) from a partnership of an S corporation (attach stalement) 6. Rent income (Schedule C) 7. Unrelated debt-Inanced mocine (Schedule E) 8. Interest, annuties, royalties, and rents from a controlled organization (Schedule F) 9. Interest, annuties, royalties, and rents from a controlled organization (Schedule F) 10. Exploide exempl activity necome (Schedule I) 11. Advertising mocine (Schedule J) 12. Other income (Schedule J) 13. Total. Combine lines 3 through 12  Rair III Deductions Not Taken Elsewhere (See instructions for limitations on deductions) 15. Salaries and wages 16. Generals and maintenance 17. Bad debts 18. Interest (attach schedule) (see instructions) 19. Taxes and iteneses 20. Charitable contributions (See instructions) 22. Less depreciation claimed on Schedule A and elsewhere on return 23. Depletion 24. Confributions to deferred compensation plans 25. Employee benefit programs 26. Excess exempl expenses (Schedule I) 27. Excess readership costs (Schedule I) 28. Total deductions, Add the schedule I) 29. Other deductions (Actach Schedule I) 29. Other deductions (Actach Schedule I) 29. Other deductions (Actach Schedule I) 29. Total deductions (Actach Schedule I) 29. Other deductions													<del></del>	_		
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Less depreciation claimed on Schedule A and elsewhere on return  Depletion  Contributions to deferred compensation plans  Employee benefit programs  Excess exempt expenses (Schedule I)  Excess readership costs (Schedule J)  Other deductions (attach schedule)  Total deductions. Add lines 14 through 28  Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13  Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)  Unrelated business taxable income. Subtract line 31 from line 30  O.  Unrelated business taxable income. Subtract line 31 from line 30	,		,			1100000			<u></u> Lt	20			_			
Depletion  Contributions to deferred compensation plans  Employee benefit programs  Excess exempt expenses (Schedule I)  Excess readership costs (Schedule J)  Other deductions (attach schedule)  Total deductions. Add lines 14 through 28  Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13  Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)  Unrelated business taxable income. Subtract line 31 from line 30  Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)  31  Unrelated business taxable income. Subtract line 31 from line 30	ί.											22h				
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) 29 Total deductions. Add lines 14 through 28 29 O• 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 31 Unrelated business taxable income. Subtract line 31 from line 30 30 O•	2	33) (2)	· ·	·					ر دده ا					<del>-</del>	_	
Employee benefit programs  Excess exempt expenses (Schedule I)  Excess readership costs (Schedule J)  Other deductions (attach schedule)  Total deductions. Add lines 14 through 28  Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13  Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)  Unrelated business taxable income. Subtract line 31 from line 30			·												_	
Excess exempt expenses (Schedule I)  Excess readership costs (Schedule J)  Other deductions (attach schedule)  Total deductions. Add lines 14 through 28  Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13  Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)  Unrelated business taxable income. Subtract line 31 from line 30			·								h ===			_		
27 Excess readership costs (Schedule J) 28 Other deductions (attach schedule) 29 Total deductions. Add lines 14 through 28 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 O • 31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 32 Unrelated business taxable income. Subtract line 31 from line 30 30 O •														_		
Other deductions (attach schedule)  29 Total deductions. Add lines 14 through 28 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 31 Unrelated business taxable income. Subtract line 31 from line 30 32 0.												27			_	
Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13  Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)  Unrelated business taxable income. Subtract line 31 from line 30  30  31  32  0.											28			_		
Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)  31 Unrelated business taxable income. Subtract line 31 from line 30  32 0.		29									29					
32 Unrelated business taxable income. Subtract line 31 from line 30		30										żęczycocodkidów:	0	200		
OL Official de desirios de la constant de la consta		31											•	<b>#</b>		
		32 Unrelated business taxable income. Subtract line 31 from line 30									32					

•	EAST JEFFERSON GENERAL HOSPITAL							
Form 990-T	1 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		23-70	<u> 52930 </u>	Page 2			
Part I	Total Unrelated Business Taxable Income							
. 33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see ii	nstructions)		33	0.			
34	Amounts paid for disallowed fringes			34				
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instruction)	ions)	-	35				
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum							
00	lines 33 and 34			36				
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)			37	1,000.			
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,	<u> </u>	270001					
30	enter the smaller of zero or line 36	38	0.					
Part I				1 00 1				
	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)			39	0.			
39		line 29 from:		33				
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on  Tax rate schedule or Schedule D (Form 1041)		40					
	··································	•		41				
41	Proxy tax. See instructions			<del></del>				
42	Alternative minimum tax (trusts only)			42				
43	Tax on Noncompliant Facility Income See instructions			43	0.			
44 Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies 44								
	Tax and Payments		2 500	-88848888				
45 a	, ,	15a	2,508	- ‱				
b		15b		-				
C		15c						
d	,	15d		_ ****				
е	Total credits. Add lines 45a through 45d			45e	2,508.			
46	Subtract line 45e from line 44			46				
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866	Other (a	ttach schedule)	-				
48	Total tax. Add lines 46 and 47 (see instructions)			48	0.			
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2			49	<u> </u>			
50 a	Payments: A 2017 overpayment credited to 2018	50a		_				
b	2018 estimated tax payments	50b		_				
C	Tax deposited with Form 8868	50c						
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d						
е	Backup withholding (see instructions)	50e		_				
f	Credit for small employer health insurance premiums (attach Form 8941)	50f						
g	Other credits, adjustments, and payments: Form 2439							
	Form 4136 Other Total	50g						
51	Total payments. Add lines 50a through 50g			51				
52	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		<b>&gt;</b>	53				
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	_	<b>&gt;</b>	54				
55	Enter the amount of line 54 you want Credited to 2019 estimated tax	Refi	ınded 🕨	55				
Part \		1 (see instruc	tions)		·			
56	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 m		'					
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the for							
	here <b>&gt;</b>	,			X			
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or trans	sferor to a fore	uan trust?		_ <u>x</u>			
31	If "Yes," see instructions for other forms the organization may have to file.	310101 10, 4 1011	ngii ti ust					
58	Enter the amount of/tax-exempt interest received or accrued during the tax year >\$							
		ements, and to the	e best of my kr	nowledge and be	lief. it is true.			
Sign	Under penalties of perjuny I declare that I baye examined this return, including accompanying schedules and stat correct, and confidete peculiation of profager (other than taxpayer) is based on all information of which preparer I	has any knowled	je					
Here	ANNEXTURE INSIDE A CHATE		May the IRS discuss this return with					
	Signature of officer Date Title			the preparer sho instructions)?				
	- Cignature of Cines.	1.			169 180			
	Print/Type preparer's name Preparer's signature Date		Check L	if PTIN				
Paid		ula 1	self- employe		E 12260			
Prepa	arer SHARON CASSIERE CALON MICHAEL MI	7/17	Const. City N		543368			
Use (	Only Firm's name ► POSTLETHWAITE & NETTERVILLE, APAC	-	Firm's EIN	- 12-	1202445			
	ONE GALLERIA BLVD, SUITE 2100		01	/ F O 4 \ O	27 5000			
	Firm's address ► METAIRIE, LA 70001		Phone no.		37-5990			
823711 0	1-09-19			Fo	rm <b>990-T</b> (2018)			