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Form 990

Amended Hurricane Katrina  
Return of Organization Exempt from Income Tax

OMB No 1545-0047

2004

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)  
The organization may have to use a copy of this return to satisfy state reporting requirements

**A** For the 2004 calendar year, or tax year beginning , 2004, and ending

**B** Check if applicable:  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return  
☒ Amended return  
☐ Application pending

Please use IRS label or print or type. See specific instructions.  
TOURO INFIRMARY  
1401 FOUCHER ST  
NEW ORLEANS, LA 70115

**D** Employer Identification Number  
72-0423659

**E** Telephone number

**F** Accounting method ☐ Cash ☒ Accrual  
☐ Other (specify)

**G** Web site: N/A

**J** Organization type (check only one) ☒ 501(c) 3 (insert no) ☐ 4947(a)(1) or ☐ 527

**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 489,495,758.

**H and I are not applicable to section 527 organizations**  
**H (a)** Is this a group return for affiliates? ☐ Yes ☒ No  
**H (b)** If "Yes," enter number of affiliates  
**H (c)** Are all affiliates included? ☐ Yes ☐ No (If "No," attach a list. See instructions.)  
**H (d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No  
**I** Group-Exemption Number  
**M** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)									
1	Contributions, gifts, grants, and similar amounts received								
a	Direct public support	1a	TPR BRANCH						
b	Indirect public support	1b	CODE						
c	Government contributions (grants)	1c							
d	Total (add lines 1a through 1c) (cash \$ noncash \$ )						1d		0.
2	Program service revenue including government fees and contracts (from Part VII, line 93)						2		480,479,550.
3	Membership dues and assessments						3		
4	Interest on savings and temporary cash investments						4		139,694.
5	Dividends and interest from securities						5		765,528.
6a	Gross rents	6a	2,656,022.						
b	Less rental expenses	6b	2,023,099.						
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c							632,923.
7	Other investment income (describe )		SEE STATEMENT 1)				7		1,900,306.
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other					
b	Less cost or other basis and sales expenses	8a							
c	Gain or (loss) (attach schedule)	8b							
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c					8d		
9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>								
a	Gross revenue (not including \$ of contributions reported on line 1a)	9a							
b	Less direct expenses other than fundraising expenses	9b							
c	Net income or (loss) from special events (subtract line 9b from line 9a)						9c		
10a	Gross sales of inventory, less returns and allowances	10a	1,469,820.						
b	Less cost of goods sold	10b	1,270,422.						
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)		STATEMENT 2				10c		199,398.
11	Other revenue (from Part VII, line 103)						11		2,084,838.
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)						12		486,202,237.
13	Program services (from line 44, column (B))						13		470,044,016.
14	Management and general (from line 44, column (C))						14		8,090,900.
15	Fundraising (from line 44, column (D))						15		
16	Payments to affiliates (attach schedule)						16		
17	Total expenses (add lines 13 and 44, column (A))						17		478,134,916.
18	Excess (or deficit) for the year (subtract line 17 from line 12)						18		8,067,321.
19	Net assets or fund balances at beginning of year (from line 73, column (A))						19		62,611,668.
20	Other changes in net assets or fund balances (attach explanation)		SEE STATEMENT 3				20		1,198,544.
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)						21		71,877,533.

5P  
8913

**Part II Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att sch) (cash \$ _____ non cash \$ _____)	22			
23 Specific assistance to individuals (att sch)	23			
24 Benefits paid to or for members (att sch)	24			
25 Compensation of officers, directors, etc	25	1,722,537.	537,957.	1,184,580.
26 Other salaries and wages	26	64,277,698.	60,877,620.	3,400,078.
27 Pension plan contributions	27			
28 Other employee benefits	28	4,889,450.	3,808,941.	1,080,509.
29 Payroll taxes	29	4,547,746.	4,343,033.	204,713.
30 Professional fundraising fees	30			
31 Accounting fees	31	84,582.		84,582.
32 Legal fees	32	295,607.	8,278.	287,329.
33 Supplies	33	31,167,603.	30,958,559.	209,044.
34 Telephone	34	136,178.	126,956.	9,222.
35 Postage and shipping	35	131,854.	125,414.	6,440.
36 Occupancy	36			
37 Equipment rental and maintenance	37	1,760,700.	1,603,022.	157,678.
38 Printing and publications	38	80,397.	80,397.	
39 Travel	39	163,487.	127,856.	35,631.
40 Conferences, conventions, and meetings	40			
41 Interest	41	6,143,650.	6,143,650.	
42 Depreciation, depletion, etc (attach schedule)	42	12,154,003.	12,154,003.	
43 Other expenses not covered above (itemize)				
a SEE STATEMENT 4	43a	350,579,424.	349,148,330.	1,431,094.
b	43b			
c	43c			
d	43d			
e	43e			
44 Total functional expenses (add lines 22 - 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	478,134,916.	470,044,016.	8,090,900.

Joint Costs. Check ☐ if you are following SOP 98-2Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If 'Yes,' enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services

\$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments**What is the organization's primary exempt purpose? **PROVISION OF MEDICAL SERVICES.**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) &amp; (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants &amp; allocations to others.)

Program Service Expenses  
(Required for 501(c)(3) and  
(4) organizations and  
4947(a)(1) trusts, but  
optional for others.)

a SEE STATEMENT 17		
(Grants and allocations \$ _____)		470,044,016.
b		
(Grants and allocations \$ _____)		
c		
(Grants and allocations \$ _____)		
d		
(Grants and allocations \$ _____)		
e Other program services (Grants and allocations \$ _____)		
f Total of Program Service Expenses (should equal line 44, column (B), Program services)		470,044,016.

**Part IV Balance Sheets** (See instructions)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
<b>ASSETS</b>	<b>45</b> Cash – non-interest-bearing		<b>45</b>	
	<b>46</b> Savings and temporary cash investments	2,445,050.	<b>46</b>	6,083,658.
	<b>47a</b> Accounts receivable	<b>47a</b> 34,589,733.		
	<b>b</b> Less allowance for doubtful accounts	<b>47b</b> 9,612,111.	35,936,825.	<b>47c</b> 24,977,622.
	<b>48a</b> Pledges receivable	<b>48a</b>		
	<b>b</b> Less allowance for doubtful accounts	<b>48b</b>		<b>48c</b>
	<b>49</b> Grants receivable		<b>49</b>	
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule)		<b>50</b>	
	<b>51a</b> Other notes & loans receivable (attach sch)	<b>51a</b> 38,753,878.		
	<b>b</b> Less allowance for doubtful accounts	<b>51b</b>	33,333,414.	<b>51c</b> 38,753,878.
	<b>52</b> Inventories for sale or use		2,973,965.	<b>52</b> 3,264,947.
	<b>53</b> Prepaid expenses and deferred charges		2,345,938.	<b>53</b> 3,944,131.
	<b>54</b> Investments – securities (attach schedule)	<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		<b>54</b>
	<b>55a</b> Investments – land, buildings, & equipment basis	<b>55a</b>		
	<b>b</b> Less accumulated depreciation (attach schedule)	<b>55b</b>		<b>55c</b>
<b>56</b> Investments – other (attach schedule)		50,191,667.	<b>56</b> 58,523,685.	
<b>57a</b> Land, buildings, and equipment basis	<b>57a</b> 239,763,950.			
<b>b</b> Less accumulated depreciation (attach schedule)	<b>57b</b> 167,950,361.	77,292,523.	<b>57c</b> 71,813,589.	
<b>58</b> Other assets (describe <input type="checkbox"/> <u>STATEMENT 5</u> <input type="checkbox"/> <u>SEE STATEMENT 6</u> )		7,580,060.	<b>58</b> 5,057,013.	
<b>59</b> <b>Total assets</b> (add lines 45 through 58) (must equal line 74)		212,099,442.	<b>59</b> 212,418,523.	
<b>LIABILITIES</b>	<b>60</b> Accounts payable and accrued expenses		38,666,894.	<b>60</b> 30,427,014.
	<b>61</b> Grants payable			<b>61</b>
	<b>62</b> Deferred revenue			<b>62</b>
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule)			<b>63</b>
	<b>64a</b> Tax-exempt bond liabilities (attach schedule)		104,753,117.	<b>64a</b> 102,969,482.
	<b>b</b> Mortgages and other notes payable (attach schedule)		3,292,481.	<b>64b</b> 3,288,731.
	<b>65</b> Other liabilities (describe <input type="checkbox"/> <u>SEE STATEMENT 7</u> )		2,775,282.	<b>65</b> 3,855,763.
<b>66</b> <b>Total liabilities</b> (add lines 60 through 65)		149,487,774.	<b>66</b> 140,540,990.	
<b>NET ASSETS OR FUND BALANCES</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>			
	<b>67</b> Unrestricted		62,355,428.	<b>67</b> 71,467,086.
	<b>68</b> Temporarily restricted		256,240.	<b>68</b> 410,447.
	<b>69</b> Permanently restricted			<b>69</b>
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>			
	<b>70</b> Capital stock, trust principal, or current funds			<b>70</b>
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund			<b>71</b>
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds			<b>72</b>
	<b>73</b> <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)		62,611,668.	<b>73</b> 71,877,533.
	<b>74</b> <b>Total liabilities and net assets/fund balances</b> (add lines 66 and 73)		212,099,442.	<b>74</b> 212,418,523.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

BAA

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>	193,556,859.
<b>b</b>	Amounts included on line <b>a</b> but not on line 12, Form 990		
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify)		
	SEE STM 8 \$ -295631961.		
	Add amounts on lines (1) through (4)	<b>b</b>	-295,631,961.
<b>c</b>	Line <b>a</b> minus line <b>b</b>	<b>c</b>	489,188,820.
<b>d</b>	Amounts included on line 12, Form 990 but not on line <b>a</b> :		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)		
	SEE STM 9 \$ -2,986,583.		
	Add amounts on lines (1) and (2)	<b>d</b>	-2,986,583.
<b>e</b>	Total revenue per line 12, Form 990 (line <b>c</b> plus line <b>d</b> )	<b>e</b>	486,202,237.

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	194,919,132.
<b>b</b>	Amounts included on line <b>a</b> but not on line 17, Form 990		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		-1,198,544.
(4)	Other (specify)		
	SEE STMT 10 \$ 28,333,186.		
	Add amounts on lines (1) through (4)	<b>b</b>	27,134,642.
<b>c</b>	Line <b>a</b> minus line <b>b</b>	<b>c</b>	167,784,490.
<b>d</b>	Amounts included on line 17, Form 990 but not on line <b>a</b> :		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)		
	SEE STMT 11 \$ 310350426.		
	Add amounts on lines (1) and (2)	<b>d</b>	310,350,426.
<b>e</b>	Total expenses per line 17, Form 990 (line <b>c</b> plus line <b>d</b> )	<b>e</b>	478,134,916.

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated, see instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 12				
		1,722,537.	101,000.	0.

**75** Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?

☐ Yes

☒ No

If 'Yes,' attach schedule — see instructions

Part VI Other Information (See instructions)		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
78b	If 'Yes,' has it filed a tax return on Form 990-T for this year?	X	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	X	
b If 'Yes,' enter the name of the organization <u>SEE STATEMENT 13</u> and check whether it is <input checked="" type="checkbox"/> exempt or <input checked="" type="checkbox"/> nonexempt			
81a	Enter direct and indirect political expenditures See line 81 instructions <u>81a</u> 0.		
81b	Did the organization file Form 1120-POL for this year?		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) <u>82b</u> N/A			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			N/A
85a	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?		N/A
85b	b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		N/A
c Dues, assessments, and similar amounts from members <u>85c</u> N/A			
d Section 162(e) lobbying and political expenditures <u>85d</u> N/A			
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices <u>85e</u> N/A			
f Taxable amount of lobbying and political expenditures (line 85d less 85e) <u>85f</u> N/A			
85g	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A
85h	h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		N/A
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12 <u>86a</u> N/A		
b Gross receipts, included on line 12, for public use of club facilities <u>86b</u> N/A			
87	501(c)(12) organizations Enter a Gross income from members or shareholders <u>87a</u> N/A		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) <u>87b</u> N/A			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX	X	
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0.</u> , section 4912 <u>0.</u> , section 4955 <u>0.</u>		
b 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction			X
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>0.</u>			
d Enter Amount of tax on line 89c, above, reimbursed by the organization <u>0.</u>			
90a	List the states with which a copy of this return is filed <u>LOUISIANA, CALIFORNIA, ILLINOIS, NORTH CAROLINA</u>		
b Number of employees employed in the pay period that includes March 12, 2004 (See instructions) <u>90b</u> 1,645			
91	The books are in care of <u>ROBERT A. FICKEN</u> Telephone number <u>(504) 897-8292</u> Located at <u>1401 FOUCHER ST., NEW ORLEANS, LA</u> ZIP + 4 <u>70115</u>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <u>N/A</u> and enter the amount of tax-exempt interest received or accrued during the tax year <u>92</u> N/A		

**Part VII Analysis of Income-Producing Activities** (See instructions)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a SEE STATEMENT 14					480,479,550.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	139,694.	
96 Dividends & interest from securities			14	765,528.	
97 Net rental income or (loss) from real estate					
a debt-financed property	531120	560,430.			
b not debt-financed property			16	72,493.	
98 Net rental income or (loss) from pers prop					
99 Other investment income			14	1,900,306.	
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory	621990	199,398.			
103 Other revenue a					
b CAFETERIA INCOME			3	1,033,984.	
c MISCELLANEOUS OTHER I			1		
d MISCELLANEOUS SERVICE			3	235,330.	
e PARKING INCOME			3	815,524.	
104 Subtotal (add columns (B), (D), and (E))		759,828.		4,962,859.	480,479,550.
105 Total (add line 104, columns (B), (D), and (E))					486,202,237.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See instructions)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
1	SEE STATEMENT 14

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
SEE STATEMENT 15	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See instructions)

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

☐ Yes ☒ No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions)

Please 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 and belief it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
	Signature of officer <u>Suzanne Haggard</u> Type or print name and title <u>Suzanne Haggard, CFO</u>	Date <u>7/7/11</u>
Paid Preparer's Use Only	Preparer's signature <u>[Signature]</u>	Date <u>7/7/11</u>
	Firm's name (or yours if self-employed) <u>[Blank]</u>	Check if self-employed <input type="checkbox"/>
	Firm's address and ZIP + 4 <u>[Blank]</u>	Preparer's SSN or PTIN (See General Instruction W) <u>[Blank]</u>
		EIN <u>[Blank]</u>
		Phone no <u>[Blank]</u>

**SCHEDULE A**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Organization Exempt Under  
Section 501(c)(3)**(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

OMB No 1545-0047

**2004**▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

Name of the organization

TOURO INFIRMARY

Employer identification number

72-0423659

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See instructions List each one If there are none, enter 'None ')

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
MARK MARGOLIS 22 VERSAILLES BLVD., N.O.	M.D. 40	343,690.	0.	0.
RODREK WILLIAMS 40	M.D. 40	346,435.	0.	0.
KEVIN JORDAN 2411 KILDEER ST., N.O.	M.D. 40	320,118.	0.	0.
VICKY WATTS 40	M.D. 40	255,677.	0.	0.
ANANTH DESIKACHARLU 40	M.D. 40	272,021.	0.	0.
Total number of other employees paid over \$50,000 ▶	0			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See instructions List each one (whether individuals or firms) If there are none, enter 'None ')

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
WALLER LANSDEN DORTCH & DAVIS P.O. BOX 198966, NASHVILLE, TN 37219	LEGAL	202,133.
GARY R. GLYNN M.D., APMC 816 METAIRIE RD., NEW ORLEANS, LA 70124	MEDICAL	397,670.
BEAHM & GREEN ATTORNEYS 145 ROBERT E LEE BLVD, SUITE 408, NEW ORLEANS	LEGAL	241,304.
SHER GARNER CAHILL 909 POYDRAS, 28TH FLOOR, N.O., LA 70112	LEGAL	1,045,523.
THE SLEEP NETWORK 3525 PRYTANIA	LAB SERVICES	239,729.
Total number of others receiving over \$50,000 for professional services ▶	470	

**BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.**

Schedule A (Form 990 or 990-EZ) 2004



**Part III** Statements About Activities (See instructions)

Yes No

- 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ N/A
- (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

- 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)

a Sale, exchange, or leasing of property?

2a X

b Lending of money or other extension of credit?

2b X

c Furnishing of goods, services, or facilities?

2c X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

2d X

e Transfer of any part of its income or assets?

2e X

- 3a Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments.)

3a X

b Do you have a section 403(b) annuity plan for your employees?

3b X

- 4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?

4a X

b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?

4b X

**Part IV** Reason for Non-Private Foundation Status (See instructions)

The organization is not a private foundation because it is (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V.)
- 7 ☒ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 ☐ A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ▶ \_\_\_\_\_
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations (See instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting.***Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total	
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	N/A					
<b>16</b> Membership fees received						
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose						
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975						
<b>19</b> Net income from unrelated business activities not included in line 18						
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.						
<b>23</b> Total of lines 15 through 22						
<b>24</b> Line 23 minus line 17						
<b>25</b> Enter 1% of line 23						
<b>26 Organizations described on lines 10 or 11:</b>	<b>a</b> Enter 2% of amount in column (e), line 24 <span style="float: right;">N/A</span> <b>b</b> Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts. <b>c</b> Total support for section 509(a)(1) test. Enter line 24, column (e). <b>d</b> Add: Amounts from column (e) for lines <b>18</b> _____ <b>19</b> _____ <span style="margin-left: 100px;"><b>22</b> _____ <b>26b</b> _____</span> <b>e</b> Public support (line 26c minus line 26d total) <b>f</b> <b>Public support percentage</b> (line 26e (numerator) divided by line 26c (denominator))					<b>26a</b> _____ <b>26b</b> _____ <b>26c</b> _____ <b>26d</b> _____ <b>26e</b> _____ <b>26f</b> _____ %
<b>27 Organizations described on line 12:</b>	<b>a</b> For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year: (2003) _____ (2002) _____ (2001) _____ (2000) _____ <b>b</b> For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2003) _____ (2002) _____ (2001) _____ (2000) _____ <b>c</b> Add: Amounts from column (e) for lines <b>15</b> _____ <b>16</b> _____ <span style="margin-left: 100px;"><b>17</b> _____ <b>20</b> _____ <b>21</b> _____</span> <b>d</b> Add: Line 27a total _____ and line 27b total _____ <b>e</b> Public support (line 27c total minus line 27d total) <b>f</b> Total support for section 509(a)(2) test. Enter amount from line 23, column (e) <span style="float: right;"><b>27f</b> _____</span> <b>g</b> <b>Public support percentage</b> (line 27e (numerator) divided by line 27f (denominator)) <b>h</b> <b>Investment income percentage</b> (line 18, column (e) (numerator) divided by line 27f (denominator))					<b>27c</b> _____ <b>27d</b> _____ <b>27e</b> _____ <b>27f</b> _____ <b>27g</b> _____ % <b>27h</b> _____ %
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.	N/A					

**Part V Private School Questionnaire** (See instructions )  
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		N/A	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?			
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?			
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe, if 'No,' please explain (If you need more space, attach a separate statement ) ----- ----- -----			
32	Does the organization maintain the following			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement ) ----- ----- -----			
33	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement ) ----- ----- -----			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement	34b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If 'No,' attach an explanation.	35		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See instructions )  
(To be completed ONLY by an eligible organization that filed Form 5768)

N/A

Check ☐ a ☐ if the organization belongs to an affiliated group Check ☐ b ☐ if you checked 'a' and 'limited control' provisions apply**Limits on Lobbying Expenditures**

(The term 'expenditures' means amounts paid or incurred )

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>		
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>		
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>		
<b>39</b> Other exempt purpose expenditures	<b>39</b>		
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>		
<b>41</b> Lobbying nontaxable amount Enter the amount from the following table --			
<b>If the amount on line 40 is --</b>			
Not over \$500,000			
Over \$500,000 but not over \$1,000,000			
Over \$1,000,000 but not over \$1,500,000			
Over \$1,500,000 but not over \$17,000,000			
Over \$17,000,000			
<b>The lobbying nontaxable amount is --</b>			
20% of the amount on line 40			
\$100,000 plus 15% of the excess over \$500,000			
\$175,000 plus 10% of the excess over \$1,000,000			
\$225,000 plus 5% of the excess over \$1,500,000			
\$1,000,000			
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>		
<b>43</b> Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	<b>43</b>		
<b>44</b> Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	<b>44</b>		

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720**4-Year Averaging Period Under Section 501(h)**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below  
See the instructions for lines 45 through 50)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots non-taxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> Grassroots lobbying expenditures					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See instructions )

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (add lines c through h.)

Yes	No	Amount

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities



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**STATEMENT 1**  
**FORM 990, PART I, LINE 7**  
**OTHER INVESTMENT INCOME**

1993 BOND INTEREST	\$	50,393.
1999 BOND INTEREST		1,530,636.
INTEREST ON CAMELOT N/R		296,092.
INTEREST ON N/R-SPECIALTY		
INTEREST ON W/COMP. CD		19,079.
PORTFOLIO INTEREST FR K-1		4,106.
<b>TOTAL</b>	<b>\$</b>	<b><u>1,900,306.</u></b>

**STATEMENT 2**  
**FORM 990, PART I, LINE 10**  
**GROSS PROFIT (LOSS) FROM SALES OF INVENTORY**

PATHOLOGY	\$	1,164,080.
PRINTING		30,187.
LAUNDRY		275,553.
<b>GROSS SALES</b>	<b>\$</b>	<b><u>1,469,820.</u></b>
LESS RETURNS & ALLOWANCES		0.
<b>NET SALES</b>	<b>\$</b>	<b><u>1,469,820.</u></b>
LESS COST OF GOODS SOLD		1,270,422.
<b>GROSS PROFIT FROM SALES OF INVENTORY</b>	<b>\$</b>	<b><u>199,398.</u></b>

**STATEMENT 3**  
**FORM 990, PART I, LINE 20**  
**OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

CHANGES IN RESTRICTED FUNDS	\$	74,270.
UNREALIZED GAIN ON SECURITIES		1,124,274.
<b>TOTAL</b>	<b>\$</b>	<b><u>1,198,544.</u></b>

**STATEMENT 4**  
**FORM 990, PART II, LINE 43**  
**OTHER EXPENSES**

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
ADVERTISING	662,117.	227,443.	434,674.	
CHARITABLE CONTRIB. FROM K-1	190.		190.	
LOSS ON INV IN JOINT VENTURE	77,025.	77,025.		
LOSS ON INV IN SUBS	1,108,258.	1,108,258.		
MEDICAL MALPRACTICE	3,070,526.	3,070,526.		
OTHER CONTRACT & PRO FEES	20,257,891.	19,261,933.	995,958.	
PATIENT REVENUE DEDUCTIONS	325,403,145.	325,403,145.		
PORTFOLIO EXP. FROM K-1	272.		272.	
<b>TOTAL</b>	<b><u>\$ 350579424.</u></b>	<b><u>\$ 349148330.</u></b>	<b><u>\$ 1,431,094.</u></b>	<b><u>\$ 0.</u></b>

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**STATEMENT 5**  
**FORM 990, PART IV, LINE 57**  
**LAND, BUILDINGS, AND EQUIPMENT**

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
MACHINERY AND EQUIPMENT	\$ 122951484.	\$ 67,471,426.	\$ 55,480,058.
BUILDINGS	108512763.	100056111.	8,456,652.
IMPROVEMENTS	7,221,250.	422,824.	6,798,426.
MISCELLANEOUS	1,078,453.	0.	1,078,453.
<b>TOTAL</b>	<b>\$ 239763950.</b>	<b>\$ 167950361.</b>	<b>\$ 71,813,589.</b>

**STATEMENT 6**  
**FORM 990, PART IV, LINE 58**  
**OTHER ASSETS**

DUE FROM TOURO REALTY	\$ 3,233.
INVESTMENT IN STOCKS & CORPORATE BONDS	226,688.
INVESTMENT IN SUBSIDIARIES	2,858,173.
OTHER ASSETS	363,406.
PREPAID PENSION COST	1,599,559.
RESEARCH FUND INVESTMENT IN LAND	5,954.
<b>TOTAL</b>	<b>\$ 5,057,013.</b>

**STATEMENT 7**  
**FORM 990, PART IV, LINE 65**  
**OTHER LIABILITIES**

DIALYSIS RENT PAYABLE	\$ 11,125.
EMPLOYEE CONTRACT PAYABLE	1,191,420.
INTEREST RATE SWAP AGREEMENT	2,621,198.
MISCELLANEOUS	19,320.
UTILITY DEPOSITS	12,700.
<b>TOTAL</b>	<b>\$ 3,855,763.</b>

**STATEMENT 8**  
**FORM 990, PART IV-A, LINE B(4)**  
**OTHER AMOUNTS**

LOSS ON JOINT VENTURE	\$ -77,026.
OPERATING REVENUE OF SUBSIDIARIES	14,379,028.
PATIENT REVENUE DEDUCTIONS LESS PROV D/A	-310273400.
PREMIER PARTNERSHIP ACCRUAL	339,437.
<b>TOTAL</b>	<b>\$ -295631961.</b>

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**STATEMENT 9**  
**FORM 990, PART IV-A, LINE D(2)**  
**OTHER AMOUNTS**

COGS (INVENTORY)	\$ -1,270,422.
INCOME FROM PREMIER K-1	306,938.
RENTAL EXPENSES	-2,023,099.
<b>TOTAL</b>	<b>\$ -2,986,583.</b>

**STATEMENT 10**  
**FORM 990, PART IV-B, LINE B(4)**  
**OTHER AMOUNTS**

COGS (INVENTORY)	\$ 1,270,422.
OPERATING EXPENSES OF SUBSIDIARIES	25,039,665.
RENTAL EXPENSES	2,023,099.
<b>TOTAL</b>	<b>\$ 28,333,186.</b>

**STATEMENT 11**  
**FORM 990, PART IV-B, LINE D(2)**  
**OTHER AMOUNTS**

LOSS ON JOINT VENTURE	\$ 77,026.
PATIENT REVENUE DEDUCTIONS LESS PROV D/A	310,273,400.
<b>TOTAL</b>	<b>\$ 310,350,426.</b>

**STATEMENT 12**  
**FORM 990, PART V**  
**LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
GARY STEIN 1401 FOUCHER ST. NEW ORLEANS, LA 70115	CEO/PRESIDENT 50	\$ 652,159.	\$ 16,000.	\$ 0.
RICHARD CULBERTSON, M.D.	BOARD MEMBER NONE	0.	0.	0.
STEPHEN SONTHEIMER	BOARD MEMBER NONE	0.	0.	0.
ROBERT A. FICKEN 3549 RED OAK COURT NEW ORLEANS, LA 70131	VICE PRESIDENT 50	190,982.	11,000.	0.



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## STATEMENT 12 (CONTINUED)

## FORM 990, PART V

## LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
BEVERLY MAXWELL 6869 COLBERT ST. NEW ORLEANS, LA 70124	VICE PRESIDENT 50	\$ 175,541.	\$ 16,000.	\$ 0.
KIMBERLY KEENE 6770 MARSHALL FOCH NEW ORLEANS, LA 70124	VICE PRESIDENT 50	177,332.	13,000.	0.
FRANK FOLINO 3620 LAKE ONTARIO DR. HARVEY, LA 70058	VICE PRESIDENT 50	173,297.	13,000.	0.
ALVIN FANDRICH 140 22ND ST. NEW ORLEANS, LA 70124	VICE PRESIDENT 50	185,084.	16,000.	0.
EBEN FETTERS 4680 LENNOX BLVD. NEW ORLEANS, LA 70131	VICE PRESIDENT 50	168,142.	16,000.	0.
STEPHEN H. KUPPERMAN 546 CARONDELET ST. NEW ORLEANS, LA 70130	CHAIRMAN NONE	0.	0.	0.
PAUL BARRON 6329 FRERET ST., ROOM 355D NEW ORLEANS, LA 70118	BOARD MEMBER NONE	0.	0.	0.
LAWRENCE J. ISRAEL 200 BROADWAY, #239 NEW ORLEANS, LA 70118	BOARD MEMBER NONE	0.	0.	0.
VICTOR TEDESCO, M.D.	BOARD MEMBER NONE	0.	0.	0.
MICHAEL BERENSON 201 ST. CHARLES AVE., 35TH FL. NEW ORLEANS, LA 70170	PAST CHAIRMAN NONE	0.	0.	0.
RAJA DHURANDHAR, M.D. 1401 FOUCHER ST. NEW ORLEANS, LA 70115	BOARD MEMBER NONE	0.	0.	0.
LEE SCHLESINGER 1010 COMMON ST., #1850 NEW ORLEANS, LA 70112	VICE CHAIRMAN NONE	0.	0.	0.

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## STATEMENT 12 (CONTINUED)

## FORM 990, PART V

## LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
ELLEN YELLIN 61 VERSAILLES BLVD NEW ORLEANS, LA 70125	BOARD MEMBER NONE	\$ 0.	\$ 0.	\$ 0.
ALLAN BISSINGER P. O. BOX 1095 METAIRIE, LA 70004	BOARD MEMBER NONE	0.	0.	0.
PAUL S. ROSENBLUM 2424 EDENBORN AVE., #108 METAIRIE, LA 70001	SECRETARY/TREAS NONE	0.	0.	0.
TOTAL		\$ 1,722,537.	\$ 101,000.	\$ 0.

STATEMENT 13  
FORM 990, PART VI, LINE 80B  
RELATED ORGANIZATIONS

NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
CHOICE HEALTHCARE, INC.		X
CRESCENT CITY PHYSICIANS, INC.		X
METROLAB, INC.		X
TOURO INFIRMARY FOUNDATION	X	
WOLDENBERG VILLAGE, INC.	X	

STATEMENT 14  
FORM 990, PART VIII  
RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE #	EXPLANATION OF ACTIVITIES
93	(A) INCOME FROM DIRECT TREATMENT OF PATIENTS. (B) INCOME FROM ACTIVITIES WHICH DO NOT INVOLVE DIRECT TREATMENT OF PATIENTS BUT DO HELP FURTHER THE ADVANCEMENT OF HEALTHCARE IN THE COMMUNITY. (C) INCOME FROM RESTRICTED FUNDS TO SUPPORT PROGRAM SERVICES. (D) INCOME FROM RESTRICTED FUNDS TO SUPPORT RESEARCH. (E) REIMBURSEMENT FOR INDIRECT EXPENSES ON RESEARCH GRANTS BY CORPORATIONS, GROUND LEASES, AND OTHER MISCELLANEOUS REVENUE. (F) ALLOCABLE SHARE OF PARTNERSHIP INCOME FROM MATERIALS MANAGEMENT AND GROUP PURCHASING PROGRAMS STRUCTURED TO REDUCE THE COST OF MEDICAL RELATED SUPPLIES PURCHASED BY THE HOSPITAL.

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TOURO INFIRMARY

72-0423659

6/26/06

05 31PM

**STATEMENT 15  
FORM 990, PART IX  
INFORMATION REGARDING TAXABLE SUBSIDIARIES**

NAME, ADDRESS AND EIN OF CORPORATION, PARTNERSHIP, OR DISREGARDED ENTITY	% OF OWNER INT.	NATURE OF ACTIVITIES	TOTAL INCOME	END OF YEAR ASSETS
METROLAB, INC. 2633 NAPOLEON AVENUE NEW ORLEANS, LA 70115 72-1184791	100.00%	MEDICAL LAB	5,216,738.	439,691.
CRESCENT CITY PHYSICIANS, INC. 3634 COLISEUM ST. NEW ORLEANS, LA 70115 72-1269878	100.00%	MED.PRACTICE MGMT	13,875,538.	3,275,619.
CHOICE HEALTHCARE, INC. 1401 FOUCHER STREET NEW ORLEANS, LA 70115 72-1260480	50.00%	PHO	12,616.	412,414.

2004

## FEDERAL SUPPLEMENTAL INFORMATION

PAGE 1

CLIENT TI1997

TOURO INFIRMARY

72-0423659

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**BALANCE SHEET  
OTHER (FORM 990)[O]**

93 LPFA DEBT SERVICE	\$	1,759,928.
93 LPFA DEBT SERVICE RESERVE		4,455,898.
WORKERS COMP CD		500,000.
FUNDED DEPRECIATION		45,045,857.
99 BOND DEBT SERVICE RESERVE FUND		5,882,668.
99 BOND DEBT SERVICE FUND		879,334.
TOTAL	\$	<u>58,523,685.</u>

**BALANCE SHEET  
TAX-EXEMPT BOND LIABILITIES (FORM 990) [O]**

HOSPITAL REVENUE BONDS	\$	44,440,540.
99 BONDS PAYABLE		58,528,942.
TOTAL	\$	<u>102,969,482.</u>

**BALANCE SHEET  
MORTGAGES AND OTHER NOTES PAYABLE [O]**

NOTE PAYABLE WOLDENBERG	\$	3,258,731.
NOTE PAYABLE PREMIER		30,000.
TOTAL	\$	<u>3,288,731.</u>

STATEMENT 17  
FORM 990, PART III  
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

Touro Infirmary is dedicated to improving the health status and well being of the people it serves through the provision of effective, efficient and compassionate healthcare services. Touro was founded over 150 years ago as a not for profit hospital that was open to all, regardless of class or financial status. Over a century and a half later, Touro continues to lead by example in the manner in which it provides services to those in our community who are financially disadvantaged.

Touro is located in New Orleans, Louisiana, an urban area, which, while noted for tourism, food and music, is economically depressed and has some of the highest incidence of disease and medical problems in the country. Largely driven by life style, New Orleans has an unusually high incidence of diabetes, heart disease and cancer. As a result of these factors, Touro provides a substantial number of programs aimed at educating the public through free seminars and disease detection through free health screenings. These programs, many of which focus on diabetes, heart disease and cancer, are largely targeted at persons of low socio-economic means.

As an example, we offer free colorectal cancer screenings and skin cancer screenings to the public as a means of early detection and treatment of cancer. Our diabetes education center routinely presents programs in the form of seminars as well as one on one counseling of how to maintain healthy lifestyles for diabetics. In a typical year, Touro will provide free screenings to over 10,000 such persons, and nearly 40% will have some abnormal health finding. From the screenings, we work to match them with appropriate treatment, be it through a program that we offer with significant discounts or some form of free care.

We have a program with many of the public schools in the community to provide pregnancy testing and counseling and provide transportation to pregnant junior and senior high school students to a prenatal care program at Touro aimed at improving the status of maternal and fetal health. We provide prenatal care, education and maternity services each year to hundreds of financially disadvantaged women through the Touro Center for Healthy Beginnings program. The Touro Family Birthing Center provides maternity services in modern private labor/delivery/recovery rooms. Many of the patient rooms in Touro are private rooms and are available to all financial classes.

Touro has a historical focus on providing services to seniors, many of which receive substantially discounted services. Examples of these services, outside of the routine inpatient and outpatient services provided by most hospitals, include the Buckman Assessment Program, a multidisciplinary evaluation program for persons with Alzheimer's disease and other forms of dementia; the Touro Senior Day Program, a day care center for seniors with Alzheimer's. Touro recently invested \$30,000,000 in Woldenberg Village, our

continuing care retirement community with independent, assisted and skilled nursing facilities and well respected programs for persons with Alzheimer's.

Woldenberg has beds and apartments for 240 seniors.

Our Prime Years program, aimed at low-income seniors, provides a series of activities, exercise programs and educational programs to keep seniors active and help them maintain healthy lives.

We have a strategy of locating primary care offices in medically underserved portions of the City to make primary health care more accessible to those who might not otherwise be able to access basic medical services. Some of these geographical areas are significantly economically deprived. We work with churches in many of the neighborhoods to promote improved health and to provide free health screenings.

Our Touro for Health Program, designed for the working poor, provides a 50% discount from our routine charges. This program is marketed through small employers who may not have the ability to afford or offer medical insurance for their employees and also marketed through word of mouth in the community. There is no membership fee to be a member of this program.

The Touro Clinic, in existence for decades, provides inpatient and outpatient services on a sliding fee basis, determined based on the financial status of patients.

As part of our commitment to the community, Touro is a major teaching hospital offering medical student and post graduate medical training to the two New Orleans medical schools, LSU and Tulane. We act as a clinical training site for allied health programs for Dillard, Xavier and other metro New Orleans colleges.

In addition to all the above, Touro provided over \$15,000,000 in charity and uncompensated care to persons in need in 2004.

2004

## CONTROLLED GROUP APPORTIONMENT CONSENT

PAGE 1

CLIENT METRO001

METROLAB, INC.

72-1184791

6/14/05

02:32PM

THE FOLLOWING CORPORATIONS, COMPONENT MEMBERS OF A CONTROLLED GROUP OF CORPORATIONS, HEREBY CONSENT UNDER SECTION 1561(A) TO THE FOLLOWING APPORTIONMENT PLAN WITH RESPECT TO THE TAXABLE YEAR OF EACH CORPORATION WHICH INCLUDES DECEMBER 31, 2004.

FURTHER, THE FOLLOWING CORPORATIONS, COMPONENT MEMBERS OF A CONTROLLED GROUP OF CORPORATIONS, HEREBY CONSENT UNDER REGS. SEC 1.46-1(P) TO THE FOLLOWING APPORTIONMENT PLAN WITH RESPECT TO THE TAXABLE YEAR OF EACH CORPORATION WHICH INCLUDES DECEMBER 31, 2004.

FURTHER, THE FOLLOWING CORPORATIONS, COMPONENT MEMBERS OF A CONTROLLED GROUP OF CORPORATIONS, HEREBY CONSENT UNDER SECTION 55 TO THE FOLLOWING APPORTIONMENT PLAN WITH RESPECT TO THE TAXABLE YEAR OF EACH CORPORATION WHICH INCLUDES DECEMBER 31, 2004.

NO.	CORPORATION NAME	I.D. NUMBER	STREET ADDRESS	CITY, STATE, ZIP	TAX YEAR ENDED
1	METROLAB, INC.	72-1184791	1401 FOUCHER ST	NEW ORLEANS, LA 70115	12/31/04
2	TOURO INFIRMARY	72-0423659	1401 FOUCHER STREET	NEW ORLEANS, LA 70115	12/31/04
3	CHOICE HEALTHCARE	72-1260480	1401 FOUCHER STREET	NEW ORLEANS, LA 70115	12/31/04
4	CRESCENT CITY PHYSICIANS, INC.	72-1269878	1401 FOUCHER STREET	NEW ORLEANS, LA 70115	12/31/04

APPORTIONABLE ITEMS	1	2	3	4	TOTAL OF ALL MEMBERS
	72-1184791	72-0423659	72-1260480	72-1269878	

OFFICERS'

SIGNATURES

1X

ROBERT FICKEN, CFO

2X

ROBERT FICKEN, CFO

3X

ROBERT FICKEN, CFO

4X

ROBERT FICKEN, CFO

2004

## CONTROLLED GROUP APPORTIONMENT CONSENT

PAGE 2

CLIENT METRO001

METROLAB, INC.

72-1184791

6/14/05

02:32PM

THE FOLLOWING CORPORATIONS, COMPONENT MEMBERS OF A CONTROLLED GROUP OF CORPORATIONS, HEREBY CONSENT UNDER SECTION 1561(A) TO THE FOLLOWING APPORTIONMENT PLAN WITH RESPECT TO THE TAXABLE YEAR OF EACH CORPORATION WHICH INCLUDES DECEMBER 31, 2004.

FURTHER, THE FOLLOWING CORPORATIONS, COMPONENT MEMBERS OF A CONTROLLED GROUP OF CORPORATIONS, HEREBY CONSENT UNDER REGS. SEC 1.46-1(P) TO THE FOLLOWING APPORTIONMENT PLAN WITH RESPECT TO THE TAXABLE YEAR OF EACH CORPORATION WHICH INCLUDES DECEMBER 31, 2004.

FURTHER, THE FOLLOWING CORPORATIONS, COMPONENT MEMBERS OF A CONTROLLED GROUP OF CORPORATIONS, HEREBY CONSENT UNDER SECTION 55 TO THE FOLLOWING APPORTIONMENT PLAN WITH RESPECT TO THE TAXABLE YEAR OF EACH CORPORATION WHICH INCLUDES DECEMBER 31, 2004.

NO. CORPORATION NAME	I.D. NUMBER	STREET ADDRESS	CITY, STATE, ZIP	TAX YEAR ENDED
5 TOURO INFIRMARY FOUNDATION	72-1169939	1401 FOUCHER STREET	NEW ORLEANS, LA 70115	12/31/04
6 WOLDENBERG VILLAGE, INC.	72-0540671	3701 BEHRMAN PLACE	NEW ORLEANS, LA 70114	12/31/04

## APPORTIONABLE ITEMS

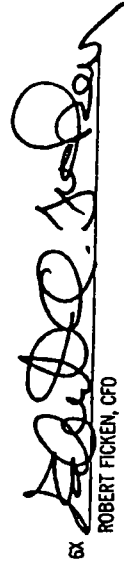
5	72-1169939	6	72-0540671
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OFFICERS'

SIGNATURES



ROBERT FICKEN, CFO



ROBERT FICKEN, CFO



- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

**Part II Additional (not automatic) 3-Month Extension of Time — Must File Original and One Copy.**

Type or print  File by the extended due date for filing the return. See instructions.	Name of Exempt Organization <b>TOURO INFIRMARY</b>	Employer identification number <b>72-0423659</b>
	Number, street, and room or suite number. If a P.O. box, see instructions <b>1401 FOUCHER ST</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>NEW ORLEANS, LA 70115</b>	

Check type of return to be filed (File a separate application for each return)

- |  |  |                                    |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (trust other than above)         | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 1041-A                                 | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 4720                                   |                                    |

**STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in care of **GARY STEIN**  
Telephone No **(504) 897-8292** FAX No \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return**, enter the organizations four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box ☐ If it is **part** of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until **11/15**, 20 **05**5 For calendar year **2004**, or other tax year beginning **20** and ending **20**6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period7 State in detail why you need the extension **TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ \_\_\_\_\_

c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ \_\_\_\_\_**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **[Signature]** Title **CFO**Date **7-21-05****Notice to Applicant — To be Completed by the IRS**

- ☒ We have approved this application. Please attach this form to the organization's return
- ☐ We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely filed return. Please attach this form to the organization's return.
- ☐ We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- ☐ We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
- ☐ Other.

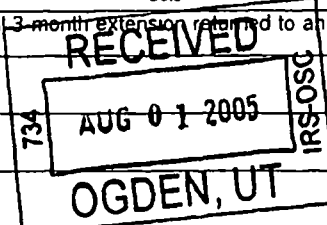
SUBMISSION PROCESSING, OGDEN

Director

Date

Alternate Mailing Address — Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Type or print	Name <b>TOURO INFIRMARY</b>
	Number and street (include suite, room, or apartment number) or a P.O. box number <b>1401 FOUCHER STREET</b>
	City or town, province or state, and country (including postal or ZIP code) <b>NEW ORLEANS, LA 70115</b>



BAA