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Expenses

Net Assets

Form **990**
Department of the Treasury
Internal Revenue Service

Amended
Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2005
Open to Public Inspection

A For the **2005** calendar year, or tax year beginning **01-01-2005** and ending **12-31-2005**

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

Please use IRS label or print or type. See Specific Instructions.	C Name of organization TOURO INFIRMARY	
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite
	1401 FOUCHER ST	
City or town, state or country, and ZIP + 4 NEW ORLEANS, LA 70115		

D Employer identification number 72-0423659
E Telephone number
F Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

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 12 490,908,216

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 schedule 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 a copy of Form 990, 990-EZ, or 990-PF

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions)

1	Contributions, gifts, grants, and similar amounts received		
a	Direct public support	1a	
b	Indirect public support	1b	
c	Government contributions (grants)	1c	
d	Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)	1d	
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	479,495,299
3	Membership dues and assessments	3	
4	Interest on savings and temporary cash investments	4	694,398
5	Dividends and interest from securities	5	2,193,360
6a	Gross rents	6a	2,291,626
b	Less rental expenses	6b	2,643,909
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c	-352,283
7	Other investment income (describe <input checked="" type="checkbox"/>)	7	271,152
8a	Gross amount from sales of assets other than inventory	(A) Securities 8a	(B) Other
b	Less cost or other basis and sales expenses	8b	
c	Gain or (loss) (attach schedule)	8c	
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	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	1,289,569
b	Less cost of goods sold	10b	1,270,412
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) <input checked="" type="checkbox"/>	10c	19,157
11	Other revenue (from Part VII, line 103)	11	4,672,812
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	486,993,895
13	Program services (from line 44, column (B))	13	494,956,710
14	Management and general (from line 44, column (C))	14	10,143,450
15	Fundraising (from line 44, column (D))	15	
16	Payments to affiliates (attach schedule)	16	
17	Total expenses (add lines 16 and 44, column (A))	17	505,100,160
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	-18,106,265
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	71,877,533
20	Other changes in net assets or fund balances (attach explanation) <input checked="" type="checkbox"/>	20	-8,539,747
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	45,231,521

9/15
7NE

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 (See the instructions.)

	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 (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc	2,504,423	750,689	1,753,734	
26	Other salaries and wages	61,776,775	58,952,500	2,824,275	
27	Pension plan contributions				
28	Other employee benefits	6,529,827	4,370,494	2,159,333	
29	Payroll taxes	5,007,450	4,794,453	212,997	
30	Professional fundraising fees				
31	Accounting fees	143,597		143,597	
32	Legal fees	1,695,536	661,487	1,034,049	
33	Supplies	27,042,412	26,886,026	156,386	
34	Telephone	122,710	113,700	9,010	
35	Postage and shipping	42,692	30,328	12,364	
36	Occupancy				
37	Equipment rental and maintenance	1,985,036	1,912,154	72,882	
38	Printing and publications	42,204	42,204		
39	Travel	169,358	119,095	50,263	
40	Conferences, conventions, and meetings				
41	Interest	6,002,880	6,002,880		
42	Depreciation, depletion, etc (attach schedule)	11,274,607	11,274,607		
43	Other expenses not covered above (itemize)				
a	See Additional Data Table				
b					
c					
d					
e					
f					
g					
44	Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	505,100,160	494,956,710	10,143,450	0

Joint Costs. Check ☐ if you are following SOP 98-2

Are 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 \$ _____, and (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions.)

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.

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) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)
a SEE STATEMENT 17	
b (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/> _____ _____ (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/> _____ _____	494,956,710
c _____ _____ (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/> _____ _____	
d (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/> _____ _____ (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/> _____ _____	
e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	494,956,710

Part IV Balance Sheets (See the 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
45	Cash—non-interest-bearing		45	
46	Savings and temporary cash investments	6,083,658	46	18,586,068
47a	Accounts receivable	20,272,213		
b	Less allowance for doubtful accounts	7,295,221	24,977,622	47c 12,976,992
48a	Pledges receivable			
b	Less allowance for doubtful accounts			48c
49	Grants receivable		49	
50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
51a	Other notes and loans receivable (attach schedule)	23,466,326		
b	Less allowance for doubtful accounts		38,753,878	51c 23,466,326
52	Inventories for sale or use	3,264,947	52	3,199,244
53	Prepaid expenses and deferred charges	3,944,131	53	3,044,734
54	Investments—securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
55a	Investments—land, buildings, and equipment basis			
b	Less accumulated depreciation (attach schedule)			55c
56	Investments—other (attach schedule)	58,523,685	56	61,980,146
57a	Land, buildings, and equipment basis	254,886,228		
b	Less accumulated depreciation (attach schedule)	180,026,423	71,813,589	57c 74,859,805
58	Other assets (describe <input type="checkbox"/>)	5,057,013	58 <input checked="" type="checkbox"/>	1,853,327
59	Total assets (must equal line 74) Add lines 45 through 58	212,418,523	59	196,259,988
60	Accounts payable and accrued expenses	30,427,014	60	48,891,670
61	Grants payable		61	
62	Deferred revenue		62	
63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
64a	Tax-exempt bond liabilities (attach schedule)	102,969,482	64a	93,895,849
b	Mortgages and other notes payable (attach schedule)	3,288,731	64b	2,291,246
65	Other liabilities (describe <input type="checkbox"/>)	3,855,763	65 <input checked="" type="checkbox"/>	5,949,702
66	Total liabilities Add lines 60 through 65	140,540,990	66	151,028,467
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
67	Unrestricted	71,467,086	67	44,644,736
68	Temporarily restricted	410,447	68	586,785
69	Permanently restricted		69	
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
70	Capital stock, trust principal, or current funds		70	
71	Paid-in or capital surplus, or land, building, and equipment fund		71	
72	Retained earnings, endowment, accumulated income, or other funds		72	
73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	71,877,533	73	45,231,521
74	Total liabilities and net assets / fund balances Add lines 66 and 73	212,418,523	74	196,259,988

Yes	No
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75b	No
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75c		No
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75d	Yes
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Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

[illegible]

Yes	No
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76		No
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77		No

78a	Yes	
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78b	Yes	
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79		No
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80a	Yes	
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[illegible]

81a				
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81b	No
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Part VI Other Information (continued)

	Yes	No
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?		No
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)	82b	
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	Yes	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	Yes	
84a Did the organization solicit any contributions or gifts that were not tax deductible?		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		No
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?		No
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?		No
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 the prior year		
c Dues assessments, and similar amounts from members	85c	
d Section 162(e) lobbying and political expenditures	85d	
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	No
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?	85h	No
86 501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12	86a	
b Gross receipts, included on line 12, for public use of club facilities	86b	
87 501(c)(12) orgs. Enter a Gross income from members or shareholders	87a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	
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	Yes	
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <input type="text"/> , section 4912 <input type="text"/> , section 4955 <input type="text"/>		
b 501(c)(3) and 501(c)(4) orgs. 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	89b	No
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="text"/>		
d Enter Amount of tax on line 89c, above, reimbursed by the organization <input type="text"/>		
90a List the states with which a copy of this return is filed <input type="text"/>		
b Number of employees employed in the pay period that includes March 12, 2005 (See instructions)	90b	0
91a The books are in care of <input type="text"/> Telephone no <input type="text"/>		
<input type="text"/> Located at <input type="text"/> ZIP + 4 <input type="text"/>		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	Yes	No
If "Yes," enter the name of the foreign country <input type="text"/>	91b	No
See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts		
c At any time during the calendar year, did the organization maintain an office outside of the United States?		No
If "Yes," enter the name of the foreign country <input type="text"/>	91c	
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="text"/>	92	

Part VII Analysis of Income-Producing Activities (See the 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 g PARTNERSHIP UBI	541900				30,292
b f PARTNERSHIP INC-PROG SV					343,560
c e OTHER MISCELLANEOUS					14,538,197
d b NON PATIENT SERVICES					1,329,395
e a PATIENT SERVICES					463,314,439
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	694,398	
96 Dividends and interest from securities			14	2,193,360	
97 Net rental income or (loss) from real estate					
a debt-financed property	531120	413,560			
b non debt-financed property			16	-765,843	
98 Net rental income or (loss) from personal property					
99 Other investment income			14	271,152	
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	19,157			
103 Other revenue a PARKING INCOME			3	651,501	
b MISCELLANEOUS SERVICE INC			3	3,285,768	
c CAFETERIA INCOME			3	735,543	
d					
e					
104 Subtotal (add columns (B), (D), and (E))		432,717		7,065,879	479,495,299
105 Total (add line 104, columns (B), (D), and (E))					486,993,895

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 the 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)
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 (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 (G) PARTNERSHIP UBI

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the 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
CHOICE HEALTHCARE INC 1401 FOUCHER STREET NEW ORLEANS, LA 70115 72-1260480	50.0000	PHO	19,648	402,657
CRESCENT CITY PHYSICIANS INC 3634 COLISEUM ST NEW ORLEANS, LA 70115 72-1269878	100.0000	MED PRACTICE MGMT	10,409,648	912,279
METROLAB INC 2633 NAPOLEON AVENUE NEW ORLEANS, LA 70115 72-1184791	100.0000	MEDICAL LAB	4,140,304	238,830
	%			

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

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.

Please Sign Here: Suzanne Haggard Date: 7/17/11

Type or print name and title: SUZANNE HAGGARD, CFO

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. W)
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN		
	Phone no			

SCHEDULE A
(Form 990 or
990-EZ)

Department of the
Treasury
Internal Revenue
Service

Name of the organization
TOURO INFIRMARY

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

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

OMB No 1545-0047

2005

Employer identification number

72-0423659

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the 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 & deferred compensation	(e) Expense account and other allowances
Vicky Watts 1401 FOUCHER STREET NEW ORLEANS, LA 70115	M D 40	244,455	0	0
William Eaton 1401 FOUCHER STREET NEW ORLEANS, LA 70115	M D 40	398,030	0	0
Scott Shows 1401 Foucher Street NEW ORLEANS, LA 70115	M D 40	383,968	0	0
Rodrek Williams 1401 FOUCHER ST NEW ORLEANS, LA 70115	M D 40	384,230	0	0
Mark Margolis 22 Versailles Blvd NEW ORLEANS, LA 70112	M D 40	384,595	0	0
Total number of other employees paid over \$50,000 ▶	412			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individual 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
GARY R GLYNN MD APMC 816 METAIRIE ROAD NEW ORLEANS, LA 70124	MEDICAL	371,891
SHER GARNER CAHILL 909 POYDRAS 28TH FLOOR NEW ORLEANS, LA 70112	LEGAL	582,436
FRILOT PARTRIDGE 1100 POYDRAS NEW ORLEANS, LA 70163	LEGAL SERVICES	117,460
THE SLEEP NETWORK 3525 PRYTANIA STREET NEW ORLEANS, LA 70115	SLEEP LAB SERVICES	236,422
BAKER DONELSON BEARMAN 201 ST CHARLES NEW ORLEANS, LA 70112	LEGAL SERVICES	176,594
Total number of others receiving over \$50,000 for professional services ▶	23	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individual or firms. If there are none, enter "None". See page X for instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over \$50,000 for other services ▶		

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

1	During the year, has the organization attempted to influence national, state, or local legislation, include 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 ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B) 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.	1	No
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 property?	2a	No
b	Lending of money or other extension of credit?	2b	No
c	Furnishing of goods, services, or facilities?	2c	No
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	No
e	Transfer of any part of its income or assets?	2e	No
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	No
b	Do you have a section 403(b) annuity plan for your employees?	3b	Yes
c	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c	No
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	No
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	No

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the 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) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization ▶ ☐ Type 1 ☐ Type 2 ☐ Type 3

Provide the following information about the supported organizations (see page 5 of the 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 page 5 of the 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total	
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)					0	
16 Membership fees received					0	
17 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					0	
18 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					0	
19 Net income from unrelated business activities not included in line 18					0	
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0	
21 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.					0	
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					0	
23 Total of lines 15 through 22					0	
24 Line 23 minus line 17					0	
25 Enter 1% of line 23						
26 Organizations described on lines 10 or 11:	<p>a Enter 2% of amount in column (e), line 24</p> <p>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 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.</p> <p>c Total support for section 509(a)(1) test. Enter line 24, column (e)</p> <p>d Add: Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____</p> <p>e Public support (line 26c minus line 26d total)</p> <p>f Public support percentage (line 26e (numerator) divided by line 26c (denominator))</p>					<p>26a</p> <p>26b</p> <p>26c 0</p> <p>26d</p> <p>26e</p> <p>26f</p>
27 Organizations described on line 12:	<p>a 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: (2004) _____ (2003) _____ (2002) _____ (2001) _____</p> <p>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: (2004) _____ (2003) _____ (2002) _____ (2001) _____</p> <p>c Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____</p> <p>d Add: Line 27a total _____ and line 27b total _____</p> <p>e Public support (line 27c total minus line 27d total)</p> <p>f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)</p> <p>g Public support percentage (line 27e (numerator) divided by line 27f (denominator))</p> <p>h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))</p>					<p>27c 0</p> <p>27d</p> <p>27e</p> <p>27f</p> <p>27g</p> <p>27h</p>
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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.						

Part V Private School Questionnaire (See page 7 of the instructions.)(To be completed **ONLY** by schools that checked the box on line 6 in Part IV)

	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?	29	
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?	30	
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)	31	
<hr/>		
<hr/>		
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 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)		
<hr/>		
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)		
<hr/>		
<hr/>		
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 page 9 of the instructions.)
(To be completed ONLY by an eligible organization that filed Form 5768)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		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred)			
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)		36	0
37 Total lobbying expenditures to influence a legislative body (direct lobbying)		37	
38 Total lobbying expenditures (add lines 36 and 37)		38	
39 Other exempt purpose expenditures		39	
40 Total exempt purpose expenditures (add lines 38 and 39)		40	
41 Lobbying nontaxable amount Enter the amount from the following table—			
If the amount on line 40 is—	The lobbying nontaxable amount is—		
Not over \$500,000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)		42	
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36		43	
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38		44	

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 on page 11 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 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 page 11 of the instructions.)

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
		0

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

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

- (i) Cash

(ii) Other assets

- b Other transactions**

- (i) Sales or exchanges of assets with a noncharitable exempt organization**

- (ii) Purchases of assets from a noncharitable exempt organization**

- (iii) Rental of facilities, equipment, or other assets**

- (iv) Reimbursement arrangements**

- (v) Loans or loan guarantees**

- (vi) Performance of services or membership or fundraising solicitations**

- c Sharing of facilities, equipment, mailing lists, other assets, or paid employees**

- d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

	Yes	No
51a(i)		No
a(ii)		No
b(i)		No
b(ii)		No
b(iii)		No
b(iv)		No
b(v)		No
b(vi)		No
c		No

[illegible]

- ☐ Yes ☒ No

- b** If "Yes," complete the following schedule

[illegible]

TY 2005 Land etc. Schedule

Name: TOURO INFIRMARY

EIN: 72-0423659

Software ID: 05000133

Software Version: 2005v3.0

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
Miscellaneous	1,025,318		1,025,318
Improvements	8,371,902	421,371	7,950,531
Buildings	116,012,277	106,520,081	9,492,196
Machinery and Equipment	129,476,731	73,084,971	56,391,760

TY 2005 Other Assets Schedule

Name: TOURO INFIRMARY

EIN: 72-0423659

Software ID: 05000133

Software Version: 2005v3.0

Description	Beginning of Year Amount	End of Year Amount
Rounding		1
OTHER REAL ESTATE		73
BOND FEES		292,859
DUE FROM TOURO REALTY		1,013,468
RESEARCH FUND INVESTMENT IN LAND	3,233	5,954
	5,954	
INVESTMENT IN STOCKS & CORPORATE BONDS	226,688	220,426
PREPAID PENSION COST	1,599,559	1,410,323
OTHER ASSETS	363,406	363,333
INVESTMENT IN SUBSIDIARIES	2,858,173	3,132,828

TY 2005 Other Changes in Net Assets Schedule

Name: TOURO INFIRMARY

EIN: 72-0423659

Software ID: 05000133

Software Version: 2005v3.0

Description	Amount
WOLDENBERG DEBT FORGIVENESS	-9,569,079
WOLDENBERG DEBT FORGIVENESS	1,027,701
CHANGES IN RESTRICTED FUNDS	1,631

TY 2005 Other Expenses Included Schedule

Name: TOURO INFIRMARY

EIN: 72-0423659

Software ID: 05000133

Software Version: 2005v3.0

Description	Amount
RENTAL EXPENSES	2,643,909
OPERATING EXPENSES OF SUBSIDIARIES	10,460,858
COGS (INVENTORY)	1,270,422

**TY 2005 Other Expenses
Not Included Schedule**

Name: TOURO INFIRMARY

EIN: 72-0423659

Software ID: 05000133

Software Version: 2005v3.0

Description	Amount
PATIENT REVENUE DEDUCTIONS LESS PROV D/A	326,645,369
LOSS ON JOINT VENTURE	80,422

TY 2005 Other Investment Income Schedule

Name: TOURO INFIRMARY

EIN: 72-0423659

Software ID: 05000133

Software Version: 2005v3.0

Description	Amount
F - - - - -	7,969
INTEREST ON W/COMP. CD	19,079
INTEREST ON CAMELOT N/R	30,311
1999 BOND INTEREST	91,908
1993 BOND INTEREST	121,885

TY 2005 Other Liabilities Schedule

Name: TOURO INFIRMARY

EIN: 72-0423659

Software ID: 05000133

Software Version: 2005v3.0

Description	Beginning of Year Amount	End of Year Amount
Pension Liability		2,504,425
SERP Liability		17,000
Employee Contract Payable	1,191,420	1,155,433
Miscellaneous	19,320	19,320
Utility Deposits	12,700	12,700
Dialysis Rent Payable	11,125	11,125
Interest Rate Swap	2,621,198	2,229,699

TY 2005 Other Revenues Included Schedule

Name: TOURO INFIRMARY

EIN: 72-0423659

Software ID: 05000133

Software Version: 2005v3.0

Description	Amount
PREMIER PARTNERSHIP ACCRUAL	340,939
PATIENT REVENUE DEDUCTIONS LESS PROV D/A	326,645,369
OPERATING REVENUE OF SUBSIDIARIES	14,569,600
LOSS ON JOINT VENTURE	-80,422

**TY 2005 Other Revenues
Not Included Schedule**

Name: TOURO INFIRMARY

EIN: 72-0423659

Software ID: 05000133

Software Version: 2005v3.0

Description	Amount
RENTAL EXPENSES	-2,643,909
-----	343,560
COGS (INVENTORY)	-1,270,422

TY 2005 Sales Of Inventory Schedule

Name: TOURO INFIRMARY

EIN: 72-0423659

Software ID: 05000133

Software Version: 2005v3.0

Category	Gross Sales	Cost of Goods Sold	Net (Gross Sales Minus Cost of Goods Sold)
LAUNDRY	182,993	322,302	-139,309
PRINTING	11,750	22,281	-10,531
PATHOLOGY	1,094,826	925,829	168,997

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(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 & deferred compensation plans	(E) Expense account and other allowances
PAUL S ROSENBLUM 2424 EDENBORN AVE 108 METAIRIE, LA 70001	Secretary/Treas 0	0		
ALLAN BISSINGER P O BOX 1095 METAIRIE, LA 70004	Board Member 0	0		
ELLEN YELLIN 61 VERSAILLES BLVD NEW ORLEANS, LA 70125	Board Member 0	0		
LEE SCHLESINGER 1010 COMMON ST 1850 NEW ORLEANS, LA 70112	Vice Chairman 0	0		
LESLIE D HIRSCH 1401 FOUCHER STREET NEW ORLEANS, LA 70115	President & CEO 0	148,910	6,923	
RAJA DHURANDHAR MD 1401 FOUCHER ST NEW ORLEANS, LA 70115	Board Member 0	0		
MICHAEL BERENSON 201 ST CHARLES AVE 35TH FL NEW ORLEANS, LA 70170	Past Chairman 0	0		
VICTOR TEDESCO MD 1401 FOUCHER ST NEW ORLEANS, LA 70115	BOARD MEMBER 0	0		
LAWRENCE J ISRAEL 200 BROADWAY 239 NEW ORLEANS, LA 70118	Board Member 0	0		
PAUL BARRON 6329 FRERET ST ROOM 355D NEW ORLEANS, LA 70118	Board Member 0	0		

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(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 & deferred compensation plans	(E) Expense account and other allowances
STEPHEN H KUPPERMAN 546 CARONDELET ST NEW ORLEANS, LA 70130	Chairman 0	0		
EBEN FETTERS 4680 LENNOX BLVD NEW ORLEANS, LA 70131	Vice President 40	217,509	18,000	
ALVIN FANDRICH 140 22ND ST NEW ORLEANS, LA 70124	VICE PRESIDENT 40	236,519	18,000	
FRANK FOLINO 3620 LAKE ONTARIO DR HARVEY, LA 70058	VICE PRESIDENT 40	237,097	12,000	
KIMBERLY KEENE 6770 MARSHALL FOCH NEW ORLEANS, LA 70124	VICE PRESIDENT 40	259,322	12,444	
BEVERLY MAXWELL 6869 COLBERT ST NEW ORLEANS, LA 70124	VICE PRESIDENT 40	254,848	16,000	
ROBERT A FICKEN 3549 RED OAK COURT NEW ORLEANS, LA 70131	VICE PRESIDENT 40	277,509	9,333	
STEPHEN SONTHEIMER 1401 FOUCHER STREET NEW ORLEANS, LA 70115	BOARD MEMBER 0	0		
RICHARD CULBERTSON MD 1401 FOUCHER ST NEW ORLEANS, LA 70115	BOARD MEMBER 0	0		

Form 990, Part VI, Line 80b - If "Yes", enter the name of the organization and whether it is exempt or nonexempt:

Name of the Organization	Exempt	Nonexempt
WOLDENBERG VILLAGE INC	X	
TOURO INFIRMARY FOUNDATION	X	
METROLAB INC		X
CRESCENT CITY PHYSICIANS INC		X
CHOICE HEALTHCARE INC		X

Additional Data

Software ID: 05000133
Software Version: 2005v3.0
EIN: 72-0423659
Name: TOURO INFIRMARY

Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
a PORTFOLIO EXP FROM K-1	43a	427		427	
b PATIENT REVENUE DEDUCTIONS	43b	337,417,662	337,417,662		
c OTHER CONTRACT & PRO FEES	43c	35,982,649	34,649,784	1,332,865	
d MEDICAL MALPRACTICE	43d	3,603,059	3,603,059		
e LOSS ON INV IN SUBS	43e	2,015,365	2,015,365		
f LOSS ON INV IN JOINT VENTURE	43f	80,422	80,422		
g CHARITABLE CONTRIB FROM K-1	43g	35		35	
h ADVERTISING	43h	1,661,034	1,279,801	381,233	