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NO STATUTE ISSUE

SCANNED JUL 27 2011

4711010

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
2006
Open to Public Inspection

For the **2006** calendar year, or tax year beginning **01-01-2006** and ending **12-31-2006**

Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization TOURO INFIRMARY	D Employer identification number 72-0423659
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1401 FOUCHER ST	E Telephone number
		City or town, state or country, and ZIP + 4 NEW ORLEANS, LA 70115	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 is not a 509(a)(3) supporting organization and its gross receipts are normally not more than 25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **727,952,025**

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 Form 990-B (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	Contributions to donor advised funds	1a			
b	Direct public support (not included on line 1a)	1b			
c	Indirect public support (not included on line 1a)	1c		1,889,443	
d	Government contributions (grants) (not included on line 1a)	1d			
e	Total (add lines 1a through 1d) (cash \$ 1,889,443 noncash \$)	1e		1,889,443	
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		698,679,636	
3	Membership dues and assessments	3			
4	Interest on savings and temporary cash investments	4		1,023,579	
5	Dividends and interest from securities	5		2,866,010	
6a	Gross rents	6a		2,754,331	
b	Less rental expenses	6b		3,795,633	
c	Net rental income or (loss) subtract line 6b from line 6a	6c		-1,041,302	
7	Other investment income (describe <input checked="" type="checkbox"/>)	7		595,276	
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
		8,548,323	8a		
b	Less cost or other basis and sales expenses	6,895,058	8b		
c	Gain or (loss) (attach schedule)	1,653,265	8c		
d	Net gain or (loss) Combine line 8c, columns (A) and (B)		8d		1,653,265
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 1b)	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		1,185,678	
b	Less cost of goods sold	10b		1,027,119	
c	Gross profit (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a	10c		158,559	
11	Other revenue (from Part VII, line 103)	11		10,409,749	
12	Total revenue Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		716,234,215	
13	Program services (from line 44, column (B))	13		686,609,125	
14	Management and general (from line 44, column (C))	14		13,226,791	
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		699,835,916	
18	Excess or (deficit) for the year Subtract line 17 from line 12	18		16,398,299	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		45,231,521	
20	Other changes in net assets or fund balances (attach explanation)	20		359,766	
21	Net assets or fund balances at end of year Combine lines 18, 19, and 20	21		61,989,586	

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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	
22a	Grants paid from donor advised funds (attach Schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a				
22b	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b				
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25a	Compensation of current officers, directors, key employees etc. Listed in Part V-A (attach schedule)	25a	2,414,603	632,087	1,782,516	
b	Compensation of former officers, directors, key employees etc. listed in Part V-B (attach schedule)	25b	619,806	307,720	312,086	
c	Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c				
26	Salaries and wages of employees not included on lines 25a, b and c	26	67,864,745	65,698,265	2,166,480	
27	Pension plan contributions not included on lines 25a, b and c	27				
28	Employee benefits not included on lines 25a - 27	28	7,665,921	7,018,445	647,476	
29	Payroll taxes	29	5,395,815	5,114,701	281,114	
30	Professional fundraising fees	30				
31	Accounting fees	31	274,011		274,011	
32	Legal fees	32	2,750,780		2,750,780	
33	Supplies	33	36,345,605	36,135,640	209,965	
34	Telephone	34	179,630	161,131	18,499	
35	Postage and shipping	35	107,533	96,884	10,649	
36	Occupancy	36				
37	Equipment rental and maintenance	37	1,978,427	1,954,464	23,963	
38	Printing and publications	38	27,410	6,397	21,013	
39	Travel	39	171,633	142,376	29,257	
40	Conferences, conventions, and meetings	40				
41	Interest	41	5,911,987	5,911,987		
42	Depreciation, depletion, etc. (attach schedule)	42	12,207,645	12,207,645		
43	Other expenses not covered above (itemize)					
a	PATIENT REVENUE DEDUCTIONS	43a	504,915,981	504,915,981		
b	OTHER CONTRACT & PRO FEES	43b	45,207,460	41,813,577	3,393,883	
c	MEDICAL MALPRACTICE	43c	3,184,316	3,184,316		
d	LOSS ON INV IN SUBS	43d	816,685	816,685		
e	LOSS ON INV IN JOINT VENTURE	43e	31,413	31,413		
f	CHARITABLE CONTRIB FROM K-1	43f	259		259	
g	ADVERTISING	43g	1,764,251	459,411	1,304,840	
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	699,835,916	686,609,125	13,226,791	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 \$ _____, (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 18	
b (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	686,609,125
(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
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"/>	
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) . . .	686,609,125

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
Assets	45 Cash—non-interest-bearing		45	
	46 Savings and temporary cash investments	18,586,068	46	4,226,924
	47a Accounts receivable	47a 45,607,685		
	b Less allowance for doubtful accounts	47b 19,334,198	12,976,992	47c 28,273,487
	48a Pledges receivable	48a		
	b Less allowance for doubtful accounts	48b		48c
	49 Grants receivable		49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule)		50b	
	51a Other notes and loans receivable (attach schedule)	51a 30,549,274		
	b Less allowance for doubtful accounts	51b	23,466,326	51c 30,549,274
	52 Inventories for sale or use		3,199,244	52 4,200,278
	53 Prepaid expenses and deferred charges		3,044,734	53 3,744,257
	54a Investments—publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54a
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54b
55a Investments—land, buildings, and equipment basis	55a			
b Less accumulated depreciation (attach schedule)	55b		55c	
56 Investments—other (attach schedule)		61,980,146	56 50,006,619	
57a Land, buildings, and equipment basis	57a 300,895,167			
b Less accumulated depreciation (attach schedule)	57b 193,887,301	74,859,805	57c 107,007,866	
58 Other assets, including program-related investments (describe <input type="checkbox"/>)		1,279,501	58 3,026,143	
59 Total assets (must equal line 74) Add lines 45 through 58		199,392,816	59 229,034,848	
Liabilities	60 Accounts payable and accrued expenses		48,891,670	60 56,786,289
	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)		93,895,849	64a 97,897,214
	b Mortgages and other notes payable (attach schedule)		2,291,246	64b 2,369,779
	65 Other liabilities (describe <input type="checkbox"/>)		9,082,530	65 9,991,980
66 Total liabilities Add lines 60 through 65		154,161,295	66 167,045,262	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted		44,644,736	67 61,299,511
	68 Temporarily restricted		586,785	68 690,075
	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 and column (B) must equal line 21)		45,231,521	73 61,989,586
	74 Total liabilities and net assets / fund balances Add lines 66 and 73		199,392,816	74 229,034,848

a	Total revenue, gains, and other support per audited financial statements	a	254,085,469
b	Amounts included on line a but not on Part I, line 12		
1	Net unrealized gains on investments	b1	
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify) <u>§5</u>	b4	-466,654,079
	Add lines b1 through b4	b	-466,654,079
c	Subtract line b from line a	c	720,739,548
d	Amounts included on Part I, line 12, but not on line a		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify) <u>§5</u>	d2	-4,505,333
	Add lines d1 and d2	d	-466,654,079
e	Total revenue (Part I, line 12) Add lines c and d	e	716,234,215

a	Total expenses and losses per audited financial statements	a	231,238,255
b	Amounts included on line a but not on Part I, line 17		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify) <u>§5</u>	b4	14,179,324
	Add lines b1 through b4	b	14,179,324
c	Subtract line b from line a	c	217,058,931
d	Amounts included on Part I, line 17, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify) <u>§5</u>	d2	482,776,985
	Add lines d1 and d2	d	482,776,985
e	Total expenses (Part I, line 17) Add lines c and d	e	699,835,916

[illegible]

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Yes No

75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings **13****b** Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) **75b** No**c** Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization" **75c** No

If "Yes," attach a statement that includes the information described in the instructions

d Does the organization have a written conflict of interest policy? **75d** Yes**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.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (If not paid enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
EBEN FETTERS 803 YUMA ROAD PRESCOTT, AZ 86303	0	146,820		
BEVERLY MAXWELL 3412 CIVIC GREEN DRIVE ST CHARLES, MO 63301	0	153,860		
KIMBERLY KEENE 8981 STONE HARBOR LOOP BRADENTON, FL 34212	0	153,860		
GARY STEIN 1401 FOUCHER STREET NEW ORLEANS, LA 70115	0	165,266	2,000	

Part VI Other Information (See the instructions.)

Yes No

76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change **76** No**77** Were any changes made in the organizing or governing documents but not reported to the IRS? **77** No
If "Yes," attach a conformed copy of the changes**78a** Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? **78a** Yes**b** If "Yes," has it filed a tax return on Form 990-T for this year? **78b** Yes**79** Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement **79** No**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? **80a** Yes**b** If "Yes," enter the name of the organization **See Additional Data Table**and check whether it is ☐ exempt or ☐ nonexempt**81a** Enter direct or indirect political expenditures (See line 81 instructions) **81a****b** Did the organization file Form 1120-POL for this year? **81b** No

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?	82a		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?	83a	Yes	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Yes	
84a Did the organization solicit any contributions or gifts that were not tax deductible?	84a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		No
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		No
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		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		0
b Gross receipts, included on line 12, for public use of club facilities	86b		0
87 501(c)(12) orgs. Enter a Gross income from members or shareholders	87a		0
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b		0
88a 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.	88a	Yes	
b At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If yes complete Part XI.	88b	Yes	
89a 501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955			
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			
d Enter Amount of tax on line 89c, above, reimbursed by the organization			
e All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter transaction?	89e		No
f All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?	89f		No
g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		No
90a List the states with which a copy of this return is filed			
b Number of employees employed in the pay period that includes March 12, 2006 (See instructions)	90b		1,437
91a The books are in care of ROBERT A FICKEN Telephone no (504) 897-8344 1401 FOUCHER STREET Located at NEW ORLEANS, LA ZIP + 4 70115			
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)?	91b	Yes	No
If "Yes," enter the name of the foreign country			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91c

Yes

No

If "Yes," enter the name of the foreign country: _____

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here ☐

and enter the amount of tax-exempt interest received or accrued during the tax year: _____

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				2,944
b f PARTNERSHIP INC-PROG SV					317,419
c e OTHER MISCELLANEOUS					27,271,339
d b NON PATIENT SERVICES					904,351
e a PATIENT SERVICES					670,189,471
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	1,023,579	
96 Dividends and interest from securities			14	2,866,010	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b non debt-financed property			16	-1,272,842	
98 Net rental income or (loss) from personal property	531120	231,540			
99 Other investment income			14	595,276	
100 Gain or (loss) from sales of assets other than inventory					1,653,265
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory	621990	158,559			
103 Other revenue a PARKING INCOME			3	1,040,767	
b MISCELLANEOUS SERVICE INC			3	8,353,118	
c CAFETERIA INCOME			3	1,015,864	
d					
e					
104 Subtotal (add columns (B), (D), and (E))		390,099		13,621,772	700,332,901
105 Total (add line 104, columns (B), (D), and (E))					714,344,772

Note: Line 105 plus line 1e, 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, OTHER MISCELLANEOUS REVENUE AND PROCEEDS FROM INSURANCE CARRIERS AND FEDERAL EMERGENCY MANAGEMENT AGENCY (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	5000 00 %	PHYS HOSPITAL ORG	25,606	340,001
CRESCENT CITY PHYSICIANS INC 3600 PRYTANIA STREET SUITE 72 NEW ORLEANS, LA 70115 72-1269878	10000 00 %	MED PRACTICE MGMT	10,788,430	2,463,701
METROLAB INC 2633 NAPOLEON AVENUE NEW ORLEANS, LA 70115 72-1184791	10000 00 %	MEDICAL LAB	5,040,868	969,480
	%			

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)

Part XI Information Regarding Transfers To and From Controlled Entities Complete only if the organization is a controlling organization as defined in section 512(b)(13)

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity				Yes	No
(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer		
Totals					

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity				Yes	No
(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer		
Totals					1,889,443

108 Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?		Yes	No

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

Signature of officer

Suzanne Haggard

Date

2/7/11

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
990EZ)Department of the
Treasury
Internal Revenue
ServiceName 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

2006

Employer identification number

72-0423659

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 2 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
ANANTH DESIKACHARLU 1401 FOUCHER STREET NEW ORLEANS, LA 70115	M D 50	388,564	14,300	0
William Eaton 1401 FOUCHER STREET NEW ORLEANS, LA 70115	M D 40	394,677	15,000	0
Scott Shows 1401 Foucher Street NEW ORLEANS, LA 70115	M D 40	394,513	20,000	0
Rodrek Williams 1401 FOUCHER STREET NEW ORLEANS, LA 70115	M D 40	394,611	15,000	0
SHERYL SMITH 1401 FOUCHER STREET NEW ORLEANS, LA 70115	M D 40	290,932	11,500	0
Total number of other employees paid over \$50,000 ▶	462			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the 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
GARY R GLYNN MD APMC 816 METAIRIE ROAD NEW ORLEANS, LA 70124	MEDICAL	437,247
SHER GARNER CAHILL 909 POYDRAS 28TH FLOOR NEW ORLEANS, LA 70112	LEGAL	1,164,419
ROBERT LESSER 1401 FOUCHER STREET NEW ORLEANS, LA 70115	PHYSICIAN SERVICES	575,675
UPTOWN CARDIOLOGY ASSOCIATES 1401 FOUCHER STREET NEW ORLEANS, LA 70115	PHYSICIAN SERVICES	510,779
LEVIN & INDOVINA 1401 FOUCHER STREET NEW ORLEANS, LA 70115	PHYSICIAN SERVICES	322,645
Total number of others receiving over \$50,000 for professional services ▶	22	

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 individuals or firms. If there are none, enter "None". See page 2 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 \blacktriangleright \$ _____ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)	1	No
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 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 Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)	3a	No
b Did the organization have a section 403(b) annuity plan for its employees?	3b	Yes
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or structures? If "Yes" attach a detailed statement	3c	No
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	No
4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a	No
b Did the organization make any taxable distributions under section 4966?	4b	No
c Did the organization make a distribution to a donor, donor advisor, or related person?	4c	No
d Enter the total number of donor advised funds owned at the end of the tax year \blacktriangleright		
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year \blacktriangleright		
f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts \blacktriangleright		
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year \blacktriangleright		

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)I certify that 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 otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization

☐ Type I ☐ Type II ☐ Type III - Functionally Integrated ☐ Type III - Other
Provide the following information about the supported organizations. (see page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support?
			Yes	No	
Total					▶

- 14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 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) 2005	(b) 2004	(c) 2003	(d) 2002	(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 2002 through 2005 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: (2005) _____ (2004) _____ (2003) _____ (2002) _____</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 11b, 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: (2005) _____ (2004) _____ (2003) _____ (2002) _____</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 2002 through 2005, 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 VI-A Lobbying Expenditures by Electing Public Charities (See page 10 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**

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

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

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 13 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(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 13 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.)

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

Yes	No	Amount
		0

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?

- a Transfers from the reporting organization to a noncharitable exempt organization of**

(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]

- 52a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

► ☐ **Yes** ☒ **No**

b If "Yes," complete the following schedule

[illegible]

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

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
RALPH DEAN 1401 FOUCHER STREET NEW ORLEANS, LA 70115	Vice President 40	152,896	20,000	

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 BARRON 6329 FRERET ST ROOM 355D NEW ORLEANS, LA 70118	Board Member 0	0		
STEPHEN H KUPPERMAN 546 CARONDELET ST NEW ORLEANS, LA 70130	Chairman 0	0		
KEVIN JORDAN 2411 KILLDEER STREET NEW ORLEANS, LA 70115	Vice President 40	292,258	15,000	
ALVIN FANDRICH 140 22ND ST NEW ORLEANS, LA 70124	VICE PRESIDENT 40	176,171	20,000	
FRANK FOLINO 3620 LAKE ONTARIO DR HARVEY, LA 70058	VICE PRESIDENT 40	184,534	9,750	
SUSAN PITOSCIA 33 BUCKINGHAM PLACE CHERRY HILL, NJ 08003	Vice President 40	163,658	15,000	
LINDA OSBORNE 5518 PRYTANIA STREET NEW ORLEANS, LA 70115	Vice President 40	131,773	20,000	
ROBERT A FICKEN 3549 RED OAK COURT NEW ORLEANS, LA 70131	VICE PRESIDENT 40	258,756	20,000	
STEPHEN SONTHEIMER 1401 FOUCHER STREET NEW ORLEANS, LA 70115	BOARD MEMBER 0	0		
RICHARD CULBERTSON MD 1401 FOUCHER STREET NEW ORLEANS, LA 70115	BOARD MEMBER 0	0		

Additional Data

Software ID: 06000146

Software Version: 2006v3.1

EIN: 72-0423659

Name: TOURO INFIRMARY

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		
JOAN WILLIAMS 3915 ST CHARLES AVE 703 NEW ORLEANS, LA 70115	Vice President 40	124,886	20,000	
SCOTT LANDRY 5540 AMITE DRIVE MARRERO, LA 70072	Vice President 40	127,852		
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 40	801,819	20,000	
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		
LAWRENCE J ISRAEL 200 BROADWAY 239 NEW ORLEANS, LA 70118	Board Member 0	0		

TY 2006 Gain/Loss from Sale of Public Securities Schedule

Name: TOURO INFIRMARY

EIN: 72-0423659

Software ID: 06000146

Software Version: 2006v3.1

Gross Sales Price: 8,548,323

Basis: 6,895,058

Sales Expenses:

Total (net):

TY 2006 Land etc. Schedule

Name: TOURO INFIRMARY

EIN: 72-0423659

Software ID: 06000146

Software Version: 2006v3.1

Category /Item	Cost/Other Basis	Accumulated Depreciation	Book Value
Miscellaneous	3,233,752		3,233,752
Improvements	10,371,902	443,649	9,928,253
Buildings	131,460,270	107,397,652	24,062,618
Machinery and Equipment	155,829,243	86,046,000	69,783,243

TY 2006 Other Assets Schedule

Name: TOURO INFIRMARY

EIN: 72-0423659

Software ID: 06000146

Software Version: 2006v3.1

Description	Beginning of Year Amount	End of Year Amount
DUE FROM RESEARCH FUND		331,649
DEPOSITS		277,833
DUE FROM ST. CHARLES		74,484
DEFERRED FINANCING COSTS - 93 BONDS		972,182
OTHER REAL ESTATE	73	73
BOND FEES	292,859	294,149
DUE FROM TOURO REALTY	1,013,468	180,409
RESEARCH FUND INVESTMENT IN LAND	5,954	5,954
INVESTMENT IN STOCKS & CORPORATE BONDS	220,426	208,305
PREPAID PENSION COST	1,410,323	466,740
OTHER ASSETS	363,333	363,333

TY 2006 Other Changes in Net Assets Schedule

Name: TOURO INFIRMARY

EIN: 72-0423659

Software ID: 06000146

Software Version: 2006v3.1

Description	Amount
UNREALIZED GAIN ON SECURITIES	478,380
HCCIL DIVIDEND INCOME NOT ON BOOKS	-118,614

TY 2006 Other Expenses Included Schedule

Name: TOURO INFIRMARY

EIN: 72-0423659

Software ID: 06000146

Software Version: 2006v3.1

Description	Amount
RENTAL EXPENSES	3,795,633
OPERATING EXPENSES OF SUBSIDIARIES	9,356,572
COGS (INVENTORY)	1,027,119

**TY 2006 Other Expenses
Not Included Schedule**

Name: TOURO INFIRMARY

EIN: 72-0423659

Software ID: 06000146

Software Version: 2006v3.1

Description	Amount
PATIENT REVENUE DEDUCTIONS LESS PROV D/A	482,745,572
LOSS ON JOINT VENTURE	31,413

TY 2006 Other Investment Income Schedule

Name: TOURO INFIRMARY

EIN: 72-0423659

Software ID: 06000146

Software Version: 2006v3.1

Description	Amount
PORTFOLIO INTEREST FR K-1	12,505
INTEREST ON W/COMP. CD	15,076
INTEREST ON CAMELOT N/R	4,899
HCCIL DIVIDEND INCOME	118,614
1999 BOND INTEREST	174,673
1993 BOND INTEREST	269,509

TY 2006 Other Liabilities Schedule

Name: TOURO INFIRMARY

EIN: 72-0423659

Software ID: 06000146

Software Version: 2006v3.1

Description	Beginning of Year Amount	End of Year Amount
INVESTMENT IN SUBSIDIARIES		4,304,974
PROMISSORY NOTES		989,890
N/P - ZOLL MEDICAL	3,132,828	240,204
Pension Liability	2,504,425	3,203,841
SERP Liability	17,000	
Employee Contract Payable	1,155,433	1,056,127
Miscellaneous	19,320	29,985
Utility Deposits	12,700	12,700
Dialysis Rent Payable	11,125	11,125
Interest Rate Swap	2,229,699	143,134

TY 2006 Other Revenues Included Schedule

Name: TOURO INFIRMARY

EIN: 72-0423659

Software ID: 06000146

Software Version: 2006v3.1

Description	Amount
PREMIER PARTNERSHIP ACCRUAL	268,001
PATIENT REVENUE DEDUCTIONS LESS PROV D/A	-482,745,572
OPERATING REVENUE OF SUBSIDIARIES	15,854,904
LOSS ON JOINT VENTURE	-31,412

**TY 2006 Other Revenues
Not Included Schedule**

Name: TOURO INFIRMARY

EIN: 72-0423659

Software ID: 06000146

Software Version: 2006v3.1

Description	Amount
RENTAL EXPENSES	-3,795,633
INCOME FROM PREMIER K-1	317,419
COGS (INVENTORY)	-1,027,119

TY 2006 Sales Of Inventory Schedule

Name: TOURO INFIRMARY

EIN: 72-0423659

Software ID: 06000146

Software Version: 2006v3.1

Category	Gross Sales	Cost of Goods Sold	Net (Gross Sales Minus Cost of Goods Sold)
LAUNDRY	217,970	240,896	-22,926
PATHOLOGY	967,708	786,223	181,485

TY 2006 Contractor Compensation Explanation

Name: TOURO INFIRMARY

EIN: 72-0423659

Software ID: 06000146

Software Version: 2006v3.1

Contractor	Explanation
UPTOWN CARDIOLOGY ASSOCIATES	
SHER GARNER CAHILL	
ROBERT LESSER	
LEVIN & INDOVINA	
GARY R GLYNN MD APMC	

TY 2006 Employee Compensation Explanation

Name: TOURO INFIRMARY

EIN: 72-0423659

Software ID: 06000146

Software Version: 2006v3.1

Employee	Explanation
ANANTH DESIKACHARLU	
William Eaton	
Scott Shows	
Rodrek Williams	
SHERYL SMITH	

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	
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)		
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	