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Amended

Form **990**

Department of the Treasury
Internal Revenue Service

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

2007

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning 01-01-2007 and ending 12-31-2007

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

Please use IRS label or print or type. See Specific Instructions.

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 ☐ Cash ☑ Accrual ☐ 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).

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 Sch B (Form 990, 990-EZ, or 990-PF)

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 ▶ 707,105,003

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

Line	Description			Line	Amount
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	827,901		
d	Government contributions (grants) (not included on line 1a)	1d	3,567,318		
e	**Total** (add lines 1a through 1d) (cash $ 4,395,219 noncash $)			1e	4,395,219
2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	680,811,435
3	Membership dues and assessments			3	
4	Interest on savings and temporary cash investments			4	460,000
5	Dividends and interest from securities			5	1,236,340
6a	Gross rents	6a	3,020,458		
b	Less rental expenses	6b	4,352,321		
c	Net rental income or (loss) subtract line 6b from line 6a			6c	-1,331,863
7	Other investment income (describe ▶)			7	1,721,076

Line	Description	(A) Securities		(B) Other	Line	Amount
8a	Gross amount from sales of assets other than inventory	6,889,404	8a			
b	Less cost or other basis and sales expenses	5,442,210	8b			
c	Gain or (loss) (attach schedule)	1,447,194	8c			
d	Net gain or (loss) Combine line 8c, columns (A) and (B)				8d	1,447,194

Line	Description			Line	Amount
9	Special events and activities (attach schedule) If any amount is from gaming, check here ▶ ☐				
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	967,708		
b	Less cost of goods sold	10b	778,255		
c	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a			10c	189,453
11	Other revenue (from Part VII, line 103)			11	7,603,363
12	**Total revenue** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12	696,532,217
13	Program services (from line 44, column (B))			13	702,634,532
14	Management and general (from line 44, column (C))			14	12,765,988
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	715,400,520
18	Excess or (deficit) for the year Subtract line 17 from line 12			18	-18,868,303
19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	62,141,429
20	Other changes in net assets or fund balances (attach explanation)			20	-2,409,141
21	Net assets or fund balances at end of year Combine lines 18, 19, and 20			21	40,863,985

NO STATUTE ISSUE

SCANNED JUL 27 2011

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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 ▶ ☐	22a				
22b	Other grants and allocations (attach schedule) (cash $_____ noncash $_____) If this amount includes foreign grants, check here ▶ ☐	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	2,987,360	1,029,092	1,958,268	
b	Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)	25b				
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	76,812,353	73,888,674	2,923,679	
27	Pension plan contributions not included on lines 25a, b and c	27				
28	Employee benefits not included on lines 25a - 27	28	7,263,664	6,134,486	1,129,178	
29	Payroll taxes	29	5,781,972	5,439,006	342,966	
30	Professional fundraising fees	30				
31	Accounting fees	31	220,347	263	220,084	
32	Legal fees	32	892,140	60,070	832,070	
33	Supplies	33	37,004,567	36,727,617	276,950	
34	Telephone	34	233,461	185,095	48,366	
35	Postage and shipping	35	111,150	109,585	1,565	
36	Occupancy	36				
37	Equipment rental and maintenance	37	2,172,830	2,146,358	26,472	
38	Printing and publications	38	16,670	12,831	3,839	
39	Travel	39	246,781	161,951	84,830	
40	Conferences, conventions, and meetings . .	40				
41	Interest	41	5,772,292	5,772,292		
42	Depreciation, depletion, etc (attach schedule)	42	19,803,029	19,803,029		
43	Other expenses not covered above (itemize)					
a	PATIENT REVENUE DEDUCTIONS	43a	501,868,489	501,868,489		
b	OTHER CONTRACT & PRO FEES	43b	45,957,443	42,732,202	3,225,241	
c	MEDICAL MALPRACTICE	43c	3,925,652	3,925,652		
d	LOSS ON INV IN SUBS	43d	2,346,854	2,346,854		
e	LOSS ON INV IN JOINT VENTURE	43e	69,580	69,580		
f	ADVERTISING	43f	1,913,886	221,406	1,692,480	
g		43g				
44	**Total functional expenses.** Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13–15)	44	715,400,520	702,634,532	12,765,988	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 14 (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	702,634,532
b (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
c (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
d (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
e Other program services (attach schedule) (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) . . . . ▶	702,634,532

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		4,226,924	46	-4,760,369
	47a	Accounts receivable	35,922,282			
	b	Less allowance for doubtful accounts	15,727,862	26,273,487	47c	20,194,420
	48a	Pledges receivable				
	b	Less allowance for doubtful accounts			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)	37,848,618			
	b	Less allowance for doubtful accounts		30,549,274	51c	37 848,618
	52	Inventories for sale or use		4,200,278	52	4,001,972
	53	Prepaid expenses and deferred charges		3,744,257	53	4,394,621
	54a	Investments—publicly-traded securities ▶ ☐ Cost ☐ FMV			54a	
	b	Investments—other securities (attach schedule) ▶ ☐ Cost ☐ FMV			54b	
	55a	Investments—land, buildings, and equipment basis				
	b	Less accumulated depreciation (attach schedule)			55c	
	56	Investments—other (attach schedule)		50,006,619	56	30,221,097
	57a	Land, buildings, and equipment basis	325,013 954			
	b	Less accumulated depreciation (attach schedule)	215,396,178	107,007,866	57c	109,617,776
	58	Other assets, including program-related investments (describe ▶)		3,177,986	58	1,596,505
	59	**Total assets** (must equal line 74) Add lines 45 through 58		229,186,691	59	203,114,640
Liabilities	60	Accounts payable and accrued expenses		56,786,289	60	50,570,512
	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)		97,897,214	64a	95,780,906
	b	Mortgages and other notes payable (attach schedule)		2,369,779	64b	2,452,384
	65	Other liabilities (describe ▶)		9,991,980	65	13,446,853
	66	**Total liabilities** Add lines 60 through 65		167,045,262	66	162,250,655
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here** ▶ ☑ and complete lines 67 through 69 and lines 73 and 74				
	67	Unrestricted		61,451,354	67	40,084,336
	68	Temporarily restricted		690,075	68	779,649
	69	Permanently restricted			69	
		Organizations that do not follow SFAS 117, check here ▶ ☐ 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)		62,141,429	73	40,863,985
	74	**Total liabilities and net assets / fund balances** Add lines 66 and 73		229,186,691	74	203,114,640

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

a	Total revenue, gains, and other support per audited financial statements			a	696,532,217
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) _____	b4			
	Add lines b1 through b4			b	
c	Subtract line b from line a			c	696,532,217
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) _____	d2			
	Add lines d1 and d2			d	
e	**Total revenue** (Part I, line 12) Add lines c and d ▶			e	696,532,217

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

a	Total expenses and losses per audited financial statements			a	715,400,520
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) _____	b4			
	Add lines b1 through b4			b	
c	Subtract line b from line a			c	715,400,520
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) _____	d2			
	Add lines d1 and d2			d	
e	**Total expenses** (Part I, line 17) Add lines c and d ▶			e	715,400,520

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) *(See the instructions.)*

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
See Additional Data Table				

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 ▶15			
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

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		No
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, 2007 (See instructions) 90b 1,717			
91a	The books are in care of ▶ ROBERT A FICKEN Telephone no ▶ (504) 897-8344			
	Located at ▶ 1401 FOUCHER STREET 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		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)*

			Yes	No
c	At any time during the calendar year, did the organization maintain an office outside of the United States?	91c		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)
		(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function income
93	Program service revenue					
a	g PARTNERSHIP UBI	541900				4,716
b	f PARTNERSHIP INC-PROG SV					168,493
c	e OTHER MISCELLANEOUS					126,657
d	b NON PATIENT SERVICES					2,343,618
e	a PATIENT SERVICES					678,177,383
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	460,000	
96	Dividends and interest from securities			14	1,236,340	
97	Net rental income or (loss) from real estate					
a	debt-financed property					
b	non debt-financed property			16	-1,581,503	
98	Net rental income or (loss) from personal property	531120	249,640			
99	Other investment income			14	1,721,076	
100	Gain or (loss) from sales of assets other than inventory					1,447,194
101	Net income or (loss) from special events					
102	Gross profit or (loss) from sales of inventory	621990	189,453			
103	Other revenue a PARKING INCOME			3	168,823	
b	MISCELLANEOUS SERVICE INC			3	6,217,990	
c	CAFETERIA INCOME			3	1,216,550	
d						
e						
104	Subtotal (add columns (B), (D), and (E))		439,093		9,439,276	682,258,629
105	**Total** (add line 104, columns (B), (D), and (E)) ▶					692,136,998

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 EMERGANCY 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, LA70115 72-1260480	5000 00 %	PHYS HOSPITAL ORG	0	0
CRESCENT CITY PHYSICIANS INC 3600 PRYTANIA STREET SUITE 72 NEW ORLEANS, LA70115 72-1269878	10000 00 %	MED PRACTICE MGMT	0	0
METROLAB INC 2633 NAPOLEON AVENUE NEW ORLEANS, LA70115 72-1184791	10000 00 %	MEDICAL LAB	0	0
	%			

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)*

		Yes	No
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		No

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

		Yes	No
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		No

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

		Yes	No
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?		No

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Suzanne Naggard — Signature of officer — Date 4/7/11

Suzanne Naggard, CFO — Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-empolyed ▶ ☐	Preparer's SSN or PTIN (See Gen Inst W)
Firm's name (or yours if self-employed), address, and ZIP + 4			EIN ▶
			Phone no ▶

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93490007003089

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 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

2007

Name of the organization
TOURO INFIRMARY

Employer identification number
72-0423659

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See 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
SUSAN TAYLOR 1401 FOUCHER STREET NEW ORLEANS,LA 70115	M D 40 00	206,708	0	0
TIMOTHY GIRARD 1401 FOUCHER STREET NEW ORLEANS,LA 70115	M D 40 00	216,164	0	0
KATHLEEN JONES 1401 Foucher Street NEW ORLEANS,LA 70115	M D 40 00	216,470	0	0
VICKY WATTS 1401 FOUCHER STREET NEW ORLEANS,LA 70115	M D 40 00	231,204	0	0
SHERYL SMITH 1401 FOUCHER STREET NEW ORLEANS,LA 70115	M D 40 00	299,404	0	0
Total number of other employees paid over $50,000 ▶	624			

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	400,812
SHER GARNER CAHILL 909 POYDRAS 28TH FLOOR NEW ORLEANS,LA 70112	LEGAL	1,174,810
BEAHM & GREEN ATTORNEYS 1401 FOUCHER STREET NEW ORLEANS,LA 70115	LEGAL	671,827
BAKER DONELSON BEARMAN 1401 FOUCHER STREET NEW ORLEANS,LA 70115	LEGAL	504,544
FRILOT PATRIDGE LLC 1401 FOUCHER STREET NEW ORLEANS,LA 70115	LEGAL	293,254
Total number of others receiving over $50,000 for professional services ▶ 11		

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 2 for instructions)

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
MEDICAL IMAGING SPECIALISTS 1401 FOUCHER STREET NEW ORLEANS,LA 70115	MEDICAL SERVICES	104,165
UPTOWN CARDIOLOGY 1401 FOUCHER STREET NEW ORLEANS,LA 70115	MEDICAL SERVICES	169,810
RICHARD MORSE 1401 FOUCHER STREET NEW ORLEANS,LA 70115	MEDICAL SERVICES	233,335
GPS HEALTHCARE CONSULTANTS 1401 FOUCHER STREET NEW ORLEANS,LA 70115	CONSULTING	220,847
STIRLING PROPERTIES 1401 FOUCHER STREET NEW ORLEANS,LA 70115	PROPERTY MANAGEMENT	277,202
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)	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 ▶_____			
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶_____			
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 ▶_____			
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶_____			

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 331/3%** 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 331/3%** 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) 2006	(b) 2005	(c) 2004	(d) 2003	(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: **a** Enter 2% of amount in column (e), line 24 ▶ **26a**

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 ▶ **26b**

c Total support for section 509(a)(1) test Enter line 24, column (e) ▶ **26c** 0

d Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____ ▶ **26d**

e Public support (line 26c minus line 26d total) ▶ **26e**

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ **26f**

27 Organizations described on line 12: **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

(2006) _____ (2005) _____ (2004) _____ (2003) _____

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

(2006) _____ (2005) _____ (2004) _____ (2003) _____

c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ ▶ **27c** 0

d Add Line 27a total _____ and line 27b total _____ ▶ **27d**

e Public support (line 27c total minus line 27d total) ▶ **27e**

f Total support for section 509(a)(2) test Enter amount from line 23, column (e) ▶ **27f**

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ **27g**

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ **27h**

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 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?	31		
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)			
32	Does the organization maintain the following			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on 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?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement			
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 (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)	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	41		
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)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	**(a)** 2007	**(b)** 2006	**(c)** 2005	**(d)** 2004	**(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	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			0
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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions.)

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?

		Yes	No
a	Transfers from the reporting organization to a noncharitable exempt organization of		
	(i) Cash	**51a(i)**	No
	(ii) Other assets	**a(ii)**	No
b	Other transactions		
	(i) Sales or exchanges of assets with a noncharitable exempt organization	**b(i)**	No
	(ii) Purchases of assets from a noncharitable exempt organization	**b(ii)**	No
	(iii) Rental of facilities, equipment, or other assets	**b(iii)**	No
	(iv) Reimbursement arrangements	**b(iv)**	No
	(v) Loans or loan guarantees	**b(v)**	No
	(vi) Performance of services or membership or fundraising solicitations	**b(vi)**	No
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	**c**	No

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

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

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

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Form **5471**
(Rev December 2007)
Department of the Treasury
Internal Revenue Service

Information Return of U.S. Persons With Respect To Certain Foreign Corporations

▶ **See separate instructions.**

Information furnished for the foreign corporation's annual accounting period (tax year required by section 898) (see instructions) beginning 1/1/2007 , and ending 12/31/2007

OMB No 1545-0704

Attachment Sequence No **121**

Name of person filing this return	A Identifying number
Touro Infirmary	72-0423659
Number, street, and room or suite no (or P O box number if mail is not delivered to street address)	B Category of filer (See instructions Check applicable box(es))
1401 Fourcher Street	1 (repealed) 2 ☐ 3 ☒ 4 ☐ 5 ☒
City or town, state, and ZIP code	C Enter the total percentage of the foreign corporation's voting stock you owned at the end of its annual accounting period 12 50%
New Orleans LA 70115	
Filer's tax year beginning 1/1/2007 , and ending 12/31/2007	

D Person(s) on whose behalf this information return is filed

(1) Name	(2) Address	(3) Identifying number	(4) Check applicable box(es)		
			Shareholder	Officer	Director

Important: *Fill in all applicable lines and schedules. All information* ***must*** *be in English. All amounts* ***must*** *be stated in U S dollars unless otherwise indicated*

1a Name and address of foreign corporation
Name Health Care Casualty Insurance Limited
Address P O Box 1109 City Grand Cayman
State Zip KY1-1102 Country Cayman Islands

b Employer identification number, if any

c Country under whose laws incorporated: Cayman Islands

d Date of incorporation	e Principal place of business	f Principal business activity code number	g Principal business activity	h Functional currency
8/30/2002	Cayman Islands	524150	Insurance	U S Dollar

2 Provide the following information for the foreign corporation's accounting period stated above

a Name, address, and identifying number of branch office or agent (if any) in the United States
Name **N/A** ID Num
Address
City ST Zip

b If a U S income tax return was filed, enter

(i) Taxable income or (loss)	(ii) U S income tax paid (after all credits)
N/A	**N/A**

c Name and address of foreign corporation's statutory or resident agent in country of incorporation
Name HSBC Financial Services (Cayman) Limited
Address P O. Box 1109
City Grand Cayman ST Zip KY1-1102
Country Cayman Islands

d Name and address (including corporate department, if applicable) of person (or persons) with custody of the books and records of the foreign corporation, and the location of such books and records, if different
Name Same as 2c
Address City
State Zip Country
Location of books and records if different

Schedule A Stock of the Foreign Corporation

(a) Description of each class of stock	(b) Number of shares issued and outstanding	
	(i) Beginning of annual accounting period	(ii) End of annual accounting period
COMMON	8	8
PREFERRED	7	7

Additional Data

Software ID: 07000211
Software Version: 2007v2.4
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
ALVIN FANDRICH 1401 FOUCHER STREET NEW ORLEANS,LA 70115	Vice President 0 00	208,344		
CHAD COURREGE 1401 FOUCHER STREET NEW ORLEANS,LA 70115	Vice President 0 00	75,866	7,095	
PAUL S ROSENBLUM 2424 EDENBORN AVE 108 METAIRIE,LA 70001	Secretary/Treas 0 00	0		
DAVID VOELKER 650 POYDRAS 2830 NEW ORLEANS,LA 70130	BOARD MEMBER 0 00	0		
SCOTT LANDRY 5540 AMITE DRIVE MARRERO,LA 70072	Vice President 40 00	172,573		
ALLAN BISSINGER P O BOX 1095 METAIRIE,LA 70004	Board Member 0 00	0		
SALVADOR CAPUTTO 3525 PRYTANIA STREET ST 302 NEW ORLEANS,LA 70125	Board Member 0 00	0		
LEE SCHLESINGER 1010 COMMON ST 1850 NEW ORLEANS,LA 70112	Vice Chairman 0 00	0		
LESLIE D HIRSCH 1401 FOUCHER STREET NEW ORLEANS,LA 70115	President & CEO 40 00	778,616	20,500	
STEPHEN SONTHEIMER 12 NEWCOMB BLVD NEW ORLEANS,LA 70118	BOARD MEMBER 0 00	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
MICHAEL BERENSON 201 ST CHARLES AVE 35TH FL NEW ORLEANS,LA 70170	Past Chairman 0 00	0		
RUTH KULLMAN 1838 STATE STREET NEW ORLEANS,LA 70118	BOARD MEMBER 0 00	0		
JACK JACOB 3525 PRYTANIA ST SUITE 206 NEW ORLEANS,LA 70115	BOARD MEMBER 0 00	0		
PAUL BARRON 6329 FRERET ST ROOM 355D NEW ORLEANS,LA 70118	Board Member 0 00	0		
STEPHEN H KUPPERMAN 546 CARONDELET ST NEW ORLEANS,LA 70130	Chairman 0 00	0		
KEVIN JORDAN 2411 KILLDEER STREET NEW ORLEANS,LA 70115	Vice President 40 00	293,316	15,500	
ELLEN YELLIN 111 VETERANS BLVD SUITE 800 METAIRIE,LA 70005	BOARD MEMBER 0 00	0		
FRANK FOLINO 3620 LAKE ONTARIO DR HARVEY,LA 70058	VICE PRESIDENT 40 00	204,301	9,600	
SUSAN PITOSCIA 33 BUCKINGHAM PLACE CHERRY HILL,NJ 08003	Vice President 40 00	323,131	20,500	
LINDA OSBORNE 5518 PRYTANIA STREET NEW ORLEANS,LA 70115	Vice President 40 00	224,292	18,000	

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
ROBERT A FICKEN 3549 RED OAK COURT NEW ORLEANS,LA 70131	VICE PRESIDENT 40 00	299,611	20,500	
KNIGHT WORLEY 3525 PRYTANIA ST SUITE 606 NEW ORLEANS,LA 70115	BOARD MEMBER 0 00	0		
RICHARD CULBERTSON MD 1401 FOUCHER STREET NEW ORLEANS,LA 70115	BOARD MEMBER 0 00	0		
RALPH DEAN 1401 FOUCHER STREET NEW ORLEANS,LA 70115	Vice President 40 00	407,310	20,500	

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

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TY 2007 Gain/Loss from Sale of Public Securities Schedule

Name:	TOURO INFIRMARY	
EIN:	72-0423659	
Software ID:	07000211	
Software Version:	2007v2.4	
Gross Sales Price:		6,889,404
Basis:		5,442,210
Sales Expenses:		
Total (net):		

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TY 2007 General Explanation Attachment

Name: TOURO INFIRMARY
EIN: 72-0423659
Software ID: 07000211
Software Version: 2007v2.4

Identifier	Return Reference	Explanation
		Statement 17Tax Exempt Bonds, Form 990, Line 64a93 LPFA Bonds 37,900,90099 Construction Bo nds 57,880,006 95,780,906

Identifier	Return Reference	Explanation
		Statement 16Investments, Form 990, Line 5693 LPFA Debt Service 2,049,057 93 LPFA Debt Serv Reserve 5,850,198 Workman's Comp CD 500,000 JV Imaging Center Cash 960,000 Funded Deprec iation 14,013,236 99 Bond DSRF - Hospital 3,989,554 99 Bond DSRF - Woldenberg 1,965,126 99 Bond DSF - Hospital 324,591 99 Bond DSF - Woldenberg 569,335 30,221,097

Identifier	Return Reference	Explanation
		Statement 15Other Receivables, Form 990, Line 51aMisc A/R - Lawson Sub System 68,888 Misc A/R - CCPI 5,716,437 Misc A/R - Woldenberg 6,979,820 Misc - Choice (119,937)Specialty Hosp ital AR 122 AR from Diagnostic Imaging (420,793)AR from Surgery Center 52,242 TRG Receivab le 482,009 Parrish Receivable 920,112 Wellness Center Receivable (3,796)Dialysis Managemen t Receivable (20,922)OP Pharmacy Medicaid 12,572 OP Pharmacy Third Party 152,345 Workers C omp Reinsurance 78,286 Other Miscellaneous 99,736 Interest Receivable Rate Swap 265,542 Ac crued Int Rec - WV 3,316,045 Received Not Applied Lawson (23,561)Due to/from Touro Infirma ry (39,520,343)Due to/from Touro Rehab 39,523,298 Due to/from Metrolab 182,311 N/R - Wolde nberg 20,000,000 Discount - Woldenberg 108,205 37,848,618

Identifier	Return Reference	Explanation
		STATEMENT 14FORM 990, PART IIISTATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTSTouro Infirmary is dedicated to improving the health status and well being of the people it serves through the provision of effective, efficient and compassionate healthcare services Touro was fo unded over 150 years ago as a not for profit hospital that was open to all, regardless of class or financial status Over a century and a half later, Touro continues to lead by exa mple in the manner in which it provides services to those in our community who are financi ally disadvantaged Touro is located in New Orleans, Louisiana, an urban area, which, whil e noted for tourism, food and music, is economically depressed and has some of the highest incidence of disease and medical problems in the country Largely driven by life style, N ew Orleans has an unusually high incidence of diabetes, heart disease and cancer As a res ult of these factors, Touro provides a substantial number of programs aimed at educating t he public through free seminars and disease detection through free health screenings Thes e programs, many of w hich focus on diabetes, heart disease and cancer, are largely targete d at persons of low socio-economic means As an example, w e offer free colorectal cancer s creenings and skin cancer screenings to the public as a means of early detection and treat ment of cancer Our diabetes education center routinely presents programs in the form of s eminars as well as one on one counseling of how to maintain healthy lifestyles for diabeti cs In a typical year, Touro will provide free screenings to over 10,000 such persons, and nearly 40% will have some abnormal health finding From the screenings, w e work to match them with appropriate treatment, be it through a program that w e offer with significant di scounts or some form of free care Touro has a historical focus on providing services to se niors, many of which receive substantially discounted services Touro invested $30,000,000 in Woldenberg Village, our continuing care retirement community with independent, assiste d and skilled nursing facilities and well respected programs for persons with Alzheimer's Woldenberg has beds and apartments for 240 seniors We have a strategy of locating primar y care offices in medically undeserved portions of the City to make primary health care mo re accessible to those who might not otherwise be able to access basic medical services S ome of these geographical areas are significantly economically deprived We work with chur ches in many of the neighborhoods to promote improved health and to provide free health sc reenings As part of our commitment to the community, Touro is a major teaching hospital of fering medical student and post graduate medical training to the two New Orleans medical s chools, LSU and Tulane We act as a clinical training site for allied health programs for Dillard, Xavier and other metro New Orleans colleges In addition to all the above, Touro provided over $20,192,000 in uncompensated care to persons in need in 2007

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TY 2007 Land etc. Schedule

Name: TOURO INFIRMARY
EIN: 72-0423659
Software ID: 07000211
Software Version: 2007v2.4

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
Miscellaneous	717,513		717,513
Improvements	13,066,632	443,649	12,622,983
Buildings	141,682,457	122,534,253	19,148,204
Machinery and Equipment	169,547,352	92,418,276	77,129,076

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TY 2007 Other Assets Schedule

Name: TOURO INFIRMARY
EIN: 72-0423659
Software ID: 07000211
Software Version: 2007v2.4

Description	Beginning of Year Amount	End of Year Amount
	151,843	
DUE FROM RESEARCH FUND	331,649	16,238
DEPOSITS	277,833	702,982
DUE FROM ST. CHARLES	74,484	1,310,854
DEFERRED FINANCING COSTS - 93 BONDS	972,182	919,047
OTHER REAL ESTATE	73	73
BOND FEES	294,149	273,881
DUE FROM TOURO REALTY	180,409	1,310,880
RESEARCH FUND INVESTMENT IN LAND	5,954	5,954
INVESTMENT IN STOCKS & CORPORATE BONDS	208,305	
PREPAID PENSION COST	466,740	685,029
OTHER ASSETS	363,333	363,333

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TY 2007 Other Changes in Net Assets Schedule

Name: TOURO INFIRMARY
EIN: 72-0423659
Software ID: 07000211
Software Version: 2007v2.4

Description	Amount
SPECIFIC PURPOSE FUND INCOME	44,786
PREMIER K-1	-164,499
PENSION LIABILTY ADJUSTMENT	-2,218,429
HCCIL DIVIDEND INCOME NOT ON BOOKS	-70,999

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TY 2007 Other Investment Income Schedule

Name: TOURO INFIRMARY
EIN: 72-0423659
Software ID: 07000211
Software Version: 2007v2.4

Description	Amount
INTEREST ON W/COMP. CD	36,161
INTEREST ON CAMELOT N/R	4,294
INTEREST INCOME - WV	1,111,393
HCCI DIVIDEND INCOME	70,999
1999 BOND INTEREST	183,526
1993 BOND INTEREST	314,703

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TY 2007 Other Liabilities Schedule

Name: TOURO INFIRMARY
EIN: 72-0423659
Software ID: 07000211
Software Version: 2007v2.4

Description	Beginning of Year Amount	End of Year Amount
OTHER		208,357
INVESTMENT IN SUBSIDIARIES	4,304,974	6,631,428
PROMISSORY NOTES	989,890	
N/P - ZOLL MEDICAL	240,204	153,524
Pension Liability	3,203,841	5,175,769
Employee Contract Payable	1,056,127	956,821
Miscellaneous	29,985	29,985
Utility Deposits	12,700	12,700
Dialysis Rent Payable	11,125	11,125
Interest Rate Swap	143,134	267,144

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TY 2007 Sales Of Inventory Schedule

Name: TOURO INFIRMARY
EIN: 72-0423659
Software ID: 07000211
Software Version: 2007v2.4

Category	Gross Sales	Cost of Goods Sold	Net (Gross Sales Minus Cost of Goods Sold)
LAUNDRY			
PATHOLOGY	967,708	778,255	189,453

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TY 2007 Contractor Compensation Explanation

Name: TOURO INFIRMARY
EIN: 72-0423659
Software ID: 07000211
Software Version: 2007v2.4

Contractor	Explanation
UPTOWN CARDIOLOGY	
STIRLING PROPERTIES	
RICHARD MORSE	
MEDICAL IMAGING SPECIALISTS	
GPS HEALTHCARE CONSULTANTS	

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TY 2007 Contractor Compensation Explanation

Name: TOURO INFIRMARY
EIN: 72-0423659
Software ID: 07000211
Software Version: 2007v2.4

Contractor	Explanation
SHER GARNER CAHILL	
GARY R GLYNN MD APMC	
FRILOT PATRIDGE LLC	
BEAHM & GREEN ATTORNEYS	
BAKER DONELSON BEARMAN	

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TY 2007 Employee Compensation Explanation

Name: TOURO INFIRMARY
EIN: 72-0423659
Software ID: 07000211
Software Version: 2007v2.4

Employee	Explanation
SUSAN TAYLOR	
TIMOTHY GIRARD	
KATHLEEN JONES	
VICKY WATTS	
SHERYL SMITH	