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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

2009Open to Public
Inspection**A For the 2009 calendar year, or tax year beginning****and ending****B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☒ Amended return
☐ Application pending

Please use IRS label or print or type

See Specific Instructions

C Name of organization**TOURO INFIRMARY**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

1401 FOUCHER STREET

Room/suite

City or town, state or country, and ZIP + 4

NEW ORLEANS, LA 70115**F Name and address of principal officer****SAME AS C ABOVE****D Employer identification number****72-0423659****E Telephone number****(504) 897-8344****G Gross receipts \$ 214,023,828.****H(a) Is this a group return**for affiliates? ☐ Yes ☒ No**H(b) Are all affiliates included?** ☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶**I Tax-exempt status:** ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**J Website:** ▶ **WWW.TOURO.COM****K Form of organization:** ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L Year of formation:** **1852** **M State of legal domicile:** **LA****Part I Summary**

1 Briefly describe the organization's mission or most significant activities. PROVISION OF MEDICAL SERVICES	
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	
3 Number of voting members of the governing body (Part VI, line 1a)	17
4 Number of independent voting members of the governing body (Part VI, line 1b)	12
5 Total number of employees (Part V, line 2a)	2234
6 Total number of volunteers (estimate if necessary)	566
7a Total gross unrelated business revenue from Part VIII, column (C), line 12	0.
b Net unrelated business taxable income from Form 990-T, line 34	37,190.
8 Contributions and grants (Part VIII, line 1h)	12,078,806.
9 Program service revenue (Part VIII, line 2g)	175,894,655.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,063,434.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,117,529.
12 Total revenue. Add lines 8 through 11 (must equal Part VIII, column (A), line 12)	195,154,424.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
14 Benefits paid to or for members (Part IX, column (A), line 4)	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	92,529,691.
16a Professional fundraising fees (Part IX, column (A), line 11e)	
b Total fundraising expenses (Part IX, column (D), line 25) ▶	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	109,339,492.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	201,869,183.
19 Revenue less expenses. Subtract line 18 from line 12	<6,714,759.>
20 Total assets (Part X, line 16)	204,899,267.
21 Total liabilities (Part X, line 26)	189,906,734.
22 Net assets or fund balances. Subtract line 21 from line 20	14,992,533.

Part II Signature Block

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.

Sign
Here

Signature of officer

Date

Type or print name and title

Paid
Preparer's
Use OnlyPreparer's
signature
Firm's name (or
yours if
self-employed),
address, and
ZIP + 4

Date

Check if
self-
employed ☐Preparer's identifying number
(see instructions)**LAPORTE, SEHRT, ROMIG & HAND****111 VETERANS MEMORIAL BLVD., SUITE 600****METairie, LA 70005-4958**

EIN ▶

Phone no. ▶ **(504) 835-5522**

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

26 9/16 26 26

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

TOURO INFIRMARY IS DEDICATED TO IMPROVING THE HEALTH STATUS AND WELL BEING OF THE PEOPLE IT SERVES THROUGH THE PROVISION OF EFFECTIVE, EFFICIENT AND COMPASSIONATE HEALTHCARE SERVICES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code) (Expenses \$ 171028972. including grants of \$) (Revenue \$ 191772722.)

THE HOSPITAL PROVIDES INPATIENT, OUTPATIENT, EMERGENCY AND CRITICAL CARE, HOME HEALTH, AND REHAB SERVICES. IT HAS 258 ADULT AND PEDIATRIC BEDS, 22 ICU BEDS, AND 13 NICU BEDS FOR A TOTAL OF 293 BEDS. THE NUMBER OF INPATIENTS TREATED BY THE HOSPITAL IN 2009 WAS 13,420. THE NUMBER OF PATIENTS TREATED AS OUTPATIENTS WAS 90,933 AND THEIR OUTPATIENT VISITS TOTALED 217,513 FOR 2009. THERE WERE 6,221 SURGERIES, 28,229 EMERGENCY ROOM VISITS, AND 2,628 BABIES DELIVERED. THE TOTAL NUMBER OF PATIENTS TREATED IN 2009 WAS 104,443; 38,494 OR 36.86% WERE MEDICARE PATIENTS; 28,359 OR 27.15% WERE MEDICAID, UNINSURED, OR DISCOUNTED PATIENTS; 37,590 OR 35.99% HAD PRIVATE INSURANCE.

4b (Code:) (Expenses \$ 4,449,316. including grants of \$) (Revenue \$ 3,219,324.)

TOURO INFIRMARY IS A TEACHING HOSPITAL OFFERING MEDICAL STUDENT AND POST GRADUATE MEDICAL TRAINING. IT HAS ACADEMIC AFFILIATIONS WITH LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER AND TULANE UNIVERSITY HEALTH SCIENCE CENTER. TOURO CURRENTLY OFFERS TRAINING PROGRAMS TO MORE THAN 65 RESIDENTS IN THE FOLLOWING AREAS: PSYCHIATRY, OTOLARYNGOLOGY, ORTHOPEDICS, NEUROLOGY, GENERAL SURGERY, PLASTIC SURGERY, CARDIOLOGY, INFECTIOUS DISEASE, MEDICINE, NEUROLOGY FELLOWS, NEUROSURGERY, OBSTETRICS/GYNECOLOGY, PM&R AND RADIOLOGY. TOUROS IS ALSO A CLINICAL TRAINING SITE FOR ALLIED HEALTH PROGRAMS FOR DILLARD, XAVIER, AND METRO NEW ORLEANS COLLEGES.

4c (Code) (Expenses \$ 329,669. including grants of \$) (Revenue \$)

COMMUNITY HEALTH IMPROVEMENT SERVICES AND COMMUNITY BENEFIT OPERATIONS PROVIDE COMPLIMENTARY HEALTH EDUCATION PROGRAMS AND FREE HEALTH SCREENINGS FOR THE COMMUNITY. THESE PROGRAMS ARE DESIGNED TO FOCUS ON SOME OF THE MOST PREVALENT DISEASES IN THE COMMUNITY, SUCH AS DIABETES, HEART DISEASE AND CANCER. THESE PROGRAMS ADDRESS PREVENTION, EARLY DETECTION, TREATMENT, AND MAINTAINING HEALTHY LIFESTYLES. IN 2009 TOURO HELD 134 OUTREACH EVENTS THAT WERE ATTENDED BY 7,039 PEOPLE. TOURO ALSO CONDUCTED 2,868 FREE HEALTHCARE SCREENINGS, WHICH PROMPTED 261 PEOPLE TO MAKE APPOINTMENTS WITH PHYSICIANS AND 909 TO BE ADMITTED TO THE HOSPITAL FOR TREATMENT.

4d Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 175,807,957.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X</i>		
12 Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		X
12A Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	X	

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.	98	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2234	
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
4a	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)?		X
4b	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		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body	17	
b Enter the number of voting members that are independent	12	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	X	
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	X	
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?	X	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?		X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	X	
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	X	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **LA**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **THE ORGANIZATION - (504) 897-8344**
1401 FOUCHER STREET, NEW ORLEANS, LA 70115

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
STEPHEN H. KUPPERMAN CHAIRMAN	1.00	X						0.	0.	0.
ALLAN BISSINGER BOARD OFFICER	1.00	X						0.	0.	0.
STEPHEN L. SONTHEIMER BOARD OFFICER	1.00	X						0.	0.	0.
MICHAEL BERENSON BOARD OFFICER	1.00	X						0.	0.	0.
KIM BOYLE BOARD MEMBER	1.00	X						0.	0.	0.
RICHARD CULBERTSON BOARD MEMBER	1.00	X						0.	0.	0.
PETER GLASER BOARD MEMBER	1.00	X						0.	0.	0.
JACK JACOBS BOARD MEMBER	40.00	X						0.	280,026.	4,474.
RUTH KULLMAN BOARD MEMBER	1.00	X						0.	0.	0.
HUGH W. LONG BOARD MEMBER	1.00	X						0.	0.	0.
ED RODRIGUEZ BOARD MEMBER	1.00	X						0.	30,000.	0.
DAVID R. VOELKER BOARD MEMBER	1.00	X						0.	0.	0.
KNIGHT WORLEY BOARD MEMBER	1.00	X						0.	0.	0.
ELLEN YELLIN BOARD MEMBER	1.00	X						0.	0.	0.
JAMES MONTGOMERY PRESIDENT - CEO	50.00	X		X				302,334.	0.	74,747.
JOY BRAUN BOARD MEMBER	1.00	X						0.	0.	0.
ELIZABETH SULLIVAN BOARD MEMBER	1.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
STEVE WORLEY BOARD MEMBER	1.00	X						0.	0.	0.
MICHAEL J. SNIFFEN PAST CEO (INTERIM)	50.00			X				298,159.	0.	0.
KEVIN T. JORDAN CHIEF MEDICAL OFFICER	50.00			X				400,517.	0.	25,906.
ROBERT A. FICKEN CHIEF FINANCIAL OFFICER	50.00			X				378,916.	0.	23,618.
TONYA GILLESPIE EX DIR WOLDENBERG	40.00			X				0.	141,056.	5,729.
CHAD COURREGE VP OF HUMAN RESOURCES	50.00				X			235,891.	0.	23,618.
FRANCIS D. MERTENS VP OF PHYSICIAN SERVICES	50.00				X			232,320.	0.	34,926.
SCOTT C. LANDRY VP OF FACILITIES	50.00				X			200,611.	0.	21,794.
THERESA R. WILLIAMS CHIEF NURSING OFFICER	50.00				X			205,103.	0.	18,749.
SUSAN PITOSCIA VP - CNO & COO	50.00				X			376,458.	0.	16,898.
1b Total								3,761,056.	1,364,761.	555,811.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **16**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
AMERISOURCE BERGEN DRUG CO PO BOX 6763801, DALLAS, TX 75267	DRUG DISTRIBUTOR	7,730,424.
SIEMENS MEDICAL SOLUTIONS PO BOX 12001, DEPT 0733, DALLAS, TX 75312	INFORMATION TECHNOLOGY	6,721,076.
THE RADIOLOGY GROUP, 3340 PEACHTREE ROAD NE, SUITE 2025, ATLANTA, GA 30326	RADIOLOGIST	5,907,105.
LSUHSC - NEW ORLEANS, 433 BOLIVAR STREET, RM 619, NEW ORLEANS, LA 70112	AFFILIATION/RESIDENCY PROGRAM	4,947,136.
MEDLINE INDUSTRIES, INC. PO BOX 121080, DALLAS, TX 75312	MEDICAL SUPPLIES	4,581,160.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **5**

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Form 990 (2009)

Part VII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	5,914,745.			
	e	Government grants (contributions)	1e	9,283,403.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	15,192.			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		15213340.			
Program Service Revenue	2 a	NET PATIENT SERVICE	Business Code 621400	186070072.	186070072.		
	b	NON-PATIENT SERVICE	621400	1,447,497.	1,447,497.		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		187517569.			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,406,593.		
4		Income from investment of tax-exempt bond proceeds		1,623,525.			1623525.
5		Royalties					
6 a		Gross Rents	(i) Real 3422899.				
b		Less: rental expenses					
c		Rental income or (loss)	3422899.				
d		Net rental income or (loss)		3,422,899.	3,422,899.		
7 a		Gross amount from sales of assets other than inventory	(i) Securities 788,324.				
b		Less: cost or other basis and sales expenses	254,455.				
c		Gain or (loss)	533,869.				
d		Net gain or (loss)		533,869.			533,869.
8 a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18					
b		Less: direct expenses					
c		Net income or (loss) from fundraising events					
9 a		Gross income from gaming activities See Part IV, line 19					
b		Less: direct expenses					
c		Net income or (loss) from gaming activities					
10 a		Gross sales of inventory, less returns and allowances					
b		Less: cost of goods sold					
c		Net income or (loss) from sales of inventory					
Miscellaneous Revenue			Business Code				
11 a	PARKING INCOME	812930	1,681,074.	1,681,074.			
b	CAFETERIA/CATERING	900099	1,155,052.	1,155,052.			
c	INSURANCE PROCEEDS	525100	800,000.	800,000.			
d	All other revenue	900099	415,452.	415,452.			
e	Total. Add lines 11a-11d		4,051,578.				
12	Total revenue. See instructions.		213769373.	194992046.	0.	3563987.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,620,493.	864,763.	1,755,730.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	76,546,625.	73,019,219.	3,527,406.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,792,850.	3,658,915.	133,935.	
9 Other employee benefits	6,604,519.	6,301,832.	302,687.	
10 Payroll taxes	5,819,408.	5,506,446.	312,962.	
11 Fees for services (non-employees):				
a Management	558,413.	558,413.		
b Legal	767,390.	102,144.	665,246.	
c Accounting	260,405.		260,405.	
d Lobbying	104,000.		104,000.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	31,287,552.	28,995,822.	2,291,730.	
12 Advertising and promotion	1,027,369.	103,819.	923,550.	
13 Office expenses	7,316,273.	4,792,498.	2,523,775.	
14 Information technology	2,329,027.	2,279,948.	49,079.	
15 Royalties				
16 Occupancy	6,607,717.	6,305,584.	302,133.	
17 Travel	117,004.	102,286.	14,718.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	76,396.	70,130.	6,266.	
20 Interest	5,732,311.		5,732,311.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	13,637,016.	1,328,497.	12,308,519.	
23 Insurance	3,394,134.	3,394,134.		
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a MEDICAL SUPPLIES	34,837,663.	34,756,041.	81,622.	
b CAPITAL LEASE EXPENSE	3,459,113.	3,431,183.	27,930.	
c LEGAL SETTLEMENT	926,647.	1,647.	925,000.	
d DUES & MEMBERSHIPS	180,254.	72,044.	108,210.	
e PARKING EXPENSE	59,286.	59,286.	0.	
f All other expenses	386,638.	103,306.	283,332.	
25 Total functional expenses. Add lines 1 through 24f	208,448,503.	175,807,957.	32,640,546.	0.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	3,719,044.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	20,471,807.	4	30,742,415.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	42,809,472.	7	10,954,844.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	3,109,794.	9	2,624,972.
	10a Land, buildings, and equipment, cost or other basis Complete Part VI of Schedule D	10a 342,562,424.		
	b Less: accumulated depreciation	10b 242,837,833.	10c	99,724,591.
	11 Investments - publicly traded securities	22,415,747.	11	14,165,181.
	12 Investments - other securities See Part IV, line 11		12	
	13 Investments - program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	9,161,043.	15	7,984,317.
16 Total assets. Add lines 1 through 15 (must equal line 34)	204,899,267.	16	169,915,364.	
Liabilities	17 Accounts payable and accrued expenses	29,236,537.	17	27,362,244.
	18 Grants payable		18	
	19 Deferred revenue	19,771.	19	41,123.
	20 Tax-exempt bond liabilities	93,593,094.	20	91,133,410.
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities Complete Part X of Schedule D	67,057,332.	25	55,572,228.
	26 Total liabilities. Add lines 17 through 25	189,906,734.	26	174,109,005.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	14,208,464.	27	<5,117,732.>
	28 Temporarily restricted net assets	784,069.	28	924,091.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	14,992,533.	33	<4,193,641.>
	34 Total liabilities and net assets/fund balances	204,899,267.	34	169,915,364.

Form 990 (2009)

Part XI Financial Statements and Reporting

- 1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2009)

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

2009

**Open to Public
Inspection**

TOURO INFIRMARY

Employer identification number
72-0423659

Part I	Reason for Public Charity Status (All organizations must complete this part) See instructions.
---------------	--

1 ☐ A church, convention, or association of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state. _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ 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 exempt 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).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box _____

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]

Schedule A (Form 990 or 990-EZ) 2009

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

2009

**Open to Public
Inspection**

▶ **Complete if the organization is described below.**

▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

TOURO INFIRMARY

Employer identification number

72-0423659

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

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

Schedule C (Form 990 or 990-EZ) 2009

LHA

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check ☐ if the filing organization belongs to an affiliated group
- B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</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> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	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 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
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.														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?															

☐ Yes ☐ No
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 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2009

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities? If "Yes," describe in Part IV	X		104,000.
j Total. Add lines 1c through 1i			104,000.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

PART II-B, LINE 1(I), OTHER LOBBYING ACTIVITIES:

TOURO INFIRMARY HIRED A LOBBYIST FOR FEDERAL AND STATE LEGISLATURES TO
 SECURE ADDITIONAL FINANCIAL AID AVAILABLE TO HOSPITALS DEVASTATED BY
 HURRICANE KATRINA.

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

TOURO INFIRMARY

Employer identification number

72-0423659

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply).

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange programs
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table.

- c Beginning balance
 d Additions during the year
 e Distributions during the year
 f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	5,688,116.	5,683,614.			
b Contributions		4,502.			
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	5,688,116.	5,688,116.			

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ☐ %
 b Permanent endowment ☒ 100.00 %
 c Term endowment ☐ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)	X	
3b		X

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		12,238,296.		12,238,296.
b Buildings		146,183,035.	99,132,795.	47,050,240.
c Leasehold improvements				
d Equipment		182,127,644.	143,075,461.	39,052,183.
e Other		2,013,449.	629,577.	1,383,872.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				99,724,591.

Schedule D (Form 990) 2009

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	213,769,373.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	208,448,503.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	5,320,870.
4	Net unrealized gains (losses) on investments	4	756,486.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	<87,977.>
8	Other (Describe in Part XIV)	8	<25,175,553.>
9	Total adjustments (net). Add lines 4 through 8	9	<24,507,044.>
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	<19,186,174.>

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	222,518,084.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	756,486.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	816,383.
e	Add lines 2a through 2d	2e	1,572,869.
3	Subtract line 2e from line 1	3	220,945,215.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	<7,175,842.>
c	Add lines 4a and 4b	4c	<7,175,842.>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	213,769,373.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	215,612,784.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	7,164,281.
e	Add lines 2a through 2d	2e	7,164,281.
3	Subtract line 2e from line 1	3	208,448,503.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	208,448,503.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4: THESE ENDOWMENT FUNDS ARE HELD BY TOURO INFIRMARY

FOUNDATION, WHICH IS CONTROLLED BY TOURO INFIRMARY. THESE FUNDS ARE

INTENDED TO BE USED FOR TOURO INFIRMARY'S EXEMPT PURPOSE.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

TIJV, LLC -RENTAL LOSS: 11561.

EARNINGS FROM SUBSIDIARIES: -2744848.

YEAR-END ELIMINATION OF INTERCOMPANY DEBT: -27649082.

Part XIV Supplemental Information (continued)

CHANGE IN RESTRICTED NET ASSETS: 140022.

PENSION NET ASSET ADJUSTMENT: 5066794.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

TIJV MINORITY INTEREST: -51890.

DUPLICATED RESTRICTED DONATION: 956250.

REALTY PRIOR PERIOD ADJUSTMENT: -87977.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

TIJV, LCC - RENTAL LOSS: -11561.

PROVISION FOR DOUBTFUL ACCOUNTS: -7164459.

CASH OVER/SHORT: 178.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

CASH OVER/SHORT: -178.

PROVISION FOR DOUBTFUL ACCOUNTS: 7164459.

SCHEDULE H
(Form 990)

Hospitals

OMB No 1545-0047

2009

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

- **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**
► **Attach to Form 990.**
► **See separate instructions.**

Name of the organization

TOURO INFIRMARY

Employer identification number

72-0423659

Part I Charity Care and Certain Other Community Benefits at Cost

	Yes	No
1a Does the organization have a charity care policy? If "No," skip to question 6a	X	
b If "Yes," is it a written policy?	X	
2 If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals <input type="checkbox"/> Applied uniformly to all hospitals <input type="checkbox"/> Applied uniformly to most hospitals <input type="checkbox"/> Generally tailored to individual hospitals		
3 Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients.		
a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>250</u> %	X	
b Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	X	
c If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care		
4 Does the organization's policy provide free or discounted care to the "medically indigent"?	X	
5a Does the organization budget amounts for free or discounted care provided under its charity care policy?	X	
b If "Yes," did the organization's charity care expenses exceed the budgeted amount?	X	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		X
6a Does the organization prepare an annual community benefit report?		X
b If "Yes," does the organization make it available to the public?		

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)			3405409.	419,437.	2985972.	1.43%
b Unreimbursed Medicaid (from Worksheet 3, column a)			38354824.	37246693.	1108131.	.53%
c Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b)			220,373.	181,101.	39,272.	.02%
d Total Charity Care and Means-Tested Government Programs			41980606.	37847231.	4133375.	1.98%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			329,669.		329,669.	.16%
f Health professions education (from Worksheet 5)			4449316.	3219324.	1229992.	.59%
g Subsidized health services (from Worksheet 6)			129563946.	127829932.	1734014.	.83%
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)						
j Total. Other Benefits			134342931.	131049256.	3293675.	1.58%
k Total. Add lines 7d and 7j			176323537.	168896487.	7427050.	3.56%

Part II Community Building Activities Complete this table if the organization conducted any community building activities

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy			104,000.		104,000.	.05%
8 Workforce development						
9 Other						
10 Total			104,000.		104,000.	.05%

Part III Bad Debt, Medicare, & Collection Practices**Section A. Bad Debt Expense**

1 Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? 1 Yes No

2 Enter the amount of the organization's bad debt expense (at cost) 2 4,918,127.

3 Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy 3

4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit.

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME) 5 44,597,709.

6 Enter Medicare allowable costs of care relating to payments on line 5 6 54,583,349.

7 Subtract line 6 from line 5. This is the surplus or (shortfall) 7 <9,985,640.>

8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit.

Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6.

Check the box that describes the method used:

☐ Cost accounting system

☒ Cost to charge ratio

☐ Other

Section C. Collection Practices

9a Does the organization have a written debt collection policy? 9a X

b If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI 9b X

Part IV Management Companies and Joint Ventures

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 TIJV, LLC	RENTAL OF IMAGING CENTER	66.00%		34.00%
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

Other
(Describe)

Part VI Supplemental Information

Complete this part to provide the following information

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7, Part III, line 4; Part III, line 8; Part III, line 9b, and Part V See Instructions
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.
- 6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
- 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

PART I, LINE 3C: PART VI LINE 1: FOR PART I LINE 3C.

DESCRIBE IN PART VI THE INCOME BASED CRITERIA FOR DETERMINING ELIGIBILITY
FOR FREE OR DISCOUNTED CARE. INCLUDE IN THE DESCRIPTION WHETHER THE
ORGANIZATION USES AN ASSET TEST OR OTHER THRESHOLD, REGARDLESS OF INCOME,
TO DETERMINE ELIGIBILITY FOR FREE OR DISCOUNTED CARE.

FINANCIAL ASSISTANCE AND DISCOUNTED CARE INCLUDE SERVICES PROVIDED TO:

- UNINSURED OR UNDERINSURED LOW-INCOME PATIENTS WHO DO NOT HAVE THE
ABILITY TO PAY ALL OR PART OF THEIR BILL AS DETERMINED BY THE FINANCIAL
GUIDELINES
- INSURED PATIENTS WHOSE COVERAGE IS INADEQUATE TO COVER A CATASTROPHIC
SITUATION
- EMERGENCY PATIENTS, BECAUSE THE HOSPITAL DOES NOT ASSESS A PATIENT'S
FINANCIAL SITUATION BEFORE RENDERING SERVICES
- PERSONS WHOSE INCOME IS SUFFICIENT TO PAY FOR BASIC LIVING COSTS BUT NOT
MEDICAL CARE, AND ALSO THOSE PERSONS WITH GENERALLY ADEQUATE INCOMES WHO
ARE SUDDENLY FACED WITH CATASTROPHICALLY LARGE MEDICAL BILLS
- PATIENTS DEEMED MEDICALLY INDIGENT BY VIRTUE OF THEIR DOCUMENTED
ELIGIBILITY FOR MEDICAID BENEFITS

Part VI Supplemental Information

THE HOSPITAL USES THE "SLIDING SCALE METHOD" TO DETERMINE THE DOLLAR AMOUNT TO BE CONSIDERED AS CHARITY CARE FOR ELIGIBLE PATIENTS. A SLIDING SCALE FEE SCHEDULE IS USED TO DETERMINE CHARITY BALANCE PERCENTAGES. THE MINIMUM CHARITY APPROVAL BEGINS WITH INCOMES AT 400% OF THE FEDERAL POVERTY LEVEL AND CONTINUES TO INCREASED DISCOUNTS AS THE FAMILY INCOME REACHES 251% OF THE FEDERAL POVERTY LEVEL. ANY GUARANTOR AT OR BELOW 250% OF THE FEDERAL POVERTY LEVEL, AS ADJUSTED FOR FAMILY SIZE, WILL BE ENTITLED TO CHARITY SPONSORSHIP FOR THE FULL AMOUNT OF THE HOSPITAL CHARGES RELATED TO APPROPRIATE HOSPITAL-BASED MEDICAL SERVICES THAT ARE NOT COVERED BY PRIVATE OR PUBLIC THIRD-PARTY SPONSORSHIP.

FACTORS CONSIDERED FOR ELIGIBILITY FOR CHARITY SERVICE ARE:

- THE PATIENT SHOULD RESIDE IN THE UNITED STATES
- THE PATIENT'S INDIVIDUAL OR FAMILY INCOME, AS APPROPRIATE, USING THE INCOME GUIDELINES, WHICH TAKES INTO CONSIDERATION THE COST OF LIVING FOR THE COMMUNITY
- INDIVIDUAL OR FAMILY NET WORTH, INCLUDING ALL LIQUID AND CONVERTIBLE ASSETS OWNED, LESS LIABILITIES AND CLAIMS AGAINST ASSETS. THE VALUE OF THE PATIENT'S PRIMARY RESIDENCE IS EXCLUDED FROM THE NET WORTH CALCULATION.
- EMPLOYMENT STATUS ALONG WITH CURRENT EARNINGS SUFFICIENT TO MEET THE OBLIGATION WITHIN A REASONABLE PERIOD OF TIME. NO MORE THAN 40% OF THE FAMILY INCOME SHALL BE CONSIDERED AVAILABLE FOR PURPOSES OF A PAYMENT PLAN CALCULATION
- FAMILY SIZE
- OTHER FINANCIAL OBLIGATIONS, INCLUDING LIVING EXPENSES AND OTHER ITEMS OF A REASONABLE AND NECESSARY NATURE
- THE AMOUNTS AND FREQUENCY OF HOSPITAL AND OTHER HEALTHCARE/MEDICATION BILLS IN RELATION TO THE ABOVE FACTORS. A PATIENT MAY BE DEEMED MEDICALLY

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INDIGENT WHEN THE ONLY RESOURCES AVAILABLE FOR HEALTHCARE PAYMENT ARE
MEDICARE AND MEDICAID BENEFITS;

- IF THE TOTAL OUTSTANDING MEDICAL BILLS FOR THE PATIENT EXCEED
\$100,000.00 OR 50% OF TOTAL ASSETS, THE MEDICAL INDIGENT CLASSIFICATION
WILL APPLY AND THE PATIENT WILL RECEIVE CHARITY CARE.

- ALL OTHER RESOURCES ARE APPLIED FIRST, INCLUDING THIRD-PARTY PAYERS,
VICTIMS OF CRIME (I.E., A STATE-LEVEL PROGRAM FOR CRIME VICTIMS TO RECOVER
SOME HOSPITAL COSTS), AND MEDICAID.

PART I, LINE 7G: PART VI LINE 1: FOR PART I, LINE 7G SUBSIDIZED HEALTH
SERVICES

PRIOR TO HURRICANE KATRINA, TOURO WAS GENERATING OPERATING PROFITS; SINCE
KATRINA WE HAVE NOT BEEN PROFITABLE. KATRINA CAUSED THE COMPLETE
EVACUATION AND CLOSURE OF THE CITY OF NEW ORLEANS AND SURROUNDING
COMMUNITIES. THIS RESULTED IN TOURO BEING COMPLETELY SHUTTERED FOR SEVERAL
WEEKS AFTER KATRINA FOLLOWED BY A PUSH TO REPAIR, CLEAN AND GRADUALLY OPEN
THE MAIN FACILITY IN ORDER TO PROVIDE THE ONLY ORGANIZED HEALTHCARE
SERVICES TO A COMMUNITY STRUGGLING TO RECOVER. THERE WAS A LARGE SCALE
SURGE OF UNINSURED WORKERS THAT CAME TO THE CITY TO CLEAN UP THE
DEVASTATION. TOURO, BEING THE SOLE HOSPITAL TO REOPEN, PROVIDED THE ONLY
HOSPITAL SERVICES IN THE CITY OF NEW ORLEANS TO SUPPORT THIS TRANSIENT
COMMUNITY OF WORKERS AND VISITING FORMER RESIDENTS AS THEY GUTTED THE
HOMES AND BUSINESS DEVASTATED BY FLOODING. IN THE EARLY DAYS NOT ONLY WAS
THERE A SIGNIFICANT SHORTAGE OF HEALTHCARE BUT A LACK OF HOUSING AS WELL
WHICH HAS KEPT THE POPULATION FROM FULLY RECOVERING. IN THE MONTHS THAT
FOLLOWED THE RESULTING FINANCIAL LOSSES WERE DEVASTATING TO TOURO AND THE
ENTIRE METROPOLITAN AREA HEALTHCARE SYSTEM. THESE LOSSES CAUSED OUR

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HEALTHCARE COMMUNITY TO SEEK DIRECT FINANCIAL SUPPORT FROM FEDERAL SOURCES. TOURO AND FOUR OTHER AREA HOSPITALS SPENT MONTH TESTIFYING TO CONGRESS. THIS WAS FOLLOWED BY MONTHS OF SUBJECTING OURSELVES TO INTENSIVE CONGRESSIONAL AUDITS OF THAT TESTIMONY, WHICH INDEPENDENTLY CONFIRMED THAT OUR FINANCIAL DILEMMA WAS PRECARIOUS AND RESULTED FROM THE AFTERMATH OF KATRINA. WHILE THESE EFFORTS DID IN FACT RESULT IN SOME SPECIFIC AID TO THE 5 AFFECTED FACILITIES, IT HAS COME 4 YEARS AFTER THE STORM AND NOT ENOUGH TO MATCH THE DIRECT AND INDIRECT LOSSES TOURO HAS SUSTAINED. TOURO HAS SUFFERED FROM CONTINUED HOSPITAL OPERATING LOSSES SINCE KATRINA HIT IN 2005 (WHEN YOU EXCLUDE INSURANCE, FEMA AND GOVERNMENT GRANTS). THESE LOSSES ARE OF SUCH A SUSTAINED MAGNITUDE AS TO PRECLUDE TOURO FROM VOLUNTARILY SEEKING OUT AND CREATING NEW COMMUNITY BENEFITS PROGRAMS AS WE CONTINUE TO FIGHT FOR OUR SURVIVAL IN ORDER TO PROVIDE THIS COMMUNITY WITH THE BASIC NECESSITY OF READILY AVAILABLE HOSPITAL CARE, JUST AS WE HAVE DONE SINCE THE IMMEDIATE DAYS FOLLOWING KATRINA IN 2005. WE THEREFORE CONSIDER OUR OPERATIONAL LOSSES, WHICH HAVE CONSUMED THE FINANCIAL RESERVES, AS A COMMUNITY BENEFIT, AS WITHOUT THEM TOURO WOULD NOT BE HERE PROVIDING THE HIGH QUALITY HOSPITAL SERVICES IN THE HEART OF THE CITY OF NEW ORLEANS. CHILDREN'S HOSPITAL'S PARENT ORGANIZATION, LOUISIANA CHILDREN'S MEDICAL CENTER (LCMC), ACQUIRED TOURO INFIRMARY TO OFFER ITS RESERVES SO THAT IT CAN REMAIN OPERATIONAL.

PART I, LINE 7F: PART VI LINE 1: FOR PART III, LINE 4 THE TEXT OF THE FOOTNOTE TO THE ORGANIZATION'S FINANCIAL STATEMENTS THAT DESCRIBES BAD DEBTS EXPENSE. IN ADDITION, DESCRIBE THE COSTING METHODOLOGY USED IN DETERMINING THE AMOUNTS REPORTED ON LINES 2 AND 3, AND RATIONALE FOR INCLUDING OTHER BAD DEBT AMOUNTS IN COMMUNITY BENEFIT.

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NOTE 8. CONCENTRATIONS OF CREDIT RISK. "TOURO MAINTAINS ALLOWANCES FOR UNCOLLECTIBLE ACCOUNTS FOR ESTIMATED LOSSES RESULTING FROM A PAYOR'S INABILITY TO MAKE PAYMENTS ON ACCOUNTS. TOURO USES A BALANCE SHEET APPROACH TO VALUE THE ALLOWANCE ACCOUNT BASED ON HISTORICAL WRITE-OFFS AND THE AGING OF THE ACCOUNTS. ACCOUNTS ARE WRITTEN OFF WHEN COLLECTION EFFORTS HAVE BEEN EXHAUSTED. MANAGEMENT CONTINUALLY MONITORS AND ADJUSTS ITS ALLOWANCES ASSOCIATED WITH ITS RECEIVABLES."

COSTING METHODOLOGY TOURO IS COSTING SERVICES ON THE BASIS OF ADJUSTED TOTAL EXPENSE AS A RATIO OF PATIENT GROSS CHARGES; APPLYING THAT RATIO TO GROSS CHARGES IN ORDER TO REPRESENT COST. ADJUSTED TOTAL EXPENSE IS TOURO HOSPITAL TOTAL EXPENSE ADJUSTED FOR THE FOLLOWING: OFFSETTING NON-PATIENT REVENUE TO REDUCE COST AND REMOVING BAD DEBT FROM COST. RESULTING IN A RATIO OF ADJUSTED COST TO GROSS CHARGES OF 27.64%

RATIONALE FOR INCLUDING OTHER BAD DEBT AMOUNTS IN COMMUNITY BENEFIT: DUE TO THE AFOREMENTIONED CONTINUOUS POST KATRINA HOSPITAL OPERATING LOSSES, ALL SOURCES OF LOSS TO THE HOSPITAL OPERATION ARE OF A PARAMOUNT CONSIDERATION IN MAINTAINING OUR VIABILITY IN ORDER TO CONTINUE OUR MISSION ESTABLISHED BY JUDAH TOURO OVER 150 YEARS AGO; PROVIDING THIS COMMUNITY AND ITS INDIGENT POPULATION WITH READILY AVAILABLE QUALITY HEALTHCARE. THESE LOSSES ARE OF SUCH A SUSTAINED MAGNITUDE AS TO PRECLUDE TOURO FROM VOLUNTARILY SEEKING OUT AND CREATING NEW BRANDED COMMUNITY BENEFITS PROGRAMS, AS IN CASES AND OUR OWN PAST HISTORY, WHEN AN INSTITUTION CREATED FOR THE PUBLIC GOOD CAN OTHERWISE GENERATES INCOME TO PLACE IN RESERVE FOR FUTURE USE. SINCE 2005 WE CONTINUE AN ONGOING STRUGGLE TO MANAGE OUR MOUNTING FINANCIAL LOSSES FOR THE SOLE PURPOSE OF MAINTAINING OUR VERY SIGNIFICANT ROLE AS THE PRIMARY HOSPITAL SERVICE

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PROVIDER IN THIS STILL RECOVERING COMMUNITY. WE THEREFORE CONSIDER OUR BAD DEBT LOSSES, A SIGNIFICANT SOURCE OF THE LOSSES, AS A COMMUNITY BENEFIT.

PART III, LINE 4: PART VI LINE 1: FOR PART III, LINE 4 THE TEXT OF THE FOOTNOTE TO THE ORGANIZATION'S FINANCIAL STATEMENTS THAT DESCRIBES BAD DEBTS EXPENSE. IN ADDITION, DESCRIBE THE COSTING METHODOLOGY USED IN DETERMINING THE AMOUNTS REPORTED ON LINES 2 AND 3, AND RATIONALE FOR INCLUDING OTHER BAD DEBT AMOUNTS IN COMMUNITY BENEFIT.

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COSTING METHODOLOGY TOURO IS COSTING SERVICES ON THE BASIS OF ADJUSTED TOTAL EXPENSE AS A RATIO OF PATIENT GROSS CHARGES; APPLYING THAT RATIO TO GROSS CHARGES IN ORDER TO REPRESENT COST. ADJUSTED TOTAL EXPENSE IS TOURO HOSPITAL TOTAL EXPENSE ADJUSTED FOR THE FOLLOWING: OFFSETTING NON-PATIENT REVENUE TO REDUCE COST AND REMOVING BAD DEBT FROM COST. RESULTING IN A RATIO OF ADJUSTED COST TO GROSS CHARGES OF 27.64%

RATIONALE FOR INCLUDING OTHER BAD DEBT AMOUNTS IN COMMUNITY BENEFIT: DUE TO THE AFOREMENTIONED CONTINUOUS POST KATRINA HOSPITAL OPERATING LOSSES, ALL SOURCES OF LOSS TO THE HOSPITAL OPERATION ARE OF A PARAMOUNT CONSIDERATION IN MAINTAINING OUR VIABILITY IN ORDER TO CONTINUE OUR

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MISSION ESTABLISHED BY JUDAH TOURO OVER 150 YEARS AGO; PROVIDING THIS COMMUNITY AND ITS INDIGENT POPULATION WITH READILY AVAILABLE QUALITY HEALTHCARE. THESE LOSSES ARE OF SUCH A SUSTAINED MAGNITUDE AS TO PRECLUDE TOURO FROM VOLUNTARILY SEEKING OUT AND CREATING NEW BRANDED COMMUNITY BENEFITS PROGRAMS, AS IN CASES AND OUR OWN PAST HISTORY, WHEN AN INSTITUTION CREATED FOR THE PUBLIC GOOD CAN OTHERWISE GENERATES INCOME TO PLACE IN RESERVE FOR FUTURE USE. SINCE 2005 WE CONTINUE AN ONGOING STRUGGLE TO MANAGE OUR MOUNTING FINANCIAL LOSSES FOR THE SOLE PURPOSE OF MAINTAINING OUR VERY SIGNIFICANT ROLE AS THE PRIMARY HOSPITAL SERVICE PROVIDER IN THIS STILL RECOVERING COMMUNITY. WE THEREFORE CONSIDER OUR BAD DEBT LOSSES, A SIGNIFICANT SOURCE OF THE LOSSES, AS A COMMUNITY BENEFIT.

PART III, LINE 8: PART VI LINE 1: FOR PART III, LINE 8. THE EXTENT TO WHICH ANY SHORTFALL REPORTED IN LINE 7 SHOULD BE TREATED AS COMMUNITY BENEFIT. ALSO DESCRIBE THE COSTING METHODOLOGY OR SOURCE USED TO DETERMINE THE AMOUNT REPORTED ON LINE 6.

THE SHORTFALL CAUSED BY THE COST OF TREATING MEDICARE PATIENTS EXCEEDING THE REVENUES SHOULD BE TREATED AS A COMMUNITY BENEFIT.

DUE TO THE AFOREMENTIONED CONTINUOUS POST KATRINA HOSPITAL OPERATING LOSSES, ALL SOURCES OF LOSS TO THE HOSPITAL OPERATION ARE OF A PARAMOUNT CONSIDERATION IN MAINTAINING OUR VIABILITY IN ORDER TO CONTINUE OUR MISSION ESTABLISHED BY JUDAH TOURO OVER 150 YEARS AGO; PROVIDING THIS COMMUNITY AND ITS INDIGENT POPULATION WITH READILY AVAILABLE QUALITY HEALTHCARE. THESE LOSSES ARE OF SUCH A SUSTAINED MAGNITUDE AS TO PRECLUDE TOURO FROM VOLUNTARILY SEEKING OUT AND CREATING NEW BRANDED COMMUNITY BENEFITS PROGRAMS, AS IN CASES AND OUR OWN PAST HISTORY, WHEN AN INSTITUTION CREATED FOR THE PUBLIC GOOD CAN OTHERWISE GENERATES INCOME TO

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PLACE IN RESERVE FOR FUTURE USE. SINCE 2005 WE CONTINUE AN ONGOING STRUGGLE TO MANAGE OUR MOUNTING FINANCIAL LOSSES FOR THE SOLE PURPOSE OF MAINTAINING OUR VERY SIGNIFICANT ROLE AS THE PRIMARY HOSPITAL SERVICE PROVIDER IN THIS STILL RECOVERING COMMUNITY. WE THEREFORE CONSIDER THE OPERATION LOSSES SUSTAINED IN SERVING OUR MEDICARE PATIENT POPULATION A KEY PART OF THE COMMUNITY BENEFIT WE ARE PROVIDING. IT IS THIS VERY POPULATION THAT THE COMMUNITY AS A WHOLE HAS BEEN MOST CHALLENGED TO SERVE SINCE THE INITIAL DEVASTATION TO THE HEALTHCARE SYSTEM AND THE PHYSICIAN PROVIDER COMMUNITY POST KATRINA. MANY OF THE ELDERLY IN NEW ORLEANS WERE NEVER ABLE TO RETURN TO THE COMMUNITY DUE TO THE LOSS OF THEIR HEALTHCARE SUPPORT SYSTEMS, AND EACH YEAR AS THE EXISTING COMMUNITY AGES, GREATER FINANCIAL CHALLENGES EMERGE IN SERVING THEM.

THE COSTING METHODOLOGY:

TOURO IS COSTING SERVICES ON THE BASIS OF ADJUSTED TOTAL EXPENSE AS A RATIO OF PATIENT GROSS CHARGES; APPLYING THAT RATIO TO GROSS CHARGES IN ORDER TO REPRESENT COST. ADJUSTED TOTAL EXPENSE IS TOURO HOSPITAL TOTAL EXPENSE ADJUSTED FOR THE FOLLOWING: OFFSETTING NON-PATIENT REVENUE TO REDUCE COST AND REMOVING BAD DEBT FROM COST. RESULTING IN A RATIO OF ADJUSTED COST TO GROSS CHARGES OF 27.64%

PART III, LINE 9B: PART VI LINE 1: FOR PART III, LINE 9B. DOES THE ORGANIZATION'S COLLECTION POLICY CONTAIN PROVISIONS ON THE COLLECTION PRACTICES TO BE FOLLOWED FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR CHARITY CARE OR FINANCIAL ASSISTANCE?

THE HOSPITAL DOES NOT PURSUE COLLECTION OF AMOUNTS DETERMINED TO QUALIFY AS CHARITY CARE, AND THESE AMOUNTS ARE NOT REPORTED AS REVENUE. THE

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HOSPITAL ALSO WAIVES COLLECTION OF CHARGES FOR PATIENTS WHO HAVE
DEMONSTRATED ECONOMIC HARDSHIP AND INABILITY TO PAY. (FROM THE AUDITED
FINANCIAL STATEMENTS FOOTNOTE #1)

TOURO INFIRMARY WAS FOUNDED BY A BEQUEST FROM THE WILL OF JUDAH TOURO AFTER
HIS DEATH IN 1854. IT INSTRUCTED THAT THE HOSPITAL BE ORGANIZED AS A
CHARITABLE INSTITUTION FOR THE RELIEF OF THE INDIGENT SICK. FOR OVER 150
YEARS IT HAS PROVIDED QUALITY MEDICAL CARE. IT HAS ENDURED YELLOW FEVER
EPIDEMICS, THE CIVIL WAR, JIM CROW LAWS, AND OTHER LOCAL CALAMITIES.
HOWEVER, IN RECENT TIMES IT ENDURED HURRICANE KATRINA, WHICH DRAMATICALLY
IMPACTED THE NEW ORLEANS COMMUNITY BY ITS PHYSICAL AND ECONOMIC
DEVASTATION. IT CAUSED THE CLOSURE OF A NUMBER OF MEDICAL INSTITUTIONS, AND
MANY MEDICAL PERSONNEL MOVED AWAY. FOR A PERIOD OF TIME TOURO INFIRMARY WAS
THE ONLY HOSPITAL OPEN IN NEW ORLEANS. AS A RESULT OF THIS CATASTROPHIC
EVENT AND HEALTHCARE SHORTAGE, TOURO INFIRMARY PROVIDED UNUSUALLY LARGE
AMOUNTS OF CHARITY CARE, EVEN SPENDING DOWN ITS RESERVES TO SUBSIDIZE THIS
HEALTHCARE.

IN SPITE OF THESE OBSTACLES, TOURO INFIRMARY HAS CONTINUED TO PROVIDE
QUALITY HEALTHCARE.

IN 2009 LA HOUSE BILL NO. 879 (HB 879) WAS APPROVED AND BECAME EFFECTIVE
UPON THE SIGNATURE OF THE GOVERNOR OF LOUISIANA. HB 879 DIRECTED THE
DEPARTMENT OF HEALTH AND HOSPITALS, BUREAU OF HEALTH SERVICES FINANCING TO
ISSUE SUPPLEMENTAL PAYMENTS TO HOSPITALS THAT DEMONSTRATED SUBSTANTIAL
FINANCIAL AND OPERATIONAL CHALLENGES IN THE AFTERMATH OF HURRICANES
KATRINA, RITA, GUSTAV AND IKE. ONE OF THE PROVISIONS OF HB 879 MADE
ADDITIONAL MEDICAID FUNDING AVAILABLE TO HOSPITALS IDENTIFIED IN THE JULY
17, 2008 UNITED STATES GOVERNMENT ACCOUNTABILITY OFFICE (GAO) REPORT THAT

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HAVE DEMONSTRATED SUBSTANTIAL FINANCIAL AND OPERATIONAL CHALLENGES IN THE AFTERMATH OF HURRICANE KATRINA. TOURO IS ONE OF FIVE HOSPITALS IDENTIFIED IN THE GAO REPORT.

PART VI, LINE 2: PART VI LINE 2 NEEDS ASSESSMENT:

THE NEW ORLEANS COMMUNITY IS VERY DIVERSE, FROM THE NINTH WARD TO NEW ORLEANS EAST TO THE GARDEN DISTRICT. THE HEALTH RISKS ASSOCIATED WITH CHRONIC DISEASES LIKE DIABETES AND OBESITY ARE PARTICULARLY HIGH AMONG OUR GROWING MEDICALLY UNDERSERVED AFRICAN-AMERICAN, AND GROWING HISPANIC AND VIETNAMESE POPULATIONS. WE REACH OUT TO THESE GROUPS THROUGH CHURCHES, LOCAL COMMUNITY ORGANIZATIONS, AND OTHER EFFORTS. OUR GOAL IS TO HELP ALL RESIDENTS EQUALLY ACCESS THE CARE THEY NEED, AND TO HELP THEM LEARN TO MANAGE THEIR CONDITIONS AND LIVE HEALTHIER LIVES THROUGH COMMUNITY OUTREAACH AND SUPPORT GROUPS.

COMMUNITY NEED:

THE CDC HAS CONSISTENTLY RANKED LOUISIANA AMONG THE WORST STATES IN THE COUNTRY FOR OBESITY, CANCER, AND INFANT MORTALITY. MANY HEALTH PROBLEMS ARE CONCENTRATED IN POOR, URBAN NEIGHBORHOODS SUCH AS NEW ORLEANS AND COULD BE TRACED TO UNHEALTHY DIETS AND A LACK OF PHYSICAL ACTIVITY. TOURO CONDUCTS AN INTERNAL COMMUNITY NEEDS ASSESSMENT REGULARLY, COLLABORATING WITH LOCAL AGENCIES SUCH AS THE LOUISIANA PUBLIC HEALTH INITIATIVE, THE LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS AND VARIOUS COMMUNITY GROUPS. THE RESULTS HELP US DETERMINE OUR SHORT- AND LONG-TERM PRIORITIES AS WELL AS STRATEGIES FOR IMPROVING COMMUNITY HEALTH.

THE HOSPITAL'S NEEDS ASSESSMENT HAS SHOWN THAT:

- ADDRESSING INCREASING RATES OF DIABETES AND OBESITY, AND THE CHALLENGES

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ASSOCIATED WITH THESE TWO CONDITIONS ARE IMPORTANT IN OUR COMMUNITY. IN 2010, THE LOUISIANA OBESITY RATE EXCEEDED 30% (1 OF ONLY 8 STATES WITH SUCH A HIGH LEVEL).

- REDUCING HEALTH DISPARITIES AMONG DIFFERENT ETHNICITIES AND SOCIOECONOMIC GROUPS IN THE NEW ORLEANS AREA. THE LATEST U.S. CENSUS QUICK FACT REPORT SHOWS ORLEANS PARISH (NEW ORLEANS) WITH 23% OF ITS RESIDENTS LIVING BELOW THE POVERTY LEVEL COMPARED TO STATE AVERAGE OF 18%. IN ADDITION, NEW ORLEANS IS THE DEADLIEST CITY IN AMERICA WITH 64 KILLINGS PER 100,000 PEOPLE, RESULTING IN THE HIGHEST PER CAPITA MURDER RATE IN THE NATION.

- REDUCING DEATHS FROM CIRCULATORY-SYSTEM DISEASES. NEW ORLEANS HAS THE HIGHEST NUMBER OF DEATHS CAUSED BY HEART FAILURE, HYPERTENSION, AND STROKE, A RATE OF 414.4 PER 100,000 RESIDENTS. TOURO IS IN THE PROCESS OF ESTABLISHING A STROKE CENTER AS WELL AS WORKING WITH NEW ORLEANS EMS TO DELIVER CRITICAL CARDIAC CARE AND STROKE SERVICES TO THESE PATIENTS.

- ENSURING EASIER ACCESS TO PRIMARY CARE PHYSICIANS, PARTICULARLY FOR THOSE LIVING IN AREAS OF ORLEANS PARISH WITHOUT ADEQUATE HEALTHCARE. AS NEW ORLEANS HAS RECOVERED, THE ISSUE OF HEALTH CARE ACCESS IS CRITICAL ESPECIALLY IN NEIGHBORHOODS FAR FROM THE MAIN UPTOWN AND DOWNTOWN HOSPITALS, LIKE NEW ORLEANS EAST, GENTILLY, AND LAKEVIEW, HAVE STARTED TO BECOME REPOPULATED. TOURO HAS ADDRESSED THIS NEED BY ESTABLISHING PRIMARY CARE CLINICS IN THESE NEIGHBORHOODS.

- ADDRESSING HIGH CANCER RATES IN "CANCER ALLEY". LOUISIANA CONSISTENTLY RANKS 2ND OR 3RD IN THE NATION WITH THE HIGHEST CANCER INCIDENCE RATE AND HIGHEST CANCER MORTALITY RATE. NEW ORLEANS HAS AN AVERAGE ANNUAL INCIDENCE RATE FOR ALL SITES OF CANCER OF 396.

- ADDRESSING INFANT MORTALITY. NEW ORLEANS HAS A 8% INFANT MORTALITY RATE COMPARED TO THE U.S. RATE OF 6.8%.

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- ENSURING TOURO HAS ENOUGH QUALIFIED HEALTH CARE WORKERS TO MEET EMERGING COMMUNITY NEEDS.

- NEW ORLEANS RANKS 59TH OUT OF 64 LOUISIANA PARISHES IN TERMS OF HEALTH OUTCOMES AND 63RD IN SOCIAL AND ECONOMIC FACTORS.

PART VI, LINE 3: PART VI LINE 3 PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE

PRIOR TO RECEIPT OF SERVICES, PATIENTS ARE PROVIDED THE HOSPITAL'S "PATIENT RIGHTS AND RESPONSIBILITIES," WHICH CLEARLY OUTLINE THE HOSPITAL'S PAYMENT EXPECTATIONS.

TOURO INFIRMARY OPERATES AN APPLICATION CENTER THAT SCREENS PATIENTS FOR POSSIBLE COVERAGE WITH MEDICAID AND DISABILITY PROGRAMS. THE APPLICATION CENTER ALSO PROVIDES INFORMATION REGARDING FREE PROGRAM SERVICES WITHIN THE METROPOLITAN AREA.

INHOUSE SELF PAY PATIENTS ARE VISITED BY A FINANCIAL COUNSELOR TO ASSIST IN SCREENING FOR POSSIBLE COVERAGE, INCLUDING FINANCIAL ASSISTANCE APPLICATIONS IF THE PATIENT DOES NOT QUALIFY FOR GOVERNMENT SPONSORED OR OTHER THIRD PARTY PROGRAMS. THE FINANCIAL COUNSELOR WORKS WITH THE PATIENT AND DETERMINES HIS/HER ABILITY TO PAY AND DISCUSSES THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY. ALL EMERGENCY ROOM PATIENTS ARE ALSO SCREENED FOR POSSIBLE THIRD PARTY COVERAGE AND/OR FINANCIAL ASSISTANCE.

ALL SELF PAY PATIENTS WHO ARE NOT SCREENED RECEIVE A NOTICE THAT THE HOSPITAL, THROUGH ITS MEDICAL ELIGIBILITY ASSISTANCE PROGRAM (M.E.A.P.), ASSISTS PATIENTS AT TOURO INFIRMARY TO DETERMINE IF THEY QUALIFY FOR

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FINANCIAL ASSISTANCE PROGRAMS, WHICH MAY ALSO PAY FOR HOSPITAL AND PHYSICIAN SERVICES. THIS IS A COMMUNITY SERVICE PROVIDED BY THE HOSPITAL AT NO CHARGE TO ITS PATIENTS.

REGISTRATION STAFF, FINANCIAL COUNSELORS AND OTHER HOSPITAL STAFF ARE PROVIDED ONGOING TRAINING REGARDING THE ELIGIBILITY CRITERIA AND PROGRAMS THAT ARE AVAILABLE THROUGH VARIOUS LOCAL, STATE, AND FEDERAL AGENCIES TO ENSURE THAT DESERVING PATIENTS ARE REFERRED TO APPROPRIATE THIRD PARTIES AND/OR PROVIDED FINANCIAL ASSISTANCE, DEPENDING ON THE PATIENTS' INDIVIDUAL CIRCUMSTANCES.

PART VI, LINE 4: PART VI LINE 4 COMMUNITY INFORMATION

- GEOGRAPHIC SERVICE AREA

TOURO INFIRMARY AND ITS SUBSIDIARIES ARE LOCATED IN SOUTH EAST LOUISIANA, AND SERVE THE POPULATIONS OF ORLEANS, JEFFERSON, ST. BERNARD, AND PLAQUEMINES PARISHES.

- DEMOGRAPHICS OF THE COMMUNITY

THE GREATER NEW ORLEANS POPULATION IS DISPROPORTIONATELY POOR, UNINSURED AND AT HIGH RISK MEDICALLY.

O POPULATION.

THE TOTAL POPULATION OF THE FOLLOWING PARISHES FOR 2009:

- ORLEANS PARISH 354,850
- JEFFERSON PARISH TO BE 443,342,
- ST. BERNARD PARISH 40,655,
- PLAQUEMINES PARISH 20,942.

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U.S. CENSUS BUREAU, POPULATION DIVISION, COUNTY TOTAL

POPULATION, (2000-2009)

THE POPULATION OF CHILDREN IN THE FOLLOWING PARISHES FOR 2009:

- ORLEANS PARISH 76,343

- JEFFERSON PARISH TO BE 102,048

- ST. BERNARD PARISH 10,889

- PLAQUEMINES PARISH 5,701

(DATA FROM KIDS COUNT CENSUS DATA ONLINE, PROVIDED BY AGENDA FOR CHILDREN)

O INCOME.

MEDIAN EARNINGS FOR WORKERS IN 2009:

ORLEANS PARISH \$23,300

JEFFERSON PARISH \$28,805

STATE OF LOUISIANA \$26,679

UNITED STATES \$28,365

DATA FROM 2009 AMERICAN COMMUNITY SURVEY, U.S. CENSUS BUREAU

THIS MEANS THAT APPROXIMATELY 50% OF WORKERS EARN AT LEAST THE MEDIAN,

WHILE 50% OF THE WORKERS EARN LESS THAN THE MEDIAN.

MEDIAN HOUSEHOLD INCOME IN 2009:

ORLEANS PARISH \$43,213

JEFFERSON PARISH \$46,666

STATE OF LOUISIANA \$42,492

UNITED STATES \$50,221

DATA FROM 2009 AMERICAN COMMUNITY SURVEY, U.S. CENSUS BUREAU

Part VI Supplemental InformationPER CAPITA INCOME IN 2009ORLEANS PARISH \$23,475JEFFERSON PARISH \$25,490STATE OF LOUISIANA \$22,969UNITED STATES \$26,409DATA FROM 2009 AMERICAN COMMUNITY SURVEY, U.S. CENSUS BUREAUPOVERTY LEVEL:PERCENTAGES OF COMMUNITY RESIDENTS WITH INCOMES BELOW THE FEDERAL POVERTY GUIDELINE.PERCENT OF PEOPLE LIVING BELOW THE POVERTY LEVEL IN 2009ORLEANS PARISH 23.8JEFFERSON PARISH 13.8STATE OF LOUISIANA 17.3UNITED STATES 14.3DATA FROM U.S. CENSUS, AMERICAN COMMUNITY SURVEY 2009.PERCENT OF CHILDREN UNDER 18 YEARS BELOW POVERTY LEVEL IN 2009ORLEANS PARISH 34.6%JEFFERSON PARISH 21.9STATE OF LOUISIANA 24.2UNITED STATES 20.0DATA FROM U.S. CENSUS, AMERICAN COMMUNITY SURVEY 2009.LOUISIANA RANKS 44TH IN THE NATION FOR THE PERCENT OF CHILDREN IN POVERTY.

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DATA FROM UNITED HEALTH FOUNDATION. AMERICA'S HEALTH RANKINGS. 2009

- UNINSURED OR MEDICAID

PERCENTAGE OF THE HOSPITALS PATIENTS WHO ARE UNINSURED OR MEDICAID
RECIPIENTS

TOURO INFIRMARY'S PATIENT POPULATION BY PAYOR CATEGORY FOR 2009:

	IN-PATIENT	OUT-PATIENT	TOTAL	%
MEDICARE	2,889	18,314	21,203	20.30%
MEDICARE HMO	2,074	15,217	17,291	16.56%
MEDICAID	4,874	16,507	21,381	20.47%
OTHER PUBLIC CAMPUS	111	517	628	0.60%
PRIVATE	3,357	34,233	37,590	35.99%
SELF PAY	124	5,880	6,004	5.75%
NEGOTIATED DISCOUNT	21	325	346	0.33%
TOTAL	13,450	90,993	104,443	100.00%

O PERCENTAGE OF THE COMMUNITY'S PATIENTS WHO ARE UNINSURED OR MEDICAID
RECIPIENTS

PEOPLE WITH NO HEALTH INSURANCE COVERAGE IN 2009

ORLEANS PARISH 84,450 OR 24.2%

JEFFERSON PARISH 78,178 OR 17.8%

STATE OF LOUISIANA 17.4%

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UNITED STATES 15.1%

DATA FROM U.S. CENSUS, AMERICAN COMMUNITY SURVEY 2009.

THERE ARE MORE THAN 100,000 PEOPLE IN THE NEW ORLEANS METROPOLITAN AREA
THAT ARE UNINSURED.

LOUISIANA RANKS 47TH IN THE NATION FOR THE NUMBER OF PEOPLE WITHOUT HEALTH
INSURANCE.

DATA FROM UNITED HEALTH FOUNDATION. AMERICA'S HEALTH RANKINGS. 2009

PEOPLE WITH PUBLIC HEALTH INSURANCE COVERAGE IN 2009

ORLEANS PARISH 112,971 OR 32.4%

JEFFERSON PARISH 143,821 OR 32.7%

STATE OF LOUISIANA 32.0%

UNITED STATES 28.5%

DATA FROM U.S. CENSUS, AMERICAN COMMUNITY SURVEY 2009.

PEOPLE UNDER AGE 18 WITH NO HEALTH INSURANCE COVERAGE IN 2009

ORLEANS PARISH 8,579 OR 11.4%

JEFFERSON PARISH 6,933 OR 6.8%

STATE OF LOUISIANA 6.5%

UNITED STATES 8.6%

DATA FROM U.S. CENSUS, AMERICAN COMMUNITY SURVEY 2009.

- HEALTH OUTCOMES

LOUISIANA'S RANKING IN THE NATION:

37TH FOR THE PREVALENCE OF OBESITY (PERCENT OF POPULATION)

46TH FOR THE NUMBER OF CARDIOVASCULAR DEATHS PER 100,000 POPULATION.

Part VI Supplemental Information

49TH FOR CANCER DEATHS PER 100,000 POPULATION

49TH FOR PREMATURE DEATHS (YEARS LOST PER 100,000 POPULATION).

49TH FOR INFANT MORTALITY (DEATHS PER 1,000 LIVE BIRTHS)

47TH FOR CASES OF INFECTIOUS DISEASE PER 100,000 POPULATION

DATA FROM UNITED HEALTH FOUNDATION. AMERICA'S HEALTH RANKINGS. 2009

- NUMBER OF OTHER ACUTE CARE HOSPITALS SERVING THE COMMUNITY:

CHILDREN'S HOSPITAL

OCHSNER FOUNDATION HOSPITAL

TULANE MEDICAL CENTER

EAST JEFFERSON GENERAL HOSPITAL

WEST JEFFERSON GENERAL HOSPITAL

- WHETHER ONE OR MORE FEDERALLY-DESIGNATED MEDICALLY UNDERSERVED AREAS OR
POPULATIONS ARE PRESENT IN THE COMMUNITY:

PRIMARY CARE HEALTH PROFESSIONAL SHORTAGE AREA,

MENTAL HEALTH PROFESSIONAL SHORTAGE AREA,

DENTAL CARE HEALTH PROFESSIONAL SHORTAGE AREA

MEDICALLY UNDERSERVED AREA/POPULATION

PART VI, LINE 5: PART VI LINE 5 COMMUNITY BUILDING ACTIVITIES

IN THE FURTHERANCE OF ITS CHARITABLE PURPOSE, TOURO PROVIDES A WIDE

VARIETY OF BENEFITS TO THE COMMUNITY WHICH IT SERVES. SUCH BENEFITS

INCLUDE SOCIAL SERVICE PROGRAMS, HEALTH SCREENINGS, IN-HOME CAREGIVER

SERVICES, SUPPORT COUNSELING FOR PATIENTS AND FAMILIES, PASTORAL CARE,

CRISIS INTERVENTION, THE DONATION OF SPACE FOR USE BY COMMUNITY GROUPS,

HEALTH ENHANCEMENT AND WELLNESS PROGRAMS, CLASSES ON SPECIFIC MEDICAL

CONDITIONS, AND TELEPHONE INFORMATION SERVICES. TOURO ALSO PROVIDES A

Part VI Supplemental Information

BROAD RANGE OF CLINICAL SERVICES TO ECONOMICALLY DISADVANTAGED PATIENTS, BOTH INPATIENT AND OUTPATIENT, THROUGH OUTPATIENT CLINICS.

IN 2009, THE HOSPITAL'S PARTICIPATED IN 134 COMMUNITY OUTREACH PROGRAMS, WHICH WERE ATTENDED BY 7,039 INDIVIDUALS OF WHICH 2,868 RECEIVED HEALTH SCREENINGS AND 261 WERE SCHEDULED FOR PHYSICIAN FOLLOW-UP APPOINTMENTS.

EVENTS COVER A WIDE ARRAY OF HEALTH TOPICS THAT ADDRESS THE HEALTH INFORMATION NEEDS OF THE COMMUNITY TOURO SERVES, INCLUDING NUTRITION, DIABETES, SKIN CANCER SCREENINGS AND PREVENTION, THYROID DYSFUNCTION, PROSTATE CANCER SCREENINGS, HEALTHY AGING AND JOINT HEALTH.

TOURO'S COMMUNITY OUTREACH PROGRAM OFFERS A DIVERSE RANGE OF EVENTS INCLUDING:

- TOURO-LED SEMINARS AND SCREENINGS: TOURO PHYSICIANS, NURSES AND OTHER ALLIED HEALTH PROFESSIONALS PROVIDE INFORMATIVE SEMINARS AND OFFER FREE HEALTH SCREENINGS ON A VARIETY OF TOPICS. THESE EVENTS ARE TYPICALLY HOSTED ON THE HOSPITAL'S CAMPUS AND ARE COORDINATED BY TOURO STAFF.

- FAITH BASED AND NON-PROFIT EVENTS: TOURO REGULARLY PARTNERS WITH LOCAL CHURCHES, FAITH-BASED ORGANIZATIONS AND NON-PROFITS AT COMMUNITY HEALTH EVENTS AND SCREENINGS. THESE EVENTS ARE HOSTED AT LOCATIONS THROUGHOUT THE COMMUNITY, SUCH AS CHURCHES AND COMMUNITY CENTERS, AND TOURO PROVIDES FREE SCREENINGS, HEALTH INFORMATION AND CLINICAL STAFF TO ADMINISTER THE SCREENINGS AND PROVIDE CLINICAL CONSULTATIONS ABOUT THE SCREENINGS.

EXAMPLES OF THESE EVENTS INCLUDE:

O ST. MARIA GORETTI CHURCH HEALTH FAIR: TOURO OFFERED CHOLESTEROL, GLUCOSE AND BLOOD PRESSURE SCREENING AND INDIVIDUAL CONSULTATIONS TO A VIETNAMESE PARISH IN AN UNDERSERVED AREA, NEW ORLEANS EAST.

Part VI Supplemental Information

O GUIDING LIGHT MISSIONARY BAPTIST CHURCH HEALTH FAIR: CHOLESTEROL, GLUCOSE AND BLOOD PRESSURE SCREENINGS AND CONSULTATIONS PROVIDED.

- SPONSORSHIP EVENTS: TOURO SPONSORS HEALTHCARE-RELATED ORGANIZATIONS AND EVENTS IN THE GREATER NEW ORLEANS COMMUNITY, SUCH AS THE AMERICAN HEART ASSOCIATION, SUSAN G. KOMEN RACE FOR THE CURE AND THE AMERICAN DIABETES ASSOCIATION. PARTICIPATION IN THESE EVENTS ENTAILS STAFFING THE EVENT, PROVIDING HEALTH EDUCATION MATERIALS TO ATTENDEES AND OFFERING FREE SCREENINGS (AS REQUESTED) TO ATTENDEES. ALL EVENTS ARE OPEN TO THE PUBLIC.

- EMPLOYEE HEALTH SCREENINGS: TOURO PARTICIPATES IN LOCAL EMPLOYER HEALTH FAIRS AND PROVIDES HEALTH INFORMATION, FREE SCREENINGS AND CONSULTATIONS. EXAMPLES OF EMPLOYER HEALTH EVENTS INCLUDE: THE MARRIOTT HOTEL, SHELL OIL, COX COMMUNICATIONS, HARRAH'S, AND THE DEPARTMENT OF INTERIORS.

- PRIME YEARS PROGRAM: PRIME YEARS IS A PROGRAM DESIGNED TO MEET THE SPECIFIC HEALTHCARE NEEDS OF ADULTS 55 YEARS OF AGE AND OLDER LEAD HEALTHY AND ACTIVE LIVES. BENEFITS INCLUDE: COMPLIMENTARY HEALTH EDUCATION PROGRAMS, FREE HEALTH SCREENINGS AND SOCIAL ACTIVITIES.

- HEALTHY LIFESTYLES SEMINAR: THIS FREE SEMINAR IS HELD THE FIRST THURSDAY OF EVERY MONTH FROM 6 P.M. - 7 P.M. ENJOY THE GOOD LIFE HAS LIVING IN THE BIG EASY TAKEN A TOLL ON YOUR HEALTH? JOIN TOURO NUTRITIONIST CAROLINE BURKE CERISE TO LEARN MORE ABOUT THE KEYS TO EATING HEALTHY NEW ORLEANS-STYLE. LEARN ABOUT HEART HEALTHY DINING STRATEGIES, INCLUDING TASTY RECIPE MODIFICATIONS AND FOOD LABEL AWARENESS. LEARN HOW TO LIVE THE GOOD LIFE AND STAY HEALTHY TOO.

SUPPORTIVE CANCER CARE PROGRAM

TOURO'S SUPPORTIVE CANCER CARE PROGRAM OFFERS SEVERAL SUPPORT GROUPS THAT

Part VI Supplemental Information

ARE FREE AND OPEN TO THE COMMUNITY TO MEET THE ONCOLOGY NEEDS OF THE NEW ORLEANS COMMUNITY. SUPPORT GROUPS INCLUDE:

- GIRL TALK: GYNECOLOGIC CANCER SUPPORT GROUP

A SUPPORT GROUP FOR WOMEN WHO HAVE BEEN DIAGNOSED WITH ONE OF THE GYNECOLOGIC CANCERS. WHETHER A PERSON IS NEWLY DIAGNOSED, ACTIVELY BEING TREATED, OR HAVE COMPLETED TREATMENT, THIS GROUP CAN HELP. THE MEETINGS PROMOTE EDUCATION AND DISCUSSION ABOUT RELEVANT TOPICS.

- SUPPORT FOR WOMEN WITH CANCER - DAYTIME

AS THE NAME IMPLIES, THIS GROUP IS OPEN TO ANY WOMAN -- NO MATTER WHAT THE DIAGNOSIS -- WHO IS INTERESTED IN RECEIVING AND GIVING SUPPORT TO OTHER WOMEN WITH CANCER. THE GROUP MEETINGS ARE DESIGNED TO BE INFORMATIVE AND PROMOTE THE SHARING OF THOUGHTS AND FEELINGS. COOKIES AND REFRESHMENTS ARE PROVIDED.

- SUPPORT FOR WOMEN WITH CANCER - EVENING

AS THE NAME IMPLIES, THIS GROUP IS OPEN TO ANY WOMAN -- NO MATTER WHAT THE DIAGNOSIS -- WHO IS INTERESTED IN RECEIVING AND GIVING SUPPORT TO OTHER WOMEN WITH CANCER. THE GROUP MEETINGS ARE DESIGNED TO BE INFORMATIVE AND PROMOTE THE SHARING OF THOUGHTS AND FEELINGS.

- LOOK GOOD - FEEL BETTER WORKSHOP

AN AMERICAN CANCER SOCIETY PROGRAM THAT TEACHES BEAUTY TECHNIQUES TO WOMEN WHO ARE IN ACTIVE TREATMENT "TO HELP THEM COMBAT THE APPEARANCE-RELATED SIDE EFFECTS OF CANCER TREATMENT." FREE SKIN CARE PRODUCTS ARE SUPPLIED BY WELL-KNOWN COSMETIC MANUFACTURERS. ADDITIONALLY, INFORMATION ON WIGS AND OTHER APPEARANCE ISSUES ARE DISCUSSED.

- CARING FOR CAREGIVERS

CARING FOR A LOVED ONE WITH CANCER CAN BE CHALLENGING. THIS PROGRAM PROVIDES CAREGIVERS WITH INFORMATION, RESOURCES AND SUPPORT VIA ONE ON ONE SESSIONS WITH A SUPPORT COUNSELOR.

Part VI Supplemental Information- PEER SUPPORT: WOMEN HELPING WOMEN WITH CANCER

FOR MANY WOMEN DIAGNOSED WITH BREAST CANCER, NOT KNOWING WHAT TO EXPECT PRESENTS THE BIGGEST CHALLENGE. THE WOMEN HELPING WOMEN PROGRAM PROVIDES ONE-ON-ONE SUPPORT FROM ANOTHER WOMAN WHO HAS SURVIVED BREAST CANCER.

- PEER SUPPORT: MEN HELPING MEN WITH CANCER

FOR MEN WITH CANCER, COPING CAN BE DIFFICULT. MEN ARE TAUGHT TO TAKE CARE OF THEIR PROBLEMS. BUT A DISEASE LIKE CANCER CAN BE TOUGH TO HANDLE. THE MEN HELPING MEN WITH CANCER PROGRAM AT TOURO PROVIDES ONE-TO-ONE SUPPORT FROM ANOTHER MAN WHO HAS SURVIVED CANCER.

- YOUNG SURVIVAL COALITION

SPONSORED BY THE AMERICAN CANCER SOCIETY, THE YOUNG SURVIVAL COALITION OF METRO NEW ORLEANS IS A SUPPORT GROUP ESTABLISHED SPECIFICALLY TO CONNECT YOUNG WOMEN DIAGNOSED UNDER THE AGE OF 40.

PART VI, LINE 6: PART VI LINE 6 INFORMATION TO DESCRIBE HOW THE HOSPITAL FURTHERS ITS EXEMPT PURPOSE BY PROMOTING THE HEALTH OF THE COMMUNITY

THE HOSPITAL HAS A GOVERNING BOARD COMPOSED OF PROMINENT CIVIC LEADERS.

- MAINTAINS AN EMERGENCY ROOM OPEN TO ALL PERSONS REQUIRING EMERGENCY CARE, WITHOUT REGARD TO ABILITY TO PAY.

- PROVIDES HOSPITAL CARE FOR ALL PERSONS IN THE COMMUNITY OTHERWISE ABLE TO PAY THE COST OF MEDICAL SERVICES EITHER DIRECTLY OR THROUGH THIRD PARTY REIMBURSEMENT.

- MAINTAINS A BOARD OF DIRECTORS DRAWN FROM THE COMMUNITY.

- USES SURPLUS RECEIPTS OVER DISBURSEMENTS TO IMPROVE THE QUALITY OF PATIENT CARE, EXPAND HOSPITAL FACILITIES, AND ADVANCE MEDICAL TRAINING, AND EDUCATION PROGRAMS.

Part VI Supplemental Information

- MAINTAINS AN OPEN MEDICAL STAFF.

PART VI, LINE 7: PART VI LINE 7 THE RESPECTIVE ROLES OF THE ORGANIZATION AND ITS AFFILIATES IN PROMOTING THE HEALTH OF THE COMMUNITIES SERVED.

TOURO INFIRMARY HAS THE FOLLOWING WHOLLY OWNED SUBSIDIARIES:

- METROLAB, INC. OPERATES A COMMERCIAL CLINICAL LABORATORY.
- CRESCENT CITY PHYSICIANS, INC. OPERATES PHYSICIAN MEDICAL PRACTICES.

TOURO INFIRMARY IS THE SOLE MEMBER OF THE FOLLOWING NOT-FOR-PROFIT ENTITIES:

- TOURO INFIRMARY FOUNDATION PERFORMS THE FUND-RAISING FUNCTION FOR THE HOSPITAL.
- WOLDENBERG VILLAGE, INC. OPERATES A 120-BED NURSING HOME, A 60-UNIT ASSISTED LIVING FACILITY, AND A 60-UNIT INDEPENDENT LIVING FACILITY.

TOURO INFIRMARY AND WOLDENBERG VILLAGE OWN A 66% INTEREST IN TIJV, LLC, WHICH IS A REAL ESTATE JOINT VENTURE. TOURO INFIRMARY LEASES A BUILDING FROM TIJV, LLC IN WHICH IT OPERATES AN OFF-CAMPUS DIAGNOSTIC IMAGING CENTER.

TOURO INFIRMARY IS A SUBSIDIARY OF LOUISIANA CHILDREN'S MEDICAL CENTER, WHICH IS ALSO THE PARENT ORGANIZATION FOR CHILDREN'S HOSPITAL.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

TOURO INFIRMARY

Employer identification number

72-0423659

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

- | | |
|---|---|
| <input type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,
trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's
CEO/Executive Director. Check all that apply

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing
organization or a related organization

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation
contingent on the revenues of:

- a** The organization?
- b** Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation
contingent on the net earnings of:

- a** The organization?
- b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments
not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the
initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in
Regulations section 53.4958-6(c)?

Yes No

1b X

2 X

4a X

4b X

4c X

5a X

5b X

6a X

6b X

7 X

8 X

9

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
	(i)	0.	0.	0.	0.	0.	0.	0.
JACK JACOBS	(ii)	179,026.	101,000.	0.	1,500.	2,974.	284,500.	0.
	(i)	195,936.	104,904.	1,494.	0.	74,747.	377,081.	0.
JAMES MONTGOMERY	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	0.	0.	298,159.	0.	0.	298,159.	0.
MICHAEL J. SNIFFEN	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	337,684.	60,797.	2,036.	16,169.	9,737.	426,423.	0.
KEVIN T. JORDAN	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	317,031.	58,001.	3,884.	14,870.	8,748.	402,534.	0.
ROBERT A. FICKEN	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	194,411.	39,777.	1,703.	10,839.	12,779.	259,509.	0.
CHAD COURREGE	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	188,631.	38,501.	5,188.	17,044.	4,409.	253,773.	0.
FRANCIS D. MERTENS	(ii)	0.	0.	0.	13,473.	0.	13,473.	0.
	(i)	163,816.	35,200.	1,595.	8,933.	12,861.	222,405.	0.
SCOTT C. LANDRY	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	170,367.	32,964.	1,772.	9,668.	9,081.	223,852.	0.
THERESA R. WILLIAMS	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	317,131.	55,443.	3,884.	11,328.	5,570.	393,356.	0.
SUSAN PITOSCIA	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	77,513.	0.	0.	0.	0.	77,513.	0.
ROBERTO QUINTAL	(ii)	388,336.	0.	0.	1,500.	6,664.	396,500.	0.
	(i)	168,493.	0.	1,858.	1,000.	8,427.	179,778.	0.
JEANETTE RAY	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	165,239.	0.	506.	11,662.	4,799.	182,206.	0.
LAWRENCE METEVIER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	145,238.	0.	2,150.	7,910.	8,158.	163,456.	0.
DANIEL W. TOBIN	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	142,992.	0.	3,094.	7,444.	14,345.	167,875.	0.
NORMAN A. STITELER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	0.	172,572.	1,971.	15,144.	10,673.	200,360.	0.
GARY STEIN	(ii)	0.	525,343.	0.	180,601.	0.	705,944.	0.

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

PART I, LINE 1A: THE ORGANIZATION PAID FOR HOUSING ACCOMODATIONS FOR MICHAEL
SNIFFEN, THE INTERIM PRESIDENT AND CHIEF EXECUTIVE OFFICER. THE COST OF
THE ACCOMODATIONS WAS \$2,200/MONTH.

PART I, LINE 4A:

SEVERANCE PAYMENT OR CHANGE OF CONTROL PAYMENT:

AL FANDRICH - \$38,752

PART I, LINE 4B:

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN:

GARY STEIN - \$906,304

IN 1997 CRESCENT CITY PHYSICIAN, INC. (CCPI) CREATED A TRUST UNDER THE GARY
M STEIN DEFERRED COMPENSATION AGREEMENT. THE TRUST IS A GRANTOR TRUST
UNDER THE INTERNAL REVENUE CODE. CCPI, AS GRANTOR IS DEEMED TO OWN ALL
ITEMS OF INCOME AND DEDUCTION ON THE TRUST. INCOME FROM THE TRUST IS TO BE
REPORTED BY CCPI. THE ASSETS OF THE TRUST ARE SUBJECT TO ANY CLAIMS OF
CCPI CREDITORS. CCPI RECEIVES MONTHLY ACCOUNTINGS OF ALL TRUST ASSETS.
THE DEFERRED COMPENSATION AGREEMENT IS A NON-QUALIFIED DEFERRED

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

COMPENSATION PLAN UNDER WHICH MR. STEIN WAS ALLOWED TO DEFER A PORTION OF
HIS SALARY TO BE PAID IN THE FUTURE. THE TRUST WAS FUNDED BY BONUSES PAID
TO MR. STEIN.

RETIREMENT BENEFITS COMMENCED ON JUNE 1, 2007 OVER A PERIOD OF TEN YEARS
(1/10 EACH YEAR) BASED ON THE VALUE OF THE FUND AS DETERMINED BY ALLEGHENY
INVESTMENTS. THE PAYMENTS ARE AUTHORIZED BY THE TRUSTEE AND ARE DISBURSED
BY THE ALLEGHENY FINANCIAL GROUP.

Department of the Treasury
Internal Revenue Service

▶ See the Instructions for Form 990.

Open to Public Inspection

72-0423659

(F)
Estimated
amount of
other
compensation
from the
organization
and related
organizations

ROBERTO QUINTAL DIRECTOR OF MEDICINE	11.00			X		77,513.	388,336.	8,164.
JEANETTE RAY VP - REHAB SERVICES	50.00			X		170,351.	0.	9,427.
LAWRENCE METEVIER PHYSICIST/DOSIMETRIST	40.00			X		165,745.	0.	16,461.
DANIEL W. TOBIN CONTROLLER	50.00			X		147,388.	0.	16,068.
NORMAN A. STITELER DIR, COMPLIANCE/INTERNAL A	40.00			X		146,086.	0.	21,789.
SANDRA DUFRENE DIRECTOR OF PATIENT SERVICES	40.00			X		126,171.	0.	15,711.
MICHELLE FABACHER CHIEF NEONATAL NURSE PRACTITIONER	40.00			X		122,950.	0.	11,314.
GARY STEIN CEO/PRESIDENT - FORMER	0.00				X	174,543.	525,343.	206,418.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

TOURO INFIRMARY

Employer identification number

72-0423659

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

THE BREAKDOWN OF THE INPATIENTS WAS:

10,174 ACUTE DISCHARGES FROM THE HOSPITAL, 590 REHAB CASES, 2,424

DISCHARGES FROM THE NURSERY, AND 232 DISCHARGES FROM NICU. THE TOTAL

NUMBER OF INPATIENT DAYS FOR 2009 WAS 76,219:51,299 PATIENT DAYS FOR

ACUTE CASES AND AN AVERAGE LENGTH OF STAY OF 5.0 DAYS; 15,858 PATIENT

DAYS FOR REHAB CASES AND AN AVERAGE LENGTH OF STAY OF 25.9 DAYS; 5,533

PATIENT DAYS FOR NURSERY CASES AND AN AVERAGE LENGTH OF STAY OF 2.3

DAYS; 3,529 PATIENT DAYS FOR NICU CASES AND AN AVERAGE LENGTH OF STAY OF

15.2 DAYS.

FORM 990, PART VI, SECTION A, LINE 3: LOUISIANA CHILDREN'S MEDICAL CENTER
(LCMC), THE PARENT ORGANIZATION OF TOURO INFIRMARY, PROVIDED MANAGEMENT
SERVICES.

FORM 990, PART VI, SECTION A, LINE 4: LOUISIANA CHILDREN'S MEDICAL CENTER
(LCMC) PROVIDED A HEALTH CARE SYSTEM AGREEMENT DATED JULY 13, 2009. THIS
AGREEMENT PROVIDES, AMONGST OTHER ITEMS, THAT LCMC WILL ACT AS A SYSTEM
PARENT WITH LCMC BEING THE SOLE MEMBER OF TOURO INFIRMARY AND OF CHILDREN'S
HOSPITAL. THIS AGREEMENT ALSO PROVIDES THAT CHILDREN'S HOSPITAL AND LCMC
COVENANT AND AGREE THAT OVER THE PERIOD BEGINNING AT THE EFFECTIVE DATE OF
THE AGREEMENT, AND ENDING ON THE EARLIER OF THE FIVE-YEAR ANNIVERSARY OF
THE EFFECTIVE DATE OR THE DATE UPON WHICH THE COMMITMENT FUNDS HAVE BEEN
EXPENDED, A MINIMUM OF \$100 MILLION SHALL BE EXPENDED OR LEGALLY OBLIGATED
THROUGH A BINDING CONTRACT FOR THE ACQUISITION OF CAPITAL ITEMS TO BENEFIT
TOURO INFIRMARY AND ITS SUBSIDIARIES.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
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OMB No 1545-0047

2009

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Name of the organization

TOURO INFIRMARY

Employer identification number

72-0423659

FORM 990, PART VI, SECTION A, LINE 6: LOUISIANA CHILDREN'S MEDICAL CENTER
(LCMC) WILL ACT AS A SYSTEM PARENT AND IT IS THE SOLE MEMBER OF TOURO
INFIRMARY AND OF CHILDREN'S HOSPITAL.

FORM 990, PART VI, SECTION A, LINE 7A: LOUISIANA CHILDREN'S MEDICAL CENTER
(LCMC) HAS THE SOLE AUTHORITY TO APPOINT THE BOARD OF TOURO INFIRMARY.

FORM 990, PART VI, SECTION A, LINE 7B: LOUISIANA CHILDREN'S MEDICAL CENTER
(LCMC) RESERVED THE POWER TO APPROVE THE DECISIONS OF THE BOARD.

FORM 990, PART VI, SECTION B, LINE 11: A DRAFT OF THE ORGANIZATION'S FORM
990 WILL BE PRESENTED AT A MONTHLY BOARD OF DIRECTORS MEETING. DURING THIS
MEETING THE TAX RETURN WILL BE REVIEWED AND DISCUSSED FOR ACCURACY AND
COMPLETENESS.

FORM 990, PART VI, SECTION B, LINE 12C: AT THE TIME OF HIRE, EACH EMPLOYEE
REVIEWS THE CONFLICT OF INTEREST FORM, HAS AN OPPORTUNITY TO ASK QUESTIONS
ABOUT THE POLICY, AND SIGNS A DOCUMENT STATING THAT THEY HAVE REVIEWED AND
UNDERSTAND THE POLICY. THIS IS A PART OF THE EMPLOYEES' PERMANENT RECORD,
AND APPLIES TO ALL EMPLOYEES. SENIOR MANAGEMENT (DIRECTORS, VICE
PRESIDENTS, CEO) AND MEMBERS OF THE BOARD OF DIRECTORS ARE REQUIRED TO
REVIEW AND SIGN A CONFLICT OF INTEREST FORM ON AN ANNUAL BASIS.

FORM 990, PART VI, SECTION B, LINE 15: THE ORGANIZATION RELIES ON
COMPARABLE DATA FROM UNRELATED ENTITIES TO DETERMINE THE AMOUNT OF

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

TOURO INFIRMARY

Employer identification number

72-0423659

COMPENSATION FOR ITS EXECUTIVES, AND DOCUMENTATION IS MAINTAINED REGARDING
THE DETERMINATION OF THESE AMOUNTS. THE FINAL DECISION REGARDING THE AMOUNT
OF COMPENSATION IS SUBJECT TO THE APPROVAL OF THE BOARD OF DIRECTORS.

IN 2007, THE ORGANIZATION'S COMPENSATION COMMITTEE ENGAGED AN OUTSIDE
CONSULTANT TO ASSIST IN THE DEVELOPMENT, ANALYSIS AND INDEPENDENT REVIEW OF
COMPENSATION FOR THE ORGANIZATION'S EXECUTIVES. THE ANALYSIS CONSISTED OF
A REVIEW OF A THIRD PARTY COMPENSATION SURVEY. EXECUTIVE BENCHMARKS WERE
ESTABLISHED TO POSITIONS OF SIMILAR SIZED HOSPITALS. AFTER THE REVIEW,
RECOMMENDATIONS WERE PROVIDED TO THE PRESIDENT/CEO AND THE VICE PRESIDENT
OF HUMAN RESOURCES.

FORM 990, PART VI, SECTION C, LINE 19: ALL GOVERNING DOCUMENTS, THE
CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO
THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 2C:

THE ORGANIZATION'S COMMITTEE THAT ASSUMES RESPONSIBILITY FOR THE
OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN
INDEPENDENT AUDITOR HAS NOT CHANGED FROM THE PRIOR YEAR.

SCHEDULE D, PART X, LINE 2:

FIN 48 FOOTNOTE

FOR THE YEAR ENDED DECEMBER 31, 2009, THE SYSTEM ADOPTED THE PROVISIONS
OF THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES TOPIC OF THE FASB

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

TOURO INFIRMARY

Employer identification number

72-0423659

ASC. THE SYSTEM RECOGNIZES A THRESHOLD AND MEASUREMENT PROCESS FOR
FINANCIAL STATEMENT RECOGNITION OF UNCERTAIN TAX POSITIONS TAKEN OR
EXPECTED TO BE TAKEN IN A TAX RETURN. THE INTERPRETATION ALSO PROVIDES
GUIDANCE ON RECOGNITION, DERECOGNITION, CLASSIFICATION, INTEREST AND
PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE AND TRANSITION.
THE SYSTEM'S TAX FILINGS ARE SUBJECT TO AUDIT BY VARIOUS TAXING
AUTHORITIES. THE SYSTEM'S OPEN AUDIT PERIODS ARE 2006 THROUGH 2009.
THERE ARE CURRENTLY NO RETURNS UNDER EXAMINATION. MANAGEMENT
EVALUATED THE SYSTEM'S TAX POSITIONS AND CONSIDERED THAT THE SYSTEM HAD
TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENTS TO THE
FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE.

FORM 990 PAGE ONE

AMENDED RETURN FOR 2009

THIS RETURN IS BEING AMENDED BECAUSE FORM 5471, INFORMATION RETURN OF
U.S. PERSONS WITH RESPECT TO CERTAIN FOREIGN CORPORATIONS, THAT
REFLECTS TOURO INFIRMARY AS A SHAREHOLDER IN HEALTH CARE CASUALTY
INSURANCE LIMITED IN THE CAYMAN ISLANDS WAS INADVERTENTLY OMITTED FROM
THE ORIGINAL FORM 990. THE DIVIDEND INCOME WAS INCLUDED ON THE ORIGINAL
RETURN, AND THERE IS NO TAX LIABILITY ASSOCIATED WITH THIS AMENDMENT.
FORM 5471 IS ATTACHED TO THIS AMENDED FORM 990.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009
**Open to Public
Inspection**

Name of the organization

TOURO INFIRMARY

Employer identification number
72-0423659

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
<u>TOURO INFIRMARY FOUNDATION - 72-1169939</u>					
<u>1401 FOUCHER STREET</u>					
<u>NEW ORLEANS, LA 70115</u>	HEALTHCARE SUPPORT	LOUISIANA	501(C)(3)	509(A)(3)	
<u>WOLDENBERG VILLAGE - 72-0540671</u>					
<u>3701 BEHRMAN PLACE</u>					
<u>NEW ORLEANS, LA 70114</u>	HEALTHCARE DELIVERY	LOUISIANA	501(C)(3)	509(A)(2)	
<u>LOUISIANA CHILDREN'S MEDICAL CENTER (LCMC) -</u>					
<u>94-3480131, 200 HENRY CLAV AVE., NEW</u>					
<u>ORLEANS, LA 70118</u>	HEALTHCARE DELIVERY	LOUISIANA	501(C)(3)	509(A)(2)	

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2009

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No
TIJV, LLC - 26-1378361 1401 FOUCHER STREET NEW ORLEANS, LA 70115	MEDICAL IMAGING	LA	TOURO INFIRMARY	RELATED	<11,561.>	2552425.		X	N/A		X

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
METROLAB, INC. - 72-1184791 2633 NAPOLEAN AVENUE NEW ORLEANS, LA 70115	HEALTHCARE	LA		C CORP	12,191.	1058941.	100%
CRESCENT CITY PHYSICIANS, INC. - 72-1269878 3600 PRYTANIA STREET, SUITE 72 NEW ORLEANS, LA 70115	HEALTHCARE	LA		C CORP	4458302.	<2757039.>	100%
BUCKMAN MEDICAL OFFICE BUILDING CONDOMINIUM ASSOCIATION - 72-1226687, 1401 FOUCHER STREET, NEW ORLEANS, LA 70115	HEALTHCARE	LA		C CORP	0.	77,362.	92.00%
PRYTANIA MEDICAL COMPLEX OWNERS ASSOCIATION - 72-0866121, 650 POYDRAS STREET, SUITE 1200, NEW ORLEANS, LA 70130	HEALTHCARE	LA		C CORP	0.	40,851.	80.00%

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?**a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity**b** Gift, grant, or capital contribution to other organization(s)**c** Gift, grant, or capital contribution from other organization(s)**d** Loans or loan guarantees to or for other organization(s)**e** Loans or loan guarantees by other organization(s)**f** Sale of assets to other organization(s)**g** Purchase of assets from other organization(s)**h** Exchange of assets**i** Lease of facilities, equipment, or other assets to other organization(s)**j** Lease of facilities, equipment, or other assets from other organization(s)**k** Performance of services or membership or fundraising solicitations for other organization(s)**l** Performance of services or membership or fundraising solicitations by other organization(s)**m** Sharing of facilities, equipment, mailing lists, or other assets**n** Sharing of paid employees**o** Reimbursement paid to other organization for expenses**p** Reimbursement paid by other organization for expenses**q** Other transfer of cash or property to other organization(s)**r** Other transfer of cash or property from other organization(s)

Yes No

1a		X
1b		X
1c		X
1d	X	
1e	X	
1f		X
1g		X
1h		X
1i	X	
1j		X
1k		X
1l	X	
1m		X
1n		X
1o		X
1p		X
1q	X	
1r		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1) TOURO INFIRMARY FOUNDATION	Q	2,855,820.
(2) METROLAB, INC.	E	334,375.
(3) METROLAB, INC.	L	846,558.
(4) WOLDENBERG VILLAGE	D	1,498,708.
(5) CRESCENT CITY PHYSICIANS, INC.	D	2,361,523.
(6) CRESCENT CITY PHYSICIANS, INC.	A	953,358.

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved
(7) BUCKMAN MEDICAL OFFICE BUILDING CONDOMINIUM		0.
(8) PRYTANIA MEDICAL COMPLEX OWNERS ASSOC.		0.
(9) LOUISIANA CHILDREN'S MEDICAL CENTER	R	3,121,488.
(10) LOUISIANA CHILDREN'S MEDICAL CENTER	L	206,482.
(11) TIJV, LLC	A	132,469.
(12) TIJV, LLC	A	<47,443.>
(13) METROLAB, INC.	A	57,348.
(14)		
(15)		
(16)		
(17)		
(18)		
(19)		
(20)		
(21)		
(22)		
(23)		
(24)		

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ► ☒
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete **Part II** unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6 month extension check this box and complete Part I only ► ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization TOURO INFIRMARY	Employer identification number 72-0423659
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P O box, see instructions 1401 FOUCHER STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions NEW ORLEANS, LA 70115	

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

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

THE ORGANIZATION

- The books are in the care of ► **1401 FOUCHER STREET - NEW ORLEANS, LA 70115**
Telephone No ► **(504) 897-8344** FAX No ► _____
- If the organization does not have an office or place of business in the United States, check this box ► ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ► ☐ If it is for part of the group, check this box ► ☐ and attach a list with the names and EINs of all members the extension will cover

- 1 I request an automatic 3 month (6-months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for
► ☒ calendar year **2009** or
► ☐ tax year beginning _____, and ending _____

- 2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879 EO for payment instructions

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed)

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number
	TOURO INFIRMARY	72-0423659
	Number, street, and room or suite no. If a P.O. box, see instructions	For IRS use only
	1401 FOUCHER STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	NEW ORLEANS, LA 70115	

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

- ☒ Form 990
 ☐ Form 990-EZ
 ☐ Form 990-T (sec. 401(a) or 408(a) trust)
 ☐ Form 1041-A
 ☐ Form 5227
 ☐ Form 8870
☐ Form 990-BL
☐ Form 990-PF
☐ Form 990-T (trust other than above)
☐ Form 4720
☐ Form 6069

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

THE ORGANIZATION

- The books are in the care of ☒ **1401 FOUCHER STREET - NEW ORLEANS, LA 70115**

Telephone No. ☒ (504) 897-8344

FAX No. ☐

- If the organization does not have an office or place of business in the United States, check this box ☐

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2010**

5 For calendar year **2009**, or other tax year beginning _____, and ending _____

6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension

ALL INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE TAX RETURN HAS NOT YET BEEN RECEIVED.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ N/A

Signature and Verification

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

Signature ☒ Title ☒ Date ☒

Form 8868 (Rev. 4-2009)

Health Care Casualty Insurance Limited

Form 5471, Schedule B - U.S. Shareholders of Health Care Casualty Insurance Limited

(a) Name, Address, and Identifying Number of Shareholder	(b) Class of Stock	(c) Shares Held at Beginning	(d) Shares Held at End	(e) Pro Rata Share of subpart F Income
Memorial Health System 701 North First Street Springfield, IL 62781 37-1110690	Common	1	1	0 00%
Wesley Long Community Health Services, Inc 1200 North Elm Street Greensboro, NC 27401 56-1441377	Common	1	1	17 60%
	Preferred	1	1	
Unity Health System 89 Genesee Street Rochester, NY 14611 22-2572873	Common	1	1	17 00%
	Preferred	1	1	
Covenant Health Corporate Offices 100 Fort Sanders W Blvd Knoxville, TN 37922 62-1646734	Common	1	1	0 00%
Touro Infirmary 1401 Fourcher Street New Orleans, LA 70115 72-0423659	Common	1	1	5 20%
	Preferred	2	2	
Health First, Inc 6450 South U S Highway 1 Rockledge, FL 32955 59-3336894	Common	1	1	19 80%
	Preferred	1	1	
Martin Memorial Health System, Inc 200 Hospital Avenue Stuart, FL 34994 59-2307522	Common	1	1	0 00%
	Preferred	1	1	
Tallahassee Memorial Healthcare, Inc 1300 Miccosukee Road Tallahassee, FL 32308 59-1917016	Common	1	1	40 40%
	Preferred	1	1	
Total Common Total Preferred Total Subpart F		<u>8</u> <u>7</u>	<u>8</u> <u>7</u>	<u>100.00%</u>

Health Care Casualty Insurance Limited

Form 5471, Schedule O, Section B - U.S. Officers & Directors of Health Care Casualty Insurance Limited

(a) Name of U.S. Officer or Director	(b) Address	(c) Social security number	(d)	
			Officer	Director
Tim Rice	4600 Jefferson Wood Court Greensboro, NC 27410		X	X
Warren Hern	89 Genessee Street Rochester, NY 14611			X
Michael Means	6450 South U S Highway 1 Rockledge, FL 32955			X
B Frederick Becker	8600 West Byrn Mawr Suite 120-N Chicago, IL 60631		X	
George O'Bryant	9616 Deer Valley Drive Tallahassee, FL 32312			X
James Montgomery	1401 Foucher Street New Orleans, LA 70115			X
Joseph Herman	8600 West Byrn Mawr Suite 120-N Chicago, IL 60631		X	

Health Care Casualty Insurance Limited

The taxpayer neither acquired nor disposed of stock in the foreign corporation, Health Care Casualty Insurance Limited, ("HCCIL"), during the year ended December 31, 2009. The taxpayer is classified as a Category 3 filer for Form 5471 purposes because the taxpayer is treated as a U.S. shareholder of HCCIL under Internal Revenue Code section 953(c) and is therefore required to complete Schedule O.

Health Care Casualty Insurance, Ltd.
December 31, 2009

Additional Filing Requirements for Category 3 Filers:

1. The amount and type of any indebtedness the foreign corporation has with the related persons described in Regulations §1.6046-1(b)(11).

N/A – there is no indebtedness between Health Care Casualty Insurance, Ltd. and related parties.

2. The name, address, identifying number and number of shares subscribed to by each subscriber to the foreign corporation's stock.

N/A – there are currently no subscriptions for any of Health Care Casualty Insurance, Ltd.'s stock.