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DLN: 93493315027471

**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)

2010

OMB No 1545-0047

Open to Public

Form **990** 

Department of the Treasury

► The organization may have to use a copy of this return to satisfy state reporting requirements

	Nevenue					Inspectio	Ш				
		2010 calendar year, or tax year begin	ning 01-01-2010 and ending 12-31-20	LO	D Employ	er identification numb	ber				
_	eck if a <sub>l</sub> dress ch	TOURO INFIRMARY				72-0423659					
_	me cha	Doing Business As									
_					E Telepho	one number					
_	ial retu	1401 FOLICHER STREET	if mail is not delivered to street address)	Room/suite	(504)	897-8344					
_	mınate				<b>G</b> Gross re	ceipts \$ 232,609,564					
_	ended	NEW ORLEANS, LA 70115	nd ZIP + 4								
App	olication	pending									
		<b>F</b> Name and address of p Suzanne Haggard	rincipal officer	<b>H(a)</b> Isthisa	group return for	affiliates? Yes No					
		1401 FOUCHER STREET		H(b) Are all	affiliatos inclu	ded?					
		NEW ORLEANS, LA 7011	L 5	1		list (see instruction					
Т-		Intertative Figure 100	<b>.</b>			n number 🟲	,				
Ia	x-exem	pt status 501(c)(3) 501(c)() 1	◀ (insert no )	4							
W	ebsite	∷ ► www.touro.com									
<b>C</b> For	n of org	ganization 🔽 Corporation 🗌 Trust 🦳 Associa	ation Cther 🕨	L Year of for	mation 1852	M State of legal dom	ıcıle L				
Pa	rt I	Summary									
	II.	Briefly describe the organization's mis	sion or most significant activities								
ų	1	provision of healthcare services									
aovemanoe	-										
Ĭ											
ž	2 (	Check this box দ if the organization	discontinued its operations or disposed	of more than 2	5% of its n	et assets					
e 6			erning body (Part VI, line 1a)		<b>⊢</b>	3	1				
ACTIVITIES &	4 1	lumber of independent voting member	rs of the governing body (Part VI, line 1b	)		4	1				
į			ın calendar year 2010 (Part V, line 2a)		<b>⊢</b>		2,02				
3		Fotal number of volunteers (estimate i	$\vdash$	6	46						
•		Fotal unrelated business revenue from	7a								
	Ь	Net unrelated business taxable incom	e from Form 990-T, line 34			7Ь	-				
ā		Control of the Contro	log and have	Prior	Year	Current Year					
	8	Contributions and grants (Part VIII	•	'	15,213,34 87,517,56	_					
Revenu	9 10		gram service revenue (Part VIII, line 2g)								
Ž	11	·	\\\\\\\\\\\\\\\\\\\\\\\\\\\\	'	3,563,98 7,474,47		.6,42 00,059				
	12		11 (must equal Part VIII, column (A), lir	ne l	7,474,47	7 0,40	0,03				
		12)	<u> </u>		13,769,37	3 232,60	9,56				
	13	Grants and similar amounts paid (Pa		0	(						
	14	·	t IX, column (A), line 4)		0	(					
χ	15	Salaries, other compensation, emplo	other compensation, employee benefits (Part IX, column (A), lines 5-								
ě.	16a	,	X, column (A), line 11e)		95,383,89	0 93,56					
Expenses	ь	Total fundraising expenses (Part IX, column									
ш	17	• • • •	), lines 11a-11d, 11f-24f)	. 1	13,064,60	8 112,56	4.106				
	18	Total expenses Add lines 13-17 (n		08,448,50	<u> </u>						
	19	Revenue less expenses Subtract lir	5,320,87	· ·							
8 4°				Beginning	of Current						
net Assets ta Fund Balances				Y	ear	End of Year					
300	20	Total assets (Part X, line 16)			69,915,36	<u> </u>					
<b>T</b>	21			1	74,109,00	<u>'</u>					
	22		ct line 21 from line 20		-4,193,64	35,84	6,024				
	rt II	Signature Block									
now	ledge a		nined this return, including accompanying s te. Declaration of preparer (other than offic				has an				
now	ledge.										
		<b>L</b>		Lee							
Sign		****** Signature of officer		20 Da	<u>11-11-11</u> te						
oign Iero		Suzanne Haggard CFO									
		Type or print name and title									
		Print/Type	Preparer's signature		Check if self-	PTIN					
Paid	_	preparer's name Firm's name	-		employed 🕨						
orepa	arer L			Firm's EIN 🕨	Firm's EIN						
-	Firm's address • Only					Phone no					
4	L	C									

	1 age
Par	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission
	RO INFIRMARY IS DEDICATED TO IMPROVING THE HEALTH STATUS AND WELL BEING OF THE PEOPLE IT SERVES THROUGH 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?
	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?
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
4a	(Code ) (Expenses \$ 170,575,834 including grants of \$ ) (Revenue \$ 195,979,709 )
	The hospital provides inpatient, outpatient, emergency and critical care, home health, and rehab services. It has 261 adult and pediatric beds,77 Rehabilitation beds 22 ICU beds, and 16 NICU beds for a total of 376 beds. The number of inpatients treated by the hospital in 2010 was 14,013. The number of patients treated as outpatients was 95,9873 and their Outpatient visits totaled 223,838 for 2010. There were 6,322 surgeries, 29,782 emergency room visits, and 2,800 babies delivered. The total number of patients treated in 2010 was 110,002, 39,706 or 36.1% were Medicare patients, 30,298 or 27.5% were Medicaid, uninsured, or discounted patients, 39,998 or 36.4% had private insurance. The breakdown of the inpatients for 2010 was 10,674 acute discharges from the hospital,575 rehab cases,2,553 discharges from the Nursery, and 213 discharges from NICU. The total number of inpatient days for 2010 was 76,754 of which 51,398 Patient Days for acute cases and an Average length of stay of 4.9 days, 16,104 Patient Days for Rehab cases and an Average Length of Stay of 28.3 days, 5,856 Patient Days for Nursery cases and an Average Length of Stay of 15.9 days.
	(Code ) (Expenses \$ 5,434,575 including grants of \$ ) (Revenue \$ 3,539,177)
	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 30 residents in the following areas. Orthopedic General Surgery, Plastic Surgery, Cardiology, Infectious Disease, Medicine, Neurology, PM&R and Obstetrics/Gynecology. Touro is also a clinical training site for allied health programs for various metro. New Orleans colleges.
4c	(Code ) (Expenses \$ 217,606 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 2010 Touro held 65 outreach events that were attended by 816 people. Touro also conducted 1,518 free healthcare screenings, which prompted 116 people to make appointments with physicians.
	Other program comuses (Decembe in Schedule O.)
4d	Other program services (Describe in Schedule O) (Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses►\$ 176,228,015

Part IV	<b>Checklist of</b>	Required	Schedules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
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? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
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? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	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? If "Yes," complete Schedule D, Part VII.	11b		Νο
c	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? If "Yes," complete Schedule D, Part VIII.	11c		No
d	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? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	14b		No
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 U S ? If "Yes," complete Schedule F, Parts II and IV	15		No
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 U S ? If "Yes," complete Schedule F, Parts III and IV.	16		Νο
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? If "Yes," complete Schedule G, Part I (see instructions)	17		N o
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Νο
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	Yes	
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		No

Par	t IV Checklist of Required Schedules (continued)			
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? If "Yes," complete Schedule I, Parts I and II	21		No
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? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
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? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? If "Yes," complete Schedule L, Part $I$	25a		No
b	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? If "Yes," complete Schedule L, Part I	25b		No
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? If "Yes," complete Schedule L, Part II	26		No
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? If "Yes," complete Schedule L, Part III	27		No
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
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? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	Yes	
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	26		No
27	organization? If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Form 990 (	2010)
Part V	Statements Regarding Other IRS Filings and Tax Compliance

<b>u</b> .	Check if Schedule O contains a response to any question in this Part V		.୮	
			Yes	No
ı	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
. ,	Ta 172			
)	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
	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	!		
		2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the	3a		N
]	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	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)?	4a		No
	If "Yes," enter the name of the foreign country 🕨			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N ·
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N ·
]	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
	organization solicit any contributions that were not tax deductible?			
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
•	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		N
	services provided to the payor?	7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		N
]	If "Yes," indicate the number of Forms 8282 filed during the year			
1	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
]	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
	Form 1098-C?	7h		
	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			
ŀ	business holdings at any time during the year?	8		
:	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	facilities			
:	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
		13-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the	12a		
	year 12b			
9	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
	note: See the instructions for additional information the organization must report on Schedule O			
	Enter the amount of receives the organization is required to maintain by the atotal			
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
I	Enter the amount of reserves on hand			
		14-		NI -
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N c

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

Check if Schedule O contains a response to any question in this Part VI										. F	7
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Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
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?	2		Νο
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?	3		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		N o
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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	9		<u> No</u>
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		N o
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?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			
		11a	Yes	
b	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	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	4.5	.,	
12	describe in Schedule O how this is done	12c 13	Yes	
13				
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
Ь	Other officers or key employees of the organization	15b	Yes	
	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?	16a	Yes	
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?	16b	Yes	
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 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			

- 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. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 The Organization

1401 FOUCHER STREET NEW ORLEANS, LA 70115 (504) 897-8344

# 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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any 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 neither the organ	•	elated o	rganı	zatio	on co	ompen	sate	d any current office	r, director, or trust	ee
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See Additional Data Table										

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

	<b>(A)</b> Name and Title	(B) Average hours per	1	(tion that a					(D) Reportable compensation from the	<b>(E)</b> Reportable compensation from related		(F) Estimated amount of other compensation			
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	o	from t rganızatı relatı organıza	he on and ed		
See A	Additional Data Table														
											1				
											+				
											_				
						$\vdash$					+				
											-				
						-					_				
											_				
								<u> </u>			_				
1b c	Sub-Total						· ·	•			+				
	Total (add lines 1b and 1c) .	<u>-</u>						<b> </b>	3,908,756	1,733,09	8	748,820			
2	Total number of individuals (ind \$100,000 in reportable compe	cluding but not lir	nited to	thos	e lıs	ted		) who	received more tha	n					
												Yes	No		
3	Did the organization list any <b>fo</b> on line 1a? <i>If</i> "Yes," complete Si									ated employee	3	Yes			
4	For any individual listed on line organization and related organi	zations greater t	han \$15	0,00	002	If "Y	es," co	mple	te Schedule J for suc	:h	4	Yes			

			Yes	No	
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee				
	on line 1a? If "Yes," complete Schedule J for such individual	3	Yes		
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				
	ındıvıdual	4	Yes		
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person				
	services remarks the organization. If res, complete senegal state person.	5		Νo	

#### **Section B. Independent Contractors**

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>B</b> ) Description of services	<b>(C)</b> Compensation
SIEMENS MEDICAL SOLUTIONS C/O MELLON BANK POBOX120001 DEPT 07 DALLAS, TX 75312	INFORMATION TECHNOLOGY	7,740,013
LSUHSC - NEW ORLEANS 433 BOLIVAR STREET RM 619 NEW ORLEANS, LA 70112	AFFILIATION/RESIDENCY PROGRAM	3,581,329
ARAMARK 24863 NETWORK PL CHICAGO, IL 60673	HOUSKEEPING/CAFE/EQUIP MAINT	2,978,899
PARISH ANESTHESIA OF NEW ORLEANS LLC 3510 N CAUSEWAY BLVD SUITE 404 METAIRIE, LA 70002	PHYSICIAN SERVICES	2,630,798
REGIONAL RADIOLOGY LLC C/O C/O 621 HICKORY AVE HARAHAN, LA 70123	PHYSICIAN SERVICES	2,398,950
2 Total number of independent contractors (including but not limited to those lis	ted above) who received more than	

Part V		2010)  Statement of Reven	IIA				Pag	e <b>9</b>
Part V		Statement of Reven	ile		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	
Contributions, gifts, grants and other similar amounts	b c d	Federated campaigns  Membership dues  Fundraising events  Related organizations  Government grants (contributions)  All other contributions, gifts, grants similar amounts not included above	. 1c . 1d . 1e . and 1f	15,507,309 16,977,359 189,589				514
Contrib and of	_	Noncash contributions included in li	nes 1a-1f \$		32,674,257			
Program Service Revenue			venue 	621400 621400	192,483,735 635,092 193,118,827	192,483,735 635,092		
	4 5 6a b	Investment income (including and other similar amounts) Income from investment of tax-ext Royalties	(I) Real 2,323,313	(II) Personal	345,548 873			345,54 87
-	7a b	from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss)	(I) Securities	(II) O ther 70,000	2,323,313			70.00
	d Net gain or (loss)		Business Code 812930 900099 525100	1,455,583 1,332,376 301,601 987,186	1,455,583 1,332,376 301,601		70,00	
		Total. Add lines 11a-11d  Total revenue. See Instructi	<b>▶</b>		4,076,746 232,609,564		0	416,42

	,				Page <b>10</b>
Part	Statement of Functional Expenses				
А	Section $501(c)(3)$ and $501(c)(4)$ organizations mus ll other organizations must complete column (A) but are not required to c			(D).	
Do no	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	( <b>A</b> ) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) 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	3,302,632	1,089,867	2,212,765	
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	74,580,749	71,667,976	2,912,773	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,049,371	2,991,630	57,741	
9	Other employee benefits	6,837,509	6,610,360	<del> </del>	
10	Payroll taxes	5,798,406	5,534,403		
а	Fees for services (non-employees)	650,989	650,989	,	_
L	Management		·	<del> </del>	
b	Legal	329,949	130,895	<del> </del>	
c	Accounting	185,188		185,188	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees		20.100.171	2 222 444	
g	Other	34,815,585	32,493,174	2,322,411	
12	Advertising and promotion	987,056	13,883	<u> </u>	
13	Office expenses	7,253,635	4,585,278		
14	Information technology	2,412,628	2,411,840	788	
15	Royalties				
16	Occupancy	5,720,737	5,429,445	<u> </u>	
17 18	Payments of travel or entertainment expenses for any federal,	113,141	102,738	10,403	
	state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	74,437	71,407	3,030	
21	Payments to affiliates	4,825,491		4,825,491	
22	Depreciation, depletion, and amortization	12,569,807	56,437	12,513,370	
23	Insurance	2,709,894	2,709,894		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	MEDICAL SUPPLIES	35,545,171	35,515,195	29,976	
b	Capital lease expense	4,025,631	3,968,872	56,759	
С	dues & memberships	177,150	81,883	95,267	
d	Legal settlement	-9,232	28,268	-37,500	
e					
f	All other expenses	176,849	83,581	93,268	
25	Total functional expenses. Add lines 1 through 24f	206,132,773	176,228,015	29,904,758	0
26	Joint costs. Check here ► ☐ If following				
	SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Pa	rt X	Balance Sheet					
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing				1	5,143,185
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			30,742,415	4	37,553,954
	5	Receivables from current and former officers, directors, trustee highest compensated employees Complete Part II of	s, key	employees, and			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ , and contributing esponsoring organizations of section $501(c)(9)$ voluntary emploorganizations (see instructions)	mploy	ers, and			
ets		Schedule L				6	
ssets	7	Notes and loans receivable, net			10,954,844	7	9,494,634
₫	8	Inventories for sale or use			3,806,813	8	4,134,775
	9	Prepaid expenses and deferred charges			2,624,972	9	2,163,031
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	361,600,825			
	ь	Less accumulated depreciation	10b	254,129,529	99,724,591	<b>10</b> c	107,471,296
	11	Investments—publicly traded securities			14,165,181	11	26,992,449
	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			4,177,504	15	3,130,638
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			169,915,364	16	196,083,962
	17	Accounts payable and accrued expenses .			27,362,244	17	27,367,380
	18	Grants payable				18	
	19	Deferred revenue			41,123	19	3,507,970
	20	Tax-exempt bond liabilities			91,133,410	20	87,064,776
<u> </u>	21	Escrow or custodial account liability Complete Part IV of Schedu	le D			21	
abilities	22	Payables to current and former officers, directors, trustees, kee employees, highest compensated employees, and disqualified					
Ę		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third partie	s .			23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			55,572,228	25	42,297,812
	26	Total liabilities. Add lines 17 through 25			174,109,005	26	160,237,938
~		Organizations that follow SFAS 117, check here ▶ 🔽 and com	plet e l	ines 27			
<u>9</u>		through 29, and lines 33 and 34.					
5	27	Unrestricted net assets	-5,117,732	27	34,666,916		
Fund Balance	28	Temporarily restricted net assets	924,091	28	1,179,108		
Ξ	29	Permanently restricted net assets				29	
		Organizations that do not follow SFAS 117, check here ► □ a lines 30 through 34.	nd con	nplete			
s or	30	Capital stock or trust principal, or current funds				30	
Ą	31	Paid-in or capital surplus, or land, building or equipment fund				31	
Assets	32	Retained earnings, endowment, accumulated income, or other f				32	
Net	33	Total net assets or fund balances	-		-4,193,641	33	35,846,024
Ź	34	Total liabilities and net assets/fund balances			169,915,364		196,083,962
	L				1 .55,515,564	J-7	.55,555,562

Pal	Check if Schedule O contains a response to any question in this Part XI			.┏	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		232,6	509,564
2	2 Total expenses (must equal Part IX, column (A), line 25)				.32,773
3	Revenue less expenses Subtract line 2 from line 1	3		26,4	76,791
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		-4,1	.93,641
5	Other changes in net assets or fund balances (explain in Schedule O)	5		13,5	562,874
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		35,8	346,024
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII		•	∀	
				Yes	No
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?		2a		Νo
ь	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 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		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	sued			
_	Separate basis Consolidated basis Both consolidated and separated 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?		3a		Νo
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired	3b		

#### DLN: 93493315027471

# OMB No 1545-0047

Inspection

## SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

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.

**Public Charity Status and Public Support** 

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

**Employer identification number** 

TOURO INFIRMARY 72-0423659 Reason for Public Charity Status (All organizations must complete this part.) See instructions organization is not a private foundation because it is (For lines 1 through 11, check only one box ) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 굣 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 10 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 Type I **b** Type II c Type III - Functionally integrated Type III - Other 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) 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 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) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi)  Is the organization in col (i) organized in the US?		(vii) A mount of support	
		instructions))	Yes	No	Yes	No	Yes	No		
Total										

# 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	dider rate III. If the	organización i	ans to quanty t	maci die tests	iisted below, pie	case complet	c raic III.
S	ection A. Public Support		_				
Cale	endar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	( <b>d)</b> 2009	<b>(e)</b> 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude 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						
	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						
Ü	line 4						
S	ection B. Total Support	1				I	
	endar year (or fiscal year beginning						
Cur	in) ►	(a) 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	( <b>d)</b> 2009	(e) 2010	(f) Total
7	A mounts from line 4						
8	Gross income from interest,						
0	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	es, etc (See inst	ructions )			12	
13	First Five Years If the Form 990 is f	or the organization	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	nızatıon,
	check this box and <b>stop here</b>	_	r		•	. , . , -	<b>▶</b> ┌॔
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2010	(lıne 6 column (	f) divided by line	11 column (f))		14	
15	Public Support Percentage for 2009	Schedule A Par	rt II line 14			15	
							<del> </del>
16a	<b>33 1/3% support test—2010.</b> If the				line 14 is 33 1/3%	or more, chec	
	and <b>stop here.</b> The organization qua	•				2.2.4.204	<b>▶</b> [
b	33 1/3% support test—2009. If the				oa, and line 15 is :	1/3% or mor کد	. <del>-</del>
17-	box and <b>stop here.</b> The organization				12 16 1C	handler - 4.4	▶
r/a	10%-facts-and-circumstances test-						ın.
	is 10% or more, and if the organization made			•			
	in Part IV how the organization mee	is the facts and	circumstances"	test ine organiz	acion quanifies as	a publicly supp	orted F
<b>L</b>	organization 10%-facts-and-circumstances test-	_2000 Ifthe era	anization did not	chack a hay an lu	no 13 165 166 5	or 17a and line	F1
ט	15 is 10% or more, and if the organ						
	Explain in Part IV how the organizat			•		<u>-</u>	clv
	supported organization	aon meets the 16	aces and circuitis	tances test life	. organization qual	iiiies as a publi	LIY ▶
18	Private Foundation If the organizati	on did not check	a box on line 13	. 16a. 16b. 17a o	r 17b. check this	box and see	- 1
	instructions	a.a not eneck		, , 0 0 , 7 0 0	. 2. 2, 511558 61115		<b>▶</b> □

Schedule A (Form 990 or 990-EZ) 2010 Page 3 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified **b** A mounts 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 Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning **(e)** 2010 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (f) Total ın) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b c Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part Total support (Add lines 9, 10c, 11 and 12) 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 Section C. Computation of Public Support Percentage

15	<b>15</b> Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))		
Public support percentage from 2009 Schedule A, Part III, line 15		16	
S	ection D. Computation of Investment Income Percentage		
17	Investment income percentage for <b>2010</b> (line 10c column (f) divided by line 13 column (f))	17	
18	Investment income percentage from 2009 Schedule A , Part III, line 17	18	

19a 33 1/3% support tests—2010. 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

33 1/3% support tests—2009. 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

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

Schedule A (Fo	orm 990 or 990-EZ) 2010	Pag
Part IV	<b>Supplemental Information.</b> Supplemental Information. Complete this required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions).	•

Facts And	Circumstances	Test

Schedule A (Form 990 or 990-EZ) 2010

efile GRAPHIC print - DO NOT PROCESS

As Filed Data

DLN: 93493315027471

OMB No 1545-0047

Open to Public Inspection

# 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.

Name of the organization Employer identification number TOURO INFIRMARY 72-0423659 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 Total number at end of year

Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised ┌ No funds are the organization's property, subject to the organization's exclusive legal control?

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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

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

Purpose(s) of conservation easements held by the organization (che	ckall	that apply)
Preservation of land for public use (e g , recreation or pleasure)	$\sqcap$	Preservation of an historically importantly land area
Protection of natural habitat	Γ	Preservation of a certified historic structure
Preservation of open space		

- Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year
- Total number of conservation easements
- Total acreage restricted by conservation easements
- Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06

	more at the line of the feat
2a	
2b	
2c	
2d	

Held at the End of the Year

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🛌

Number of states where property subject to conservation easement is located 🛌

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🕨 A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 🕨 \$ \_\_\_\_\_\_

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?

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.

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

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

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

(ii) Assets included in Form 990, Part X

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

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2010

'ar	<b>Titl</b> Organizations Maintaining Co	ollections of Art	, His	toric	cal Tre	easures, or	Oth	<u>ier Similar</u>	ASS	ets (coi	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	ofth	e foll	owing th	nat are a signi	ficant	use of its co	llectio	n	
а	Public exhibition		d	$\vdash$	Loan o	r exchange pr	ogran	ns			
b	Scholarly research		e	Г	Other						
c	Preservation for future generations										
	Provide a description of the organization's c Part XIV	ollections and explai	ın how	they	further	the organizat	ıon's	exempt purpo	ose in		
i	During the year, did the organization solicit assets to be sold to raise funds rather than							ımılar	Г	Yes	┌ No
a	t IV Escrow and Custodial Arrang						red '	"Yes" to For	m 990	0,	
	Part IV, line 9, or reported an ar										
а	Is the organization an agent, trustee, custod included on Form 990, Part X?	dian or other interme	diary	for co	ontribut	ons or other a	sset:	s not	Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	V and complete the t	follow	ıng ta	ble		_				
							-		A mo	unt	
с	Beginning balance						10				
d	Additions during the year						10	I			
е	Distributions during the year						16	:			
f	Ending balance						1f				
3	Did the organization include an amount on F	orm 990, Part X, line	21?						Γ	Yes	┌ No
	If "Yes," explain the arrangement in Part XIV	/									
a	rt V Endowment Funds. Complete										
		(a)Current Year	(b)	Prior Y		(c)Two Years B		(d)Three Years	Back (	<b>e)</b> Four Ye	ars Back
1	Beginning of year balance	7,688,116		- /,	688,116	*	3,614		_		
)	Contributions	43,260				•	4,502				
:	Investment earnings or losses										
d	Grants or scholarships										
е	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance	7,731,376		7,	688,116	7,68	8,116				
9	Provide the estimated percentage of the year	r end balance held a	ıs		· I	<u> </u>					
а	Board designated or quasi-endowment										
_											
b	remailent endowment P										
c a	Term endowment ►  Are there endowment funds not in the posse	acion of the organiza			ra bald		rad f				
a	organization by	ssion of the organiza	יוטוו נ	.паса	re neiu	and administe	ileu it	or the		Yes	No
	(i) unrelated organizations								3a(i)		Νο
	(ii) related organizations								3a(ii)	Yes	
b	If "Yes" to 3a(II), are the related organization								3Ь	Yes	
	Describe in Part XIV the intended uses of th										
a	t VI Investments—Land, Building	s, and Equipme	nt. S	ee Fo	orm 99	<u>0, Part X, lır</u>	ne 10	) <u>.</u>			
	Description of investment				ost or otl			(c) Accumul depreciati		( <b>d</b> ) Boo	k value
3	Land					12,2	238,29	6		12	,238,296
b	Buildings		. [			150,8	355,12	6 112,49	3,736	38	,361,390
c	Leasehold improvements		. [								
d	Equipment		. [			191,5	552,67	5 141,11	5,522	50	,437,153
e	Other		. [			6,9	954,72	8 52	0,271		,434,457

107,471,296

Part VIII Investments—Other Securities. See	<u>Form 990, Part X, line 1</u>	2.
(a) Description of security or category	(b)Book value	(c) Method of valuation
(ıncludıng name of security)	(B)Book value	Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. See	Form 990, Part X, line	13.
		(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
		,
	-	
	+	
	-	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )		
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	
	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	(b) Book value
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Part IX Other Assets. See Form 990, Part X, lir	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, Im  (a) Descrip	ne 15.	
Part IX Other Assets. See Form 990, Part X, Im  (a) Descrip	ne 15. ition  5.)	(b) Book value
Part IX Other Assets. See Form 990, Part X, Im  (a) Description  (b) Should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X	5.)	
Part IX Other Assets. See Form 990, Part X, Im  (a) Descrip	ne 15. ition  5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)	
Part IX Other Assets. See Form 990, Part X, Im  (a) Description  (b) Should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)	
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Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)	

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	1ts	
1 Total revenue (Form 990, Part VIII, column (A), line 12)	1	232,609,564
2 Total expenses (Form 990, Part IX, column (A), line 25)	2	206,132,773
3 Excess or (deficit) for the year Subtract line 2 from line 1	3	26,476,791
4 Net unrealized gains (losses) on investments	4	142,666
5 Donated services and use of facilities	5	
6 Investment expenses	6	
7 Prior period adjustments	7	
8 Other (Describe in Part XIV)	8	13,420,208
9 Total adjustments (net) Add lines 4 - 8	9	13,562,874
10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	40,039,665
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1 Total revenue, gains, and other support per audited financial statements	1	243,232,460
2 A mounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains on investments 2a 142,666		
b Donated services and use of facilities		
c Recoveries of prior year grants		
<b>d</b> Other (Describe in Part XIV)		
e Add lines 2a through 2d	2e	2,523,493
3 Subtract line <b>2e</b> from line <b>1</b>	3	240,708,967
4 A mounts 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>b</b> Other (Describe in Part XIV)		
c Add lines 4a and 4b	4c	-8,099,403
Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	232,609,564
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses  1 Total expenses and losses per audited financial	рег	215,814,662
statements	1	215,814,862
A mounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses		
<b>d</b> Other (Describe in Part XIV)		
e Add lines 2a through 2d	2e	8,260,574
3 Subtract line <b>2e</b> from line <b>1</b>	3	207,554,088
4 A mounts 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 -1,421,371		
<b>b</b> Other (Describe in Part XIV)		
c Add lines <b>4a</b> and <b>4b</b>	4c	-1,421,315
Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	206,132,773

#### 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, 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

additional information								
Ident if ier	Return Reference	Explanation						
Description of Intended Use of Endowment Funds	Part V, Line 4	These endowment funds are administered by Touro Infirmary Foundation and Woldenberg Village, which are controlled by Touro Infirmary These funds are intended to be used for Touro Infirmary's exempt purposes						
Description of Uncertain Tax Positions Under FIN 48	Part X	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 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.						
Part XI, Line 8 - Other Adjustments		TIJV, LLC -RENTAL -15,522 EARNINGS/(LOSSES) FROM SUBSIDIARIES -3,979,505 YEAR-END ELIMINATION OF INTERCOMPANY DEBT 15,781,761 CHANGE IN RESTRICTED NET ASSETS 255,016 PENSION NET ASSET ADJUSTMENT 659,799 RETURN OF INVESTMENT ON AFFILIATED ENTITY -95,216 Remove allocated rent to subsidiary 959,524 Transfer Expense paid for Subsidiary -140,097 HCCI Form5147 Schedule F Income -5,552						
Part XII, Line 2d - Other Adjustments		EXPENSE RESERVE REVERSAL RECORDED TO NON- OPERATING REVEVNUE IN AFS 1,421,371 RENT ALLOCATED TO SUBSIDIARY 959,524 CASH OVER & SHORT -68						
Part XII, Line 4b - Other Adjustments		TIJV K1 plus HCCI form5147 21,074 PROVISION FOR DOUBTFUL ACCOUNTS -8,120,477 CASH OVER/SHORT						
Part XIII, Line 2d - Other Adjustments		PROVISION FOR DOUBTFUL ACCOUNTS 8,120,477 EXPENSES FOR SUBSIDIARY DISSOLUTION YEAR 140,097						
Part XIII, Line 4b - Other Adjustments		CASH OVER & SHORT 56						

# OMB No 1545-0047

Open to Public **Inspection** 

## **SCHEDULE H** (Form 990)

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.

Hospitals

Name of the organization TOURO INFIRMARY

**Employer identification number** 

						72-	0423659			
Pa	rt I Financial Assista	nce and C	ertain Oth	er Community B	enefits at Cos	t				
							ı		Yes	No
1a	Did the organization have a fi	nnancıal assı	stance polic	y during the tax year?	If "No," skip to q	uestio	n 6a .	1a	Yes	
b	If "Yes," is it a written policy	?						1b	Yes	
2	If the organization has multip assistance policy to its vario			=	t describes applic	ation c	f the financial			
	Applied uniformly to all ho	spitals		Applied uniform	ly to most hospita	ls				
	Generally tailored to indiv		ls							
3	Answer the following based o organization's patients during			nce eligibility criteria	that applied to th	e large	st number of the			
а	Does the organization use Fe income individuals? If "Yes,"							3a	Yes	
	Γ <sub>100%</sub> Γ <sub>150%</sub>	<b>F</b> 20	00% <b>-</b>	O ther <b>_250.00000</b>	000000 %					
b	Does the organization use FP	G to determin	ne eligibility 1	for providing <i>discount</i>	ed care to low inco	me in	lividuals? If			
	"Yes," indicate which of the fo	ollowing is the	e family incor	me limit for eligibility	for discounted car	e .		3b	Yes	
	Г 200% Г 250%	L 30	о% Г	350% <b>~</b> 4	» Г о	thor	%			
							_			
c	If the organization does not u determining eligibility for free test or other threshold, regan	or discounte	d care Inclu	de in the description	whether the organ	ızatıon				
4	Did the organization's financi	al assistance	policy that a	applied to the largest	number of its pati	ents d	uring the tax vear	4	Yes	
	provide for free or discounted	care to the "	medically ind	digent"?			- '	i		
5a	Did the organization budget amount							5a	Yes	
b	If "Yes," did the organization	's financial as	ssistance exp	penses exceed the bu	dgeted amount?			5b	Yes	
С	If "Yes" to line 5b, as a resul care to a patient who was elig	_		•	•			5c		No
6a	Does the organization prepar			ort during the tax				6a	Yes	
c L	year?							l	1	١
OD	Complete the following table		•		· · · · · · · · · · · · · · · · · · ·	nots	 ubmit these	6b		No_
	worksheets with the Schedule									
7	Financial Assistance and C		· ·	Benefits at Cost	_					
r	Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offset revenue	tıng	(e) Net community b expense	enefit	(f) Pero total ex	
	Financial Assistance at cost (from Worksheets 1 and 2)			3,896,10	4 1	.32,178	3,76	3,927	1	890 %
	Unreimbursed Medicaid (from Worksheet 3, column a)			53,862,40	50,1	.53,615	3,70	8,789	1	860 %
С	Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)			220,99	1	60,538	16	0,453	0	800 %
d ·	<b>Total</b> Financial Assistance and					,		,		
	Means-Tested Government Programs			57,979,49	9 50,3	346,331	7,63	3,169	4	550 %
e	Other Benefits Community health improvement services and community benefit operations (from (Worksheet 4)			217,60	6		21	7,606	n	110 %
f I	Health professions education			217,00	<u> </u>		21	.7,500		
	(from Worksheet 5) Subsidized health services			5,434,57	5 3,5	39,177	1,89	5,398	0	950 %
h	(from Worksheet 6) Research (from Worksheet 7)									
	to community groups (from Worksheet 8)									
jТ	otal Other Benefits			5,652,18	1 3,5	39,177	2,11	3,004	1	060 %
b 1	Total Add lines 7d and 71			63 631 68	n 53.8	85 508	9.74	6 173	5	610 %

	rt II Community Buildir activities during the of the communities i	tax year, an							ldıng	age 2
		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total commun building expense		irect offse revenue	tting (e) Net communit building expense		<b>(f)</b> Perc total ex	
1	Physical improvements and housing									
2	Economic development									
3	Community support									
4	Environmental improvements									
5	Leadership development and training									
6	for community members  Coalition building							-		
7	Community health improvement									
8	advocacy Workforce development							_		
9	Other							-		
0	Total									
Par	t 💵 Bad Debt, Medicar	e, & Collec	tion Practice	es						
ect	ion A. Bad Debt Expense								Yes	No
1	Did the organization report bac	l debt expens	e ın accordance	with Heathcare	Financial M	anagem	ent Association		ies	140
_	Statement No 15?							1		Νo
2 3	Enter the amount of the organi Enter the estimated amount of					2	2,538,162			
,	attributable to patients eligible	-				3				
4	Provide in Part VI the text of t In addition, describe the costi rationale for including a portion	ng methodolog	gy used in deter	mining the amou						
ect	ion B. Medicare									
5	Enter total revenue received fr	om Medicare	(including DSH	and IME)		5	46,167,266			
5	Enter Medicare allowable cost	s of care relat	ing to payments	on line 5		6	51,502,936			
7	Subtract line 6 from line 5 Thi					7	-5,335,670			
8	Describe in Part VI the extent Also describe in Part VI the co Check the box that describes	sting method	ology or source							
	Cost accounting system	c∘	st to charge rat	:10	Other					
ect	ion C. Collection Practices									
9a	Does the organization have a v	vritten debt co	ollection policy?					9a	Yes	
b	If "Yes," does the organization patients who are known to qual							9b	Yes	
Pai	rt IV Management Com				sacribe III I	uit v I				
	(a) Name of entity	(t	<ul> <li>Description of pri activity of entity</li> </ul>		(c) Organı profit % o ownersh	r stock	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	pro	e) Physion of the Ministry ownershi	stock
. 1	LIJA ITC	RENTAL OF IMA	GING CENTER			56 000 %			34 0	00 %
2										
3										
								+		
•										
5								1		
,										
3										
<b>,</b>		-						-		
.0										
1								1		
l 2										
13										

Part	V Facility Information									
(list in	on A. Hospital Facilities order of size, measured by total revenue per facility, from to smallest)	Licensed ho	General medical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	
	any hospital facilities did the organization operate during year? <b>1</b>	hospital	dical & surgical	ospital	epital	ess hospital	cility			
Name	and address									Other (Describe)
1	TOURO INFIRMARY 1401 FOUCHER STREET NEW ORLEANS, LA 70115	x	х		х			х		
	·									
					-					
		-								
					_					

Nar	me and address	Type of Facility (Describe)
1	Woldenberg Vıllage	Assisted living community & skilled nursing facility
	3701 Behrman Place	
	New Orleans, LA 70114	
2	Woldenberg Village	Assisted living community & skilled nursing facility
	3701 Behrman Place	
	New Orleans, LA 70114	
3		
4		
5		
5		
7		
3		
•		
10		

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Part V Facility Information (continued)

Identifier ReturnReference	Part I, Line 3c Part VI Line 1 for Part I line 3c Describe in Pa VI the income based criteria for determining eligibility for free o discounted care Include in the description whether the organization uses an asset test or other threshold, regardless o
	income, to determine eligibility for free or discounted care >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>
	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 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
	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
	meet the obligation within a reasonable period of time. No more that 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 indigent when the only resources available for healthcare payment are Medicare and Medicaid benefits,. If the
	medically 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 7 Touro is costing services using a Ratio of Gross Charges (RCC) of Adjusted Total Expense as a ratio of Gross
	Part I, Line 7 Touro is costing services using a Ratio of Cost to Charges (RCC) of Adjusted Total Expense as a ratio of Gross Patient Charges We apply the ratio to Gross Charges of the population being measured in order to estimate cost. Adjusted Total Expense is Touro Hospital's Total Expense less nonpatient revenue and Bad Debt Expense. The Ratio of Adjusted Cost to Gross Patient Charges is 24.79% for 2010.  Part I, Line 7, Column (f) The Bad Debt expense included on Form 990, Part IX, Line 25, Column (A), but subtracted for purposes of calculating the percentage in this column is \$
	Form 990, Part IX, Line 25, Column (A), but subtracted for
	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 of 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 using a Ratio of Cost to Charges."
	methodology>>>>>>>>Touro is costing services using a Ratio of Cost to Charges (RCC) of Adjusted Total Expense as a ratio of Gross Patient Charges. We apply the ratio to Gross Charges of the population being measured in order to estimate cost. Adjusted Total Expense is Touro Hospital's Total Expense less non-patient revenue and Bad Debt Expense. The Ratio of Adjusted Cost to Gross Patient Charges is 24.79% for 2010 Rationale for including other bad debt amounts in community benefit.
	community benefit >>>>>>>>>>As has been common to the hospitals of the New Orleans metropolitan area, Touro has sustained continuous post Katrina hospital operating losses Controlling all sources of operational losses are of a paramount concern and consideration in maintaining our financial viability. Our mission as established by Judah Touro over 150 years ago, when he created this non-profit institution, was to provide this community and its indigent population with readily available and accessible quality healthcare. Touro's backdebt losses, since Katrina, are of such a sustained magnitude a
	readily available and accessible quality healthcare. Touro's backdebt losses, since Katrina, are of such a sustained magnitude a to preclude Touro from voluntarily seeking out and creating other Touro created and branded community benefits programs. An institution created for the public good cannot otherwise sustain the financial viability to perform it's mission if it cannot generat income to place in reserve for future needs. Since 2005 we have been in an ongoing struggle to manage our financial losses for the sole purpose of maintaining our significant role as a primary and emergency care hospital service provider in this continued.
	and emergency care hospital service provider in this continued recovering environment. We therefore have to consider our Bad debt losses which are a significant source of our overall losses, albeit not the only source, towards the community benefit we provide.  Part III, Line 8. Part VI Line 1. for Part III, line 8. The extent the 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.>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>
	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 Since Hurricane Katrina devastated the city of New Orleans in 2005 hospital operating losses have followed unabated thru 2010 Controlling all sources of operational losses are of a paramount concern and consideration in maintaining our financial viability. Our mission as established by Judah Touro over 150 years ago, when he created this non-profit institution, was to provide this community.
	as established by Judah Touro over 150 years ago, when he created this non-profit institution, was to provide this community and its indigent population with readily available and accessible quality healthcare. Touro's bad debt losses, since Katrina, are consuch a sustained magnitude as to preclude Touro from voluntarily seeking out and creating other Touro created and branded community benefits programs. An institution created for the public good cannot otherwise sustain the financial viability to perform it's mission if it cannot generate income to place in reserve for future needs. Since 2005 we have been in an ongoin
	perform it's mission if it cannot generate income to place in reserve for future needs. Since 2005 we have been in an ongoin struggled to manage our financial losses for the sole purpose of maintaining our significant role as a primary and emergency car hospital service provider in this still recovering community. We therefore have to consider all sources of unreimbursed cost as contributing to our overall operational losses and an integral pa of the community benefits we provide, this includes the losses sustained in serving our Medicare patient population a significant consumer of Touro services. It is this Medicare
	sustained in serving our Medicare patient population a significant consumer of Touro services. It is this Medicare patient population that the community as a whole has been mos challenged to serve since the initial devastation to the healthcare system and the physician provider community caused by 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. Each year as our community ages and the governmental budgetary challanges become more significant Touro is faced with even greater financial challenges.
	and the governmental budgetary challanges become more significant Touro is faced with even greater financial challenges in serving them. Costing methodology>>>>>>Touro is costing services using a Ratio of Cost to Charges (RCC) of Adjusted Total Expense as a ratio of Gross Patient Charges. We apply the ratio to Gross Charges of the population being measured in order to estimate cost. Adjusted Total Expense is Touro Hospital's Total Expense less non-patient revenue and Bad Debt Expense. The Ratio of Adjusted Cost to Gross Patient Charges is 24.79% for 2010.
	Bad Debt Expense The Ratio of Adjusted Cost to Gross Patient
nary	these amounts are not reported as revenue. The Hospital also waives collection of charges for patients who have demonstrate
	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. If 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 man medical personnel moved away. For a period of time Touro
	caused the closure of a number of medical institutions, and mar medical personnel moved away. For a period of time Touro Infirmary was the only hospital open in New Orleans. As a resul of this catastrophic event and healthcare shortage, Touro Infirmary provided unusually large amounts of charity care, eve 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.
	was approved and became effective upon the signature of the
	Government Accountability Office (GAO) report that have demonstrated substantial financial and operational challenges i
	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 Th 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
	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
	community health The Hospital's needs assessment has shown that - Addressing increasing rates of diabetes and obesity, and the challenges 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
	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. Ne 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 working with New Orleans EMS to deliver critical cardiac care and stroke services to these patients. Ensuring easier access to primary care physicians, particularly
	· ·
	these neighborhoods - Addressing high cancer rates in "Cance Alley" Louisiana consistently ranks 2nd or 3rd in the nation wit
	outcomes and 63rd in social and economic factors  Part VI, Line 3 Part VI Line 3 Patient education of eligibility fo assistancePrior 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 service within the metropolitan area. Inhouse self pay patients are visited by a financial counselor to assist in screening for
	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 in 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
	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 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
	Demographics of the communityThe greater New Orleans population is disproportionately poor, uninsured and at high risk medically o Population. The total population of the following parishes for 2010 - Orleans Parish 357,135- Jefferson Parish to be 444,203,- St. Bernard Parish 39,214,- Plaquemines Parish 21,957 Source. 2010 Claritas Inc The population of children in the following parishes for 2010 - Orleans Parish 75,647,- Jefferson Parish to be 105,178,- St. Bernard Parish 8,147,- Plaquemines Parish 5,680 (data from 2010 Claritas Inc.) o Income. Median Earnings for Workers in 2009 (latest.)
	8,147,- Plaquemines Parish 5,680(data from 2010 Claritas Inc )o Income Median Earnings for Workers in 2009 (latest update available)Orleans Parish \$23,300Jefferson Parish \$28,805State of Louisiana \$26,679United States \$28,365Dat from 2009 American Community Survey, U.S. Census BureauThis means that approximately 50% of workers earn at least the median, while 50% of the workers earn less than the median Average Household Income in 2010 Orleans Parish \$60,936Jefferson Parish \$64,794St Bernard Parish \$52,424State of Louisiana \$58,679United States \$71,071Dat
	\$60,936Jefferson Parish \$64,794St Bernard Parish
	Census Bureau Jefferson Parish 13 8 Data from U S Census, American Community Survey 2009 State of Louisiana 18 7 Data From US Census Bureau United States 14 3 Data from U S Census, American Community Survey 2009 Percent of Children under 18 years below poverty level in 2009 Orleans Parish 34 6% Jefferson Parish 21 9 State of Louisiana 24 2 United States 20 0 Data from U S Census, American Community Survey 2009 2010 Race/Ethnicity (major Groups) Parish White Black Asian Other Orleans Parish 118,386 216,269 10,545 4,680 Jefferson Parish 281,385 121,568 15,959 11,959 St
	Black Asian OtherOrleans Parish 118,386 216,269 10,545 4,680Jefferson Parish 281,385 121,568 15,959 11,959 St Bernard Parish 32,150 4,796 690 419State of Louisiana 2,837,654 1,446,428 67,102 42,893Data from 2010 Claritas Inc Louisiana ranks 49th in the nation for the percent of childre in poverty Data from United Health Foundation America's Health Rankings 2010 - Uninsured or MedicaidPercentage of the hospitals patients who are uninsured or Medicaid recipientsTouro Infirmary's patient population by payor categor for 2010 In-Patient Out-Patient Total % Medicare 3,028
	recipientsTouro Infirmary's patient population by payor categor
	(latest update available)Orleans Parish 84,450 or 24 2% Jefferson Parish 78,178 or 17 8% State of Louisiana 17 4% 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 41th in the nation for the number of people without health insurance Data from United Health Foundation America's Health Rankings 2010 People with public health insurance coverage in 2009 (latest update available) Orleans Parish 112,971 or 32 4% Jefferson Parish 143,821 or
	health insurance coverage in 2009 (latest update available) 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 20090 rleans 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 49th for the prevalence of obesity (percent of population) 47th for the
	prevalence of obesity (percent of population) 47th for the number of cardiovascular deaths per 100,000 population 48th for cancer deaths per 100,000 population49th for premature deaths (years lost per 100,000 population) 48th for infant mortality (deaths per 1,000 live births)46th for cases of infectious disease per 100,000 populationData from United Health Foundation America's Health Rankings 2010- Number of other acute care hospitals serving the community Children's HospitalOchsner Foundation Hospital, Ochsner Baptist, Ochsner Kenner, Ochsner WestbankTulane Medical CenterLSU
	HospitalOchsner Foundation Hospital, Ochsner Baptist, Ochsner Kenner, Ochsner WestbankTulane Medical CenterLSU HospitalEast Jefferson General HospitalWest 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 AreaMedically Underserved Area/Population Part VI, Line 6 Part VI Line 5 Information to describe how the
	Area/Population  Part VI, Line 6 Part VI Line 5 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 the pay - Provides hospital care for all persons in the community otherwise unable 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
	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 - Maintains an open medical staff - Actively provides community health education & screening programs as noted below In the furtherance of its charitable purpose, Touro provides a wide variety of benefits to the community which it serves Such benefits include social services programs, health screenings, in-home caregiver services,
	community which it serves. Such benefits include social service
	outpatient clinics In 2010, the Hospital's participated in 65 community outreach programs, which were attended by 816
	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 th community, such as churches and community centers, and Touro provides free screenings, health information and clinical
	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 o Guiding Light Missionary Baptist Church Health Fair cholesterol, glucose and blood pressure screenings and consultations provided - Sponsorship Events Touro
	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 an
	attendees All events are open to the public - Employee Health Screenings Touro participates in local employer health fairs an 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
	years of age and older lead healthy and active lives Benefits include complimentary health education programs, free health
	including tasty recipe modifications and food label awareness Learn how to live the good life and stay healthy too Supportive
	person is newly diagnosed, actively being treated, or have completed treatment, this group can help. The meetings promot education and discussion about relevant topics - Support for Women with Cancer - DaytimeAs 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 - Support for Women with Cancer - EveningAs the name implies, this group is open to any woman no matter what the diagnosis who is
	Women with Cancer - EveningAs 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 Fee Better WorkshopAn American Cancer Society program that teaches beauty techniques to women who are in active treatmen. "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 wig
	cancer treatment " Free skin care products are supplied by well
	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 CancerFor 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 ma who has survived cancer - Young Survival CoalitionSponsored by the American Cancer Society, the Young Survival Coalition Metro New Orleans is a support group established specifically to
	by the American Cancer Society, the Young Survival Coalition of Metro New Orleans is a support group established specifically tonnect young women diagnosed under the age of 40  Part VI, Line 7 Part VI Line 6 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 membe of the following not-for-profit entities - Touro Infirmary Foundation performs the fund-raising function for the hospital -

DLN: 93493315027471

OMB No 1545-0047

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, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization TOURO INFIRMARY  Employer identification					nber	
100	JRO INFIRMARY		72-0423659			
Pa	art I Questions Regarding Compensation					
					Yes	Νo
1a	Check the appropriate box(es) if the organization provided a 990, Part VII, Section A, line 1a Complete Part III to prov					
	First-class or charter travel	Housing allowance or residence for	personal use			
	Travel for companions	Payments for business use of perso	onal residence			
	▼ Tax idemnification and gross-up payments	Health or social club dues or initiat	ion fees			
	Discretionary spending account	Personal services (e g , maid, chau	ffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organizat reimbursement orprovision of all the expenses described al		•	1b	Yes	
2	Did the organization require substantiation prior to reimbur officers, directors, trustees, and the CEO/Executive Direct	= :		2	Yes	
3	Indicate which, if any, of the following the organization uses organization's CEO/Executive Director Check all that app		e			
	Compensation committee	Written employment contract				
	Independent compensation consultant	Compensation survey or study				
	Form 990 of other organizations	Approval by the board or compensa	ation committee			
4	During the year, did any person listed in Form 990, Part VI or a related organization	I, Section A, line 1a with respect to t	he filing organization			
а	Receive a severance payment or change-of-control paymen	nt from the organization or a related o	organization?	4a	Yes	
Ь	Participate in, or receive payment from, a supplemental nor	nqualified retirement plan?		4b	Yes	
С	Participate in, or receive payment from, an equity-based co	ompensation arrangement?		4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide t		n Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must com	plete lines 5-9.				
5	For persons listed in form 990, Part VII, Section A, line 1a compensation contingent on the revenues of	, did the organization pay or accrue a	ny			
а	The organization?			5a		Νo
ь	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, line 1a compensation contingent on the net earnings of	ı, dıd the organızatıon pay or accrue a	ny			
а	The organization?			6a		Νo
Ь	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, line 1a payments not described in lines 5 and 6? If "Yes," describe		n-fixed	7		Νo
8	Were any amounts reported in Form 990, Part VII, paid or subject to the initial contract exception described in Regs in Part III			8		No
9	If "Yes" to line 8 did the organization also follow the rebutt	table presumption procedure describe	ed in Regulations			

section 53 4958-6(c)?

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies 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>(B)</b> Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) JACK JACOBS	(I) (II)	0 187,572	0 106,000	0 1,607	0 1,500	0 9,903	0 306,582	
(2) JAMES MONTGOMERY	(1) (11)	508,878 0	247,035 0	4,488 0	12,250 0	189,303 0	961,954 0	
(3) STEVE WORLEY	(ı) (ıı)	0 663,402	0 157,285	0 60,368	0 258,920	0 58,440	0 1,198,415	
(4) KEVIN T JORDAN	(ı) (ıı)	378,650 0	14,719 0	577 0	0	6,519 0	400,465 0	
(5) ROBERT A FICKEN	(1) (11)	367,698 0	42,885 0	1,958 0	2,016 0	7,2 <b>4</b> 2 0	421,799 0	
(6) SUSAN PITOSCIA	(1) (11)	309,115 0	30,292 0	4,488 0	13,072 0	5,726 0	362,693 0	
(7) CHAD COURREGE	(ı) (ıı)	198,054 0	16,624 0	1,772 0	11,567 0	8,344 0	236,361 0	
(8) FRANCIS D MERTENS	(ı) (ıı)	192,519 0	15,832 0	5,284 0	15,499 0	4,566 0	233,700 0	
(9) SCOTT C LANDRY	(ı) (ıı)	167,344 0	13,999 0	1,782 0	8,487 0	13,030	204,642	
(10) WILLA DIXON	(ı) (ıı)	159,631 0	26,919 0	3,155 0	3,832 0	4,428 0	197,965 0	
(11) JEANETTE RAY	(ı) (ıı)	187,432 0	12,847 0	2,475 0	9,670 0	12,279 0	224,703 0	
(12) LA WRENCE METEVIER	(ı) (ıı)	170,607 0	0 0	1,345 0	11,261 0	4,566 0	187,779 0	
(13) DAN TOBIN	(ı) (ıı)	149,555 0	0	2,976 0	10,451 0	8,126 0	171,108 0	
(14) LEE HANKINS	(ı) (ıı)	148,519 0	0	<b>4</b> ,074 0	6,039 0	3,779 0	162,411 0	
(15) NORMAN A STITELER	(ı) (ıı)	146,013 0	0	2,926 0	8,061 0	14,230 0	171,230 0	
(16) GARY STEIN	(ı) (ıı)	172,230 0	0 556,864	3,087 0	16,685 0	0	192,002 556,864	

### 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

	•	
Ident if ier	Return Reference	Explanation
	1	
	Part I, Line 1b	Part I, Line 3 Touro's CEO Base compensation, incentive compensation and all other reportable and non-reportable compensation is reviewed annually by the Executive Committee of the Board of Trustees of Louisiana Children's Medical Center which is Touro's parent. The Executive Committee is a 10 voting-member subset of the Board of Trustees. Decisions made by the Executive committee are documented and reported in summary to the full Board of Trustees. In addition to board review, third-party consultants periodically review compensation and incentive amounts to ensure market reasonableness and competitiveness. Third-party prepared compensation and incentive review is presented to the Executive Committee. Incentive bonuses are based on 25% Revenue Growth, 30% Operating Income, and 45% Board discretion based on overall performance, quality initiatives, and accreditation, etc
		Part I, Lines 4a-b Severance Payment or Change of control Payment Kevin Jordan Severence Payment \$273,520 Robert A Ficken Severence Payment \$196,502 Theresa William Severence Payment \$59,262 Part I, Line 4B Supplemental Nonqualified Retirement Plan Gary Stein - \$261,624 is the 2010 distribution from the Trust 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 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.

Schedule J (Form 990) 2010

Software ID: Software Version:

**EIN:** 72-0423659

Name: TOURO INFIRMARY

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred	( <b>D)</b> Nontaxable benefits	(E) Total of columns	<b>(F)</b> Compensation reported in prior Form
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	Denents	(B)(ı)-(D)	990 or Form 990-EZ
JACK JACOBS	(1) (11)	0 187,572	0 106,000	0 1,607	0 1,500	0 9,903	0 306,582	0
JAMES MONTGOMERY	(ı) (ıı)	508,878 0	247,035 0	4,488 0	12,250 0	189,303	961,954 0	0
STEVE WORLEY	(1) (11)	0 663,402	0 157,285	0 60,368	0 258,920	0 58,440	0 1,198,415	0
KEVIN T JORDAN	(1) (11)	378,650 0	14,719 0	577 0	0	6,519 0	400,465 0	0
ROBERT A FICKEN	(ı) (ıı)	367,698 0	42,885 0	1,958 0	2,016 0	7,242 0	421,799 0	0
SUSAN PITOSCIA	(1) (11)	309,115 0	30,292 0	4,488 0	13,072 0	5,726 0	362,693 0	0
CHAD COURREGE	(1) (11)	198,054 0	16,624 0	1,772 0	11,567 0	8,344 0	236,361	0
FRANCIS D MERTENS	(1) (11)	192,519 0	15,832 0	5,284 0	15,499 0	4,566 0	233,700	0
SCOTT C LANDRY	(ı) (ıı)	167,344 0	13,999 0	1,782 0	8,487 0	13,030 0	204,642	0
WILLA DIXON	(ı) (ıı)	159,631 0	26,919 0	3,155 0	3,832 0	4,428	197,965 0	0
JEANETTE RAY	(1) (11)	187,432 0	12,847	2,475 0	9,670 0	12,279 0	224,703	0
LAWRENCE METEVIER	(1) (11)	170,607 0	0	1,345 0	11,261 0	4,566 0	187,779 0	0
DAN TOBIN	(1) (11)	149,555 0	0	2,976 0	10,451 0	8,126 0	171,108 0	0
LEE HANKINS	(ı) (ıı)	148,519 0	0	4,074 0	6,039 0	3,779 0	162,411 0	0
NORMAN A STITELER	(1) (11)	146,013 0	0	2,926 0	8,061 0	14,230 0	171,230 0	0
GARY STEIN	(ı) (ıı)	172,230 0	0 556,864	3,087 0	16,685 0	0	192,002 556,864	0

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As Filed Data -

DLN: 93493315027471

**Employer identification number** 

72 0422650

OMB No 1545-0047

2010

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Name of the organization

Department of the Treasury
Internal Revenue Service

TOURO INFIRMARY

A, line 6

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

		72-0423659
ldentifier	Return Reference	Explanation
Form 990, Part VI, Section		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

ldentifier	Return Reference	Explanation
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

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		Louisiana Children's Medical Center (LCMC) reserved the power to approve the decisions of the board

ldentifier	Return Reference	Explanation
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

ldentifier	Return Reference	Explanation
	· ·	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.

ldentifier	Return Reference	Explanation
	Form 990, Part VI, Section B, Ine 15	THE ORGANIZATION RELIES ON COMPARABLE DATA FROM unrelated entities TO DETERMINE THE AMOUNT OF COMPENSATION for its executives, AND DOCUMENTATION IS MAINTAINED REGARDING THE DETEMINATION 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.

Identifier	Return Reference	Explanation
	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

ldentifier	Return Reference	Explanation
HOURS WORKED FOR RELATED ORGANIZATIONS	Form 990, PART VII, Column B	James Montgomery is the Chief Executive Officer for Touro Infirmary Additionally part of his duties include serving as a Board Member of the Touro Infirmary Foundation (3 hours/w eek), a Board Member of Woldenberg Village (2 hours/w eek), a Board Member of Crescent City Physicians (5 hours/w eek) Chad Courrege is the VP of Fluman Resources for Touro Infirmary Additionally part of his duties include management and oversight of Woldenberg Village (5 hours/w eek), management and oversight of Crescent City Physicians (4 5 hours/w eek), management and oversight of the Touro Infirmary Foundation (0 5 hours/w eek) Francis D Mertens is the President & COO of CCPl & Board Member of CCPl spending 40 hours per week in this role Additionally part of his duties include serving as VP of Physician Services for Touro (8 5 hours/w eek), management and oversight of Metrolab (1 hours/w eek), management and oversight of TUV (0 5 hours/w eek), Robert A Ficken was the Chief Financial Officer (thru May) for Touro Infirmary Additionally part of his duties include serving as a financial manager of the Touro Infirmary Foundation (2 hours/w eek), Board member of Woldenberg Village (8 hours/w eek), management and oversight of Crescent City Physicians (5 hours/w eek), Board member of TUV (1 5 hours/w eek), management and oversight of Crescent City Physicians (5 hours/w eek), Board member of Buckman Medical Office Building Condomnium Association (0 25 hours/w eek) Suzanne Haggard is the Chief Financial Officer (from Dec) for Touro Infirmary Additionally part of her duties include serving as a financial manager of the Touro Infirmary Foundation (2 hours/w eek), management and oversight of Woldenberg Village (8 hours/w eek), management and oversight of TUV (1 hours/w eek), management and oversight of Financial Officer (from Dec) for Touro Infirmary Additionally part of his duties include management and oversight of Woldenberg Village (2 hours/w eek), management and oversight of Fours/w eek), Board member of Buckman Medical Complex Owners Asso

ldentifier	Return Reference	Explanation
Changes in Net Assets or Fund Balances	Form 990, Part XI, line 5	Net unrealized gains on investments 142,666 amount shown on Schedule D part XI line 8 13,420,208 Total to Form 990, Part XI, Line 5 13,562,874

ldenti	ier Return Reference	Explanation
	FORM 990, PART XII, 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

DLN: 93493315027471

OMB No 1545-0047

Open to Public Inspection

# SCHEDULE R (Form 990)

#### **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.

Department of the Treasury Internal Revenue Service

Name of the organization
TOURO INFIRMARY

72-0423659

							12-0423033			
Part I Identification of Disregarded Entities (Co	mplete	ıf the organızatı	on	answered "Yes"	" o	on Form 990, Par	t IV, line 33.)			
(a) Name, address, and EIN of disregarded entity		<b>(b)</b> Primary activity		(c) Legal domicile (state or foreign country)	:e )	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity		
Part II Identification of Related Tax-Exempt Orgor more related tax-exempt organizations duri			ıf t	the organization	n a	nnswered "Yes" o	on Form 990, Part	IV, line 34 becaus		
(a) Name, address, and EIN of related organization		<b>(b)</b> Primary activity	Le	(c) egal domicile (state or foreign country)	E	(d) xempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	organ	rolled ızatıon
(1) Touro Infirmary Foundation			<u> </u>		+				Yes	No
1401 Foucher Street	heal	thcare support		LA		501(c)(3)	509(a)(3)		Yes	
new orleans, LA 70115 72-1169939										
(2) Woldenberg Village										
3701 Behrman place	heal	thcare delivery		LA		501(c)(3)	509(a)(2)		Yes	
new orleans, LA 70114 72-0540671										
(3) LOUISIANA CHILDREN'S MEDICAL CENTER (LCMC)										
200 Henry Clav Ave	heal	thcare delivery		LA		501(c)(3)	509(a)(3)			No
new orleans, LA 70118 94-3480131										
(4) CHILDREN'S HOSPITAL										
200 Henry Clav Ave  New orleans, LA 70118	HEal	thcare delivery		LA		501(c)(3)	509(a)(2)			No
72-0467503			-		-					
	1		1		1		1	I		1

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

				<u> </u>		<u> </u>						
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income		(h Disprop allocat	ortionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	ral or aging	<b>(k)</b> Percentage ownership
							Yes	No		Yes	No	
(1) 1 TIJV llc 1401 Foucher St new orleans, LA70115 26-1378361	medical imaging	LA	Touro Infirmary	related	15,522	999,999		No			No	66 000 %
Part IV Identif	ication of Relat	ted Org	ganizations Tax	able as a Corpo	ration or Trust	(Complete if the	organ	ızatıor	n answered "Yes"	on Fo	orm 9	90, Part IV,

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on 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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	<b>(h)</b> Percentage ownership
(1) metrolab inc 2633 napolean avenue new orleans, LA70115 72-1184791	healthcare	LA		С	90,181		100 000 %
(2) crescent city physicians inc 3600 prytania street suite 72 new orleans, LA70115 72-1269878	healthcare	LA		С	-3,979,509	4,338,047	100 000 %
(3) buckman medical office building condominium association 1401 foucher street new orleans, LA70115 72-1226687	healthcare	LA		С		37,053	84 900 %
(4) prytania medical complex owners association 650 poydras street suite 1200 new orleans, LA70130 72-0866121	healthcare	LA		С		90,567	82 460 %

(5)

(6)

Part	Transactions With Related Organizations (Complete if the organization answered "Ye	es" on Form 990, Par	t IV, line 34, 35, 3	5A, or 36.)		
Ne	te. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No
<b>1</b> Duri	g the tax year, did the orgranization engage in any of the following transactions with one or more related org	anızatıons lısted ın Part	s II-IV?			
a R	ceipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a		No
<b>b</b> G	ft, grant, or capital contribution to other organization(s)			1b		No
<b>c</b> G	ft, grant, or capital contribution from other organization(s)			<b>1</b> c		No
<b>d</b> L	ans or loan guarantees to or for other organization(s)			1d	Yes	
e L	ans or loan guarantees by other organization(s)			1e	Yes	
f S	le of assets to other organization(s)			1f		No
<b>g</b> P	rchase of assets from other organization(s)			<b>1</b> g		No
h E	change of assets			1h		No
i Le	ase of facilities, equipment, or other assets to other organization(s)			1i		No
j Le	ase of facilities, equipment, or other assets from other organization(s)			1 <u>j</u>		No
<b>k</b> P	rformance of services or membership or fundraising solicitations for other organization(s)			1k		No
I Pe	rformance of services or membership or fundraising solicitations by other organization(s)			11	Yes	
m S	aring of facilities, equipment, mailing lists, or other assets			1m		No
n S	naring of paid employees			1n		No
o R	embursement paid to other organization for expenses			10		No
<b>p</b> R	embursement paid by other organization for expenses			1p		No
<b>q</b> 0	ther transfer of cash or property to other organization(s)			1q	Yes	
r O	her transfer of cash or property from other organization(s)			<b>1</b> r	Yes	
<b>2</b> If	the answer to any of the above is "Yes," see the instructions for information on who must complete this line,	ıncludıng covered relatı	onships and transact	ıon thresholds		
	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determin involved		ount
(1)		-//-(/				
See Addıt	onal Data Table					
(2)						
(3)						
(4)						

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on 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

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d Are parti sect 501(d organiz	ners ion :)(3) :ations?	<b>(e)</b> Share of end-of-year assets		ortionate cions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(I Gene mana part	ag ing tner?
			Yes	No		Yes	No		Yes	No
									_	+
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#### Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

I Identifier I Keturn Keterence I	Identifier Return Reference Explanation	
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Schedule R (Form 990) 2010

Software ID: Software Version:

**EIN:** 72-0423659

Name: TOURO INFIRMARY

#### Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) A mount Involved (\$)	(d) Method of determining amount involved
(1)	TOURO INFIRMARY FOUNDATION	Q	1,028,503	
(2)	metrolab ınc	Е	726,195	
(3)	woldenberg village	D	723,756	
(4)	crescent city physicians inc	D	3,117,537	
(5)	crescent city physicians inc	А	959,524	
(6)	CHILDREN'S HOSPITAL	R	15,300,000	
(7)	LOUISIANA CHILDREN'S MEDICAL CENTER	L	731,366	
(8)	TIJV LLC	А	126,805	
(9)	TIJV LLC	А	70,879	
(10)	TOURO INFIRMARY FOUNDATION	R	15,781,761	

**Return to Form** 

#### **TY 2010 Category 3 filer statement**

Name: TOURO INFIRMARY

Amount Of Indebtedness	Type Of Indebtedness	Name	Address	Identifying Number	Number Of Shares
(	none	Touro Infirmary	1401 Foucher st New Orleans, LA 70115	72-0423659	1

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# TY 2010 Earnings and Profits Other Adjustments Statement

Name: TOURO INFIRMARY

Description	Amount
Unearned Premium Adjustment	-96,760
Prepaid Expenses	-171,119
Deferred Acquistion Cost	86,549

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#### **TY 2010 Itemized Other Current Liabilities Schedule**

Name: TOURO INFIRMARY

Corporation Name	Corporation EIN	Description	Beginning Amount	Ending Amount
HEALTH CARE CASUALTY INSURANCE LIMITED	98-0606748		5,084,062	4,380,086

## **TY 2010 Itemized Other Current Assets Schedule**

Name: TOURO INFIRMARY

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
HEALTH CARE CASUALTY INSURANCE LIMITED	98-0606748		15,363,362	17,044,103

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#### **TY 2010 Other Deductions Schedule**

Name: TOURO INFIRMARY

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
		4,970,725

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#### **TY 2010 Itemized Other Investments Schedule**

Name: TOURO INFIRMARY

Corporation Name	Corporation EIN	Other Investments Description	Beginning Amount	Ending Amount
HEALTH CARE CASUALTY INSURANCE LIMITED	98-0606748		23,414,119	31,035,768

#### **Additional Data**

Software ID: Software Version:

**EIN:** 72-0423659

Name: TOURO INFIRMARY

Software ID: Software Version:

**EIN:** 72-0423659

Name: TOURO INFIRMARY

## Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors  (A) (B) (C) (D) (E) (F)									
(B) Average hours	erage Position (check all ours that apply)			Reportable Reportable compensation	compensation	<b>(F)</b> Estimated amount of other			
per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- organizations 2/1099-MISC) (W- 2/1099-		compensation from the organization and related organizations
1 00	Х						0	0	0
1 00	Х						0	0	0
1 00	Х						0	0	0
5 00	Х						25,000	0	0
1 00	Х						0	0	0
1 00	Х						0	0	0
1 00	Х						0	0	0
1 00	Х						0	295,179	11,403
1 00	Х						0	0	0
1 00	Х						0	0	0
1 00	Х						0	0	0
40 00	Х		х				760,401	0	201,553
1 00	Х						0	0	0
1 00	Х						0	0	0
1 00	Х						0	881,055	317,360
40 00			х				393,946	0	6,519
40 00			Х				412,541	0	9,258
50 00			х				343,895	0	18,798
40 00			х				33,342	0	0
40 00				x			216,450	0	19,911
8 50				x			213,635	0	20,065
43 00				x			183,125	0	21,517
50 00				×			94,542	0	6,121
50 00				×			189,705	0	8,260
40 00				x			202,754	0	21,949
	(B) Average hours per week  1 00 1 00 1 00 1 00 1 00 1 00 1 00 1	(B) Average hours per week  1 00	(B) A verage hours per week  1 00	(B) A verage hours per week  1 00	C	(B) Average hours per week	C	C	Column   C

## Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours	1	<b>(C)</b> Position (check all that apply)					(D) Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
LAWRENCE METEVIER PHYSICIST/DOSIMETRIST	40 00					Х		171,952	0	15,827
DAN TOBIN CONTROLLER	47 00					Х		152,531	0	18,577
LEE HANKINS DIRECTOR PHARMACY	40 00					х		152,593	0	9,818
NORMAN A STITELER DIR COMPLIANCE/INTERNAL A	40 00					х		148,939	0	22,291
SANDRA DUFRENE DIRECTOR OF PATIENT SERVIC	50 00					Х		132,630	0	9,029
GARY STEIN CEO/president - former	0 00						Х	175,317	556,864	16,685

#### **Additional Data**

Software ID:

**Software Version:** 

**EIN:** 72-0423659

Name: TOURO INFIRMARY

### Form 990, Schedule D, Part X, - Other Liabilities

1	(a) Description of Liability	(b) A mount
interest rate sv	wap	6,591,020
other liabilities	;	1,264,145
pension liabilit	у	5,712,315
utility deposits	;	23,825
due from restri	cted funds	1,173,081
worker's comp	claims	2,046,844
professional lia	ability claims	6,366,584
retirement pay	able long term	860,117
lease obligatio	ns	2,545,292
ınvestment lıal	bility	15,714,589