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Form <b>990</b>  Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b>  <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b>	OMB No 1545-0047  <b>2010</b>
	The organization may have to use a copy of this return to satisfy state reporting requirements	<b>Open to Public Inspection</b>

<b>A For the 2010</b>		<b>calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010</b>			
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> TOURO INFIRMARY			<b>D Employer identification number</b> 72-0423659	
	Doing Business As			<b>E Telephone number</b> (504) 897-8344	
	Number and street (or P O box if mail is not delivered to street address) 1401 FOUCHER STREET		Room/suite	<b>G Gross receipts \$</b> 232,609,564	
	City or town, state or country, and ZIP + 4 NEW ORLEANS, LA 70115				
	<b>F Name and address of principal officer</b> Suzanne Haggard 1401 FOUCHER STREET NEW ORLEANS, LA 70115			<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number ▶	
<b>I Tax-exempt status</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
<b>J Website:</b> ▶ www.touro.com					
<b>K Form of organization</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L Year of formation</b> 1852		<b>M State of legal domicile</b> LA

Part I		Summary	
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities provision of healthcare services		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b>	16
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	11
	<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a) . . . .	<b>5</b>	2,023
	<b>6</b> Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	461
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . .	<b>7a</b>	0
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . .	<b>7b</b>	0
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .	15,213,340	32,674,257
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .	187,517,569	193,118,827
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,563,987	416,421
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	7,474,477	6,400,059
		213,769,373	232,609,564
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . .	0	0
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	95,383,895	93,568,667
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0	0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) . . . . .	113,064,608	112,564,106
	<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	208,448,503	206,132,773
	<b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .	5,320,870	26,476,791
Net Assets or Fund Balances		<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>20</b> Total assets (Part X, line 16) . . . . .	169,915,364	196,083,962
	<b>21</b> Total liabilities (Part X, line 26) . . . . .	174,109,005	160,237,938
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . .	-4,193,641	35,846,024

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

<b>Sign Here</b>	***** Signature of officer			2011-11-11 Date	
	Suzanne Haggard CFO Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name		Preparer's signature		Date
	Firm's name		Check if self-employed <input type="checkbox"/>		PTIN
	Firm's address		Firm's EIN		Phone no

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . ☐ Yes ☐ No

Part III

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

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

2

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

☐ Yes ☒ No

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

3

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

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

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

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

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 95,987 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 2.3 days, 3,396 Patient Days for NICU cases and an Average Length of Stay of 15.9 days.

4b

(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 Sciences Center. Touro currently offers training programs to more than 30 residents in the following areas: Orthopedics, 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.

4d

Other program services (Describe in Schedule O )

















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

4e

Total program service expenses \$ 176,228,015

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> 	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? <i>If "Yes," complete Schedule C, Part I.</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 "Yes," complete Schedule C, Part II.</i>	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? <i>If "Yes," complete Schedule C, Part III.</i>	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? <i>If "Yes," complete Schedule D, Part I.</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? <i>If "Yes," complete Schedule D, Part II.</i> 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> 	9	No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	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		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	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? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b	No
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? <i>If "Yes," complete Schedule D, Part VIII.</i> 	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? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	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)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	Yes
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a	No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	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 "Yes," complete Schedule F, Parts I and IV.</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV.</i>	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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions).</i>	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	18	No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i> 	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

Part 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? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	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? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	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? <i>If "Yes," complete Schedule J</i> . . . . .	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? <i>If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25</i> . . . . .	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		
c	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	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	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? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	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)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	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? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	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? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? . . . . .	35	Yes	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance			
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>			
		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	172
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return.	2a	2,023
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	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.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8	
9 Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11 Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	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.	13b	
c	Enter the amount of reserves on hand.	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

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 ☒

Section A. Governing Body and Management			Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . .	<b>1a</b> 16		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent . . . . .	<b>1b</b> 11		
<b>2</b>	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? . . . . .	<b>2</b>		No
<b>3</b>	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? . . . . .	<b>3</b>		No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	<b>4</b>		No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization’s assets? . . . . .	<b>5</b>		No
<b>6</b>	Does the organization have members or stockholders? . . . . .	<b>6</b>	Yes	
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	<b>7a</b>	Yes	
<b>b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	<b>7b</b>	Yes	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following . . . . .			
<b>a</b>	The governing body? . . . . .	<b>8a</b>	Yes	
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	Yes	
<b>9</b>	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 . . . . .	<b>9</b>		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			Yes	No
<b>10a</b>	Does the organization have local chapters, branches, or affiliates? . . . . .	<b>10a</b>		No
<b>b</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? . . . . .	<b>10b</b>		
<b>11a</b>	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . .	<b>11a</b>	Yes	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . .			
<b>12a</b>	Does the organization have a written conflict of interest policy? <i>If “No,” go to line 13</i> . . . . .	<b>12a</b>	Yes	
<b>b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<b>12b</b>	Yes	
<b>c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If “Yes,” describe in Schedule O how this is done . . . . .	<b>12c</b>	Yes	
<b>13</b>	Does the organization have a written whistleblower policy? . . . . .	<b>13</b>	Yes	
<b>14</b>	Does the organization have a written document retention and destruction policy? . . . . .	<b>14</b>	Yes	
<b>15</b>	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? . . . . .			
<b>a</b>	The organization’s CEO, Executive Director, or top management official . . . . .	<b>15a</b>	Yes	
<b>b</b>	Other officers or key employees of the organization . . . . .	<b>15b</b>	Yes	
	If “Yes” to line 15a or 15b, describe the process in Schedule O (See instructions) . . . . .			
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<b>16a</b>	Yes	
<b>b</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? . . . . .	<b>16b</b>	Yes	

Section C. Disclosure	
<b>17</b>	List the States with which a copy of this Form 990 is required to be filed▶
<b>18</b>	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. <input type="checkbox"/> Own website <input type="checkbox"/> Another’s website <input checked="" type="checkbox"/> Upon request
<b>19</b>	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.
<b>20</b>	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

Check if Schedule O contains a response to any question in this Part VII ☒

## 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 organization nor any related organization compensated any current officer, director, or trustee

[illegible]



## Part VII

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								3,908,756	1,733,098	748,820

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶52

		Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	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? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	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? <i>If "Yes," complete Schedule J for such person</i> . . . . .	5	No

## **Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
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 listed above) who received more than \$100,000 in compensation from the organization ▶50

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections  512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues . . . . .	1b				
	c	Fundraising events . . . . .	1c				
	d	Related organizations . . . . .	1d	15,507,309			
	e	Government grants (contributions)	1e	16,977,359			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	189,589			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f . . . . .		32,674,257			
	Program Service Revenue	2a	Business Code				
		NET PATIENT SERVICE	621400	192,483,735	192,483,735		
b		NON-PATIENT SERVICE	621400	635,092	635,092		
c							
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f . . . . .		193,118,827			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .		345,548			345,548
	4	Income from investment of tax-exempt bond proceeds . . .		873			873
	5	Royalties . . . . .					
	6a	(i) Real		2,323,313	2,323,313	2,323,313	
		2,323,313					
	b	Less rental expenses					
	c	Rental income or (loss)		2,323,313			
	d	Net rental income or (loss) . . . . .		2,323,313	2,323,313		
	7a	(i) Securities		70,000	70,000		70,000
		70,000					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)		70,000			
	d	Net gain or (loss) . . . . .		70,000			
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .					
		a					
b	Less direct expenses . . . . .						
c	Net income or (loss) from fundraising events . . .						
9a	Gross income from gaming activities See Part IV, line 19 . . .						
	a						
b	Less direct expenses . . . . .						
c	Net income or (loss) from gaming activities . . .						
10a	Gross sales of inventory, less returns and allowances . . . . .						
	a						
b	Less cost of goods sold . . . . .						
c	Net income or (loss) from sales of inventory . . .						
Miscellaneous Revenue			Business Code				
11a	parking income		812930	1,455,583	1,455,583		
	b cafeteria/catering		900099	1,332,376	1,332,376		
	c insurance proceeds		525100	301,601	301,601		
	d All other revenue . . . . .			987,186	987,186		
	e Total. Add lines 11a-11d . . . . .			4,076,746			
12	Total revenue. See Instructions . . . . .			232,609,564	199,518,886	0	416,421

Part IX

Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees . . . . .	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	227,149	
10	Payroll taxes . . . . .	5,798,406	5,534,403	264,003	
a	Fees for services (non-employees)				
	Management . . . . .	650,989	650,989		
b	Legal . . . . .	329,949	130,895	199,054	
c	Accounting . . . . .	185,188		185,188	
d	Lobbying . . . . .				
e	Professional fundraising services See Part IV, line 17 . . . . .				
f	Investment management fees . . . . .				
g	Other . . . . .	34,815,585	32,493,174	2,322,411	
12	Advertising and promotion . . . . .	987,056	13,883	973,173	
13	Office expenses . . . . .	7,253,635	4,585,278	2,668,357	
14	Information technology . . . . .	2,412,628	2,411,840	788	
15	Royalties . . . . .				
16	Occupancy . . . . .	5,720,737	5,429,445	291,292	
17	Travel . . . . .	113,141	102,738	10,403	
18	Payments of travel or entertainment expenses for any federal, 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 )				
a	MEDICAL SUPPLIES	35,545,171	35,515,195	29,976	
b	Capital lease expense	4,025,631	3,968,872	56,759	
c	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 <input checked="" type="checkbox"/> 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				

Part X

Balance Sheet

						(A)		(B)
						Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .				3,719,044	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, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .					5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Schedule L . . . . .					6	
	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. Complete Part VI of Schedule D . . . . .	10a	361,600,825	99,724,591	10c	107,471,296	
	b	Less: accumulated depreciation . . . . .	10b	254,129,529				
	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	
Liabilities	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
	21	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .					21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .					22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .					23	
	24	Unsecured notes and loans payable to unrelated third parties . . . . .					24	
	25	Other liabilities. Complete Part X of Schedule D . . . . .				55,572,228	25	42,297,812
	26	Total liabilities. Add lines 17 through 25 . . . . .				174,109,005	26	160,237,938
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.							
	27	Unrestricted net assets . . . . .				-5,117,732	27	34,666,916
	28	Temporarily restricted net assets . . . . .				924,091	28	1,179,108
	29	Permanently restricted net assets . . . . .					29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.							
	30	Capital stock or trust principal, or current funds . . . . .					30	
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .					31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .					32	
	33	Total net assets or fund balances . . . . .				-4,193,641	33	35,846,024
	34	Total liabilities and net assets/fund balances . . . . .				169,915,364	34	196,083,962

Part XI Reconciliation of Net Assets

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	232,609,564
2	Total expenses (must equal Part IX, column (A), line 25)	2	206,132,773
3	Revenue less expenses Subtract line 2 from line 1	3	26,476,791
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-4,193,641
5	Other changes in net assets or fund balances (explain in Schedule O)	5	13,562,874
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	35,846,024

Part 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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		No
b	Were the organization's financial statements audited by an independent accountant?	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	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public  
Inspection

Name of the organization TOURO INFIRMARY	Employer identification number 72-0423659
---	--

Part I

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other
- e

☐

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

☐

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

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?  
(ii) a family member of a person described in (i) above?  
(iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h

☐

Provide the following information about the supported organization(s)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(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 U S ?		(vii) Amount of support
			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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions )					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support test—2009. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶		

Part IIISupport 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 in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6 )						

Section B. Total Support						
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> 						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2010 (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 <b>stop here</b> . The organization qualifies as a publicly supported organization 		
b 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 <b>stop here</b> . The organization qualifies as a publicly supported organization 		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions 		



Part IV

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.  
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2010

Open to Public  
Inspection

Name of the organization  
TOURO INFIRMARY

Employer identification number  
72-0423659

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div>YesNo</div>	
6	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 <div>YesNo</div>	

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

1

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

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

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

3

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

4

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

5

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

YesNo

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ►

7

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

8

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

YesNo

9

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

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

b

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

(i) Revenues included in Form 990, Part VIII, line 1

► \$

(ii) Assets included in Form 990, Part X

► \$

2

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

a

Revenues included in Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

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

Cat No 52283D

Schedule D (Form 990) 2010

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance . . . . .	7,688,116	7,688,116	7,683,614		
b Contributions . . . . .	43,260		4,502		
c Investment earnings or losses . . . . .					
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .	7,731,376	7,688,116	7,688,116		

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶ 100 000 %

c

Term endowment ▶

3a

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

(i) unrelated organizations . . . . .

3a(i)

☐ Yes

☐ No

(ii) related organizations . . . . .

3a(ii)

☐ Yes

☐

b

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

3b

☐ Yes

☐

4

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

Part VI

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

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		12,238,296		12,238,296
b Buildings . . . . .		150,855,126	112,493,736	38,361,390
c Leasehold improvements . . . . .				
d Equipment . . . . .		191,552,675	141,115,522	50,437,153
e Other . . . . .		6,954,728	520,271	6,434,457
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶				107,471,296



Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements			
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 XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements . . . . .	1	243,232,460
2	Amounts 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 . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	2,380,827
e	Add lines 2a through 2d . . . . .	2e	2,523,493
3	Subtract line 2e from line 1 . . . . .	3	240,708,967
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIV) . . . . .	4b	-8,099,403
c	Add lines 4a and 4b . . . . .	4c	-8,099,403
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5	232,609,564

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements . . . . .	1	215,814,662
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	8,260,574
e	Add lines 2a through 2d . . . . .	2e	8,260,574
3	Subtract line 2e from line 1 . . . . .	3	207,554,088
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	-1,421,371
b	Other (Describe in Part XIV) . . . . .	4b	56
c	Add lines 4a and 4b . . . . .	4c	-1,421,315
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5	206,132,773

Part XIVSupplemental 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.

Identifier	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

SCHEDULE H  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2010

Open to Public  
Inspection

**Name of the organization**  
TOURO INFIRMARY

**Employer identification number**  
72-0423659

Part I

Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .	Yes	
b	If "Yes," is it a written policy? . . . . .	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year  <div><input type="checkbox"/> Applied uniformly to all hospitals</div> <div><input type="checkbox"/> Applied uniformly to most hospitals</div> <div><input type="checkbox"/> Generally tailored to individual hospitals</div>		
3	Answer the following based on the the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year  <b>a</b> Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the FPG family income limit for eligibility for free care <div><input type="checkbox"/> 100%</div> <div><input type="checkbox"/> 150%</div> <div><input type="checkbox"/> 200%</div> <div><input checked="" type="checkbox"/> Other <u>250.000000000000 %</u></div>	Yes	
b	Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care . . . . . <div><input type="checkbox"/> 200%</div> <div><input type="checkbox"/> 250%</div> <div><input type="checkbox"/> 300%</div> <div><input type="checkbox"/> 350%</div> <div><input checked="" type="checkbox"/> 400%</div> <div><input type="checkbox"/> Other _____ %</div>	Yes	
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care		
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? . . . . .	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . . . .	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .		No
6a	Does the organization prepare a community benefit report during the tax year? . . . . .	Yes	
6b	If "Yes," did the organization make it available to the public? . . . . .		No
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H		

7

Financial Assistance and Certain Other Community Benefits at Cost

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 offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheets 1 and 2)			3,896,104	132,178	3,763,927	1 890 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			53,862,404	50,153,615	3,708,789	1 860 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)			220,991	60,538	160,453	0 800 %
d Total Financial Assistance and Means-Tested Government Programs			57,979,499	50,346,331	7,633,169	4 550 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			217,606		217,606	0 110 %
f Health professions education (from Worksheet 5)			5,434,575	3,539,177	1,895,398	0 950 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)						
j Total Other Benefits			5,652,181	3,539,177	2,113,004	1 060 %
k Total. Add lines 7d and 7j			63,631,680	53,885,508	9,746,173	5 610 %

Part II

Community Building Activities during the tax year, and describe in Part VI how its community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

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

Part III

Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	No
2	Enter the amount of the organization's bad debt expense (at cost)	2	2,538,162
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's financial assistance policy	3	
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit		

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	46,167,266
6	Enter Medicare allowable costs of care relating to payments on line 5	6	51,502,936
7	Subtract line 6 from line 5. This is the surplus or (shortfall)	7	-5,335,670
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used. <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

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

Part IV

Management Companies and Joint Ventures

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1 1 TIJV LLC	RENTAL OF IMAGING CENTER	66 000 %		34 000 %
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

## Section A. Hospital Facilities

How many hospital facilities did the organization operate during the tax year? 1

**Schedule H (Form 990) 2010**



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

(list in order of size, measured by total revenue per facility, from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? 2

Name and address		Type of Facility (Describe)
1	Woldenberg Village 3701 Behrman Place New Orleans, LA 70114	Assisted living community & skilled nursing facility
2	Woldenberg Village 3701 Behrman Place New Orleans, LA 70114	Assisted living community & skilled nursing facility
3		
4		
5		
6		
7		
8		
9		
10		

### Part VI Supplemental Information

1 **Required descriptions.** Provide the description

- |   |  |  |
|---|--|--|
| 1 | <b>Needs assessment.</b> Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B   |  |
| 2 | <b>Patient education of eligibility for assistance.</b> Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy |  |
| 4 | <b>Community information.</b> Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves   |  |
| 5 | <b>Promotion of community health.</b> Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.)   |  |
| 6 | <b>Affiliated health care system.</b> If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served  |  |
| 7 | <b>State filing of community benefit report.</b> If applicable, identify all states with which the organization, or a related organization, files a community benefit report   |  |
- 
- | Identifier | ReturnReference | Explanation  |
|------------|-----------------|--|
|            |                 | Part I, Line 3c Part VI Line 1 for Part I line 3c Describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care >>>>>>>>>>>>>>>>>>>Financial Assistance and |

[illegible]

Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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.

Name of the organization  
TOURO INFIRMARY

Employer identification number  
72-0423659

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input checked="" type="checkbox"/> Housing allowance or residence for personal use</div></div>		
	<div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div></div>		
	<div><div><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div></div>		
	<div><div><input type="checkbox"/> Discretionary spending account</div><div><input checked="" type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	Yes
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	<div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div></div>		
	<div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Compensation survey or study</div></div>		
	<div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a	Yes
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

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

Part IIISupplemental 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.

Identifier	Return Reference	Explanation
	Part I, Line 1a	----- Touro made taxable payments to four employees that reflected the after tax amount that Touro agreed it would reimburse the employee for. These payments were a fraction of a percent of Touro's total payroll and netted to \$42,000 of total payments in 2010 for the four. Touro has discontinued this practice for 2011. Three employees were reimbursed for temporary housing associated with relocation expenditures. One employee was reimbursed for accounting/tax consulting fees with taxes withheld.
	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	Part I, Lines 4a-b Severance Payment or Change of control Payment Kevin Jordan Severance Payment \$273,520 Robert A Ficken Severance Payment \$196,502 Theresa William Severance 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.

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

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

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.

OMB No 1545-0047

2010

Open to Public  
Inspection

Name of the organization TOURO INFIRMARY	Employer identification number 72-0423659
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Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		Louisiana Children's Medical Center (LCMC) will act as a System Parent and it is the sole member of Touro Infirmary and of Children's Hospital

Identifier	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



Identifier	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

Identifier	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

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 12c	At the time of hire, each employee review s the conflict of interest form, has an opportunity to ask questions about the policy, and signs a document stating that they have review ed 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

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 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 DETERMINATION OF THESE AMOUNTS the final decision regarding the amount of compensation is subject to the approval of the board of directors In 2007, the organization's compensation committee engaged an outside consultant to assist in the development, analysis and independent review of compensation for the organization's executives The analysis consisted of a review of a third party compensation survey Executive Benchmarks were established to positions of similar sized hospitals After the review , recommendations were provided to the president/ceo and the vice president of human resources

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

Identifier	Return Reference	Explanation
HOURS WORKED FOR RELATED ORGANIZATIONS	Form 990, PART VII, Column B	<p>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 week), a Board Member of Woldenberg Village (2 hours/w week), a Board Member of Crescent City Physicians (5 hours/w week). Chad Courrage is the VP of Human Resources for Touro Infirmary. Additionally part of his duties include management and oversight of Woldenberg Village (5 hours/w week), management and oversight of Crescent City Physicians (4 5 hours/w week), management and oversight of the Touro Infirmary Foundation (0 5 hours/w week). Francis D. Mertens is the President &amp; COO of CCPI &amp; Board Member of CCPI spending 40 hours per w week in this role. Additionally part of his duties include serving as VP of Physician Services for Touro (8 5 hours/w week), management and oversight of Metrolab (1 hours/w week), management and oversight of TIJV (0 5 hours/w week). 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 week), Board member of Woldenberg Village (8 hours/w week), management and oversight of Crescent City Physicians (5 hours/w week), Board member of TIJV (1 5 hours/w week), Board member of Prytania Medical Complex Owners Association (0 25 hours/w week), Board member of Buckman Medical Office Building Condominium Association (0 25 hours/w week). 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 week), management and oversight of Woldenberg Village (8 hours/w week), management and oversight of Crescent City Physicians (5 hours/w week), management and oversight of TIJV (1 hours/w week). Scott C. Landry is the VP of Facilities for Touro Infirmary. Additionally part of his duties include management and oversight of Woldenberg Village (2 hours/w week), management and oversight of Crescent City Physicians (4 hours/w week), Board member of Prytania Medical Complex Owners Association (0 5 hours/w week), Board member of Buckman Medical Office Building Condominium Association (0 5 hours/w week). Jeanette Ray is the VP of Rehab/Post Acute Services for Touro Infirmary. Additionally part of her duties include Board Member of Woldenberg Village (10 hours/w week). Jack Jacob, MD is the Physician with Crescent City Physicians, Inc where he practices in excess of 40 hours/w week. Norman A. Stiteler is the Corporate Compliance Officer for Touro Infirmary. Additionally part of his duties include serving as management and oversight of the Touro Infirmary Foundation (0 hours/w week), management and oversight of Woldenberg Village (1 hours/w week), management and oversight of Crescent City Physicians (1 hours/w week). Dan Tobin is the Controller for Touro Infirmary. Additionally part of his duties include accounting services to Metrolab (1 hours/w week), accounting services to TIJV (2 hours/w week). Steve Worley is the President and Chief Executive Officer for Louisiana Children's Medical Center and Children's Hospital where he splits his time 20 hours weekly for LCMC and 30 hours weekly devoted to Children's Hospital activities. Additionally part of his duties include serving as board member of the Touro Infirmary Foundation (1 hours/w week).</p>

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

Identifier	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



SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization  
TOURO INFIRMARY

Employer identification number  
72-0423659

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) Touro Infirmary Foundation  1401 Foucher Street  new orleans, LA 70115 72-1169939	healthcare support	LA	501(c)(3)	509(a)(3)		Yes	
(2) Woldenberg Village  3701 Behrman place  new orleans, LA 70114 72-0540671	healthcare delivery	LA	501(c)(3)	509(a)(2)		Yes	
(3) LOUISIANA CHILDREN'S MEDICAL CENTER (LCMC)  200 Henry Clav Ave  new orleans, LA 70118 94-3480131	healthcare delivery	LA	501(c)(3)	509(a)(3)			No
(4) CHILDREN'S HOSPITAL  200 Henry Clav Ave  New orleans, LA 70118 72-0467503	HEalthcare delivery	LA	501(c)(3)	509(a)(2)			No

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.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) 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

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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) metrolab inc 2633 napolean avenue new orleans, LA70115 72-1184791	healthcare	LA		C	90,181		100 000 %
(2) crescent city physicians inc 3600 prytania street suite 72 new orleans, LA70115 72-1269878	healthcare	LA		C	-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		C		37,053	84 900 %
(4) prytania medical complex owners association 650 poydras street suite 1200 new orleans, LA70130 72-0866121	healthcare	LA		C		90,567	82 460 %

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

Yes

Yes

No

No

No

No

No

No

Yes

No

No

No

No

Yes

Yes

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) See Additional Data Table			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2010

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

[illegible]

**Part VII**   **Supplemental Information**

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

Identifier	Return Reference	Explanation
------------	------------------	-------------

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

**TY 2010 Category 3 filer statement****Name:** TOURO INFIRMARY**EIN:** 72-0423659

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

**TY 2010 Earnings and Profits Other  
Adjustments Statement****Name:** TOURO INFIRMARY**EIN:** 72-0423659

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



**TY 2010 Itemized Other Current Liabilities Schedule****Name:** TOURO INFIRMARY**EIN:** 72-0423659

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

**TY 2010 Itemized Other Current Assets  
Schedule****Name:** TOURO INFIRMARY**EIN:** 72-0423659

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

TY 2010 Other Deductions Schedule

**Name:** TOURO INFIRMARY

**EIN:** 72-0423659

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

## TY 2010 Itemized Other Investments Schedule

**Name:** TOURO INFIRMARY

**EIN:** 72-0423659

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

Additional Data

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Allan BISSINGER CHAIRMAN	1 00	X						0	0	0
STEPHEN HKUPPERMAN BOARD MEMBER	1 00	X						0	0	0
STEPHEN L SONTHEIMER BOARD OFFICER	1 00	X						0	0	0
MICHAEL ADINOLFI BoARD MEMBER	5 00	X						25,000	0	0
RUTH KULLMAN BOARD OFFICER	1 00	X						0	0	0
KIM BOYLE BOARD MEMBER	1 00	X						0	0	0
PETER GLASER BOARD MEMBER	1 00	X						0	0	0
JACK JACOBS BOARD MEMBER	1 00	X						0	295,179	11,403
HUGH W LONG BOARD MEMBER	1 00	X						0	0	0
KNIGHT WORLEY BOARD MEMBER	1 00	X						0	0	0
ELLEN YELLIN BOARD MEMBER	1 00	X						0	0	0
JAMES MONTGOMERY President - CEO	40 00	X		X				760,401	0	201,553
JOY BRAUN BOARD MEMBER	1 00	X						0	0	0
ELIZABETH SULLIVAN BOARD MEMBER	1 00	X						0	0	0
STEVE WORLEY BOARD MEMBER	1 00	X						0	881,055	317,360
KEVIN T JORDAN CHIEF MEDICAL OFFICER	40 00			X				393,946	0	6,519
ROBERT A FICKEN CHIEF FINANCIAL OFFICER	40 00			X				412,541	0	9,258
SUSAN PITOSCIA VP - CNO & COO	50 00			X				343,895	0	18,798
SUZANNE HAGGARD CHIEF FINANCIAL OFFICER	40 00			X				33,342	0	0
CHAD COURREGE VP OF HUMAN RESOURCES	40 00				X			216,450	0	19,911
FRANCIS D MERTENS VP OF PHYSICIAN SERVICES	8 50				X			213,635	0	20,065
SCOTT C LANDRY VP OF FACILITIES	43 00				X			183,125	0	21,517
THERESA R WILLIAMS CHIEF NURSING OFFICER	50 00				X			94,542	0	6,121
WILLA DIXON CHIEF NURSING OFFICER	50 00				X			189,705	0	8,260
JEANETTE RAY VP - REHAB SERVICES	40 00				X			202,754	0	21,949

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LAWRENCE METEVIER PHYSICIST/DOSIMETRIST	40 00					X		171,952	0	15,827
DAN TOBIN CONTROLLER	47 00					X		152,531	0	18,577
LEE HANKINS DIRECTOR PHARMACY	40 00					X		152,593	0	9,818
NORMAN A STITELER DIR COMPLIANCE/INTERNAL A	40 00					X		148,939	0	22,291
SANDRA DUFRENE DIRECTOR OF PATIENT SERVIC	50 00					X		132,630	0	9,029
GARY STEIN CEO/president - former	0 00						X	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) Amount
	interest rate swap	6,591,020
	other liabilities	1,264,145
	pension liability	5,712,315
	utility deposits	23,825
	due from restricted funds	1,173,081
	worker's comp claims	2,046,844
	professional liability claims	6,366,584
	retirement payable long term	860,117
	lease obligations	2,545,292
	investment liability	15,714,589