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Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line 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 organization’s program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 \$ 200,621,162 including grants of \$ ) (Revenue \$ 285,278,119 )

The hospital provides inpatient, outpatient, emergency and critical care, home health and rehabilitation services. The hospital has 213 adult beds, 77 rehabilitation beds, 22 ICU beds, and 48 OB beds for a total of 360 licensed beds. The hospital treated 14,573 inpatients and had 273,843 outpatient visits in 2015. There were 7,565 surgeries (inpatient, outpatient and ambulatory surgery center), 33,002 emergency department visits and 3,516 deliveries.

4b

(Code ) (Expenses \$ 8,597,719 including grants of \$ ) (Revenue \$ 1,924,413 )

Touro Infirmary is a teaching hospital offering medical student and post graduate medical training. It has academic affiliations with Louisiana State University Health Sciences Center and Tulane University Health Science Center. Touro offered training programs to 505 students, residents and fellows in 2015 in the specialties of Internal Medicine, General Surgery, Allergy, Neurology, Cardiology, NICU, Emergency Medicine, Gastroenterology, OB/GYN, Pediatrics, Geniatrics, Med/Peds, Infectious Disease, Plastic Surgery, Neonatology, PM&R, OMFS, Otolaryngology, Surgery, Ophthalmology, Urology, Pediatric Cardiology, Urogynecology and Podiatry. Touro is also a clinical training site for allied health programs for various metro New Orleans colleges, including Louisiana State University, Delgado Community College, Dillard University, Holy Cross College and Southern University. Touro currently offers training programs to students in respiratory, radiology and nursing. Touro staff provided 7,620 hours of support to the 46 students in these programs. Touro Rehabilitation Center provides clinical training to physical, occupational, speech therapy, rehab counseling and therapeutic recreation students from colleges around the country, including LSU Health Sciences (New Orleans, LA, Southeastern, LA), Delgado Community College (New Orleans, LA), Southeastern Louisiana University (Hammond, LA), Southern University (Baton Rouge, LA), University of Massachusetts Lowell, University of Mississippi Medical Center, Tulane University (New Orleans, LA), Dillard University (New Orleans, LA) and Academy of O&P (Washington, DC). Touro staff provided 4,843 hours of support to 152 students and/or teaching groups.

4c

(Code ) (Expenses \$ 402,566 including grants of \$ ) (Revenue \$ )

Community health services and community benefit operations provide free health education programs and screenings to the community. These programs are designed to focus on some of the most prevalent diseases in the New Orleans community, such as diabetes, heart disease and cancer. These programs address prevention, early detection, treatment and maintaining healthy lifestyles. In 2015, Touro offered or participated in 242 outreach events, which were attended by 6,012 attendees. Touro offers a Health Career Camp, a five-day program that allows high school students to gain hands-on experience in the medical field. The program is an initiative that Touro hopes will encourage students to actively consider a career in medicine in New Orleans. Participants come from across the metro area and emphasis is placed on recruiting students from underserved areas who may not otherwise have the opportunity and exposure to healthcare careers.

See Additional Data

4d


















Other program services (Describe in Schedule O )

(Expenses \$ 209,910 including grants of \$ ) (Revenue \$ )








4e

Total program service expenses ▶ 209,831,357

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)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b	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? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	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? If "Yes," complete Schedule G, Part I (see instructions)	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? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	20b Yes	

**Part IV** Checklist of Required Schedules (continued)

<b>21</b>	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	<b>21</b>		No
<b>22</b>	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>	<b>22</b>		No
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i> 	<b>23</b>	Yes	
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i> 	<b>24a</b>	Yes	
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>		No
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>		No
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>		No
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) 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>	<b>25a</b>		No
<b>b</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>	<b>25b</b>		No
<b>26</b>	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II . . . . .</i>	<b>26</b>		No
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . . . .</i>	<b>27</b>		No
<b>28</b>	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)			
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<b>28a</b>		No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<b>28b</b>		No
<b>c</b>	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>	<b>28c</b>		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>	<b>29</b>		No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>	<b>30</b>		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>	<b>31</b>		No
<b>32</b>	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>	<b>32</b>		No
<b>33</b>	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> 	<b>33</b>		No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i> 	<b>34</b>	Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>	Yes	
<b>b</b>	If 'Yes' to line 35a, 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> 	<b>35b</b>		No
<b>36</b>	<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> 	<b>36</b>		No
<b>37</b>	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> 	<b>37</b>		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b>	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	300	
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	2,706	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> 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	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b	Yes	
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
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 as charitable contributions?	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	Yes	
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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring 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? <b>Note.</b> 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 or note to any line 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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	<b>1a</b> 17		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b> 12		
<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> Did the organization have members or stockholders?	<b>6</b>	Yes	
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<b>7a</b>	Yes	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<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> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>	No
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	<b>10b</b>	
<b>11a</b> Has the organization provided a complete 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> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b>	Yes
<b>b</b> Were 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> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12c</b>	Yes
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>	Yes
<b>14</b> Did 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	<b>16b</b>	No

**Section C. Disclosure**

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

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

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

**20** State the name, address, and telephone number of the person who possesses the organization's books and records  
 ►The Organization 1401 FOUCHER STREET NEW ORLEANS, LA 70115 (504) 897-8344

Check if Schedule O contains a response or note to any line in this Part VII ☐

**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. 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, or 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

<b>1b</b>	<b>Sub-Total . . . . .</b>	▶			
<b>c</b>	<b>Total from continuation sheets to Part VII, Section A . . . . .</b>	▶			
<b>d</b>	<b>Total (add lines 1b and 1c) . . . . .</b>	▶	8,759,552	2,735,420	1,358,594

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 136

		Yes	No
<b>3</b>	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> . . . . .	<b>3</b> Yes	
<b>4</b>	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> . . . . .	<b>4</b> Yes	
<b>5</b>	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> . . . . .	<b>5</b>	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. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
ARAMARK  25271 NETWORK PL CHICAGO, IL 60673	Food, Hkpg & Equip Maint	8,389,450
LSUHSC - NEW ORLEANS  433 BOLIVAR STREET RM 619 NEW ORLEANS, LA 70112	Residency Affiliation	5,416,037
CERNER HEALTH SERVICES INC  POB 959167 ST LOUIS, MO 63195	Information Technology	5,242,928
SEIMENS MEDICAL SOLUTIONS  POB 120001 DPT0733 DALLAS, TX 75312	Information Technology	4,109,158
PARISH ANESTHESIA OF NEW ORLEANS LLC  3510 N CAUSEWAY BLVD SUITE 404 METAIRIE, LA 70002	Physician Services	2,733,673

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 90

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues . . . .	1b					
	c	Fundraising events . . . .	1c					
	d	Related organizations . . . .	1d	335,241				
	e	Government grants (contributions)	1e	6,929				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	45,536				
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f . . . . .			387,706			
Program Service Revenue	2a	NET PATIENT SERVICE	Business Code 621400	273,317,635	273,317,635			
	b	NON-PATIENT SERVICE	621400	475,759	475,759			
	c	Reference Lab Services	621500	317,358		317,358		
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f . . . . .			274,110,752			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		1,027,522			1,027,522
4		Income from investment of tax-exempt bond proceeds . . .						
5		Royalties . . . . .						
6a		(i) Real		(ii) Personal				
		2,893,725						
		b	Less rental expenses	0				
		c	Rental income or (loss)	2,893,725				
d		Net rental income or (loss) . . . . .			2,893,725	2,893,725		
7a		(i) Securities		(ii) Other				
				27,610				
		b	Less cost or other basis and sales expenses	0				
		c	Gain or (loss)	27,610				
d		Net gain or (loss) . . . . .			27,610			27,610
8a		Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 . . . . .		a				
b		Less direct expenses . . . .		b				
c		Net income or (loss) from fundraising events . . .						
9a		Gross income from gaming activities See Part IV, line 19 . . . . .		a				
b		Less direct expenses . . . .		b				
c		Net income or (loss) from gaming activities . . . .						
10a		Gross sales of inventory, less returns and allowances . . . . .		a				
		b	Less cost of goods sold . . . .	b				
c		Net income or (loss) from sales of inventory . . .						
Miscellaneous Revenue		Business Code						
11a	340b OP Drug program		900099	3,948,767	3,948,767			
b	Parking		812930	1,953,331	1,953,331			
c	Cafeteria/catering		900099	1,341,081	1,341,081			
d	All other revenue . . . . .			3,272,234	3,272,234			
e	Total. Add lines 11a-11d . . . . .			10,515,413				
12	Total revenue. See Instructions . . . . .			288,962,728	287,202,532	317,358	1,055,132	

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).

Check if Schedule O contains a response or note to any line in this Part IX

☐

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 domestic organizations and domestic governments. See Part IV, line 21.				
2	Grants and other assistance to domestic individuals. See Part IV, line 22.				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	3,424,970	1,130,240	2,294,730	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7	Other salaries and wages.	86,453,231	83,235,219	3,218,012	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	3,553,251	3,351,954	201,297	
9	Other employee benefits.	8,932,602	8,146,467	786,135	
10	Payroll taxes.	6,279,736	6,169,243	110,493	
11	Fees for services (non-employees):				
a	Management.	11,490,568	713,295	10,777,273	
b	Legal.	410,618	205,073	205,545	
c	Accounting.	82,951		82,951	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	40,246,685	37,573,505	2,673,180	
12	Advertising and promotion.	918,027	6,807	911,220	
13	Office expenses.	8,814,850	5,038,494	3,776,356	
14	Information technology.	4,547,195	4,547,195		
15	Royalties.				
16	Occupancy.	4,630,279	4,458,392	171,887	
17	Travel.	177,473	133,352	44,121	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	79,740	63,739	16,001	
20	Interest.	977,601		977,601	
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	18,354,675	78,072	18,276,603	
23	Insurance.	3,449,205	3,449,205		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	MEDICAL SUPPLIES	48,873,125	48,805,828	67,297	
b	Lease Expense	2,428,257	2,410,268	17,989	
c	Dues & memberships	817,191	113,779	703,412	
d	Legal settlement	205,858	3,545	202,313	
e	All other expenses	1,403,935	197,685	1,206,250	
25	<b>Total functional expenses.</b> Add lines 1 through 24e.	256,552,023	209,831,357	46,720,666	0
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

				(A)		(B)	
				Beginning of year		End of year	
Assets	1	Cash—non-interest-bearing		50,773,039	1	30,842,982	
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		87,618,322	4	132,483,198	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5		
	6	Loans and other 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). Complete Part II of Schedule L			6		
	7	Notes and loans receivable, net		12,140,436	7	25,347,153	
	8	Inventories for sale or use			8		
	9	Prepaid expenses and deferred charges		1,964,156	9	4,402,994	
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	458,049,703			
	b	Less: accumulated depreciation	10b	334,232,442	129,676,785	10c	123,817,261
	11	Investments—publicly traded securities		19,962,418	11	13,503,428	
	12	Investments—other securities. See Part IV, line 11			12		
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets			14	1,411,000	
	15	Other assets. See Part IV, line 11		9,051,488	15	8,543,038	
16	Total assets. Add lines 1 through 15 (must equal line 34)		311,186,644	16	340,351,054		
Liabilities	17	Accounts payable and accrued expenses		31,616,227	17	29,639,940	
	18	Grants payable			18		
	19	Deferred revenue		-6,036,985	19	-4,041,336	
	20	Tax-exempt bond liabilities		70,560,238	20	62,707,374	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other 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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		67,491,379	25	75,916,504	
	26	Total liabilities. Add lines 17 through 25		163,630,859	26	164,222,482	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets		145,935,987	27	174,515,077	
	28	Temporarily restricted net assets		1,619,798	28	1,613,495	
	29	Permanently restricted net assets			29		
	Organizations that do not follow SFAS 117 (ASC 958), 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		147,555,785	33	176,128,572	
34	Total liabilities and net assets/fund balances		311,186,644	34	340,351,054		

**Part XI**    **Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	288,962,728
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	256,552,023
<b>3</b>	Revenue less expenses Subtract line 2 from line 1 . . . . .	<b>3</b>	32,410,705
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	<b>4</b>	147,555,785
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	-735,467
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	
<b>7</b>	Investment expenses . . . . .	<b>7</b>	
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	-64,577
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>9</b>	-3,037,874
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	176,128,572

**Part XII**    **Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☒

		Yes	No
<b>1</b>	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		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited 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 separate basis	Yes	
<b>c</b>	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
<b>3a</b>	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>b</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		

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 72-0423659

**Name:** TOURO INFIRMARY

### Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code	) (Expenses \$	209,910	including grants of \$	) (Revenue \$	)
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In 2015 Touro provided \$209,910 to various entities dedicated to improving health in our community thru sponsorships, publications, providing free meeting facilities and the "31 Days of Pink Awareness" for Breast Cancer Touro provides meeting space free of charge to local non-profits and other organizations for the benefit of the community In 2015, Touro provided meeting space for 236 meetings

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
HUGH W LONG PhD ..... CHAIRMAN	1 00 .....	X						0	0	0
LOUIS GOOD III ..... VICE CHAIRMAN	1 00 .....	X						0	0	0
JOY BRAUN ..... SECRETARY/TREASURER	1 00 .....	X						0	0	0
GREG FEIRN ..... SYSTEM PRESIDENT/CEO	1 00 ..... 54 00	X						0	1,355,927	43,737
ALLAN BISSINGER ..... PAST CHAIRMAN	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 ..... 40 00	X						0	205,846	16,010
JULIE GEORGE ..... Board Member (LCMC CHAIRMAN)	1 00 .....	X						0	0	0
KNIGHT WORLEY MD ..... Board Member	1 00 .....	X						0	0	0

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
ELLEN ZAKRIS MD ..... Board Member	1 00 ..... 40 00	X						0	816,526	19,272
STEPHEN H KUPPERMAN ..... Board Member	1 00 .....	X						0	0	0
STEPHEN L SONTHEIMER ..... Board Member	1 00 .....	X						0	0	0
JONATHAN SCHLACKMAN ..... Board Member	1 00 .....	X						0	0	0
JAMES MONTGOMERY ..... LCMC-PRESIDENT/COO	1 00 ..... 40 00	X		X				1,232,880	0	791,579
RUTH KULLMAN ..... Board Member	1 00 .....	X						0	0	0
ROYCE DEAN YOUNTMD ..... Board Member	1 00 ..... 40 00	X						723,188	0	22,115
JEFFREY COCOMD ..... CHIEF MEDICAL OFFICER	40 00 .....			X				354,272	0	28,053
SUSAN PITOSCIA ..... VP CNO&COO	40 00 .....			X				483,792	0	25,908
SUZANNE HAGGARD ..... LCMC-CFO	1 00 ..... 40 00			X				644,801	0	30,810



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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
CINDY POLT ..... CHIEF FINANCIAL OFFICER	40 00 ..... 7 00			X				292,742	0	15,907
SUSAN ANDREWS ..... CHIEF EXECUTIVE OFFICER	40 00 ..... 7 00			X				406,919	0	19,709
SCOTT C LANDRY ..... LCMC-SVP FACILITIES MGMT/SUPP SVCS	1 00 ..... 40 00				X			306,194	0	29,238
CHAD COURREGE ..... LCMC-SVP HUMAN RESOURCES	1 00 ..... 40 00				X			404,049	0	32,086
FRANCIS D MERTENS ..... VP BUSINESS DEVELOPMENT/PHYSICIAN SERVICES	40 00 .....				X			287,360	0	28,730
PENNY MENGE ..... VP PATIENT CARE SERVICES	40 00 .....				X			243,500	0	4,118
JEANETTE RAY ..... VP REHAB SERVICES	40 00 .....				X			286,604	0	27,725
LAWRENCE BALYEAT ..... CCPI-SENIOR VICE PRESIDENT	1 00 ..... 40 00				X			302,711	0	24,615
LISA GORE ..... LCMC-CHIEF CLINICAL EXCELLENCE OFFICER	1 00 ..... 40 00				X			482,893	0	18,528
TANYA TOWNSEND ..... LCMC CHIEF INFROMATION OFFICER	1 00 ..... 40 00				X			369,659	0	28,335

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
MARIO GARNER ..... NOEH CHIEF EXECUTIVE OFFICER	40 00 .....				X			214,499	0	6,734
GREGORY R BARKER ..... VICE PRESIDENT OPERATIONS	40 00 .....				X			183,878	0	29,527
STEPHEN M BALDWIN ..... VICE PRESIDENT OPERATIONS	40 00 .....				X			214,643	0	15,887
MAXWELL OWENS ..... NOEH-CHIEF FINANCIAL OFFICER	40 00 .....				X			203,691	0	15,123
MARTHA G SMITH ..... NOEH-CHIEF NURSING OFFICER	40 00 .....				X			234,747	0	11,806
LAWRENCE METEVIER ..... PHYSICIST/DOSIMETRIST	40 00 .....					X		197,995	0	24,972
LEE HANKINS ..... DIRECTOR PHARMACY	40 00 .....					X		195,185	0	5,303
LISA LINVILLE ..... CORPORATE COMPLIANCE OFFICER	40 00 .....					X		201,890	0	19,395
FREDERICK SCHMITT ..... LCMC DIRECTOR-PATIENT FINANCIAL SERVICES	1 00 ..... 40 00					X		192,837	0	23,372
GARY STEIN ..... CEO/PRESIDENT-FORMER	0 00 .....						X	98,623	357,121	0

SCHEDULE A  
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2015

Open to Public Inspection

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.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

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 (Form 990 or 990-EZ))

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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a

☐

**Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b

☐

**Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c

☐

**Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d

☐

**Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f

Enter the number of supported organizations . . . . .

g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 VI )						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years.If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2014 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2015.If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>						
b 33 1/3% support test—2014.If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>						
17a 10%-facts-and-circumstances test—2015.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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► <input type="checkbox"/>						
b 10%-facts-and-circumstances test—2014.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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► <input type="checkbox"/>						
18 Private foundation.If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>						

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> 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> <span style="float: right;">► <input type="checkbox"/></span>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2015</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2014</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2015.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

**b 33 1/3% support tests—2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete <b>Part I of Schedule L (Form 990)</b> .	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete <b>Part II of Schedule L (Form 990)</b> .	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use <b>Schedule C, Form 4720</b> , to determine whether the organization had excess business holdings.)	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	11c	

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
<div>1</div> <div>Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i></div>		
<div>2</div> <div>Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i></div>		

Section C. Type II Supporting Organizations

	Yes	No
<div>1</div> <div>Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i></div>		

Section D. All Type III Supporting Organizations

	Yes	No
<div>1</div> <div>Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?</div>		
<div>2</div> <div>Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).</i></div>		
<div>3</div> <div>By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.</i></div>		

Section E. Type III Functionally-Integrated Supporting Organizations

<div>1</div> <div>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).</div> <div><div>a</div><div><input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.</div><div><div>b</div><div><input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.</div><div><div>c</div><div><input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).</div></div></div></div>		
<div>2</div> <div>Activities Test. Answer (a) and (b) below.</div>		
<div>a</div> <div>Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i></div>		
<div>b</div> <div>Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i></div>		
<div>3</div> <div>Parent of Supported Organizations. Answer (a) and (b) below.</div>		
<div>a</div> <div>Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.</div>		
<div>b</div> <div>Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.</div>		

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

☐

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount		Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) <input type="checkbox"/>		



**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in Part VI) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
<b>9</b> Distributable amount for 2015 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2015</b>	<b>(iii) Distributable Amount for 2015</b>
<b>1</b> Distributable amount for 2015 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> From 2013. . . . .			
<b>e</b> From 2014. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
<b>i</b> Carryover from 2010 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2015 from Section D, line 7 \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
<b>6</b> Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2016.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b>			
<b>b</b>			
<b>c</b> Excess from 2013. . . . .			
<b>d</b> From 2014. . . . .			
<b>e</b> From 2015. . . . .			

**Part VI Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

**Facts And Circumstances Test**

Return Reference

Explanation

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990.  
Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

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" on Form 990, Part IV, line 6.

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

Part II Conservation Easements. Complete if the organization answered "Yes" on 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 education)  
☐ Protection of natural habitat  
☐ Preservation of open space

☐ Preservation of an historically important land area  
☐ Preservation of a certified historic structure

2

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

	Held at the End of the 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, and not on a historic structure listed in the National Register

3

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

4

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

5

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

☐ Yes ☐ No

6

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

7

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

8

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

☐ Yes ☐ No

9

In Part XIII, 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" on Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), 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)

Revenue included on 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 (ASC 958) relating to these items

a

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

Part III

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

(continued)

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

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" on 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 XIII 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, for escrow or custodial account liability?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds.

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance . . . . .	7,651,280	7,651,280	7,651,280	7,731,376	7,731,376
b Contributions . . . . .				-80,096	
c Net investment earnings, gains, and losses . . . . .					
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .	7,651,280	7,651,280	7,651,280	7,651,280	7,731,376

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶ 100 000 %

c

Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%

3a

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

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

Yes

No

3a(i)

No

3a(ii)

Yes

b

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

Yes

3b

Yes

4

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

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(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 . . . . .	185,666,741		127,637,532	58,029,209
c Leasehold improvements . . . . .				
d Equipment . . . . .	253,799,650		205,896,078	47,903,572
e Other . . . . .	6,345,016		698,832	5,646,184
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) . . . . . ▶				123,817,261

Schedule D (Form 990) 2015



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**  
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**  
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

**Part XIII Supplemental Information**

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

Return Reference	Explanation
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 and Woldenberg Village's exempt purposes.

**Part XIII**   **Supplemental Information** *(continued)*

Return Reference	Explanation

Additional Data

Software ID:  
Software Version:  
EIN: 72-0423659  
Name: TOURO INFIRMARY

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

<sup>1</sup> (a) Description of Liability	(b) Book Value
Investments in Affiliates	48,038,764
Pension Liabilities	11,895,735
Amounts due to Affiliates	861,282
Professional Liability	8,593,788
Due from restricted funds	1,607,468
Worker's Comp Claims Liability	1,982,465
Other Liabilities	3,179,733
Retirement payable long term	106,152
Utility Deposits	23,825
Swap Obligation	-372,708



SCHEDULE H  
(Form 990)

Department of the  
Treasury  
Internal Revenue  
Service

Hospitals

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.

► Attach to Form 990.

► Information about Schedule H (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization TOURO INFIRMARY	Employer identification number 72-0423659
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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	1a	Yes	
b	If "Yes," was it a written policy? . . . . .	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	3a	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	3b	Yes	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining 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"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	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?	5c		No
6a	Did the organization prepare a community benefit report during the tax year?	6a		No
b	If "Yes," did the organization make it available to the public?	6b		
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 Worksheet 1)			4,309,830	293,228	4,016,602	1 570 %
b Medicaid (from Worksheet 3, column a)			44,385,696	82,538,288	-38,152,592	0 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			175,956	75,350	100,606	0 040 %
Total Financial Assistance and Means-Tested Government Programs			48,871,482	82,906,866	-34,035,384	1 610 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			402,566		402,566	0 160 %
f Health professions education (from Worksheet 5)			8,597,719	1,924,413	6,673,306	2 600 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			209,910		209,910	0 080 %
j Total. Other Benefits			9,210,195	1,924,413	7,285,782	2 840 %
k Total. Add lines 7d and 7j			58,081,677	84,831,279	-26,749,602	4 450 %

Part II Community Building Activities

Complete this table if the organization conducted any 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

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. Explain in Part VI the methodology used by the organization to estimate this amount.

2

10,837,634

3

Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.

3

4

Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Section B. Medicare

5

Enter total revenue received from Medicare (including DSH and IME).

5

49,952,961

6

Enter Medicare allowable costs of care relating to payments on line 5.

6

58,867,903

7

Subtract line 6 from line 5. This is the surplus (or shortfall).

7

-8,914,942

8

Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.  
☐ Cost accounting system      ☐ Cost to charge ratio      ☐ Other

Section C. Collection Practices

9a

Did the organization have a written debt collection policy during the tax year?

9a

Yes

b

If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.

9b

Yes

Part IV Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(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 TIDV LLC	IMAGING CENTER RENTAL	67.000 %		33.000 %
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

## Section A. Hospital Facilities

**1**

See Additional Data Table

[illegible]

Part V

Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Touro Infirmary

Name of hospital facility or letter of facility reporting group

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):

1

	Yes	No
<b>Community Health Needs Assessment</b>		
<b>1</b> Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? .....	<b>1</b>	No
<b>2</b> Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C .....	<b>2</b>	No
<b>3</b> During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 ..... If "Yes," indicate what the CHNA report describes (check all that apply) <b>a</b> <input type="checkbox"/> A definition of the community served by the hospital facility <b>b</b> <input type="checkbox"/> Demographics of the community <b>c</b> <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community <b>d</b> <input type="checkbox"/> How data was obtained <b>e</b> <input type="checkbox"/> The significant health needs of the community <b>f</b> <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups <b>g</b> <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs <b>h</b> <input type="checkbox"/> The process for consulting with persons representing the community's interests <b>i</b> <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs <b>j</b> <input type="checkbox"/> Other (describe in Section C)	<b>3</b>	Yes
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA 20 <u>13</u>		
<b>5</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted .....	<b>5</b>	Yes
<b>6a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C .....	<b>6a</b>	Yes
<b>b</b> Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C .....	<b>6b</b>	No
<b>7</b> Did the hospital facility make its CHNA report widely available to the public? ..... If "Yes," indicate how the CHNA report was made widely available (check all that apply) <b>a</b> <input type="checkbox"/> Hospital facility's website (list url) <u>http //www.touro.com/chna</u> <b>b</b> <input type="checkbox"/> Other website (list url) _____ <b>c</b> <input type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility <b>d</b> <input type="checkbox"/> Other (describe in Section C)	<b>7</b>	Yes
<b>8</b> Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	<b>8</b>	Yes
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>14</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	<b>10</b>	No
<b>a</b> If "Yes" (list url) _____		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....	<b>10b</b>	No
<b>11</b> Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
<b>12a</b> Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? .....	<b>12a</b>	No
<b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....	<b>12b</b>	
<b>c</b> If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

		Touro Infirmary	
Name of hospital facility or letter of facility reporting group			
		Yes	No
13	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes
a	<input type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of 400 000000000000 %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes
a	<input type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes
a	<input type="checkbox"/> The FAP was widely available on a website (list url)		
b	<input type="checkbox"/> The FAP application form was widely available on a website (list url)		
c	<input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url)		
d	<input type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input type="checkbox"/> Other (describe in Section C)		
Billing and Collections			
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
e	<input type="checkbox"/> None of these actions or other similar actions were permitted		

Part V

Facility Information (continued)

Touro Infirmary

Name of hospital facility or letter of facility reporting group			Yes	No
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged	19		No
a	<input type="checkbox"/> Reporting to credit agency(ies)			
b	<input type="checkbox"/> Selling an individual's debt to another party			
c	<input type="checkbox"/> Actions that require a legal or judicial process			
d	<input type="checkbox"/> Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a	<input type="checkbox"/> Notified individuals of the financial assistance policy on admission			
b	<input type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge			
c	<input type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	<input type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	<input type="checkbox"/> Other (describe in Section C)			
f	<input type="checkbox"/> None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . . If "No," indicate why	21	Yes	
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b	<input type="checkbox"/> The hospital facility's policy was not in writing			
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	<input type="checkbox"/> Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	<input type="checkbox"/> Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . . If "Yes," explain in Section C	23		No
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . . If "Yes," explain in Section C	24		No

**Part V**   **Facility Information** *(continued)*

**Section C. Supplemental Information for Part V, Section B.**

Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation

**Part V**   **Facility Information** *(continued)*

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

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

Name and address	Type of Facility (describe)
<b>1</b> 1 - Woldenberg Village Inc 3701 Behrman Place New Orleans, LA 70114	Assisted living community & skilled nursing facility
<b>2</b> 2 - Crescent City Physicians Inc 3600 Prytania St STE72 New Orleans, LA 70115	Physician Medical Practices
<b>3</b>	
<b>4</b>	
<b>5</b>	
<b>6</b>	
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	



Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** 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 Affiliated health care system.** 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 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Form and Line Reference	Explanation
Part I, Line 3c	<p>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 &gt;&gt;&gt;&gt;&gt;&gt;&gt;&gt;&gt;&gt;&gt;&gt;&gt;&gt;&gt;&gt;Financial Assistance and discounted care include services provided to - Uninsured or underinsured low-income patients who do not have the ability to pay all or part of their bill as determined by the financial guidelines - Insured patients whose coverage is inadequate to cover a catastrophic situation- Emergency patients, because the hospital does not assess a patient's financial situation before rendering services- Persons whose income is sufficient to pay for basic living costs but not medical care, and also those persons with generally adequate incomes who are suddenly faced with catastrophically large medical bills- Patients deemed medically indigent by virtue of their documented eligibility for Medicaid benefits There will be two ways that a patient may qualify for Financial Assistance Financial Assistance based on resourcesFinancial Assistance based on presumptive eligibility Methodology The Hospital uses the "Sliding Scale Method" to determine the dollar amount to be considered as financial assistance for eligible patients A sliding scale fee schedule will be used to determine financial assistance percentages The minimum financial assistance approval begins with incomes at 400% of the federal poverty level and continues to increase discounts as the family income reaches 200% of the federal poverty level As indicated above, any guarantor at or below 200% of the federal poverty level, as adjusted for family size will be entitled to financial assistance sponsorship for the full amount of hospital charges related to appropriate hospital-based medical services that are not covered by private or public third-party sponsorship FA Percentage Income Below FPL Limit - 100% Below 200% - 90% Between 201-250% - 80% Between 251-300% - 70% Between 301-400% Based on the Medical Credit Score calculated by the Mede Analytical Tool listed a patient may receive financial assistance according to the following percentages (see previously described FPL sliding scale) FA Percentage Medical Credit Score - 100% Below 599 - 90% Between 601-649 - 80% Between 650-699 - 70% Above 699</p>

Form and Line Reference	Explanation
Part I, Line 7	Touro is costing services using a Ratio of Cost to Charges (RCC) of Adjusted Total Expense as a ratio of Gross Patient Charges We apply the ratio to Gross Charges of the population being measured in order to estimate cost Adjusted Total Expense is Touro Hospital's Total Expense less non-patient revenue and removing Direct Community benefit cost disclosed on Sch H line 7j(c) Touro uses the Ratio of Adjusted Cost to Gross Patient Charges, using Worksheet 2 in the Schedule H instructions Part I, line 7b(d) >>>>>>>>>>>>>>>>>>>>>Touro and other health care providers in Louisiana have collaborated with the State and units of local government in Louisiana, to more fully fund the Medicaid program and ensure the availability of quality healthcare services for the low income and needy residents in the community population The provision for this care directly to low income and needy patients will result in the alleviation of the expense of public funds the governmental entities previously expended on such care, thereby allowing the governmental entities to increase support for the state Medicaid program up to federal Medicaid Upper Payment Limits (UPL) Each State's UPL methodology must comply with its State plan and be approved by the Centers for Medicare & Medicaid Services (CMS) Federal matching funds are not available for Medicaid payments that exceed UPLs In Tax Year 2015, Touro received UPL payments of approximately \$48.7 million which is included in "Direct offsetting revenue" on Part I, Line 7b To ensure continued access to uninsured, underinsured and Medicaid patients, the State of Louisiana made significant payments in 2015 to Touro.

Form and Line Reference	Explanation
Part III, Line 4	Part VI Line 1 for Part III, line 4 The text of the footnote to the organization's financial statements that describes bad debts expense The note below additionally describes in brief the method used, in accordance with Gaap to estimate the Bad debt expense of the hospital for the fiscal year >>>>>>>>>>>>>>>Note 9 Concentrations of Credit Risk "Touro maintains allowances for uncollectible accounts for estimated losses resulting from a payor's inability to make payments on accounts Touro uses a balance sheet approach to value the allowance account based on historical write-offs and the aging of the accounts Accounts are written off when collection efforts have been exhausted Management continually monitors and adjusts its allowances associated with its receivables "

Form and Line Reference	Explanation
Part III, Line 8	Part VI Line 1 for Part III, line 8 Describe the costing methodology or source used to determine the amount reported on line 6 >>>>>>>>>>>>>>Costing methodology>>>>>>>>>>Touro is costing services using a Ratio of Cost to Charges (RCC) of Adjusted Total Expense as a ratio of Gross Patient Charges We apply the ratio to Gross Charges of the population being measured in order to estimate cost Adjusted Total Expense is Touro Hospital's Total Expense less non-patient revenue and removing Direct Community benefit cost disclosed on Sch H line 7j(c) Touro uses the Ratio of Adjusted Cost to Gross Patient Charges, using Worksheet 2 in the Schedule H instructions

Form and Line Reference	Explanation
Part III, Line 9b	Part VI Line 1 for Part III, line 9b Does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance?>>>>>>>>>>>>>>>>>>>The Hospital does not pursue collection of amounts determined to qualify as charity care, and these amounts are not reported as revenue The Hospital also waives collection of charges for patients who have demonstrated economic hardship and inability to pay

Form and Line Reference	Explanation
Part VI, Line 2	<p>Part VI Line 2 Needs assessment Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B &gt;&gt;&gt;&gt;&gt;&gt;&gt;&gt;&gt;&gt;</p> <p>Touro managed a comprehensive regional community health needs assessment resulting in the identification of top community health needs The assessment process included input from persons who represent the broad interests of the communities served by the hospital facilities, including those with special knowledge and expertise of public health issues and the underserved community The assessment process included &gt;Community Health Assessment Planning A series of conference calls were facilitated by the consultants and the project team consisting of leadership from Touro &gt;Secondary Data The health of a community is largely related to the characteristics of its residents An individual's age, race, gender, education, and ethnicity often directly or indirectly impact health status and access to care A comprehensive analysis was completed of health status and socio-economic environmental factors related to the health of residents in the defined project area from existing data sources such as state and county public health agencies, the Centers for Disease Control and Prevention, and other additional data sources (Available upon request)</p> <p>&gt;Interviews with Key Community Stakeholders Leaders from organizations that have special knowledge and/or expertise in public health were identified Such persons were interviewed as part of the regional needs assessment planning process A series of approximately 100 interviews were completed with key stakeholders in the Greater New Orleans metropolitan area during July through August 2012 &gt;Focus Groups with Community Residents The CHNA oversight committee assured that community members, including under- represented residents, were included in the needs assessment planning process via two focus groups conducted in the Touro community in October 2012 through the regional process Focus group audiences were defined by the CHNA oversight committee utilizing secondary data to identify health needs and deficits in target populations The focus group audiences included Women of childbearing age and Senior population (Independent-living) &gt;Identification of top regional community health needs Top community health needs were identified by analyzing secondary data, key stakeholder interviews and focus group input The analysis process identified the health needs revealed in each data source Top needs identified in the assessment were supported by secondary data (where available) and strong consensus was provided by key community stakeholders and focus groups &gt;An independent review of existing data and in-depth interviews with stakeholders representing a cross-section of agencies and focus group input resulted in the identification of three key health needs in the Touro service area that are supported by secondary and/or primary data</p> <ol style="list-style-type: none"> <li>1) Access to healthcare and medical services (I e , primary, specialty, preventive, and mental)</li> <li>2) Access to community/support services to sustain a healthy and safe environment</li> <li>3) Promotion of healthy lifestyles and behaviors (specific focus on chronic diseases)</li> </ol> <p>&gt;The New Orleans community is very diverse, from the Ninth Ward to New Orleans East and the Garden District The health risks associated with chronic diseases like diabetes and obesity are particularly high among our growing, medically underserved African-American, Hispanic and Vietnamese populations Touro performs community outreach to these groups through churches, local community organizations and other grassroots efforts Touro's goal is to help residents learn how to access the care they need and to help them learn to manage their health conditions and live healthier lives</p>

Form and Line Reference	Explanation
Part VI, Line 3	<p>Part VI Line 3 Patient education of eligibility for assistance Prior to receipt of services , patients are provided the Hospital's "Patient Rights and Responsibilities," which clearly outline the Hospital's payment expectations Touro Infirmary operates an application center that screens patients for possible coverage with Medicaid and Disability programs The application center also provides information regarding free program services within the metropolitan area Inhouse self pay patients are visited by a financial counselor to assist in screening for possible coverage, including financial assistance applications if the patient does not qualify for government sponsored or other third party programs The financial counselor works with the patient and determines his/her ability to pay and discusses the Hospital's Financial Assistance policy All emergency room patients are also screened for possible third party coverage and/or financial assistance All self pay patients who are not screened receive a notice that the Hospital, through its Medical Eligibility Assistance Program (M E A P ), assists patients at Touro Infirmary to determine if they qualify for financial assistance programs, which may also pay for hospital and physician services This is a community service provided by the hospital at no charge to its patients Registration staff, financial counselors and other hospital staff are provided ongoing training regarding the eligibility criteria and programs that are available through various local, state, and federal agencies to ensure that deserving patients are referred to appropriate third parties and/or provided financial assistance, depending on the patients' individual circumstances</p>

Form and Line Reference	Explanation
Part VI, Line 4	<p>Part VI Line 4 Community informationGeographic service area Touro community includes 20 zip code areas (70001, 70005, 70058, 70072, 70113, 70114, 70115, 70116, 70117, 70118, 70119, 70122, 70124, 70125, 70126, 70127, 70128, 70130, 70131, and 70043) in three parishes (Jefferson, Orleans and one zip code in St. Bernard) that represent a large majority (80%) of the inpatient discharges. Demographic definition of service area The total population estimates of the following parishes for 2015: Orleans Parish 389,617 (43.54% total pop. across the parishes served by Touro), Jefferson Parish 436,275 (48.75% total pop. across the parishes served by Touro), St. Bernard Parish 45,408 (5.07% total pop. across the parishes served by Touro), and Plaquemines Parish 23,495 (2.65% total pop. across the parishes served by Touro). Source: July 1, 2015 US Census Bureau Quick Facts. Touro Rehabilitation Center (TRC) serves as a regional acute rehabilitation center. TRC is recognized as a preferred facility for the treatment of traumatic brain injury and traumatic spinal cord injury, with many patients being referred from the Shreveport, Monroe, Lafayette and Baton Rouge, Louisiana areas, as well as from other states. 2015 Race/Ethnicity by Parish: Orleans Parish: White/Non-Hispanic = 31.3% (121,950), Black/Non-Hispanic = 59.5% (231,822), Hispanic = 5.6% (21,818), Asian/IsI = 3.2% (12,467), All Other = 0.4% (1,558). Jefferson Parish: White/Non-Hispanic = 53.6% (233,843), Black/Non-Hispanic = 27.3% (119,103), Hispanic = 14.2% (61,951), Asian/IsI = 4.3% (18,759), All Other = 0.6% (2,617). St. Bernard Parish: White/Non-Hispanic = 63.2% (28,697), Black/Non-Hispanic = 22.7% (10,307), Hispanic = 9.9% (4,495), Asian/IsI = 2.4% (1,089), All Other = 1.8% (817). Plaquemines Parish: White/Non-Hispanic = 65.3% (15,342), Black/Non-Hispanic = 20.7% (4,863), Hispanic = 6.7% (1,574), Asian/IsI = 4.2% (986), All Other = 3.1% (728). Population of children by Parish (ages 0-17): Children 0-17 make up 21.58% (193,140) of the total population of the parishes served by Touro: Orleans Parish= 79,481, Jefferson Parish=95,107, St. Bernard Parish=12,350, Plaquemines Parish=6,202. Income: Median household income (2010-2014 in 2014 dollars) for the state compared to parishes served by Touro is: Louisiana = \$44,991, Orleans Parish = \$36,964, Jefferson Parish = \$47,871, St. Bernard Parish = \$44,706, and Plaquemines Parish = \$54,835. Per capita money income in past 12 months (2014 dollars), 2010-2014: New Orleans=\$27,255, State of Louisiana=\$24,775. Source: July 2015 US Census Quick Facts. Poverty Level: Percent of people living below the poverty level (2010-2014) in the state compared to parishes served by Touro is: Louisiana = 19.8%, Orleans Parish = 27.9%, Jefferson Parish = 15.8%, St. Bernard Parish = 17.9%, and Plaquemines Parish = 16.0%. Child Poverty Rates in 2013: Louisiana = 28.0%, Orleans Parish = 43.3%, Jefferson Parish = 25.7%, St. Bernard Parish = 27.0%, Plaquemines Parish = 19.9%. Source: United States Department of Agriculture, percent of total population in poverty, 2014: Louisiana ranks 47th in the nation for the percent of children in poverty, 49th among states in percent of babies born at low birthweight, 48th among states in its infant mortality rate. SOURCE: Kaiser Family Foundation, 2011-2013, America's Health Rankings. United Health Foundation, Statista as of 2015. Uninsured by Parish: Percent of Uninsured Adults under age 65: 2015: Orleans=21%, Jefferson= 21%, St. Bernard= 21%, Plaquemines=18%. Source: County Health Rankings. Percent of Uninsured Children (under 19): 2013: Orleans=6.3%, Jefferson= 5.3%, St. Bernard= 3.9%, Plaquemines=1.8%. Source: Louisiana Health Insurance Survey, 2013 (sponsored by DHH). Louisiana's uninsured rate dropped from 21.7 percent in 2013 to 14.77 percent in 2014. The Affordable Care Act took effect at the beginning of 2014, according to a survey conducted by the Gallup organization. However, the percentage of Louisiana residents without health insurance was lower than only three other states, Texas, Wyoming and Oklahoma - giving Louisiana the 4th highest percentage of uninsured residents in the United States. Health Outcomes: Source: 2016 County Health Rankings. Louisiana Health ranking of parishes served by Touro (Jefferson, Orleans, Plaquemines and St. Bernard) compared to all parishes in Louisiana across several indicators (rank noted is of the total 64 parishes in the state): Outcomes Rank: Orleans=46, Jefferson=11, St. Bernard=31, Plaquemines=5. Length of Life: Orleans=49, Jefferson=17, St. Bernard=43, Plaquemines=9. Quality of Life: Orleans=47, Jefferson=17, St. Bernard=12, Plaquemines=4. Healthy Behaviors: Orleans=20, Jefferson=5, St. Bernard=45, Plaquemines=12. Percentage of population smoking in parishes served by Touro: Orleans=23%, Jefferson=19%, St. Bernard=24%, Plaquemines=20%. In Louisiana, obesity is more prevalent among non-Hispanic blacks at 43.4 percent than non-Hispanic whites at 31.3 percent and Hispanics at 32.9 percent (source).</p>



Form and Line Reference	Explanation
Part VI, Line 4	<p> <a href="http://www.americashealthrankings.org/LA">http //www americashealthrankings org/LA</a> ) Prevalence of obesity Orleans= 32% , Jefferson= 32% , St Bernard= 35% , Plaquemines= 35% Diabetes also varies by race and ethnicity in the s tate, 12 9 percent of non-Hispanic blacks have diabetes compared to 9 2 percent of non-Hispanic whites and 8 1 percent of Hispanics Louisiana has the seventh highest diabetes mort ality rate in the nation and diabetes is the sixth leading cause for deaths among Louisian a residents Louisiana ranks 46th for cardiovascular deaths (source America's Health Ranki ngs by the United Way Health Foundation <a href="http://www.americashealthrankings.org/LA">http //www americashealthrankings org/LA</a> ) Reducin g deaths from circulatory-system diseases is another community need Touro is working with New Orleans EMS to deliver critical cardiac care and stroke services to these patients Ca ncer rates Louisiana ranks 47th in cancer deaths and has consistently had one of the high est cancer incidence rate and highest cancer mortality rate in the country (source Americ a's Health Rankings by the United Way Health Foundation <a href="http://www.americashealthrankings.org/LA">http //www americashealthrankings org/LA</a> ) To address this need, Touro has created a comprehensive cancer care program-inclu ding a supportive cancer care program providing free support groups and a nurse navigator to help cancer patients and their loved ones in the community free of charge Touro Rehabi litation Center has added the STAR (Survivorship Training and Rehab) Program, for the reha bilitation of both inpatient and outpatient cancer patients Patients who are unable to af ford the supplies (e g lymphedema garment) or therapy session co-pays are assessed and th eir needs are addressed so that they will not be denied treatment Touro also offers a Sur vivorship Program where cancer patients are able to meet one on one with a survivorship co ordinator RN to discuss treatment summaries, follow-up and coordination of care post-treat ment Infant mortality The state of Louisiana currently ranks 48th among states in its infant mortality rate (source Kaiser Family Foundation <a href="http://kff.org/other/state-indicator /infant-death-rate/">http //kff org/other/state-indicator /infant-death-rate/</a>) The other acute care hospitals serving the community are Children's Hospital, Ochsner Medical Center Ochsner Baptist Hospital, Ochsner Kenner Hospital, Ochsne r Westbank Hospital, Tulane Medical Center, University Medical Center, East Jefferson Gene ral Hospital, West Jefferson Medical Center and St Bernard Parish Hospital For the perio d, Jan 1, 2015 - Sept 30, 2015 Touro was the main provider of health service in Orleans Parish with 7,830 discharges, comprising 26 67% of the Orleans Parish market total </p>

Form and Line Reference	Explanation
Part VI, Line 5	<p>In furtherance of its charitable purpose and mission, Touro provides a wide variety of benefits to the community which it serves. Benefits include social service programs, health screenings, in-home caregiver services, support counseling for patients and families, pastoral care, crisis intervention, the donation of space for use by community groups, health and wellness programs, classes about specific medical conditions and telephone information services. In 2015, Touro offered or participated in 242 community outreach events, which were attended by 6,012 attendees. Outreach events cover a wide variety of health topics that address the health information needs of the community. Touro serves, including nutrition, diabetes management, cancer, childbirth and parenting, women's health, healthy aging, heart health, prostate health, and more. Touro's community outreach program offers a wide range of events, including Touro-led classes, seminars, support groups and health screenings. Touro physicians, nurses and other allied health professionals provide informative seminars and offer free screenings on a variety of topics. These events are typically hosted on the hospital's campus and are coordinated by Touro staff. The Touro Rehabilitation Center staff from a variety of disciplines, including occupation therapists, physical therapists, speech therapists and a rehabilitation educator, recreation therapist and office personnel participated in free community events including Sudden Impact Training for local high school students, brain injury specialty training and the BISCIS (Brain Injury/Spinal Cord Injury) program, which provides recreation (baseball league/bowling league) for that population. Non-profit events: Touro regularly partners with local non-profit organizations at community health events and screenings. These events are hosted at locations throughout the community. Touro provides free screenings, health information and clinical staff to administer the screenings and provide clinical consultations. Examples of events include Dryades Family YMCA Health Fair and the New Orleans Sheriff's Office Health Fair. Sponsorship events: Touro sponsors healthcare-related organizations and events in the greater New Orleans community, such as the American Heart Association, Susan G. Komen, March of Dimes, and the American Diabetes Association. Participation in these events entails staffing the event, providing health education materials to attendees and offering free screenings (as requested) to attendees. All events are open to the public. Employee Health Programs: Touro participates in local employer health fairs and provides health information, free screenings and physician consultations. Examples of employer health events include the Marriott Health Fair, Ralph Brennan Restaurant Group and Xavier University of Louisiana Healthy Aging Programs. Touro offers free events and programs designed to help the aging population in the community live healthy and independent lives. The Touro Prime Years Program is a free program designed to help adults age 55 years of age and older lead a healthy and active lifestyle. The Prime Years program includes a monthly educational health seminar or screening customized to meet the information needs of this population. Topics have included heart health, healthy eating and fitness, diabetes prevention, senior wellness and more. Throughout 2015, Touro offered several free health seminars and special events on women's health issues from women of childbearing age to mature women topics. These seminars were open to the public and held either on-campus or at an offsite location near the hospital. The seminar topics included women's health, birth options and wellness for new and expecting mothers. Touro OB/GYNs and other clinicians lead the seminars with time for questions following the presentations. Quit Smoking: Touro offers a regular Smoking Cessation Program, "I Can Quit" open to the community. The 4-week support program is designed for those who are serious about quitting smoking. Childbirth Education Series: Nurse Educators from Touro's Family Birthing Center offer free monthly childbirth education classes for expecting parents to help them prepare for childbirth, newborn care and breastfeeding. The classes are held on Touro's campus in the evenings or on weekends to accommodate a variety of schedules. The Family Birthing Center offers 12 classes/series, including a childbirth education series, lactation classes, parenting class, infant/child CPR, car seat safety, online childbirth education classes and more. Diabetes Support Group: Touro's Diabetes Center offers a free monthly support program for persons with diabetes entitled "Life Can Still Be Sweet." The class topics rotate each month, covering a variety of diabetes management topics from glucose monitoring, to medication management and diet to maintaining a healthy lifestyle. Healthy Lifestyles: Touro dietitians offer a free monthly health</p>

Form and Line Reference	Explanation
Part VI, Line 5	<p>althy lifestyles class open to Touro patients and community members. The class is designed to teach participants the benefits of a heart healthy diet, including how to make better choices when cooking and dining out, recipe modifications, label reading, and more. Topics for healthy lifestyles classes and grocery store tours vary by month to cover a wide range of dietary topics. Supportive Cancer Care Program: Touro's Supportive Cancer Care Center offers a number of free programs and services that are designed to meet the supportive care needs of individuals with cancer throughout the Greater New Orleans community. Some of the supportive care offered to Touro patients and others within the New Orleans community include:</p> <ul style="list-style-type: none"> <li><b>Girl Talk:</b> A gynecologic cancer support group for women who have been diagnosed with one of the gynecologic cancers. Whether a person is newly diagnosed, actively being treated or has completed treatment, this group can help. The meetings promote education and discussion about relevant topics.</li> <li><b>Support for Women with Cancer:</b> As the name implies, this support group is open to any woman—regardless of cancer diagnosis—who is interested in receiving and giving support to other women with cancer. The group meetings are designed to be informative and promote the sharing of thoughts and feelings.</li> <li><b>Look Good, Feel Better Workshop:</b> An American Cancer Society program that teaches beauty techniques to women who are in active treatment "to help them combat the appearance-related side effects of cancer treatment." Free skin care products are supplied by well-known cosmetic manufacturers.</li> <li><b>Information about wigs and other appearance issues:</b> are discussed.</li> <li><b>Supportive Care During Chemotherapy:</b> As the name implies, this program is designed to help men and women while they are receiving chemotherapy treatment at Touro. A number of activities are available to patients to help them keep busy during treatment. iPads are provided to every patient who wants one to enable them to search the Internet, watch television shows or movies on Netflix, read the latest magazines, and participate in guided imagery.</li> <li><b>Volunteers:</b> many of whom are cancer survivors—are present to assist patients with the activities or are there simply to talk.</li> <li><b>Caring for Caregivers:</b> Caring for a loved one with cancer can be challenging. This program provides caregivers with information, resources and support via one-on-one sessions with a support counselor.</li> <li><b>Survivorship Service:</b> Cancer survivors are able to meet with the Survivorship Coordinator to develop an individualized survivorship care plan that highlights specific medical and supportive care services needed following the completion of primary cancer treatment.</li> <li><b>Integrative Health Coaching:</b> A goal-oriented approach to helping former patients shift their focus from illness to wellness. A board-certified health and wellness coach meets with former patients to change their health-related behavior involving eight areas of self-care. The purpose of this program is to help participants optimize their health and well-being following cancer treatment.</li> <li><b>Patient Navigation:</b> Patient navigation helps overcome barriers to making informed decisions about cancer care. This program, offered through the Supportive Cancer Care Center, is available to Touro patients at no cost. Some ways patients are navigated include: <ul style="list-style-type: none"> <li>"Understand cancer diagnosis"</li> <li>"Explore treatment options"</li> <li>"Assess supportive care needs"</li> <li>"Locate financial resources"</li> <li>"Provide support and encouragement throughout treatment"</li> <li>"Serve as a "go to" resource when needed"</li> </ul> </li> </ul>

Form and Line Reference	Explanation
Part VI, Line 6	<p>Part VI Line 6 the respective roles of the organization and its affiliates in promoting the health of the communities served Touro Infirmary has the following wholly owned subsidiaries - Crescent City Physicians, Inc operates physician medical practices Touro Infirmary is the sole member of the following not-for-profit entities - Touro Infirmary Foundation performs the fund-raising function for the hospital - Woldenberg Village, Inc operates a 120-bed nursing home, a 60-unit assisted living facility, and a 60-unit independent living facility Touro Infirmary and Woldenberg Village own a 67% interest in TIJV, LLC, which is a real estate joint venture Touro Infirmary leases a building from TIJV, LLC in which it operates an off-campus diagnostic imaging center Touro Infirmary is a subsidiary of Louisiana Children's Medical Center, which is also the parent organization for Children's Hospital and West Jefferson Medical Center and the sole member of University Medical Center Management Corporation Louisiana Children's Medical Center ("LCMC") is a Louisiana non-stock, not-for-profit corporation that was incorporated in 2009, with its founding member being Children's Hospital (Children's) Through a Health Care System Agreement (System Agreement) between LCMC, Children's, Touro Infirmary and its subsidiaries (Touro), and Cooperative Endeavor Agreements (CEAs) with University Medical Center Management Corporation (UMCMC) and West Jefferson Holding, LLC (West Jefferson), these parties have determined that together they can provide a multi-hospital, not-for-profit community-based, system that will provide a continuum of care to the families of the Gulf South region LCMC, children's, Touro, UMCMC, and West Jefferson are hereinafter collectively referred to as the System LCMC functions as the System Parent with reserve powers to be exercised to promote the best interests of the System and its affiliates All corporate powers of the System are vested in the Board of Trustees of LCMC Children's provides comprehensive pediatric healthcare that meets the special needs of children through excellence and continuous improvement of patient care, education, and research Touro, founded in 1852, serves the Greater New Orleans community as a premier, diverse, multi-specialty hospital, caring for the sick regardless of race, color, creed, religious affiliation, or ability to pay UMCMC operates the Interim LSU Hospital (ILH) and upon its completion the new University Medical Center in New Orleans (UMC) UMCMC is a provider of charity care for the uninsured and plays a vital role as a statewide referral center for patients in need of tertiary care UMCMC also provides medical and allied health training through its affiliation with academic institutions to strengthen and enhance opportunities to achieve the State's medical education, clinical care and research goals In tax year 2015, LCMC and its affiliates provided total community benefit expense of \$575.1 million This amount represented 52 percent of the affiliates combined total expense LCMC and its affiliates provide services to many low-income residents of the Greater New Orleans area In 2015, \$338.2 million in expense (31 percent of the affiliates combined total expense) was incurred in providing services for Medicaid recipients and in providing financial assistance Part VI Line 7 None</p>

**Schedule H (Form 990) 2015**

Additional Data

Software ID:  
Software Version:  
EIN: 72-0423659  
Name: TOURO INFIRMARY

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)  
How many hospital facilities did the organization operate during the tax year?  
1

Name, address, primary website address, and state license number

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	TOURO INFIRMARY 1401 FOUCHER STREET NEW ORLEANS, LA 70115	X	X	X			X			

Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
▶ Attach to Form 990.  
▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

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 on 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 type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax indemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</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 of 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 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2 Yes	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <div><div><input type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization: <div><div>a Receive a severance payment or change-of-control payment?</div><div>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div><div>c Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4a No 4b Yes 4c No	
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <div><div>a The organization?</div><div>b Any related organization?</div></div> If "Yes," on line 5a or 5b, describe in Part III	5a No 5b No	
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: <div><div>a The organization?</div><div>b Any related organization?</div></div> If "Yes," on line 6a or 6b, describe in Part III	6a No 6b No	
7 For persons listed on 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 on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8 No	
9 If "Yes" on 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 on 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(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 in column(B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							



**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
Part I, Line 1a	----- One employee was reimbursed for accounting/tax consulting fees with taxes withheld
Part I, Line 3	Base compensation, incentive compensation and all other reportable and non-reportable compensation for Touro's President/CEO 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 nine 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.
Part I, Line 4b	Supplemental Nonqualified Retirement Plan. Mr. Gary M. Stein - \$318,115 was the 2015 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. Crescent City Physician, Inc.'s (CCPI's) Supplemental Executive Retirement Plan (SERP) has a balance of \$114,282 on behalf of Mr. Francis Dale Mertens as of December 31, 2015. Effective April 1, 2008, CCPI adopted the SERP plan on Mr. Francis Dale Mertens' behalf. The SERP is not maintained solely for the purpose of providing benefits in excess of the limits in Code Section 415 and the Plan is intended to be covered by ERISA. The plan is intended to comply with Internal Revenue Code Section 409A regulations. The assets of the SERP are subject to any claims of CCPI creditors. The Plan is intended to constitute an unfunded plan that is maintained by CCPI primarily for the purpose of providing deferred compensation for Mr. Francis Dale Mertens within the meaning of ERISA section 201(2). Mr. Francis Dale Mertens is an active employee. Therefore, benefits have not commenced. Benefits will commence when one of the following occurs, death, disability, change of control, or termination of employment.

Additional Data

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 and Title		(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 in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1GREG FEIRN SYSTEM PRESIDENT/CEO	(i)	0	0	0	0	0	0	0
	(ii)	930,645	389,282	36,000	16,950	26,787	1,399,664	0
1JACK JACOBSBoard Member	(i)	0	0	0	0	0	0	0
	(ii)	180,352	16,765	8,729	8,011	7,999	221,856	0
2ELLEN ZAKRIS MD Board Member	(i)	0	0	0	0	0	0	0
	(ii)	446,045	368,905	1,576	10,600	8,672	835,798	0
3JAMES MONTGOMERY LCMC-PRESIDENT/COO	(i)	889,881	333,135	9,864	14,384	17,195	1,264,459	556,085
	(ii)	0	0	0	0	760,000	760,000	0
4ROYCE DEAN YOUNTMD Board Member	(i)	588,584	133,576	1,028	10,600	11,515	745,303	0
	(ii)	0	0	0	0	0	0	0
5JEFFREY COCOMD CHIEF MEDICAL OFFICER	(i)	327,932	23,514	2,826	13,250	14,803	382,325	0
	(ii)	0	0	0	0	0	0	0
6SUSAN PITOSCIA VP CNO&COO	(i)	383,856	90,959	8,977	18,130	7,778	509,700	0
	(ii)	0	0	0	0	0	0	0
7SUZANNE HAGGARD LCMC-CFO	(i)	513,356	127,295	4,150	22,925	7,885	675,611	0
	(ii)	0	0	0	0	0	0	0
8CINDY POLT CHIEF FINANCIAL OFFICER	(i)	233,543	35,225	23,974	13,357	2,550	308,649	0
	(ii)	0	0	0	0	0	0	0
9SUSAN ANDREWS CHIEF EXECUTIVE OFFICER	(i)	220,286	159,952	26,681	18,000	1,709	426,628	0
	(ii)	0	0	0	0	0	0	0
10SCOTT C LANDRY LCMC-SVP FACILITIES MGMT/SUPP SVCS	(i)	251,197	51,246	3,751	13,099	16,139	335,432	0
	(ii)	0	0	0	0	0	0	0
11CHAD COURREGE LCMC-SVP HUMAN RESOURCES	(i)	320,327	59,370	24,352	17,684	14,402	436,135	0
	(ii)	0	0	0	0	0	0	0
12FRANCIS D MERTENS VP BUSINESS DEVELOPMENT/PHYSICIAN SE	(i)	235,979	44,814	6,567	20,902	7,828	316,090	0
	(ii)	0	0	0	0	0	0	0
13PENNY MENGE VP PATIENT CARE SERVICES	(i)	172,249	67,438	3,813	0	4,118	247,618	0
	(ii)	0	0	0	0	0	0	0
14JEANETTE RAY VP REHAB SERVICES	(i)	236,108	46,257	4,239	14,343	13,382	314,329	0
	(ii)	0	0	0	0	0	0	0
15LAWRENCE BALLYEAT CCPI-SENIOR VICE PRESIDENT	(i)	240,958	56,097	5,656	13,893	10,722	327,326	0
	(ii)	0	0	0	0	0	0	0
16LISA GORE LCMC-CHIEF CLINICAL EXCELLENCE OFFIC	(i)	400,871	75,731	6,291	13,250	5,278	501,421	0
	(ii)	0	0	0	0	0	0	0
17TANYA TOWNSEND LCMC CHIEF INFROMATION OFFICER	(i)	314,533	30,000	25,126	13,250	15,085	397,994	0
	(ii)	0	0	0	0	0	0	0
18MARIO GARNER NOEH CHIEF EXECUTIVE OFFICER	(i)	186,127	27,576	796	3,529	3,205	221,233	0
	(ii)	0	0	0	0	0	0	0
19GREGORY R BARKER VICE PRESIDENT OPERATIONS	(i)	163,392	19,235	1,251	12,411	17,116	213,405	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(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 in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21STEPHEN M BALDWIN VICE PRESIDENT OPERATIONS	(i)	191,122	22,336	1,185	10,825	5,062	230,530	0
	(ii)	0	0	0	0	0	0	0
1MAXWELL OWENS NOEH-CHIEF FINANCIAL OFFICER	(i)	182,059	18,603	3,029	9,995	5,128	218,814	0
	(ii)	0	0	0	0	0	0	0
2MARTHA G SMITH NOEH-CHIEF NURSING OFFICER	(i)	201,431	28,529	4,787	11,740	66	246,553	0
	(ii)	0	0	0	0	0	0	0
3LAWRENCE METEVIER PHYSICIST/DOSIMETRIST	(i)	195,877	0	2,118	19,844	5,128	222,967	0
	(ii)	0	0	0	0	0	0	0
4LEE HANKINS DIRECTOR PHARMACY	(i)	190,270	0	4,915	2,965	2,338	200,488	0
	(ii)	0	0	0	0	0	0	0
5LISA LINVILLE CORPORATE COMPLIANCE OFFICER	(i)	199,795	0	2,095	19,395	0	221,285	0
	(ii)	0	0	0	0	0	0	0
6FREDERICK SCHMITT LCMC DIRECTOR-PATIENT FINANCIAL SERV	(i)	178,746	10,000	4,091	10,406	12,966	216,209	0
	(ii)	0	0	0	0	0	0	0
7GARY STEIN CEO/PRESIDENT-FORMER	(i)	0	95,198	3,425	0	0	98,623	0
	(ii)	0	357,121	0	0	0	357,121	0

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As Filed Data -

DLN: 93493320061426

Schedule K  
(Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

TOURO INFIRMARY

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990.

► Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Employer identification number

72-0423659

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A Louisiana Public Facilities Authority (Touro Infirmary Project)	72-0895871	546395M35	04-24-2015	40,500,000	Advance refunding of outstanding 1999 Series LPFA Bonds		X	X		X	

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired . . . . .	40,500,000							
2	Amount of bonds legally defeased . . . . .								
3	Total proceeds of issue . . . . .	40,500,000							
4	Gross proceeds in reserve funds . . . . .								
5	Capitalized interest from proceeds . . . . .								
6	Proceeds in refunding escrows . . . . .								
7	Issuance costs from proceeds . . . . .								
8	Credit enhancement from proceeds . . . . .								
9	Working capital expenditures from proceeds . . . . .								
10	Capital expenditures from proceeds . . . . .								
11	Other spent proceeds . . . . .								
12	Other unspent proceeds . . . . .								
13	Year of substantial completion . . . . .								
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue? . . . .		X						
15	Were the bonds issued as part of an advance refunding issue? . . . .	X							
16	Has the final allocation of proceeds been made? . . . . .	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X							

Part III Private Business Use									
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .								
2	Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .								

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .								
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property? . . . . .								
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . .▶								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . .▶								
6	Total of lines 4 and 5 . . . . .								
7	Does the bond issue meet the private security or payment test? . . . .								
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .								
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .								

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . .		X						
2	If "No" to line 1, did the following apply? . . . .								
a	Rebate not due yet? . . . . .	X							
b	Exception to rebate? . . . . .		X						
c	No rebate due? . . . . .		X						
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
3	Is the bond issue a variable rate issue? . . . . .		X						
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b	Name of provider . . . . .	Bank of America Merrill Lynch							
c	Term of hedge . . . . .	101201900 0000000000 %							
d	Was the hedge superintegrated? . . . . .		X						
e	Was the hedge terminated? . . . . .		X						

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b	Name of provider . . . . .								
c	Term of GIC . . . . .								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
6	Were any gross proceeds invested beyond an available temporary period?		X						
7	Has the organization established written procedures to monitor the requirements of section 148? . . .		X						

Part V

Procedures To Undertake Corrective Action

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?									

Part VI

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

**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 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2015****Open to Public  
Inspection**Name of the organization  
TOURO INFIRMARY**Employer identification number**

72-0423659

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Section A, line 6	Louisiana Children's Medical Center (LCMC) acts as a System Parent and it is the sole member of Touro Infirmary
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

**990 Schedule O, Supplemental Information**

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
Form 990, Part VI, Section B, line 11	The Organization's Form 990 was presented to all members of the Organization's board for review via email link to a secure dropbox. The Form 990 was prepared by Touro's accounting department and reviewed by Touro's CFO.



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	At the time of hire, each employee reviews the conflict of interest form, has an opportunity to ask questions about the policy, and signs a document stating that they have reviewed and understand the policy. This is a part of the employees' permanent record, and applies to all employees. Senior management (directors, vice presidents, CEO) and members of the board of directors are required to review and sign a conflict of interest form on an annual basis.
Form 990, Part VI, Section B, line 15	The corporation 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 LCMC Executive Committee.

**990 Schedule O, Supplemental Information**

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
Form 990, Part XI, line 9	K-1 net loss not in Net Assets (TIJV, CCRC & GSQN) -11,335 Losses from Subsidiary Organization -5,567,830 Change in Restricted Net Assets -6,303 Direct Net Asset Adjustment of Pension Liabilities 1,273,734 Remove allocated unpaid rent of subsidiary 1,273,846 Other adjustments 14

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	LCMC's finance committee assumes responsibility for the oversight of its subsidiaries' (including Touro) financial statements and selection of an independent auditor. This has not changed from the previous year. In addition to the LCMC finance committee, the Touro finance committee has been delegated to assist with monitoring of the Touro financial statements and its subsidiaries to include CCPI, Woldenberg Village, and the Touro Foundation.

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
TOURO INFIRMARY

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

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 (if applicable) 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 entity?	
						Yes	No
(1)Touro Infirmary Foundation 1401 Foucher Street  new orleans, LA 70115 72-1169939	healthcare support	LA	501(c)(3)	509(a)(3)	Touro Infirmary	Yes	
(2)Woldenberg Village 3701 Behrman place  new orleans, LA 70114 72-0540671	healthcare delivery	LA	501(c)(3)	509(a)(2)	Touro Infirmary	Yes	
(3)LOUISIANA CHILDREN'S MEDICAL CENTER (LCMC) 200 Henry Clay Ave  new orleans, LA 70118 94-3480131	healthcare delivery	LA	501(c)(3)	509(a)(3)			No
(4)Children's Hospital 200 Henry Clay Ave  New orleans, LA 70118 72-0467503	healthcare delivery	LA	501(c)(3)	170(B)(1)(A)(iii)	LCMC		No
(5)University Medical Center Management Corporation 2021 Perdido St  New Orleans, LA 70112 25-1925187	healthcare delivery	LA	501(c)(3)	170(B)(1)(A)(iii)	LCMC		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) Disproporionate 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 TDV  1401 Foucher St New Orleans, LA 70115 26-1378361	Imaging Center Rental	LA	Touro Infirmary	Related	66,159	2,270,166		No			No	67 000 %
(2) 2 Crescent City Research Consortium LLC (10115 to 103115)  1111 Medical Center Blvd Ste N701 Marrero, LA 70072 38-3880814	Scientific Research	LA	Non Profit Hospital Consortium	Related	29,702	187,620		No			No	50 000 %
(3) 2 Crescent City Research Consortium LLC (110115 to 123115)  1111 Medical Center Blvd Ste N701 Marrero, LA 70072 38-3880814	Scientific Research	LA	Non Profit Hospital Consortium	Related	23,868	158,742		No			No	50 000 %
(4) 3 Gulf South Quality Network LLC  3501 N Causeway Blvd Ste 710 Metairie, LA 70002 90-0911137	Provider Network	LA	Non Profit Hospital Consortium	Related	-108,394	441,273		No			No	19 370 %

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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) Crescent City Physicians Inc  3600 Prytania Street Suite 72 New Orleans, LA 70115 72-1269878	Healthcare	LA	Touro Infirmary	C	-5,915,334	49,539,316	100 000 %		No
Buckman Medical Office Building Condominium (2)Association  1401 Foucher Street New Orleans, LA 70115 72-1226687	Healthcare	LA	Touro Infirmary	C		131,880	92 000 %		No
Prytania Medical Complex (3)Owners Association  650 Poydras Street Suite 1200 New Orleans, LA 70130 72-0866121	Healthcare	LA	Touro Infirmary	C		274,861	80 000 %		No

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

<b>1</b> 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?		<b>Yes</b>	<b>No</b>
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>		<b>No</b>
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	<b>Yes</b>	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	<b>Yes</b>	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	<b>Yes</b>	
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	<b>Yes</b>	
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>		<b>No</b>
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>		<b>No</b>
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>		<b>No</b>
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>		<b>No</b>
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>		<b>No</b>
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>		<b>No</b>
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>		<b>No</b>
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	<b>Yes</b>	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	<b>Yes</b>	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	<b>Yes</b>	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>		<b>No</b>
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>		<b>No</b>
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	<b>Yes</b>	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	<b>Yes</b>	

**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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

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**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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Additional Data

Software ID:  
Software Version:  
EIN: 72-0423659  
Name: TOURO INFIRMARY

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

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	TOURO INFIRMARY FOUNDATION	C	155,798	
(1)	TOURO INFIRMARY FOUNDATION	S	215,677	
(2)	Woldenberg Village	S	1,760,142	
(3)	Crescent City Physicians Inc	D	44,100,000	
(4)	Crescent City Physicians Inc	A	1,273,846	
(5)	TIJV LLC	A	60,840	
(6)	TIJV LLC	A	65,460	
(7)	Crescent City Physicians Inc	R	5,027,499	