

C&F 989

ELECTRONICALLY REJECTED

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Extended to November 15, 2018

Form **990**

# Return of Organization Exempt From Income Tax

OMB No 1545-0047

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2017**

Open to Public Inspection

**A** For the 2017 calendar year, or tax year beginning and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>TOURO INFIRMARY</b>		<b>D</b> Employer identification number <b>72-0423659</b>
	Doing business as		<b>E</b> Telephone number <b>(504) 897-8344</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>1401 FOUCHER STREET</b>		<b>G</b> Gross receipts \$ <b>274,054,644.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>NEW ORLEANS, LA 70115</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number
<b>F</b> Name and address of principal officer <b>Mark Wack</b> <b>same as C above</b>			
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: <b>www.touro.com</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <b>L</b> Year of formation: <b>1852</b> <b>M</b> State of legal domicile: <b>LA</b>			

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities <b>provision of healthcare services</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>17</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>11</b>
	<b>5</b> Total number of individuals employed in calendar year 2017 (Part V, line 2a)	<b>5</b>	<b>2472</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>351</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>55,293.</b>
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>-11,104.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year <b>1,263,819.</b>	Current Year <b>596,697.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>264,200,857.</b>	<b>261,871,006.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>-21,487.</b>	<b>418,042.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>11,521,965.</b>	<b>11,124,490.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>276,965,154.</b>	<b>274,010,235.</b>
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>0.</b>	<b>16,354,285.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>105,921,184.</b>	<b>99,159,100.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<b>0.</b>	<b>0.</b>
<b>Expenses</b>	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>144,854,343.</b>	<b>153,418,966.</b>
	<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>250,775,527.</b>	<b>268,932,351.</b>
	<b>19</b> Revenue less expenses Subtract line 18 from line 12	<b>26,189,627.</b>	<b>5,077,884.</b>
	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year <b>368,224,567.</b>	End of Year <b>359,868,603.</b>
<b>Net Assets or Fund Balances</b>	<b>21</b> Total liabilities (Part X, line 26)	<b>172,652,972.</b>	<b>153,452,652.</b>
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20	<b>195,571,595.</b>	<b>206,415,951.</b>

## Part II Signature Block

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

<b>Sign Here</b>	Signature of officer <i>Mark Wack</i>	Date <i>11/15/2018</i>			
	Type or print name and title <b>Mark Wack, CFO</b>				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name	Firm's EIN		Phone no.	
Firm's address					

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

☐ Yes ☐ No

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LHA For Paperwork Reduction Act Notice, see the separate instructions.

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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 \$ 182,929,247. including grants of \$ ) (Revenue \$ 271,380,046.)

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 13,664 inpatients and had 254,623 outpatient visits in 2017. There were 5,298 surgeries (inpatient, outpatient and ambulatory surgery center), 34,382 emergency department visits and 3,263 deliveries.

**4b** (Code ) (Expenses \$ 10,021,084. including grants of \$ ) (Revenue \$ 1,515,748.)

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 574 students, residents and fellows in 2017 in the specialties of Internal Medicine, Emergency Medicine, Cardiology, Neurology, General Surgery, Gastroenterology, NICU, OB/GYN, General Vascular Surgery, OMFS, Med/Peds, Neonatology, Pediatrics, Plastic Surgery, Ophthalmology, PM&R, Pain Management, Pulmonary, Orthopedics, Otolaryngology, and Urology.

Touro is also a clinical training site for allied health programs for various metro New Orleans colleges, including Louisiana State

**4c** (Code ) (Expenses \$ 364,105. 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 2017, Touro offered or participated in 184 total community outreach events, which were attended by 3,919 people.

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

**4d** Other program services (Describe in Schedule O)

(Expenses \$ 16,491,385. including grants of \$ 16,354,285.) (Revenue \$ )

**4e** Total program service expenses 209,805,821.

Form 990 (2017)

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**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<b>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	<b>X</b>	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		<b>X</b>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<b>X</b>	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		<b>X</b>
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i>		<b>X</b>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		<b>X</b>
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i>		<b>X</b>
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<b>X</b>	
<b>11</b> 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		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<b>X</b>	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		<b>X</b>
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		<b>X</b>
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>X</b>	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<b>X</b>	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		<b>X</b>
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<b>X</b>	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		<b>X</b>
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		<b>X</b>
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		<b>X</b>
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		<b>X</b>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		<b>X</b>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		<b>X</b>

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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	X	
<b>20b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X	
<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>	X	
<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>		X
<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>	X	
<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>	X	
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
<b>24c</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?		X
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
<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>		X
<b>25b</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>		X
<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>		X
<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>		X
<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>28a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	X	
<b>28b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>28c</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>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
<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>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
<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>		X
<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>		X
<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>	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
<b>35b</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>		X
<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>		X
<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>		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

**Note.** All Form 990 filers are required to complete Schedule O

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**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
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	<b>1a</b> 282		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	<b>1b</b> 0		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>		
<b>2a</b> 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.	<b>2a</b> 2472		
<b>b</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).	<b>2b</b>		X
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	X	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O.	<b>3b</b>	X	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>		X
<b>b</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).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		X
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> 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?	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> 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?	<b>7a</b>		X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year.	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12.	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders.	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> 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.	<b>13a</b>		
<b>b</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.	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand.	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	<b>14b</b>		

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

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.	17	
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	11	
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<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?		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b> Did the organization have members or stockholders?	X	
<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?	X	
<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?	X	
<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?	X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	X	
<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		X

**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?		X
<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>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<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	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<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	X	
<b>13</b> Did the organization have a written whistleblower policy?	X	
<b>14</b> Did the organization have a written document retention and destruction policy?	X	
<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	X	
<b>b</b> Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
<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?	X	
<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?		X

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **None**

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 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 - (504) 897-8344**  
**1401 FOUCHER STREET, NEW ORLEANS, LA 70115**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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			
(1) HUGH W. LONG, PhD PAST CHAIRMAN	1.00	X						0.	0.	0.
(2) LOUIS GOOD III CHAIRMAN	1.00	X						0.	0.	0.
(3) JOY BRAUN VICE CHAIR	1.00	X						0.	0.	0.
(4) GREG FEIRN SYSTEM PRESIDENT/CEO	0.50 54.50	X						0.	1,600,782.	261,836.
(5) ALLAN BISSINGER Board Member	1.00	X						0.	0.	0.
(6) KIM BOYLE Board Member	1.00	X						0.	0.	0.
(7) MARA FORCE Board Member	1.00	X						0.	0.	0.
(8) JACK JACOBS Board Member	1.00 40.00	X						0.	205,317.	19,662.
(9) BILL MIMILES Board Member (LCMC CHAIRMAN)	1.00	X						0.	0.	0.
(10) KNIGHT WORLEY M.D. Board Member	1.00	X						0.	0.	0.
(11) ELLEN ZAKRIS M.D. SECRETARY	1.00 40.00	X						0.	988,211.	20,516.
(12) ANDREW JACOBS Board Member	1.00	X						0.	0.	0.
(13) REUBEN CHRESTMAN, MD Board Member	1.00	X						0.	0.	0.
(14) JONATHAN SCHLACKMAN TREASURER	1.00	X						0.	0.	0.
(15) JILL ISRAEL BOARD MEMBER	1.00	X						0.	0.	0.
(16) RUTH KULLMAN Board Member	1.00	X						0.	0.	0.
(17) SUSAN ANDREWS CHIEF EXECUTIVE OFFICER	40.00 7.00	X		X				803,856.	0.	248,251.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(18) JEFFREY COCO, M.D. CHIEF MEDICAL OFFICER	40.00			X				404,183.	0.	27,148.
(19) DANITA SULLIVAN CHIEF NURSING OFFICER	40.00			X				335,188.	0.	17,766.
(20) DAVID ELGARICO CHIEF OPERATING OFFICER	40.00			X				352,743.	0.	27,559.
(21) MARK WACK CHIEF FINANCIAL OFFICER	40.00			X				313,859.	0.	28,059.
(22) FRANCIS D. MERTENS VP BUSINESS DEVELOPMENT/PH	40.00				X			264,118.	0.	21,724.
(23) GRETCHEN PENTON EXEC VP of CCPI	40.00				X			230,329.	0.	20,782.
(24) JEANETTE RAY VP REHAB SERVICES	40.00				X			259,242.	0.	26,064.
(25) GREGORY R BARKER VICE PRESIDENT OPERATIONS	40.00				X			185,240.	0.	9,490.
(26) STEPHEN M BALDWIN VICE PRESIDENT OPERATIONS	40.00				X			222,063.	0.	20,093.
<b>1b Sub-total</b>								3,370,821.	2,794,310.	748,950.
<b>c Total from continuation sheets to Part VII, Section A</b>								1,144,266.	4,018,558.	330,387.
<b>d Total (add lines 1b and 1c)</b>								4,515,087.	6,812,868.	1,079,337.

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 ►

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

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ARAMARK 25271 NETWORK PL, CHICAGO, IL 60673	Food, Hkpg&Equip Maint	13,647,797.
LSUHSC - NEW ORLEANS, 433 BOLIVAR STREET, RM 619, NEW ORLEANS, LA 70112	Residency Affiliation	6,678,867.
MEDASSETS SUPPLY CHAIN SYSTEMS PO Box 742081, ATLANTA, GA 30374	Contract Staffing	4,785,333.
LEMOINE COMPANY LLC, 214 JEFFERSON ST, STE 200, LAFAYETTE, LA 70501	General Contractor	2,604,395.
LCMC ANESTHESIA 200 HENRY CLAY AVE, NEW ORLEANS, LA 70118	Physician Services	2,243,556.

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 ►

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See Part VII, Section A Continuation sheets

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**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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1 a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	596,697.		
	g Noncash contributions included in lines 1a-1f \$				
	h <b>Total.</b> Add lines 1a-1f		596,697.		
<b>Program Service Revenue</b>	2 a NET PATIENT SERVICE	Business Code 621400	261,120,089.	261,120,089.	
	b NON-PATIENT SERVICE	621400	750,917.	750,917.	
	c				
	d				
	e				
	f All other program service revenue				
	g <b>Total.</b> Add lines 2a-2f		261,871,006.		
	<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)		462,451.	
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
6 a Gross rents		(i) Real 2,748,929.			
b Less rental expenses		0.			
c Rental income or (loss)		2,748,929.			
d Net rental income or (loss)			2,748,929.	2,748,929.	
7 a Gross amount from sales of assets other than inventory		(i) Securities (ii) Other			
b Less cost or other basis and sales expenses		44,409.			
c Gain or (loss)		-44,409.			
d Net gain or (loss)			-44,409.	-44,409.	
8 a 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					
9 a Gross income from gaming activities See Part IV, line 19		a			
b Less direct expenses		b			
c Net income or (loss) from gaming activities					
10 a 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					
<b>Miscellaneous Revenue</b>		<b>Business Code</b>			
11 a 340b OP Drug program	900099	2,058,434.	2,058,434.		
b Parking	812930	1,914,127.	1,914,127.		
c Cafeteria/catering	900099	1,358,877.	1,358,877.		
d All other revenue	900099	3,044,123.	2,988,830.	55,293.	
e <b>Total.</b> Add lines 11a-11d		8,375,561.			
12 <b>Total revenue.</b> See instructions.		274,010,235.	272,895,794.	55,293.	462,451.

**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

☒ X

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	16,354,285.	16,354,285.		
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	4,064,541.	1,341,299.	2,723,242.	
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	79,517,860.	76,646,206.	2,871,654.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,555,205.	2,471,879.	83,326.	
9 Other employee benefits	7,269,115.	6,929,120.	339,995.	
10 Payroll taxes	5,752,379.	5,613,592.	138,787.	
11 Fees for services (non-employees)				
a Management	26,107,263.	93,677.	26,013,586.	
b Legal	-18,674.	-25,414.	6,740.	
c Accounting	178,013.		178,013.	
d Lobbying	32,645.		32,645.	
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 Sch O.)	43,425,221.	41,116,065.	2,309,156.	
12 Advertising and promotion	909,515.	30,906.	878,609.	
13 Office expenses	9,037,288.	5,266,862.	3,770,426.	
14 Information technology	46,952.	46,657.	295.	
15 Royalties				
16 Occupancy	5,279,361.	5,093,791.	185,570.	
17 Travel	98,068.	84,609.	13,459.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	120,514.	92,039.	28,475.	
20 Interest	1,081,425.		1,081,425.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	17,035,013.		17,035,013.	
23 Insurance	2,337,038.	2,337,038.		
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 <b>MEDICAL SUPPLIES</b>	42,573,005.	42,528,692.	44,313.	
b <b>Lease Expense</b>	2,653,850.	2,638,139.	15,711.	
c <b>Dues &amp; memberships</b>	376,615.	185,524.	191,091.	
d				
e All other expenses	2,145,854.	960,855.	1,184,999.	
25 <b>Total functional expenses.</b> Add lines 1 through 24e	268,932,351.	209,805,821.	59,126,530.	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 ☐ 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) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	29,875,320.	<b>1</b>	15,443,920.
	<b>2</b> Savings and temporary cash investments		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net		<b>3</b>	
	<b>4</b> Accounts receivable, net	137,182,049.	<b>4</b>	150,324,261.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		<b>5</b>	
	<b>6</b> 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 instr). Complete Part II of Sch L		<b>6</b>	
	<b>7</b> Notes and loans receivable, net	49,466,687.	<b>7</b>	43,750,420.
	<b>8</b> Inventories for sale or use		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges	10,391,477.	<b>9</b>	2,391,915.
	<b>10a</b> Land, buildings, and equipment - cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 489,641,151.		
	<b>b</b> Less accumulated depreciation	<b>10b</b> 368,896,816.	<b>10c</b>	
	<b>11</b> Investments - publicly traded securities	117,952,805.	<b>11</b>	120,744,335.
	<b>12</b> Investments - other securities. See Part IV, line 11	14,100,013.	<b>12</b>	18,368,447.
	<b>13</b> Investments - program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets	1,411,000.	<b>14</b>	1,411,000.
	<b>15</b> Other assets. See Part IV, line 11	7,845,216.	<b>15</b>	7,434,305.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	368,224,567.	<b>16</b>	359,868,603.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	24,364,413.	<b>17</b>	11,613,145.
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue	134,488.	<b>19</b>	129,629.
	<b>20</b> Tax-exempt bond liabilities	59,587,732.	<b>20</b>	57,137,601.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> 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		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> 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	88,566,339.	<b>25</b>	84,572,277.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25	172,652,972.	<b>26</b>	153,452,652.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	193,998,830.	<b>27</b>	204,894,061.
	<b>28</b> Temporarily restricted net assets	1,572,765.	<b>28</b>	1,521,890.
	<b>29</b> Permanently restricted net assets		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33</b> <b>Total net assets or fund balances</b>	195,571,595.	<b>33</b>	206,415,951.
	<b>34</b> <b>Total liabilities and net assets/fund balances</b>	368,224,567.	<b>34</b>	359,868,603.

Form 990 (2017)

**Part XI Reconciliation of Net Assets**

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

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	274,010,235.
2	Total expenses (must equal Part IX, column (A), line 25)	2	268,932,351.
3	Revenue less expenses Subtract line 2 from line 1	3	5,077,884.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	195,571,595.
5	Net unrealized gains (losses) on investments	5	1,994,959.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	3,771,513.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	206,415,951.

**Part XII Financial Statements and Reporting**

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

☒

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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		X
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	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
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		

Form 990 (2017)

Department of the Treasury  
Internal Revenue Service

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2017

**Open to Public Inspection**

Name of the organization

TOURO INFIRMARY

Employer identification number

72-0423659

<b>Part I</b>	<b>Reason for Public Charity Status</b> (All organizations must complete this part ) See instructions
---------------	---

The organization is not a private foundation because it is (For lines 1 through 12, check only one box.)

- 09
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or university \_\_\_\_\_
- 10 ☐ 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 )
- 11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12 ☐ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- 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 1-10 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						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-06-17 Schedule A (Form 990 or 990-EZ) 2017

**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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	
<b>13 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 stop here <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	%
<b>15</b> Public support percentage from 2016 Schedule A, Part II, line 14	<b>15</b>	%
<b>16a 33 1/3% support test - 2017.</b> 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>b 33 1/3% support test - 2016.</b> 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"/>		
<b>17a 10% -facts-and-circumstances test - 2017.</b> 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>b 10% -facts-and-circumstances test - 2016.</b> 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"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2017

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

(Complete only if you checked the box on line 10 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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</b> <b>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</b> <b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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</b> <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14</b> <b>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> <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2016 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests - 2017.** 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 - 2016.** 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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.		
<b>2</b> 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).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
<b>b</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.		
<b>c</b> 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.		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
<b>b</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.		
<b>c</b> 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.		
<b>5a</b> 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).		
<b>b</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?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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> .		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
<b>9a</b> 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> .		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>c</b> Did a disqualified person (as defined in line 9a) 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> .		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
<b>b</b> Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		



**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> 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?		
<b>11a</b>		
b A family member of a person described in (a) above?		
<b>11b</b>		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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? If "No," describe in Part VI 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.		
<b>1</b>		
<b>2</b> 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? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>1</b>		
<b>2</b> 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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> 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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
a 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? If "Yes," then in Part VI 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.		
<b>2a</b>		
b 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? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
a 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.		
<b>3a</b>		
b 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.		
<b>3b</b>		

**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 (explain in Part VI.) 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)		
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	Discount 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)		

Schedule A (Form 990 or 990-EZ) 2017

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 <b>Total annual distributions.</b> Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a 1			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j <b>Remainder</b> Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7. \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c <b>Remainder</b> Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions			
7 <b>Excess distributions carryover to 2018.</b> Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

**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.)

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No 1545-0047

**2017**

**Open to Public  
Inspection**

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

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

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

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

**If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

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

Name of organization

**TOURO INFIRMARY**

Employer identification number

**72-0423659**

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

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

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2017

LHA

732041 11-09-17

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

**A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)			
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)			
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)			
<b>d</b> Other exempt purpose expenditures			
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)			
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns			
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>		
Not over \$500,000	20% of the amount on line 1e		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)			
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0-			
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-			
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			

☐ Yes ☐ No

**4-Year Averaging Period Under section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2017

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b> Volunteers?		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?		X	
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities?	X		32,645.
<b>j</b> Total. Add lines 1c through 1i			32,645.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

**Part IV** Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

**Part II-B, Line 1, Lobbying Activities:**

Touro Infirmary paid a portion of dues to various organization that were deemed to be for lobbying or related activities. Of the total

expense of \$32,645, amounts were paid to: 1) Louisiana Hospital

Association - \$16,643 (21% of dues); 2) Louisiana Hospital association

(for American Hospital Association dues) - \$10,347 (23% of dues); and

**Part IV** Supplemental Information (continued)

Metropolitan Hospital Council of New Orleans - \$5,655 (29% of dues).



**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2017**

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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, 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	▶ \$ _____

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

Schedule D (Form 990) 2017

732051 10-09-17

**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 exhibitiond ☐ Loan or exchange programsb ☐ Scholarly researche ☐ Other \_\_\_\_\_c ☐ Preservation for future generations

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☐ Nob If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	7,651,280.	7,651,280.	7,651,280.	7,651,280.	7,651,280.
b Contributions	5,156.				
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	7,656,436.	7,651,280.	7,651,280.	7,651,280.	7,651,280.

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 ☐ %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)		X
3a(ii)	X	
3b	X	

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

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" on 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	13,242,243.			13,242,243.
b Buildings	191,835,399.		137,320,336.	54,515,063.
c Leasehold improvements				
d Equipment	278,561,675.		230,818,371.	47,743,304.
e Other	6,001,834.		758,109.	5,243,725.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c)				120,744,335.

Schedule D (Form 990) 2017

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Investments in Affiliates	59,302,778.
(3) Pension Liabilities	9,737,821.
(4) Amounts due to Affiliates	173,479.
(5) Professional Liability	8,789,626.
(6) Due from restricted funds	1,515,863.
(7) Worker's Comp Claims Liability	2,358,713.
(8) 340B Liability	1,061,095.
(9) Retirement payable long term	556,625.
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	84,572,277.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

Schedule D (Form 990) 2017

**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 1			
<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 1			
<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.

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 X, Line 2:

FIN 48 FOOTNOTE

Accounting principles generally accepted in the United States of America provide accounting and disclosure guidance about positions taken by an entity in its tax returns that might be uncertain. Penalties and interest assessed by income taxing authorities, if any, would be included in income

**Part XIII** Supplemental Information (continued)

tax expense.

Touro believes it has appropriate support for any tax positions taken, and management has determined that there are no uncertain tax positions that are material to the financial statements.



**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.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No 1545-0047

**2017**

**Open to Public Inspection**

Name of the organization

TOURO INFIRMARY

Employer identification number  
72-0423659

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

- 1a** Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a
- b** If "Yes," was it a written policy?
- 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
- ☒ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities
- ☐ 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 *free* care?
- If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care
- ☐ 100% ☐ 150% ☐ 200% ☒ Other 250 %
- b** Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care
- ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☒ 400% ☐ Other \_\_\_\_\_ %
- 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"?
- 5a** Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?
- b** If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?
- 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?
- 6a** Did the organization prepare a community benefit report during the tax year?
- b** If "Yes," did the organization make it available to the public?

	Yes	No
<b>1a</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>1b</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3a</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3b</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>4</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>5a</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>5b</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5c</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6a</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>6b</b>	<input type="checkbox"/>	<input type="checkbox"/>

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**

	(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
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1)			1351443.	77,393.	1274050.	.47%
<b>b</b> Medicaid (from Worksheet 3, column a)			50354430.	87243816.	0.	.00%
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)			104,346.	58,455.	45,891.	.02%
<b>d Total</b> Financial Assistance and Means-Tested Government Programs			51810219.	87379664.	1319941.	.49%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)			364,105.		364,105.	.14%
<b>f</b> Health professions education (from Worksheet 5)			10021084.	1515748.	8505336.	3.16%
<b>g</b> Subsidized health services (from Worksheet 6)						
<b>h</b> Research (from Worksheet 7)						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)			16491385.		16491385.	6.13%
<b>j Total</b> Other Benefits			26876574.	1515748.	25360826.	9.43%
<b>k Total</b> Add lines 7d and 7j			78686793.	88895412.	26680767.	9.92%





<b>Part V</b>	<b>Facility Information</b>
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## Section A Hospital Facilities

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

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

Name, address, primary website address, and state license number  
(and if a group return, the name and EIN of the subordinate hospital  
organization that operates the hospital facility)

[illegible]

**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, 16j, 18e, 19e, 20e, 21c, 21d, 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.

Touro Infirmary:

Part V, Section B, Line 5: Interviews with Key Community Stakeholders:

Leaders from organizations included the following: 1) Public health expertise; 2) Professionals with access to community health related data; and 3) Representatives of underserved populations (i.e., seniors, low-income residents, Latino(a) residents, Vietnamese residents, youth, residents with disabilities, and residents that are uninsured). Such persons were interviewed as part of the needs assessment planning process. A total of 36 interviews were completed with key stakeholders in the Touro Infirmary community. A complete list of organizations represented in the stakeholder interviews can be found in the "Key Stakeholder Interviews" section of this report. This process lasted from April 2015 until August 2015.

Survey of Vulnerable Populations: Community members, including underrepresented residents, were included in the needs assessment through a survey process. A total of 598 surveys were collected in the Touro Infirmary service area, which provides a +/- 2.89 confidence interval for a 95% confidence level. A 32-question health status survey was offered in English, Spanish, and Vietnamese. The survey was administered by community-based organizations providing services to vulnerable populations in the hospital service area. Community-based organizations were trained to administer the survey using hand distribution. Surveys were administered onsite and securely mailed to a third party for tabulation and analysis. Surveys were analyzed using SPSS software. Geographic regions were developed by the CHNA oversight committee for analysis and comparison purposes: Eastbank Region: the East banks of Jefferson Parish,



**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)

Name of hospital facility or letter of facility reporting group Touro InfirmaryLine 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>		
1 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?		X
2 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		X
3 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	X	
If "Yes," indicate what the CHNA report describes (check all that apply)		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA		20 <u>15</u>
5 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	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
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		X
7 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply)		
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>http://www.touro.com/chna</u>		
b <input type="checkbox"/> Other website (list url)		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 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	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy		20 <u>16</u>
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?		X
a If "Yes," (list url)		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	X	
11 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		
12a 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)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to 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)**Name of hospital facility or letter of facility reporting group Touro Infirmary

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that		
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	<b>X</b>	
If "Yes," indicate the eligibility criteria explained in the FAP		
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>250</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
b <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input checked="" type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance status		
g <input checked="" type="checkbox"/> Residency		
h <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>14</b> Explained the basis for calculating amounts charged to patients?	<b>X</b>	
<b>15</b> Explained the method for applying for financial assistance?	<b>X</b>	
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)		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" 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)		
<b>16</b> Was widely publicized within the community served by the hospital facility?	<b>X</b>	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>www.Touro.com/financialassistance</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>www.Touro.com/financialassistance</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>See Part V, Page 8</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" 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 checked="" 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 checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j <input checked="" type="checkbox"/> Other (describe in Section C)		

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**Part V Facility Information** (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group Touro Infirmary

	Yes	No
<b>17</b> 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 nonpayment?	<b>X</b>	
<b>18</b> 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"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> 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?		<b>X</b>
If "Yes," check all actions in which the hospital facility or a third party engaged		
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"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> 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"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs		
b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process		
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications		
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations		
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**

<b>21</b> 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?	<b>X</b>	
If "No," indicate why		
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)		

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**Part V Facility Information** (continued)**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**Name of hospital facility or letter of facility reporting group Touro Infirmary**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 ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d ☐ The hospital facility used a prospective Medicare or Medicaid method

**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

**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

	Yes	No
<b>23</b>		<b>X</b>
<b>24</b>		<b>X</b>

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**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, 16j, 18e, 19e, 20e, 21c, 21d, 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.

Orleans Parish, Plaquemines Parish, St. Charles Parish, and St. John Parish. Southeast Louisiana (SELA) Region: all parishes included in the study area (Ascension, East Baton Rouge, Iberville, Jefferson, Lafourche, Livingston, Orleans, Plaquemines, St. Bernard, St. Charles, St. John the Baptist, St. Tammany, Terrebonne, and Washington Parishes).

## Touro Infirmary:

Part V, Section B, Line 6a: Between March of 2015 and October of 2015, Touro collaborated with 15 hospitals and other community-based organizations in the region during the CHNA process. The collaborative study laid the foundation for individual hospital CHNA's for each of the following collaborating hospitals including Touro Infirmary:

>Children's Hospital of New Orleans

>East Jefferson General Hospital

>Ochsner Health System: Ochsner Medical Center, Ochsner Medical Center Westbank, Ochsner Medical Center Kenner, Ochsner Baptist Medical Center, Ochsner St. Anne General Hospital

>Slidell Memorial Hospital

>West Jefferson Medical Center

>St. Tammany Parish Hospital

>University Medical Center

## Touro Infirmary:

Part V, Section B, Line 11: Due to resource constraints, Touro Infirmary is currently not in a position to provide certain services outside of our



**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, 16j, 18e, 19e, 20e, 21c, 21d, 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

primary scope. Behavioral health services have not been incorporated into our community benefit plan because it is not a competency of the hospital and infrastructure is unavailable to sustain programs. Referrals for mental health services are provided from local sources. As resources become available Touro Infirmary will continue to use the CHNA as a guide for future priorities. An updated inventory of available community resources is provided as an appendix in the hospital's 2015 CHNA. External Resources for Behavioral Health Services in available to residents served by Touro Infirmary:

"Access Health Louisiana

"Access Pregnancy and Referral Centers

"Accessibility Community Living, Inc.

"Addiction Counseling & Educational Resources (ACER)

"Addiction Recovery Resources

"Advocates for Juvenile & Adults Rights, Inc. (A.J.A.R)

"Alphacare Support Coordination, LLC

"Arc of Greater New Orleans

"Assisi Bridge House

"Assurance Care Provider, LLC

"Autism Society - Greater New Orleans Chapter

"Beacon Behavioral Hospital

"BHG New Orleans Downtown Treatment Center

"BHG New Orleans Westbank Treatment Center

"Bridge House Corporation

"Catholic Charities Archdiocese of New Orleans

"Celebration Hope Center

**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, 16j, 18e, 19e, 20e, 21c, 21d, 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.

"Center for Hope Children and Family Services

"Children's Hospital

"Choices of Louisiana, Inc.

"Common Ground Health Clinic

"Community Care Hospital

"Community Mental Health Clinic

"Covenant House

"Crossroads Louisiana Inc.

"Daughters of Charity Health Center

"Duracare Counseling & Consulting Services, LLC

"East Jefferson General Hospital

"Easter Seals Louisiana

"Family Service of Greater New Orleans

"Gateway Recovery Systems

"Greater New Orleans Resource Center on Developmental Disabilities

"Greenpath International Inc.

"Gulf South Addiction & Wellness, LLC

"Holistic Educational Rehabilitation Center

"Jefferson Community Health Care Centers

"Kingsley House, Inc.

"Lakeview Regional Medical Center

"Louisiana Department of Health & Hospitals

"Magnolia Community Services

"Mercy Family Center

"Metropolitan Human Services District

"MMO Behavioral Health System

"New Orleans Aids Task Force

**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, 16j, 18e, 19e, 20e, 21c, 21d, 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.

"New Orleans Children's Health Project

"New Orleans Council on Aging

"New Orleans East Louisiana Community Health Center

"Northlake Behavioral Health System

"Ochsner Health System

"Odyssey House Louisiana (OHL)

"Options for Independence

"Positive Living Treatment Center

"Resources for Human Development

"Responsibility House

"River Oaks Hospital

"Riverside Medical Center

"Seaside Health Care

"St. Thomas Community Health Center

"Strive Incorporated

"Teche Action Clinic

"Thibodaux Regional Medical Center

"Townsend

"Triumph of Special People

"Tulane University School of Medicine

"Volunteers of America Of GNO

"Youth Service Bureau

Touro Infirmary:

Part V, Section B, Line 13b: >If patient is homeless they will  
automatically qualify

**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, 16j, 18e, 19e, 20e, 21c, 21d, 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.

>If the patient is already deemed medically indigent and receives benefits from any Medicaid program they will automatically qualify

>Individual or family net worth, utilizing the patient's individual or family income, employment status, family size, financial obligations including living expenses and other items of a reasonable and necessary nature are considered

>Medical hardship may also be determined for patients on a case by case basis. Patient may be eligible if the patient's financial responsibility exceeds 25% of gross income or 50% of total assets, excluding Primary Residence, one (1) Vehicle, College Fund, and Retirement fund

Touro Infirmary:

Part V, Section B, Line 13h: Information from a predictive model may be used by Touro Infirmary to determine presumptive eligibility in cases where there is an absence of information provided directly by the patient.

Touro Infirmary

Part V, line 16c, FAP Plain Language Summary website:

[www.Touro.com/financialassistance](http://www.Touro.com/financialassistance)

Touro-Infirmary:

**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, 16j, 18e, 19e, 20e, 21c, 21d, 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.

Part V, Section B, Line 16j: Information about how to apply for financial assistance is available on the website.

<b>Part VI</b>	<b>Supplemental Information</b>
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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

Part I, Line 3c:

Part VI Line 1: for Part I line 3c.

Describe in Part VI the income based criteria for determining eligibility  
for free or discounted care. Include in the description whether the  
organization uses an asset test or other threshold, regardless of income,  
to determine eligibility for free or discounted care.>>>>>>>>>>>>>>>>

The following factors are considered when determining the amount of financial assistance for which a patient is eligible based on resources:

> If patient is homeless they will automatically qualify;

> If the patient is already deemed medically indigent and receives  
benefits from any Medicaid program they will automatically qualify;

> Individuals or family net worth, utilizing the patient's individual or family income, employment status, family size, financial obligations including living expenses and other items of a reasonable and necessary nature;

> Medical hardship may also be determined for patients on a case by case  
basis. Patient may be eligible if the patient's financial responsibility



received UPL payments of approximately \$47 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 2017 to Touro.

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 10. 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."

Part VI Line 1: for Part III, line 8. Describe the costing methodology or  
source used to determine the amount reported on line 6.>>>>>>>>>>>>>>

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 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?>>>>>>>>>>>>>>>>

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.>>>>>>>>>>

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**Part VI** Supplemental Information (Continuation)

economic, and environmental factors and measure these factors with previous needs assessments and state and national trends.

The assessment process gathered input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge and expertise of public health issues. The needs assessment data collection methodology was comprehensive and there were no gaps in the information collected.

Community Health Assessment Planning: A series of meetings was facilitated by the consultants and the CHNA oversight committee consisting of leadership from Touro Infirmary and other participating hospitals and organizations. This process lasted from March 2015 until August 2015.

Secondary Data: Comprehensive analysis of health status and socio-economic environmental factors related to the health of residents of the Touro Infirmary community was completed from existing data sources such as state and county public health agencies, the Centers for Disease Control and Prevention, County Health Rankings, Truven Health Analytics, Community Needs Index (CNI), Healthy People 2020, Prevention Quality Indicators (PQI), and other additional data sources. This process lasted from March 2015 until August 2015 (data available upon request).

Trending from 2013 CHNA: In 2013, Touro Infirmary complete a CHNA. The data sources used for this CHNA were the same data sources from 2013, which made it possible to review trends and changes across the hospital service area. There were several data sources with changes in the definition of specific indicators, which restricted the use of trending in

Schedule H (Form 990)

**Part VI** Supplemental Information (Continuation)

several cases. The factors that could not be trended are clearly defined in the secondary data section of this report. Additionally, the findings from primary data (i.e., community leaders, stakeholders, and focus groups) are presented when relevant in the executive summary portion. The 2013 CHNA can be found online at: <http://www.touro.com/chna>

Interviews with Key Community Stakeholders: Touro's CHNA consultant worked closely with the CHNA oversight committee to identify leaders from organizations that included: 1) Public health expertise; 2) Professionals with access to community health related data; and 3) Representatives of underserved populations (i.e., seniors, low income residents, Latino(a) residents, Vietnamese residents, youth, residents with disabilities, and residents that are uninsured). Such persons were interviewed as part of the needs assessment planning process. A total of 36 interviews were completed with key stakeholders in the Touro Infirmary community. A complete list of organizations represented in the stakeholder interviews can be found in the "Key Stakeholder Interviews" section of this report. This process lasted from April 2015 until August 2015.

Survey of vulnerable populations: Touro's CHNA consultant worked closely with the CHNA oversight committee to ensure that community members, including underrepresented residents, were included in the needs assessment through a survey process. A total of 598 surveys were collected in the Touro Infirmary service area, which provides a +/- 2.89 confidence interval for a 95% confidence level. A 32-question health status survey was offered in English, Spanish, and Vietnamese. The survey was administered by community-based organizations providing services to vulnerable populations in the hospital service area. Community-based

**Part VI** Supplemental Information (Continuation)

organizations were trained to administer the survey using hand distribution. Surveys were administered onsite and securely mailed to a third party for tabulation and analysis. Surveys were analyzed using SPSS software.

Identification of top regional community health needs: Top community health needs were identified and prioritized by community leaders during a regional community health needs identification forum held on August 5, and 7, 2015. Consultants presented CHNA findings from analyzing secondary data, key stakeholder interviews, and surveys. Community leaders discussed the data presented, shared their visions and plans for community health improvement in their communities, and identified and prioritized the top community health needs in the Touro Infirmary community.

Community leaders identified the following top community health priorities that are supported

by secondary and/or primary data:

- 1) Access to health services;
- 2) Behavioral health and substance abuse; and
- 3) Resource awareness and health literacy.

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 our own health programs, participation in community health fairs, partnerships with local community organizations and other grassroots efforts. Touro's

Schedule H (Form 990)

**Part VI** Supplemental Information (Continuation)

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.

Part VI, Line 3:

Part VI Line 3 Patient education of eligibility for assistance

Touro Infirmary is committed to widely publicizing its Financial Assistance Policy within the communities it serves. Financial Counselors have the plain language summaries of the Policy available for all patients and are trained in the application process.

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

Schedule H (Form 990)

**Part VI** Supplemental Information (Continuation)

financial assistance programs, which may also pay for hospital and physician services. This is a community service provided by the hospital at no charge to its patients.

Registration staff, financial counselors and other hospital staff are provided ongoing training regarding the eligibility criteria and programs that are available through various local, state, and federal agencies to ensure that deserving patients are referred to appropriate third parties and/or provided financial assistance, depending on the patients' individual circumstances.

Part VI, Line 4:

Part VI Line 4 Community information

Geographic service area: Touro community includes 16 zip codes (70113, 70114, 70115, 70116, 70117, 70118, 70119, 70122, 70124, 70125, 70126, 70127, 70128, 70130, 70131, and 70043) including 2 parishes that hold a large majority (75%) of the inpatient discharges for the hospital.

Demographic definition of service area:

The total population estimates of the following parishes for 2017: Orleans Parish 393,292 (43.61% total pop. across the parishes served by Touro); Jefferson Parish 439,036 (48.68% total pop. across the parishes served by Touro); St. Bernard Parish 46,202 (5.12% total pop. across the parishes served by Touro); and Plaquemines Parish 23,348 (2.58% total pop. across the parishes served by Touro). Source: 2017 US Census Bureau Quick Facts.

Touro Rehabilitation Center (TRC) serves as a regional acute

**Part VI** Supplemental Information (Continuation)

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.

2017 Race/Ethnicity by Parish: Orleans Parish: White/Non Hispanic = 30.7% (120,740); Black/Non-Hispanic = 60.1% (236,368); Hispanic = 5.7% (22,417); Asian/Is. = 3.0% (11,798); All Other = 0.5% (1,966).

Jefferson Parish: White/Non Hispanic = 52.5% (230,493); Black/Non-Hispanic = 27.6% (121,173); Hispanic = 14.9% (65,416); Asian/Is. = 4.3% (18,878); All Other = 0.7% (3,073).

St. Bernard Parish: White/Non Hispanic = 62.6% (28,922); Black/Non-Hispanic = 23.4% (10,811); Hispanic = 10.0% (4,620); Asian/Is. = 2.3% (1,096); All Other = 1.7% (785).

Plaquemines Parish: White/Non Hispanic = 63.6% (14,849); Black/Non-Hispanic = 21.0% (4,903); Hispanic = 7.4% (1,727); Asian/Is. = 4.2% (1,050); All Other = 3.8% (887).

Population of children by Parish (ages 0-17):

Children 0-17 make up 21.46% (193,581) of the total population of the parishes served by Touro. Orleans Parish= 79,051; Jefferson Parish=96,148; St. Bernard Parish=12,335; Plaquemines Parish=6,047.

Income:

Median household income (2012-2016 in 2016 dollars) for the state compared to parishes served by Touro is: Louisiana = \$45,652; Orleans Parish =

**Part VI** Supplemental Information (Continuation)

\$37,488; Jefferson Parish = \$49,457; St. Bernard Parish = \$43,565; and Plaquemines Parish = \$50,251.

Per capita money income in past 12 months (2016 dollars), 2012-2016:

New Orleans=\$28,444; State of Louisiana=\$25,515; Source: July 2017 US Census QuickFacts

Poverty Level:

Percent of people living below the poverty level (2012-2016) in the state compared to parishes served by Touro is: Louisiana = 19.7%; Orleans Parish = 24.1%; Jefferson Parish = 16.1%; St. Bernard Parish = 23.45%; and Plaquemines Parish = 15.4%.

Child Poverty Rates in 2016 (most recent data available): Louisiana = 28.0%, Orleans Parish = 36%, Jefferson Parish = 26%, St. Bernard Parish = 29%, Plaquemines Parish = 20%

Source: <http://datacenter.kidscount.org>

In 2016, Louisiana ranked 49th in the nation for the percent of children in poverty, 49th among states in percent of babies born at low birthweight, 49th among states in its infant mortality rate. SOURCE: <https://www.cdc.gov/nchs/pressroom/states/louisiana/louisiana.htm>

Uninsured by Parish:

Percent of Uninsured Adults under age 65 2017: Orleans=11.6%; Jefferson=14.0%; St. Bernard= 11.5%; Plaquemines=13.6%

Source: County Health Rankings, US Census Quick Facts



**Part VI** Supplemental Information (Continuation)

Percent of Uninsured Children (under 19) 2017: New Orleans Region =2.2% compared to 6.2% in 2011.

Source: Louisiana Health Insurance Survey, 2017 (sponsored by DHH)

<http://ldh.la.gov/assets/media/2017-Louisiana-Health-Insurance-Survey-Repo>

A new study shows the number of Louisiana adults without health insurance has been cut in half since the state expanded its Medicaid program. The Louisiana Health Insurance Survey has been conducted by LSU every two years since 2003. It found 11.4 percent of non-elderly Louisiana adults were uninsured in 2017. That's about 321,000 people aged 19 to 64.

In 2015, the rate was 22.7 percent, with Medicaid expansion driving the drop. That has added 474,000 adults to government-financed insurance since July 2016. The report says about 53 percent of Louisiana adults have health insurance through their employers, while Medicaid covers about 21 percent. Fewer than 3 percent of Louisiana children are uninsured. The report showed nearly 54 percent are covered through Medicaid.

<http://ldh.la.gov/assets/media/2017-Louisiana-Health-Insurance-Survey-Repo>

**Health Outcomes:**

Source: 2017 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= 39; Jefferson= 9; St. Bernard= 31; Plaquemines= 6  
Length of Life: Orleans= 39; Jefferson= 11; St. Bernard= 30; Plaquemines= 9

Quality of Life: Orleans= 38; Jefferson= 9; St. Bernard= 36; Plaquemines=

**Part VI** Supplemental Information (Continuation)

5

Healthy Behaviors: Orleans= 19; Jefferson= 7; St. Bernard= 36;

Plaquemines= 26

Percentage of population smoking in parishes served by Touro: Orleans=  
20%; Jefferson= 17%; St. Bernard= 22%; Plaquemines= 21%

In Louisiana, obesity is more prevalent among non-Hispanic blacks at 42.0 percent and American Indian/Alaskan Natives at 48.3 percent than non-Hispanic whites at 32.3 percent and Hispanics at 32.9 percent.

Source:

<https://www.americashealthrankings.org/explore/annual/measure/Obesity/stat>  
Prevalence of obesity: Orleans= 32%; Jefferson= 36%; St. Bernard= 36%;  
Plaquemines= 33%

Diabetes also varies by race and ethnicity in the state; 13.9 percent of non-Hispanic blacks have diabetes compared to 11.4 percent of non-Hispanic whites.

Louisiana has the 7th highest diabetes mortality rates in the National (Kaiser Foundation 2016) and diabetes is the seventh leading cause for deaths among Louisiana residents.

Louisiana is the 5th leading state for deaths related to Heart Disease (source CDC: State of the "State of Louisiana"), and Heart Disease is our state's leading cause of death. Reducing 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.

Cancer rates: Cancer is the second leading cause of death in Louisiana,

Schedule H (Form 990)

**Part VI** Supplemental Information (Continuation)

making LA the 40th ranked state in the US for cancer deaths. To address this need, Touro has created a comprehensive cancer care program-including 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 Rehabilitation Center has added a cancer rehabilitation program, for the rehabilitation of both inpatient and outpatient cancer patients. Patients who are unable to afford the supplies (e.g. lymphedema garment) or therapy session co-pays are assessed and their needs are addressed so that they will not be denied treatment. Touro also offers a Cancer Survivorship Program and support group where cancer patients are able to meet one on one with a survivorship coordinator RN to discuss treatment summaries, follow-up and coordination of care post-treatment.

Infant mortality: The state of Louisiana currently ranks 47th among states in its infant mortality rate. Source:  
[https://www.cdc.gov/nchs/pressroom/sosmap/infant\\_mortality\\_rates/infant\\_mo](https://www.cdc.gov/nchs/pressroom/sosmap/infant_mortality_rates/infant_mo)

The other acute care hospitals serving the community are: Children's Hospital; Ochsner Medical Center Ochsner Baptist Hospital, Ochsner Kenner Hospital, Ochsner Westbank Hospital, Tulane Medical Center, University Medical Center, East Jefferson General Hospital, West Jefferson Medical Center and St. Bernard Parish Hospital.

For the period, Jan. 1, 2016 - Dec. 31, 2017 Touro was the main provider of health service in Orleans Parish with 13,664 discharges.

Part VI, Line 5:

**Part VI** Supplemental Information (Continuation)

Part VI (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.).

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 2017, Touro offered or participated in 184 total community outreach events, which were attended by 3,919 people. 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

Schedule H (Form 990)

**Part VI** Supplemental Information (Continuation)

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 Sherriff's Office Health Fair.

**Sponsorship events:** As part of the LCMC Health system of hospitals, Touro sponsors and participates in 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 Employer Health Fair 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 quarterly educational health seminar or

Schedule H (Form 990)

**Part VI** Supplemental Information (Continuation)

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 2017, Touro offered several free health seminars and special events on woman'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 were focused on women's health and wellness. Touro physicians lead the seminars with time for questions following the presentations.

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, 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.

Living Well with Touro: Touro dietitians and other health experts offer a free monthly Living Well with Touro program open to Touro patients and community members. The class is designed to teach participants the benefits of healthy lifestyle choices, including stress management, healthy diet, physical activity, preventive care and more.

Supportive Cancer Care Program: Touro's Supportive Cancer Care Center

Schedule H (Form 990)

**Part VI** Supplemental Information (Continuation)

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.

Girl Talk: 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.

Cancer Survivor Support Group: Touro offers a monthly cancer survivorship support group where various health topics are discussed. The meetings also provide a forum to patients at various stages of the cancer journey to connect and support one another emotionally as they heal and move beyond treatment.

Survivorship Service: 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.

Patient Navigation: 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:

"Understand cancer diagnosis

"Explore treatment options

"Assess supportive care needs

"Locate financial resources

"Provide support and encouragement throughout treatment

**Part VI** Supplemental Information (Continuation)

"Serve as a "go to" resource when needed

Parkinson's Disease Support Group: Touro's outpatient rehabilitation center offers a monthly support group for those living with Parkinson's Disease and their caregivers. The topics change monthly and feature a variety of guest speakers to provide meaningful education and support to those living with the disease.

Part VI, Line 6:

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 70% interest in TIJV, LLC (as of 12/31/2017), 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,

Schedule H (Form 990)



**Part VI** Supplemental Information (Continuation)

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 between LCMC, Children's and its subsidiaries, Touro Infirmary and its subsidiaries (Touro), and Cooperative Endeavor Agreements (CEAs) with University Medical Center Management Corporation (UMCMC) and West Jefferson Holding, LLC and its subsidiaries (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, West Jefferson, LCMC Health Anesthesia Corporation ("LHAC"), and LCMC Health Clinical Services, LLC ("LHCS") 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 University Medical Center in New Orleans (UMC). UMCMC is a provider of charity care for the

Schedule H (Form 990)

**Part VI** Supplemental Information (Continuation)

uninsured and plays a vital role as a statewide referral center for patients in need of tertiary care. UCMC 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. LHAC was formed to become the primary provider of anesthesia services to hospitals within the System.

In tax year 2017, LCMC and its affiliates provided total community benefit expense of \$708.1 million. This amount represented 47 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 2017, \$461.3 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

Name of the organization

## TOURO INFIRMARY

<b>Part I</b>	<b>General Information on Grants and Assistance</b>
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**Employer identification number**  
**72-0423659**

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

**2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States**

Part II	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

☒ Yes ☐ No

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
University Medical Center Management Corporation - 2021 Perdido St - New Orleans, LA 70112	25-1925187	501(c)(3)	16,354,285.	0.			During the year ended December 31, 2017, Touro donated \$16,354,285 to University Medical Center

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

**3** Enter total number of other organizations listed in the line 1 table

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

See Part IV for Column (h) descriptions

Schedule I (Form 990) (2017)



**Part IV** Supplemental Information

specifically for uninsured and underinsured patients. This donation supports Touro's tax-exempt purpose and community benefits obligations and is presented as community support in the statement of operations.

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization

**TOURO INFIRMARY**

Employer identification number

**72-0423659**

**Part I Questions Regarding Compensation**

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

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

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

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

**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.

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

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

**a** Receive a severance payment or change-of-control payment?

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

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

**Only section 501(c)(3), 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

**a** The organization?

**b** Any related organization?

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

**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

**a** The organization?

**b** Any related organization?

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

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

**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.

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

	Yes	No
<b>1b</b>		
<b>2</b>	X	
<b>4a</b>	X	
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2017

**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 aren't 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				
(1) GREG FEIRN	(i) 0.	0.	0.	0.	0.	0.	0.
SYSTEM PRESIDENT/CEO	(ii) 978,670.	310,227.	311,885.	234,090.	27,746.	1,862,618.	0.
(2) JACK JACOBS	(i) 0.	0.	0.	0.	0.	0.	0.
Board Member	(ii) 177,230.	18,681.	9,406.	8,067.	11,595.	224,979.	0.
(3) ELLEN ZAKRIS M.D.	(i) 0.	0.	0.	0.	0.	0.	0.
SECRETARY	(ii) 427,924.	555,862.	4,425.	10,800.	9,716.	1,008,727.	0.
(4) SUSAN ANDREWS	(i) 650,133.	118,528.	35,195.	10,800.	237,451.	1,052,107.	0.
CHIEF EXECUTIVE OFFICER	(ii) 0.	0.	0.	0.	0.	0.	0.
(5) JEFFREY COCO M.D.	(i) 331,523.	66,827.	5,833.	11,033.	16,115.	431,331.	0.
CHIEF MEDICAL OFFICER	(ii) 0.	0.	0.	0.	0.	0.	0.
(6) DANITA SULLIVAN	(i) 274,703.	55,577.	4,908.	10,800.	6,966.	352,954.	0.
CHIEF NURSING OFFICER	(ii) 0.	0.	0.	0.	0.	0.	0.
(7) DAVID ELGARICO	(i) 303,152.	47,597.	1,994.	10,800.	16,759.	380,302.	0.
CHIEF OPERATING OFFICER	(ii) 0.	0.	0.	0.	0.	0.	0.
(8) MARK WACK	(i) 261,456.	47,693.	4,710.	10,800.	17,259.	341,918.	0.
CHIEF FINANCIAL OFFICER	(ii) 0.	0.	0.	0.	0.	0.	0.
(9) FRANCIS D. MERTENS	(i) 220,293.	37,009.	6,816.	13,328.	8,396.	285,842.	0.
VP BUSINESS DEVELOPMENT/PH	(ii) 0.	0.	0.	0.	0.	0.	0.
(10) GRETCHEN PENTON	(i) 213,301.	11,617.	5,411.	9,187.	11,595.	251,111.	0.
EXEC VP of CCPI	(ii) 0.	0.	0.	0.	0.	0.	0.
(11) JEANETTE RAY	(i) 221,935.	33,297.	4,010.	11,869.	14,195.	285,306.	0.
VP REHAB SERVICES	(ii) 0.	0.	0.	0.	0.	0.	0.
(12) GREGORY R BARKER	(i) 160,511.	23,441.	1,288.	8,548.	942.	194,730.	0.
VICE PRESIDENT OPERATIONS	(ii) 0.	0.	0.	0.	0.	0.	0.
(13) STEPHEN M BALDWIN	(i) 189,351.	31,468.	1,244.	9,172.	10,921.	242,156.	0.
VICE PRESIDENT OPERATIONS	(ii) 0.	0.	0.	0.	0.	0.	0.
(14) TAKEISHA DAVIS	(i) 239,477.	27,450.	1,599.	5,400.	16,759.	290,685.	0.
NOEH - PRESIDENT/CEO	(ii) 0.	0.	0.	0.	0.	0.	0.
(15) MONICA GANGE	(i) 199,112.	7,900.	356.	11,991.	16,759.	236,118.	0.
RN	(ii) 0.	0.	0.	0.	0.	0.	0.
(16) JOHN RICHERT	(i) 185,666.	0.	724.	7,500.	5,653.	199,543.	0.
PHYSICIST	(ii) 0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) 2017

**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 aren't 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				
(17) DONNA STEPHENS AVP QUALITY	(i) 157,401. (ii) 0.	23,361. 0.	3,846. 0.	7,262. 0.	799. 0.	192,669. 0.	0. 0.
(18) KIM BROWN RN	(i) 154,583. (ii) 0. (iii) 0.	12,200. 0. 0.	345. 0. 0.	7,693. 0. 0.	16,288. 0. 0.	191,109. 0. 0.	0. 0. 0.
(19) ROYCE DEAN YOUNT, M.D. Board Member FORMER	(i) 538,567. (ii) 0.	178,890. 0.	3,151. 0.	10,800. 0.	19,359. 0.	750,767. 0.	0. 0.
(20) SUZANNE HAGGARD LCMC CFO (Touro CFO-Former)	(i) 539,130. (ii) 0.	165,283. 0.	6,028. 0.	13,091. 0.	10,747. 0.	734,279. 0.	0. 0.
(21) CINDY POLT CFO (FORMER)	(i) 165,031. (ii) 0.	0. 0.	0. 0.	346. 0.	0. 0.	165,377. 0.	0. 0.
(22) SCOTT C. LANDRY LCMC-SVP (Touro VP -Former)	(i) 231,844. (ii) 0.	58,111. 0.	2,744. 0.	8,355. 0.	17,184. 0.	318,238. 0.	0. 0.
(23) CHAD COURREGE LCMC-SVP (Touro VP -Former)	(i) 333,388. (ii) 0.	80,340. 0.	3,709. 0.	12,997. 0.	19,408. 0.	449,842. 0.	0. 0.
(24) LISA GORE LCMC-CHIEF CLINICAL EXCELL	(i) 392,893. (ii) 0.	132,941. 0.	6,028. 0.	11,033. 0.	6,497. 0.	549,392. 0.	0. 0.
(25) STACY A BUNDRICK LCMC VP FINANCIAL OPERATIO	(i) 205,886. (ii) 0.	44,178. 0.	1,920. 0.	5,277. 0.	12,940. 0.	270,201. 0.	0. 0.
(26) TANYA KENNEDY LCMC CHIEF INFORMATION OFF	(i) 333,593. (ii) 0.	80,980. 0.	2,254. 0.	11,083. 0.	17,019. 0.	444,929. 0.	0. 0.
(27) MARTHA G SMITH NOEH-CHIEF NURSING OFFICER	(i) 113,689. (ii) 0.	14,898. 0.	1,659. 0.	5,136. 0.	33. 0.	135,415. 0.	0. 0.
(28) RACHEL VERVILLE LCMC VP REVENUE CYCLE	(i) 270,266. (ii) 0.	69,828. 0.	3,319. 0.	10,640. 0.	19,947. 0.	374,000. 0.	0. 0.
(29) FREDERICK SCHMITT JR AVP SYSTEM CBO	(i) 160,926. (ii) 0.	0. 0.	7,330. 0.	7,961. 0.	14,430. 0.	190,647. 0.	0. 0.
	(i) 0. (ii) 0.	0. 0.	0. 0.	0. 0.	0. 0.	0. 0.	0. 0.
	(i) 0. (ii) 0.	0. 0.	0. 0.	0. 0.	0. 0.	0. 0.	0. 0.
	(i) 0. (ii) 0.	0. 0.	0. 0.	0. 0.	0. 0.	0. 0.	0. 0.
	(i) 0. (ii) 0.	0. 0.	0. 0.	0. 0.	0. 0.	0. 0.	0. 0.

Schedule J (Form 990) 2017



**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.

**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, Lines 4a-b:**

Severance payments were made to following listed individuals:

Susan Pitoscia \$48,224

Mr. Francis Dale Mertens has a SERP balance of \$144,381 recorded on his behalf as of December 31, 2017. Effective April 1, 2008 CCPI adopted the

**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.

SERP plan . 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.

**SCHEDULE K  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information on Tax-Exempt Bonds**  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
 ▶ Attach to Form 990. ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**  
Open to Public Inspection

Name of the organization

**TOURO INFIRMARY**

Employer identification number  
**72-0423659**

**Part I Bond Issues** See Part VI for Columns (a) and (f) Continuations

(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) Pooled financing	
						Yes	No	Yes	No	Yes	No
Louisiana Public A Facilities Authority (To)	72-0895871	546395M35	04/24/15	40500000.00	Advance refunding of outstanding 1			X	X		X
B											
C											
D											

**Part II Proceeds**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired								
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								
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
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property?								
<b>b</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?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property?								
<b>d</b> 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?								
<b>4</b> 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 <b>▶</b>		%		%		%		%
<b>5</b> 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 <b>▶</b>		%		%		%		%
<b>6</b> Total of lines 4 and 5		%		%		%		%
<b>7</b> Does the bond issue meet the private security or payment test?								
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?								
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
<b>9</b> 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
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
<b>2</b> If "No" to line 1, did the following apply?								
<b>a</b> Rebate not due yet?	X							
<b>b</b> Exception to rebate?		X						
<b>c</b> No rebate due?		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
<b>3</b> Is the bond issue a variable rate issue?		X						
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
<b>b</b> Name of provider		Bank of America Mer						
<b>c</b> Term of hedge		1012019						
<b>d</b> Was the hedge superintegrated?		X						
<b>e</b> Was the hedge terminated?		X						



**(Form 990 or 990-EZ)**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

▶ **Attach to Form 990 or Form 990-EZ.**

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2017

### Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

TOURO INFIRMARY

Employer identification number

72-0423659

<b>Part I</b>	<b>Excess Benefit Transactions</b> (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
---------------	--

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

[illegible]

**2** Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958

► \$

**3** Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

▶ \$

<b>Part II</b>	<b>Loans to and/or From Interested Persons.</b>
----------------	---

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

[illegible]

Total

▶ \$

<b>Part III</b>	<b>Grants or Assistance Benefiting Interested Persons.</b>
-----------------	--

Complete if the organization answered "Yes" on Form 990, Part IV, line 27

[illegible]

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Reuben Chrestman, MD	Radiologist, member	170,902.	Financial s		X

**Part V Supplemental Information**

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

Sch L, Part IV, Business Transactions Involving Interested Persons:

(a) Name of Person: Reuben Chrestman, MD

(b) Relationship Between Interested Person and Organization:

Radiologist, member of Regional Radiology LLC group.

(d) Description of Transaction: Financial subsidy for Radiologist

Services paid to Group via contract with Touro for hospital based services.

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization

TOURO INFIRMARY

Employer identification number  
72-0423659

Form 990, Part III, Line 4b, Program Service Accomplishments:

University, Delgado Community College, Dillard University, Holy Cross College, William Carey, Loyola and Southern University. Touro currently offers training programs to students in respiratory, radiology and nursing. Touro staff provided 10,205 hours of support to the 42 students in these programs.

In 2017, Touro Rehabilitation Center provided 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); University of Massachusetts Lowell (Lowell, MA); Southern University (Baton Rouge, LA); and Southern University (New Orleans, LA); Touro staff provided 1,637 hours of support to 107 students and/or teaching groups.

Form 990, Part III, Line 4c, Program Service Accomplishments:

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.

Form 990, Part III, Line 4d, Other Program Services:

During the year ended December 31, 2017, Touro donated \$16,354,285 to University Medical Center Management Corporation (UMCMC) with the intention of providing working capital to UMCMC to support their healthcare and educational activities, specifically for uninsured and underinsured patients. This donation supports Touro's tax-exempt

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

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17



Name of the organization

TOURO INFIRMARY

Employer identification number

72-0423659

purpose and community benefits obligations and is presented as  
community support in the statement of operations.

In 2017 Touro provided \$23,350 of cash and in-kind contributions to  
various entities dedicated to improving health in our community.

Touro additionally provided \$113,750 in meeting space free of charge to  
local non-profits and other organizations for the benefit of the  
community. In 2017, Touro provided meeting space for 339 meetings.

Expenses \$ 16,491,385. including grants of \$ 16,354,285. Revenue \$ 0.

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.

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 11b:

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.

Name of the organization

TOURO INFIRMARY

Employer identification number

72-0423659

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.

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 IX, Line 11g, Other Fees:

Medical, Interns &amp; Residents &amp; Med Directors:

Program service expenses	13,882,678.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	13,882,678.

Building &amp; Equipment Maintenance:

Name of the organization

TOURO INFIRMARY

Employer identification number  
72-0423659

Program service expenses	5,905,036.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	5,905,036.

Contracted As-Needed Labor:

Program service expenses	9,925,334.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	9,925,334.

Other Services and Fees:

Program service expenses	11,403,017.
Management and general expenses	2,309,156.
Fundraising expenses	0.
Total expenses	13,712,173.
Total Other Fees on Form 990, Part IX, line 11g, Col A	43,425,221.

Form 990, Part XI, line 9, Changes in Net Assets:

K-1 net loss not in Net Assets (TIJV, CCRC & GSQN)	34,478.
Remove Losses from Subsidiary Organization	-692,737.
Change in Restricted Net Assets	
Direct Net Asset Adjustment of Pension Liabilities	3,059,843.
Remove allocated unpaid rent of subsidiary	1,420,774.
Other adjustments	-50,845.
Total to Form 990, Part XI, Line 9	3,771,513.

FORM 990, PART XII, LINE 2C:

732212 09-07-17

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization

TOURO INFIRMARY

Employer identification number

72-0423659

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.

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

[illegible]

**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
Touro Infirmary Foundation - 72-1169939							
401 Foucher Street							
New Orleans, LA 70115	healthcare support	Louisiana	501(c)(3)	509(a)(3)	Touro Infirmary	X	
Woldenberg Village - 72-0540671							
3701 Behrman place							
New Orleans, LA 70114	healthcare delivery	Louisiana	501(c)(3)	509(a)(2)	Touro Infirmary	X	
LOUISIANA CHILDREN'S MEDICAL CENTER (LCMC) -							
344-3480131, 200 Henry Clay Ave., New							
Orleans, LA 70118	healthcare delivery	Louisiana	501(c)(3)	509(a)(3)			X
Children's Hospital - 72-0467503							
2000 Henry Clay Ave.,							
New Orleans, LA 70118	healthcare delivery	Louisiana	501(c)(3)	170(B)(1)(A)	LCMC		X

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

Schedule R (Form 990) 2017



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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
							Yes	No			
1 TIJV - 26-1378361											
1401 Foucher St.	Imaging Center		Touro								
New Orleans, LA 70115	Rental	LA	Infirmary	Related	56,502.	2,118,136.	X		N/A	X	70.00%
2 Crescent City Research											
Consortium, LLC - 38-3880814,			Non Profit								
1111 Medical Center Blvd Ste	Scientific		Hospital								
N701, Marrero, LA 70072	Research	LA	Consortium	Related	-44,989.	246,086.	X		N/A	X	50.00%
3 Gulf South Quality Network,											
LLC - 90-0911137, 3501 N			Non Profit								
Causeway Blvd Ste 710,	Provider		Hospital		0.	0.	X		N/A	X	.00%
Metairie, LA 70002	Network	LA	Consortium	Related							

**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
Crescent City Physicians, Inc. - 72-1269878			Touro						
3600 Prytania Street, Suite 72			Infirmary	C CORP	70,235.	65,165,509.	100%		X
New Orleans, LA 70115	Healthcare	LA							
Buckman Medical Office Building Condominium			Touro						
Association - 72-1226687, 1401 Foucher			Infirmary	C CORP	0.	163,257.	92.00%		X
Street, New Orleans, LA 70115	Healthcare	LA							
Prytania Medical Complex Owners Association			Touro						
- 72-0866121, 650 Poydras Street, Suite			Infirmary	C CORP	0.	310,360.	80.00%		X
1200, New Orleans, LA 70130	Healthcare	LA							

**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**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?**a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity**b** Gift, grant, or capital contribution to related organization(s)**c** Gift, grant, or capital contribution from related organization(s)**d** Loans or loan guarantees to or for related organization(s)**e** Loans or loan guarantees by related organization(s)**f** Dividends from related organization(s)**g** Sale of assets to related organization(s)**h** Purchase of assets from related organization(s)**i** Exchange of assets with related organization(s)**j** Lease of facilities, equipment, or other assets to related organization(s)**k** Lease of facilities, equipment, or other assets from related organization(s)**l** Performance of services or membership or fundraising solicitations for related organization(s)**m** Performance of services or membership or fundraising solicitations by related organization(s)**n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)**o** Sharing of paid employees with related organization(s)**p** Reimbursement paid to related organization(s) for expenses**q** Reimbursement paid by related organization(s) for expenses**r** Other transfer of cash or property to related organization(s)**s** Other transfer of cash or property from related organization(s)**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
(1) TOURO INFIRMARY FOUNDATION	C	490,386.	
(2) TOURO INFIRMARY FOUNDATION	R	2,198,922.	
(3) Woldenberg Village	S	1,172,981.	
(4) Crescent City Physicians, Inc.	D	9,987,892.	
(5) Crescent City Physicians, Inc.	A	1,420,774.	
(6) TIJV, LLC	A	90,294.	



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

(a)	(b)	(c)	(d)
Name of other organization	Transaction type (a-i)	Amount involved	Method of determining amount involved
(7) TIJV, LLC	A	74,403.	
(8) Crescent City Physicians, Inc.	R	5,738,466.	
(9) University Medical Center Management	B	16,394,285.	
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			



**Part VII** Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

Provide additional information for responses to questions on Schedule H. See instructions.