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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

Touro Infirmary

Doing business as

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

Room/suite

1401 FOUCHER STREET

City or town, state or province, country, and ZIP or foreign postal code

NEW ORLEANS, LA 70115

F Name and address of principal officer

Brad Sinclair

1401 FOUCHER STREET

NEW ORLEANS, LA 70115

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

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

H(c) Group exemption number

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶

www.touro.com

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation

1852

M State of legal domicile

LA

G Gross receipts \$

280,632,847

Part I

Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

provision of healthcare services

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

3

4

5

6

7a

7b

17

11

2,354

210

51,843

-14,296

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Prior Year

Current Year

596,697

261,871,006

418,042

11,124,490

274,010,235

16,354,285

0

99,159,100

0

153,418,966

268,932,351

5,077,884

593,568

269,585,735

795,902

9,657,642

280,632,847

15,766,086

0

96,937,454

0

176,182,464

288,886,004

-8,253,157

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Beginning of Current Year

End of Year

359,868,603

153,452,652

206,415,951

301,905,540

112,782,955

189,122,585

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Beginning of Current Year

End of Year

359,868,603

153,452,652

206,415,951

301,905,540

112,782,955

189,122,585

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

Signature of officer

Brad Sinclair CFO

Type or print name and title

2019-11-15

Date

Sign Here

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name ▶

Firm's address ▶

Firm's EIN ▶

Phone no

Paid Preparer Use Only

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

☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2018)

Part III Statement of Program Service AccomplishmentsCheck 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 \$	193,161,255	including grants of \$) (Revenue \$	277,666,800)
See Additional Data						

4b	(Code)	(Expenses \$	11,250,944	including grants of \$) (Revenue \$	1,526,170)
See Additional Data						

4c	(Code)	(Expenses \$	325,949	including grants of \$) (Revenue \$)
See Additional Data						

(Code)	(Expenses \$	15,901,686	including grants of \$	15,766,086)	(Revenue \$)
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During the year ended December 31, 2018, Touro donated \$15,766,086 to University Medical Center Management Corporation (UMCMC) with the intention of providing working capital to UCMCMC to support their healthcare and educational activities, specifically for uninsured and underserved patients. This donation supports Touro's tax-exempt purpose and community benefits obligations and is presented as community support in the statement of operations. In 2018 Touro provided \$46,100 of cash and in-kind contributions to various entities dedicated to improving health in our community. Touro additionally provided \$89,500 in meeting space free of charge to local non-profits and other organizations for the benefit of the community. In 2018, Touro provided meeting space for 251 meetings.

4d	Other program services (Describe in Schedule O)					
(Expenses \$	15,901,686	including grants of \$	15,766,086)	(Revenue \$		

4e	Total program service expenses	220,639,834
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	
21 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? If "Yes," complete Schedule I, Parts I and II	21 Yes	
22 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? If "Yes," complete Schedule I, Parts I and III	22	No

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 295	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	2,354	2b	Yes	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a		No
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O				3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . .				4a		No
b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .				5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?				5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?				6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?				6b		
7 Organizations that may receive deductible contributions under section 170(c).						
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?				7a		No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?				7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year				7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				7e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .				7f		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?						
				8		
9a Did the sponsoring organization make any taxable distributions under section 4966?				9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?				9b		
10 Section 501(c)(7) organizations. Enter						
a Initiation fees and capital contributions included on Part VIII, line 12				10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				10b		
11 Section 501(c)(12) organizations. Enter						
a Gross income from members or shareholders				11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)				11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?						
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year				12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.						
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O				13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans				13b		
c Enter the amount of reserves on hand				13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?				14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O				14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N				15	Yes	
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O				16		No

Part VI

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

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

Section A. Governing Body and Management

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

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13.	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official.	Yes	
b	Other officers or key employees of the organization.	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	Yes	
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?		No

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

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

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 ☐

□

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

● List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

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

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

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

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

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

[illegible]

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

[illegible]

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	7,248,263	7,900,293	794,428

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 ▶ 187

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 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	12,702,157
LSUHSC - NEW ORLEANS 433 BOLIVAR STREET RM 619 NEW ORLEANS, LA 70112	Residency Affiliation	9,018,219
MEDASSETS SUPPLY CHAIN SYSTEMS PO Box 742081 ATLANTA, GA 30374	Contract Staffing	6,450,945
LCMC ANESTHESIA 200 HENRY CLAY AVE NEW ORLEANS, LA 70118	Physician Services	4,159,687
JCT CONSTRUCTION CO INC 240 IRIS AVE JEFFERSON, LA 70121	General Contractor	2,638,667

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 ► 62

Form 990 (2018)

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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

Contributions, Gifts, Grants and Other Similar Amounts

1a

Federated campaigns

1a

1b

Membership dues

1b

1c

Fundraising events

1c

1d

Related organizations

1d

1e

Government grants (contributions)

1e

1f

All other contributions, gifts, grants, and similar amounts not included above

1f

593,568

1g

Noncash contributions included in lines 1a - 1f \$

1h

Total. Add lines 1a-1f

593,568

Program Service Revenue

2a

NET PATIENT SERVICE

Business Code

621400

268,822,729

268,822,729

2b

NON-PATIENT SERVICE

621400

763,006

763,006

2c

2d

2e

2f

All other program service revenue

2g

Total. Add lines 2a-2f

269,585,735

Other Revenue

3

Investment income (including dividends, interest, and other similar amounts)

794,466

794,466

4

Income from investment of tax-exempt bond proceeds

5

Royalties

6a

Gross rents

(i) Real

(ii) Personal

2,467,514

6b

Less rental expenses

0

6c

Rental income or (loss)

2,467,514

6d

Net rental income or (loss)

2,467,514

2,467,514

7a

Gross amount from sales of assets other than inventory

(i) Securities

(ii) Other

1,436

7b

Less cost or other basis and sales expenses

0

7c

Gain or (loss)

1,436

7d

Net gain or (loss)

1,436

1,436

8a

Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18

a

8b

Less direct expenses

b

8c

Net income or (loss) from fundraising events

9a

Gross income from gaming activities See Part IV, line 19

a

9b

Less direct expenses

b

9c

Net income or (loss) from gaming activities

10a

Gross sales of inventory, less returns and allowances

a

10b

Less cost of goods sold

b

10c

Net income or (loss) from sales of inventory

11a

Parking

Miscellaneous Revenue

Business Code

812930

1,808,264

1,808,264

11b

340b OP Drug program

900099

1,769,623

1,769,623

11c

Cafeteria/catering

900099

1,429,903

1,429,903

11d

All other revenue

2,182,338

2,130,495

51,843

11e

Total. Add lines 11a-11d

7,190,128

12

Total revenue. See Instructions

280,632,847

279,192,970

51,843

794,466

Form 990 (2018)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☒**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	15,766,086	15,766,086		
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, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	4,700,790	1,551,861	3,148,929	
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.	78,090,942	75,667,769	2,423,173	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	2,007,347	1,930,702	76,645	
9 Other employee benefits.	6,334,145	5,809,642	524,503	
10 Payroll taxes.	5,804,230	5,675,394	128,836	
11 Fees for services (non-employees):				
a Management.	34,804,683	83,700	34,720,983	
b Legal.	76,157	12,711	63,446	
c Accounting.	144,256		144,256	
d Lobbying.	34,959		34,959	
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	52,130,985	49,886,598	2,244,387	
12 Advertising and promotion.	882,541	9,014	873,527	
13 Office expenses.	8,673,650	5,181,958	3,491,692	
14 Information technology.	33,040	33,040		
15 Royalties.				
16 Occupancy.	5,255,727	5,054,176	201,551	
17 Travel.	126,474	113,995	12,479	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	121,610	90,896	30,714	
19 Conferences, conventions, and meetings.				
20 Interest.	1,364,516		1,364,516	
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	17,072,802		17,072,802	
23 Insurance.	1,815,301	1,815,301		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a MEDICAL SUPPLIES	44,832,010	44,762,899	69,111	
b Affiliate Cost Allocation	3,358,226	3,358,226		
c Lease Expense	2,734,983	2,717,855	17,128	
d Dues & memberships	342,148	124,464	217,684	
e All other expenses	2,378,396	993,547	1,384,849	
25 Total functional expenses. Add lines 1 through 24e.	288,886,004	220,639,834	68,246,170	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		15,443,920	1	9,132,108
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		150,324,261	4	103,612,538
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		43,750,420	7	38,867,021
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		2,391,915	9	1,249,466
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	507,552,585		
	b	Less: accumulated depreciation	10b	385,852,485		
				120,744,335	10c	121,700,100
	11	Investments—publicly traded securities		18,368,447	11	18,282,996
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets		1,411,000	14	1,411,000
15	Other assets. See Part IV, line 11		7,434,305	15	7,650,311	
16	Total assets. Add lines 1 through 15 (must equal line 34)		359,868,603	16	301,905,540	
Liabilities	17	Accounts payable and accrued expenses		11,613,145	17	29,151,731
	18	Grants payable			18	
	19	Deferred revenue		129,629	19	150,537
	20	Tax-exempt bond liabilities		57,137,601	20	54,532,471
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		84,572,277	25	28,948,216
	26	Total liabilities. Add lines 17 through 25		153,452,652	26	112,782,955
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		204,894,061	27	187,645,893
	28	Temporarily restricted net assets		1,521,890	28	1,476,692
	29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		206,415,951	33	189,122,585
34	Total liabilities and net assets/fund balances		359,868,603	34	301,905,540	

Part XI Reconciliation of Net AssetsCheck 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	280,632,847
2	Total expenses (must equal Part IX, column (A), line 25)	2	288,886,004
3	Revenue less expenses Subtract line 2 from line 1	3	-8,253,157
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	206,415,951
5	Net unrealized gains (losses) on investments	5	-1,688,755
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	-7,351,454
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	189,122,585

Part XII Financial Statements and ReportingCheck 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		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
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	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Additional Data

Software ID:
Software Version:
EIN: 72-0423659
Name: Touro Infirmary

Form 990 (2018)

Form 990, Part III, Line 4a:

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 13,506 inpatients and had 285,901 outpatient visits in 2018. There were 7,654 surgeries (inpatient, outpatient and ambulatory surgery center), 30,776 emergency department visits, and 3,204 deliveries.

Form 990, Part III, Line 4b:

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 733 students, residents and fellows in 2018 in the specialties of Allergy, 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 nursing and allied health programs for various metro New Orleans colleges, including Louisiana State University (New Orleans, LA), Delgado Community College (New Orleans, LA), Dillard University (New Orleans, LA), Holy Cross College (New Orleans, LA), and Southern University (New Orleans, LA). Touro currently offers training programs to students in respiratory, radiology and nursing. In 2018, Touro staff provided 10,420 hours of support to the 49 students in these programs. In 2018, 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 and Shreveport, LA), Delgado Community College (New Orleans, LA), Southeastern Louisiana University (Hammond, LA), Pearl River Community College (Poplarville, MS), University of Alabama (Birmingham, AL), University of Massachusetts Lowell (Lowell, MA), Washington University (St. Louis, MO), University of St. Augustine (Austin, TX and St. Augustine, FL), and Southern University (Baton Rouge, LA and New Orleans, LA). Touro staff provided 9,980 hours of support to 30 students and/or teaching groups.

Form 990, Part III, Line 4c:

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 2018, Touro offered or participated in 243 total community outreach events, which were attended by 4,158 people.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
HUGH W LONG PhD PAST CHAIRMAN	1 00	X						0	0	0
LOUIS GOOD III CHAIRMAN	1 00	X						0	0	0
JOY BRAUN VICE CHAIR	1 00	X						0	0	0
GREG FEIRN SYSTEM PRESIDENT/CEO	0 50 54 50	X						0	2,736,796	39,054
ALLAN BISSINGER Board Member	1 00	X						0	0	0
KIM BOYLE Board Member	1 00	X						0	0	0
MARA FORCE Board Member	1 00	X						0	0	0
JACK JACOBS Board Member	1 00 40 00	X						0	145,922	19,347
BILL MIMES Board Member (LCMC CHAIRMA	1 00	X						0	0	0
KNIGHT WORLEY MD Board Member	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ELLEN ZAKRIS MD SECRETARY	1 00 40 00	X						0	1,116,124	21,634
ANDREW JACOBS Board Member	1 00	X						0	0	0
REUBEN CHRESTMAN MD Board Member	1 00	X						0	0	0
JONATHAN SCHLACKMAN TREASURER	1 00	X						0	0	0
JILL ISRAEL BOARD MEMBER	1 00	X						0	0	0
RUTH KULLMAN Board Member	1 00	X						0	0	0
SUSAN ANDREWS CHIEF EXECUTIVE OFFICER	40 00 7 00	X		X				1,498,080	0	16,893
JEFFREY COCOMD CHIEF MEDICAL OFFICER	40 00			X				441,414	0	27,979
DANITA SULLIVAN CHIEF NURSING OFFICER	40 00			X				356,091	0	18,235
STEPHEN M BALDWIN VICE PRESIDENT OPERATIONS	40 00			X				249,257	0	20,605

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARK WACK CHIEF FINANCIAL OFFICER	40 00			X				346,834	0	18,235
FRANCIS D MERTENS VP BUSINESS DEVELOPMENT/PH	40 00				X			280,361	0	19,685
GRETCHEN PENTON EXEC VP of CCPI	40 00				X			293,603	0	23,074
GREGORY R BARKER VICE PRESIDENT OPERATIONS	40 00				X			213,820	0	9,194
COURTNEY J MARBLEY NOEH-CHIEF NURSING OFFICER	40 00					X		148,324	0	17,851
TAKEISHA DAVIS NOEH - PRESIDENT/CEO	40 00					X		315,512	0	22,947
MONICA GANGE RN	50 00					X		235,496	0	26,294
JOHN RICHERT PHYSICIST	50 00					X		190,605	0	13,549
DONNA STEPHENS VP QUALITY	40 00					X		197,237	0	8,580
KIM BROWN RN	50 00					X		199,688	0	26,218

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DANTE L GREEN NOEH - COO	40 00					X		161,415	0	14,277
LEAH BROCK STAFF RN	40 00					X		194,019	0	19,533
LOURDES M ANFONE STAFF RN	40 00					X		178,158	0	22,058
OPHELIA OWUSU FLOAT RN	40 00					X		162,929	0	6,339
MARIA K HOAG STAFF RN	40 00					X		155,731	0	19,491
LAWRENCE CHINWUBA PHARMACIST	40 00					X		150,435	0	23,714
ELIZABETH A GUILLORY STAFF RN	40 00					X		150,340	0	9,188
JOHN ABADIE LEAD ELECTRICIAN	40 00					X		142,005	0	15,008
MICHELLE FABACHER RN NEONATAL NP	40 00					X		140,445	0	17,831
MARY D LEVINGSTON STAFF RN	40 00					X		138,541	0	16,941

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ROXANNE DOLEY PHARMACIST	40 00					X		136,738	0	19,800
MALINDA BOUCREE PHARMACIST	40 00					X		136,925	0	11,570
ROYCE DEAN YOUNTMD Board Member (Former)	1 00 40 00						X	0	627,563	30,697
SUZANNE HAGGARD LCMC CFO (Touro CFO-Former)	0 00 40 00						X	0	753,421	25,184
CINDY POLT CFO (FORMER)	0 00 20 00						X	0	210,031	703
DAVID ELGARICO COO - (Former)	40 00						X	250,013	0	20,153
JEANETTE RAY VP REHAB SERVICES (Former)	40 00						X	184,247	0	16,388
SCOTT C LANDRY LCMC-SVP (Touro VP -Former)	0 00 40 00						X	0	309,617	27,120
CHAD COURREGE LCMC-SVP (Touro VP -Former)	0 00 40 00						X	0	449,180	32,849
LISA GORE Chief Clinical Excell (Former)	0 00 40 00						X	0	547,147	17,525

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
TANYA KENNEDY LCMC CIO (Former)	0 00 40 00						X	0	457,765	31,484
RACHEL VERVILLE LCMC VP REV CYCLE (Former)	0 00 40 00						X	0	374,522	31,097
FREDERICK SCHMITT JR AVP SYSTEM CBO (Former)	0 00 40 00						X	0	172,205	16,104

SCHEDULE A (Form 990 or 990-EZ)	Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.	OMB No 1545-0047
		2018
		Open to Public Inspection
Department of the Treasury Internal Revenue Service	Name of the organization Touro Infirmary	Employer identification number 72-0423659

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

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

- 1

☐

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

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3

☒

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

An agricultural research organization described in **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						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)
(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage						
14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))					14
15	Public support percentage for 2017 Schedule A, Part II, line 14					15
16a	33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>					
b	33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>					
17a	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>					
b	10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>					
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>					

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

(Complete only if you checked the box on line 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. 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—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI 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.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, 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).</i>	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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? <i>If "Yes," provide detail in Part VI.</i>	6	
7 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>	9a	
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? <i>If "Yes," provide detail in Part VI.</i>	9b	
c 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? <i>If "Yes," provide detail in Part VI.</i>	9c	
10a 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)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

Part IV

Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
11a		
b A family member of a person described in (a) above?		
11b		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 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		
1		
2 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		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 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)		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 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?		
1		
2 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)		
2		
3 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		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 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)		
2 Activities Test. Answer (a) and (b) below.	Yes	No
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		
2a		
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		
2b		
3 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.		
3a		
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		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
<div>1</div> <div><input type="checkbox"/></div> <div>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.</div>			
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	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (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	Minimum Asset Amount (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	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<div><input type="checkbox"/></div> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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 Total annual distributions. 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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:
Software Version:
EIN: 72-0423659
Name: Touro Infirmary

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

Facts And Circumstances Test

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 for instructions and the latest information.

OMB No 1545-0047

2018

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 the organization Touro Infirmary	Employer identification number 72-0423659
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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 (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions) ▶

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-
1				
2				
3				
4				
5				
6				

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

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)

b Total lobbying expenditures to influence a legislative body (direct lobbying)

c Total lobbying expenditures (add lines 1a and 1b)

d Other exempt purpose expenditures

e Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a If zero or less, enter -0-

i Subtract line 1f from line 1c If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ Yes ☐ No**4-Year Averaging Period Under section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		34,959
j	Total. Add lines 1c through 1i			34,959
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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.

Return Reference	Explanation
Part II-B, Line 1	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 \$34,959, amounts were paid to: 1) Louisiana Hospital Association - \$18,865 (23% of dues), 2) Louisiana Hospital association (for American Hospital Association dues) - \$10,439 (23% of dues), and 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 for the latest information.

OMB No 1545-0047

2018

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?

☐ Yes ☐ 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?

☐ Yes ☐ 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)

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

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ 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 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

► \$

Part III

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

3

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

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

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

☐

Part V

Endowment Funds. Complete if the organization answered "Yes" 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	7,656,436	7,651,280	7,651,280	7,651,280	7,651,280
b Contributions	61,841	5,156			
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs	2,000,000				
f Administrative expenses					
g End of year balance	5,718,277	7,656,436	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

100 000 %

c

Temporarily restricted endowment

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

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

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

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

4

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

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" 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		202,514,193	142,315,081	60,199,112
c Leasehold improvements				
d Equipment		289,942,747	242,753,466	47,189,281
e Other		1,853,402	783,938	1,069,464
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				121,700,100

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. (Column (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. (Column (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		
See Additional Data Table		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	28,948,216	

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

☒

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.

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

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.

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 72-0423659
Name: Touro Infirmary

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

1	(a) Description of Liability	(b) Book Value
	Investments in Affiliates	6,186,364
	Pension Liabilities	9,417,473
	Amounts due to Affiliates	181,047
	Professional Liability	7,953,642
	Due from restricted funds	1,470,664
	Worker's Comp Claims Liability	2,180,762
	340B Liability	799,570
	Utility Deposits	23,825
	Swap Obligation	407
	Other Liabilities	734,462

Supplemental Information

Return Reference	Explanation
Part V, Line 4	<p>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. In March 2018, the Weinberg Permanently restricted fund in the amount of \$2,000,000 was released from restriction by the donor. The funds were donated in 2001 for support of Woldenberg Village.</p>

Supplemental Information

Return Reference	Explanation
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 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.

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SCHEDULE H
(Form 990)

Hospitals

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

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

1a

Yes

1b

If "Yes," was it a written policy?

1b

Yes

2

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

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

3a

Yes

☐ 100%☐ 150%☐ 200%☒ Other 25000 0000000000 %

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

3b

Yes

☐ 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

Yes

5a

Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?

5a

Yes

5b

If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?

5b

No

5c

If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?

5c

6a

Did the organization prepare a community benefit report during the tax year?

6a

No

6b

If "Yes," did the organization make it available to the public?

6b

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

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			905,083	42,907	862,176	0 300 %
b Medicaid (from Worksheet 3, column a)			61,725,207	95,434,785	0	0 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			62,630,290	95,477,692	862,176	0 300 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			325,949		325,949	0 110 %
f Health professions education (from Worksheet 5)			11,250,944	1,526,170	9,724,774	3 370 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			15,901,686		15,901,686	5 500 %
j Total. Other Benefits			27,478,579	1,526,170	25,952,409	8 980 %
k Total. Add lines 7d and 7j			90,108,869	97,003,862	26,814,585	9 280 %

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

Cat No 50192T

Schedule H (Form 990) 2018

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1		No
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	9,223,570	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME).	5	40,754,986
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	51,963,242
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-11,208,256
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.		
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	Yes
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.	9b	Yes

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 TIJV LLC	IMAGING CENTER RENTAL	72.500 %		27.500 %
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

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

1

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

	Other (describe)	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital	Facility reporting group
See Additional Data Table										

Part V Facility Information (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
Touro Infirmary**Name of hospital facility or letter of facility reporting group** _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____

1

Community Health Needs Assessment

	Yes	No
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?	1	No
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	2	No
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 If "Yes," indicate what the CHNA report describes (check all that apply)	3 Yes	
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>18</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	5 Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a Yes	
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	6b	No
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7 Yes	
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>www.Touro.com/about-touro/community-health-needs-assessment/</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	8 Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>18</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) _____	10	No
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b Yes	
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)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Touro Infirmary			
Name of hospital facility or letter of facility reporting group			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 250 000000000000 % and FPG family income limit for eligibility for discounted care of 400 000000000000 %			
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 discount			
g <input checked="" type="checkbox"/> Residency			
h <input checked="" type="checkbox"/> Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes
a <input 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)			
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) www.touro.com/patient-visitors/billing/financial-assistance			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) www.touro.com/patient-visitors/billing/financial-assistance			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) www.touro.com/patient-visitors/billing/financial-assistance			
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)			

Part V Facility Information (continued)**Billing and Collections**

Touro Infirmary

Name of hospital facility or letter of facility reporting group

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17 Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> 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		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19	No
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)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
a <input type="checkbox"/> 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

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21 Yes	
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)		

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

Touro Infirmary

Name of hospital facility or letter of facility reporting group _____

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
22		
23		No
24		No

Part V	Facility Information (continued)
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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.

[illegible]

Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 2

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

Provide the following information

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

Form and Line Reference	Explanation
Part I, Line 3c	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 exceeds 25% of gross income or 50% of total assets, excluding Primary Residence, one (1) Vehicle, College Fund, and Retirement fund, > 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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 7	Touro is costing services using a Ratio of Cost to Charges (RCC) of Adjusted Total Expense as a ratio of Gross Patient Charges We apply the ratio to Gross Charges of the population being measured in order to estimate cost Adjusted Total Expense is Touro Hospital's Total Expense less non-patient revenue and removing Direct Community benefit cost disclosed on Sch H line 7j(c) Touro uses the Ratio of Adjusted Cost to Gross Patient Charges, using Worksheet 2 in the Schedule H instructions Part I, line 7b (d) >>>>>>>>>>>>>>>>>>>>>>>>>>>Touro and other health care providers in Louisiana have collaborated with the State and units of local government in Louisiana, to more fully fund the Medicaid program and ensure the availability of quality healthcare services for the low income and needy residents in the community population The provision for this care directly to low income and needy patients will result in the alleviation of the expense of public funds the governmental entities previously expended on such care, thereby allowing the governmental entities to increase support for the state Medicaid program up to federal Upper Payment Limits (UPL) Each State's UPL methodology must comply with its State plan and be approved by the Centers for Medicare & Medicaid Services (CMS) Federal matching funds are not available for Medicaid payments that exceed UPLs In Tax Year 2018, Touro received UPL payments of approximately \$48.8 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 2018 to Touro

Form and Line Reference	Explanation
Part III, Line 4	<p>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 "</p>

Form and Line Reference	Explanation
Part III, Line 4	<p>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 "</p>

990 Schedule H, Supplemental Information

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

Form and Line Reference	Explanation
Part VI, Line 2	<p>Part VI Line 2 Needs assessment Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B >> >>>>>>>>>>Touro completed a comprehensive regional community health needs assessment resulting in the identification of top community health needs. The assessment process included input from persons who represent the broad interests of the communities served by the hospital facilities, including those with special knowledge and expertise of public health issues and the underserved community. The objective of the assessment was to analyze traditional health related indicators, as well as social, demographic, 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 2018 until August 2018 Secondary Data Comprehensive analysis of health status and socioeconomic 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 2018 until August 2018 (data available upon request) Trending from 2015 CHNA In 2015, Touro Infirmary completed a CHNA. The data sources used for this CHNA were the same data sources from 2015, 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 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 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 2018 until August 2018 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. 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 vendor 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 in August 2018. 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</p>

Form and Line Reference	Explanation
Part VI, Line 2	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 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.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 3	<p>Part VI Line 3 Patient education of eligibility for assistanceTouro 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 financial assistance programs, which may also pay for hospital and physician services. This is a community service provided by the hospital at no charge to its patients. Registration staff, financial counselors and other hospital staff are provided ongoing training regarding the eligibility criteria and programs that are available through various local, state, and federal agencies to ensure that deserving patients are referred to appropriate third parties and/or provided financial assistance, depending on the patients' individual circumstances.</p>

Form and Line Reference	Explanation
Part VI, Line 4	<p>Part VI Line 4 Community information The primary service area for Touro Infirmary was defined by ZIP codes that contain a majority (80 percent) of inpatient discharges from the health care facility. In 2018, a total of 22 ZIP codes were identified for Touro Infirmary service area as containing a majority of inpatient discharges. Data from Truven Health Analytics was supplied to gain a deeper understanding of community health care needs. The Community Needs Index (CNI), jointly developed by Dignity Health and Truven Health, assists in the process of gathering vital socioeconomic factors in the community. CNI is a strong indicator of a community's demand for various health care services. The CNI data will be used to quantify the implementation strategy efforts and plans for Touro Infirmary Geographic service area. Touro community includes 22 zip codes (70001, 70003, 70005, 70113, 70114, 70115, 70116, 70117, 70118, 70119, 70122, 70124, 70125, 70126, 70127, 70128, 70130, 70131, 70043, 70056, 70058, and 70065) including 2 parishes that hold a large majority (75%) of the inpatient discharges for the hospital. The CNI score is an average of five different barrier scores that measures various socio-economic indicators of each community using the source data. The five barriers are income, culture, education, insurance, and housing. A score of 10 indicates a ZIP code with the least need, while a score of 50 represents a ZIP code with the most need. Reviewing information related to LCMC Touro Infirmary's primary service area, ZIP codes 70113, 70114, and 70117 had a 2017 CNI score of 50 (more socioeconomic needs), while, on the end ZIP codes 70005 (Metairie), and 70124 (New Orleans) had a CNI score of 28 and 20 respectively. 2017 CNI Score Range>> 500 to 400 (High-socioeconomic barriers)>> 399 to 300>> 199 to 100 (Low-socioeconomic barriers)Touro Infirmary- Study Area Zip CodesZip Code City Parish 2017 CNI Score70113 New Orleans Orleans, Parish, LA 5070114 New Orleans Orleans, Parish, LA 5070117 New Orleans Orleans, Parish, LA 5070119 New Orleans Orleans, Parish, LA 4870126 New Orleans Orleans, Parish, LA 4870127 New Orleans Orleans, Parish, LA 4870116 New Orleans Orleans, Parish, LA 4670125 New Orleans Orleans, Parish, LA 4670043 Chalmette St Bernard Parish, LA 4270118 New Orleans Orleans, Parish, LA 4270112 New Orleans Orleans, Parish, LA 4270128 New Orleans Orleans, Parish, LA 4270056 Gretna Jefferson Parish, LA 4070058 Harvey Jefferson Parish, LA 4070131 New Orleans Orleans, Parish, LA 3870065 Kenner Jefferson Parish, LA 3670115 New Orleans Orleans, Parish, LA 3670130 New Orleans Orleans, Parish, LA 3670001 Metairie Jefferson Parish, LA 3470003 Metairie Jefferson Parish, LA 3070005 Metairie Jefferson Parish, LA 2870124 New Orleans Orleans, Parish, LA 20In reviewing scores from 2016 and 2017, ZIP codes, 70043, 70114, 70117, 70118, 70056, 70058, 70130, 70116, 70119, 70125, 70126, and 70127 reported the largest move between 2016 and 2017 with a 040 difference, indicating factors have contributed to residents facing more socioeconomic barriers to health care. ZIP codes 70122 and 70124, both in New Orleans did not change their CNI scores between the years. Demographic definition of service area The total population estimates of the following parishes for 2018 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 2018 US Census Bureau Quick Facts Touro Rehabilitation Center (TRC) serves as a regional acute rehabilitation center. TRC is recognized as a preferred facility for the treatment of traumatic brain injury and traumatic spinal cord injury, with many patients being referred from the Shreveport, Monroe, Lafayette and Baton Rouge, Louisiana areas, as well as from other states. 2018 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)</p>

Form and Line Reference	Explanation
Part VI, Line 4	<p>, All Other = 3 8% (887) Population of children by Parish (ages 0-17) Children 0-17 make u p 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 In come Median household income (2012-2016 in 2016 dollars) for the state compared to parishe s served by Touro is Louisiana = \$45,652, Orleans Parish = \$37,488, Jefferson Parish = \$4 9,457, St Bernard Parish = \$43,565, and Plaquemines Parish = \$50,251 Per capita money inc ome in past 12 months (2017 dollars), 2012-2016 New Orleans=\$28,444, State of Louisiana=\$2 5,515, 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 Louisi ana = 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 o f babies born at low birthweight, 49th among states in its infant mortality rate SOURCE https //www cdc gov/nchs/pressroom/states/louisiana/louisiana htmUninsured by Parish Perce nt of Uninsured Adults under age 65 2018 Orleans=11 6%, Jefferson= 14 0%, St Bernard= 11 5%, Plaquemines=13 6% Source County Health Rankings, US Census Quick FactsPercent of Unin sured Children (under 19) 2018 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-Report pdfA new study shows the number of Louisiana adults without health insurance has been cut in half since the state expanded its Medical d 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 Medica id expansion driving the drop That has added 474,000 adults to government-financed insura nce since July 2016 The report says about 53 percent of Louisiana adults have health insu rance 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 thr ough Medicaid http //ldh la gov/assets/media/2017-Louisiana-Health-Insurance-Survey-Repor t pdfHealth Outcomes Source 2018 County Health Rankings Louisiana Health ranking of pari shes served by Touro (Jefferson, Orleans, Plaquemines and St Bernard) compared to all par ishes in Louisiana across several indicators (rank noted is of the total 64 parishes in th e 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 Orl eans= 38, Jefferson= 9, St Bernard= 36, Plaquemines= 5>Healthy Behaviors Orleans= 19, Je fferson= 7, St Bernard= 36, Plaquemines= 26>Percentage of population smoking in parishes served by Touro Orleans= 20%, Jefferson= 17%, St Bernard= 22%, Plaquemines= 21%>>Continu ation to be found on Schedule "O"<<<</p>

Form and Line Reference	Explanation
Part VI, Line 5	<p>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 2018, Touro offered or participated in 243 total community outreach events, which were attended by 4,158 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 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: Back to School 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: Port of New Orleans, Progressive, 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 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 2018, Touro offered several free health seminars and special events on women's health issues from women of childbearing age to mature women topics. These seminars were open to the public and held either on-campus or at an offsite location near the hospital. The seminar topics 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</p>

Form and Line Reference	Explanation
Part VI, Line 5	<p>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 pro gram open to Touro patients and community members The class is designed to teach particip ants the benefits of healthy lifestyle choices, including stress management, healthy diet, physical activity, preventive care and more Supportive Cancer Care Program Touro's Supp ortive Cancer Care Center offers a number of free programs and services that are designed to meet the supportive care needs of individuals with cancer throughout the Greater New Or leans community Girl Talk A gynecologic cancer support group for women who have been dia gnosed 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 educat ion and discussion about relevant topics Cancer Survivor Support Group Touro offers a mon thly cancer survivorship support group where various health topics are discussed The meet ings also provide a forum to patients at various stages of the cancer journey to connect a nd support one another emotionally as they heal and move beyond treatment Survivorship Se rvice Cancer survivors are able to meet with the Survivorship Coordinator to develop an i ndividualized survivorship care plan that highlights specific medical and supportive care services needed following the completion of primary cancer treatment Patient Navigation P atient navigation helps overcome barriers to making informed decisions about cancer care This program, offered through the Supportive Cancer Care Center, is available to Touro pat ients at no cost Some ways patients are navigated include " Understand cancer diagnosis " Explore treatment options" Assess supportive care needs " Locate financial resources" Pro vide support and encouragement throughout treatment" Serve as a "go to" resource when need ed Parkinson's Disease Support Group Touro's outpatient rehabilitation center offers a mon thly support group for those living with Parkinson's Disease and their caregivers The top ics change monthly and feature a variety of guest speakers to provide meaningful education and support to those living with the disease</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 6	<p>Part VI Line 6 the respective roles of the organization and its affiliates in promoting the health of the communities served Touro Infirmary has the following wholly owned subsidiaries - Crescent City Physicians, Inc operates physician medical practices Touro Infirmary is the sole member of the following not-for-profit entities - Touro Infirmary Foundation performs the fund-raising function for the hospital - Woldenberg Village, Inc operates a 120-bed nursing home, a 60-unit assisted living facility, and a 60-unit independent living facility Touro Infirmary and Woldenberg Village own a 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, 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 uninsured and plays a vital role as a statewide referral center for patients in need of tertiary care UMCMC also provides medical and allied health training through its affiliation with academic institutions to strengthen and enhance opportunities to achieve the State's medical education, clinical care and research goals LHAC was formed to become the primary provider of anesthesia services to hospitals within the System In tax year 2018, LCMC and its affiliates provided total community benefit expense of \$738.5 million This amount represented 48 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 2018, \$481.6 million in expense (31.5 percent of the affiliates combined total expense) was incurred in providing services for Medicaid recipients and in providing financial assistance Part VI Line 7 None</p>

Additional Data

Software ID:
Software Version:
EIN: 72-0423659
Name: Touro Infirmary

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	TOURO INFIRMARY 1401 FOUCHER STREET NEW ORLEANS, LA 70115	X	X		X			X			

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Touro Infirmary	<p>Part V, Section B, Line 5 Primary data collection phase resulted in the contribution of over 100 community stakeholders/leaders, organizations, and community groups and concluded in October 2018 The Community Needs Assessment (CHNA) was assisted with project management and consultation by Tripp Umbach The primary data collection consisted of several project component pieces Community stakeholder interviews were conducted with individuals who represented a) broad interests of the community, b) populations of need or c) persons with specialized knowledge in public health Health provider surveys were collected to capture thoughts and opinions regarding health providers' community regarding the care and services they provide Community representatives and stakeholders attended a community forum facilitated by Tripp Umbach to prioritize health needs, which will assist in the implementation and planning phase A resource inventory was generated to highlight available programs and services within the service area The resource inventory identifies available organizations and agencies that serve the region within each of the priority needs A robust regional profile (secondary data profile) was analyzed The regional profile contained local, state, and federal data/statistics providing invaluable information on a wide-array of health and social topics 4 Different socioeconomic characteristics, health outcomes, and health factors that affect residents' behaviors, specifically, the influential factors that impact the health of residents were reviewed and discussed with members of the Working Group and Tripp Umbach Geographic regions were developed by the CHNA oversight committee for analysis and comparison purposes was the Greater New Orleans East Bank Region East Bank parts of Jefferson Parish, 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)</p>
Touro Infirmary	<p>Part V, Section B, Line 6a Between March of 2018 and October of 2018, Touro collaborated with 11 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> Tulane Medical Center> St Tammany Parish Hospital > University Medical Center</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Touro Infirmary	<p>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 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 2018 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" 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" 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</p>
Touro Infirmary	<p>Part V, Section B, Line 13b >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>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</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
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, Section B, Line 16j Information about how to apply for financial assistance is available on the website

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Touro Infirmary

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number
72-0423659

Part I General Information on Grants and Assistance

- 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? ☒ Yes ☐ No
- 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.

(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
(1) University Medical Center Management Corporation 2021 Perdido St New Orleans, LA 70112	25-1925187	501(c)(3)	15,766,086				During the year ended December 31, 2018, Touro donated \$15,766,086 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 purpose and community benefits obligations and is presented as community support in the statement of operations.

- 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 ▶

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
Part I, Line 2	Since this grant was given to related parties of which Touro's parent, LCMC is also the parent organization, effective oversight is maintained

Compensation Information

2018

Open to Public Inspection

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 for instructions and the latest information.**

Employer identification number

72-0423659

Part I Questions Regarding Compensation

Yes	No
-----	----

1b

2	Yes
---	-----

4a

4b	Yes
----	-----

4c	
----	--

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5a

5b	
----	--

6a

6b	
-----------	--

7

8

9

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

See Additional Data Table

Schedule J (Form 990) 2018

Part III **Supplemental Information**

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

Return Reference	Explanation
Part I, Line 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.

Return Reference	Explanation
Part I, Line 4b	<p>No Severance payments were made to listed Individuals Mr Francis Dale Mertens has a SERP balance of \$166,567 recorded on his behalf as of December 31, 2018 Effective April 1, 2008 CCPI adopted the SERP plan The SERP is not maintained soley 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 Susan Andrews CEO was paid \$400,000 as a result of her retention plan contained within her hiring offer letter The retention plan covered three years of employment and was based upon the three years of her annual Incentive Compensation Plan results</p>



Additional Data

Software ID:
Software Version:
EIN: 72-0423659
Name: Touro Infirmary

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
GREG FEIRN SYSTEM PRESIDENT/CEO	(i)	0	0	0	0	0	0	0
	(ii)	1,044,068	1,371,544	321,184	11,000	28,054	2,775,850	747,663
JACK JACOBS Board Member	(i)	0	0	0	0	0	0	0
	(ii)	130,177	6,416	9,329	6,157	13,190	165,269	0
ELLEN ZAKRIS MD SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	427,269	684,367	4,488	11,000	10,634	1,137,758	0
SUSAN ANDREWS CHIEF EXECUTIVE OFFICER	(i)	684,877	807,344	5,859	11,000	5,893	1,514,973	400,000
	(ii)	0	0	0	0	0	0	0
JEFFREY COCOMD CHIEF MEDICAL OFFICER	(i)	357,763	77,792	5,859	11,000	16,979	469,393	0
	(ii)	0	0	0	0	0	0	0
DANITA SULLIVAN CHIEF NURSING OFFICER	(i)	287,051	63,904	5,136	11,000	7,235	374,326	0
	(ii)	0	0	0	0	0	0	0
STEPHEN M BALDWIN VICE PRESIDENT OPERATIONS	(i)	208,480	39,415	1,362	9,242	11,363	269,862	0
	(ii)	0	0	0	0	0	0	0
MARK WACK CHIEF FINANCIAL OFFICER	(i)	269,417	72,513	4,904	11,000	7,235	365,069	0
	(ii)	0	0	0	0	0	0	0
FRANCIS D MERTENS VP BUSINESS DEVELOPMENT/PH	(i)	225,495	45,782	9,084	11,000	8,685	300,046	0
	(ii)	0	0	0	0	0	0	0
GRETCHEN PENTON EXEC VP of CCPI	(i)	242,873	44,518	6,212	11,000	12,074	316,677	0
	(ii)	0	0	0	0	0	0	0
GREGORY R BARKER VICE PRESIDENT OPERATIONS	(i)	179,514	32,837	1,469	8,594	600	223,014	0
	(ii)	0	0	0	0	0	0	0
COURTNEY J MARBLEY NOEH-CHIEF NURSING OFFICER	(i)	138,833	8,353	1,138	6,824	11,027	166,175	0
	(ii)	0	0	0	0	0	0	0
TAKEISHA DAVIS NOEH - PRESIDENT/CEO	(i)	240,666	73,229	1,617	5,500	17,447	338,459	0
	(ii)	0	0	0	0	0	0	0
MONICA GANGE RN	(i)	206,031	29,100	365	8,847	17,447	261,790	0
	(ii)	0	0	0	0	0	0	0
JOHN RICHERT PHYSICIST	(i)	189,493	0	1,112	7,656	5,893	204,154	0
	(ii)	0	0	0	0	0	0	0
DONNA STEPHENS VP QUALITY	(i)	161,045	32,296	3,896	7,766	814	205,817	0
	(ii)	0	0	0	0	0	0	0
KIM BROWN RN	(i)	170,232	29,100	356	8,271	17,947	225,906	0
	(ii)	0	0	0	0	0	0	0
DANTE L GREEN NOEH - COO	(i)	135,755	24,839	821	6,742	7,535	175,692	0
	(ii)	0	0	0	0	0	0	0
LEAH BROCK STAFF RN	(i)	172,076	21,500	443	7,924	11,609	213,552	0
	(ii)	0	0	0	0	0	0	0
LOURDES M ANFONE STAFF RN	(i)	155,312	22,400	446	3,711	18,347	200,216	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
OPHELIA OWUSU FLOAT RN	(i)	144,329	18,600	0	6,339	0	169,268	0
	(ii)	0	0	0	0	0	0	0
MARIA K HOAG STAFF RN	(i)	139,566	15,800	365	6,464	13,027	175,222	0
	(ii)	0	0	0	0	0	0	0
LAWRENCE CHINWUBA PHARMACIST	(i)	149,750	0	685	6,267	17,447	174,149	0
	(ii)	0	0	0	0	0	0	0
ELIZABETH A GUILLORY STAFF RN	(i)	138,419	11,600	321	6,133	3,055	159,528	0
	(ii)	0	0	0	0	0	0	0
JOHN ABADIE LEAD ELECTRICIAN	(i)	141,717	0	288	2,934	12,074	157,013	0
	(ii)	0	0	0	0	0	0	0
MICHELLE FABACHER RN NEONATAL NP	(i)	138,931	0	1,514	5,757	12,074	158,276	0
	(ii)	0	0	0	0	0	0	0
MARY D LEVINGSTON STAFF RN	(i)	138,015	0	526	2,887	14,054	155,482	0
	(ii)	0	0	0	0	0	0	0
ROXANNE DOLEY PHARMACIST	(i)	136,181	0	557	5,738	14,062	156,538	0
	(ii)	0	0	0	0	0	0	0
ROYCE DEAN YOUNTMD Board Member (Former)	(i)	0	0	0	0	0	0	0
	(ii)	586,968	37,330	3,265	11,000	19,697	658,260	0
SUZANNE HAGGARD LCMC CFO (Touro CFO-Former)	(i)	0	0	0	0	0	0	0
	(ii)	554,589	192,604	6,228	13,356	11,828	778,605	0
CINDY POLT CFO (FORMER)	(i)	0	0	0	0	0	0	0
	(ii)	210,031	0	0	703	0	210,734	0
DAVID ELGARICO COO - (Former)	(i)	178,828	70,017	1,168	9,976	10,177	270,166	0
	(ii)	0	0	0	0	0	0	0
JEANETTE RAY VP REHAB SERVICES (Former)	(i)	135,099	46,689	2,459	7,274	9,114	200,635	0
	(ii)	0	0	0	0	0	0	0
SCOTT C LANDRY LCMC-SVP (Touro VP -Former)	(i)	0	0	0	0	0	0	0
	(ii)	237,103	69,770	2,744	8,538	18,582	336,737	0
CHAD COURREGE LCMC-SVP (Touro VP -Former)	(i)	0	0	0	0	0	0	0
	(ii)	344,213	101,019	3,948	11,240	21,609	482,029	0
LISA GORE Chief Clinical Excell (Former)	(i)	0	0	0	0	0	0	0
	(ii)	398,514	146,467	2,166	11,239	6,286	564,672	0
TANYA KENNEDY LCMC CIO (Former)	(i)	0	0	0	0	0	0	0
	(ii)	354,385	100,914	2,466	11,239	20,245	489,249	0
RACHEL VERVILLE LCMC VP REV CYCLE (Former)	(i)	0	0	0	0	0	0	0
	(ii)	286,791	84,121	3,610	11,000	20,097	405,619	0
FREDERICK SCHMITT JR AVP SYSTEM CBO (Former)	(i)	0	0	0	0	0	0	0
	(ii)	166,711	0	5,494	7,637	8,467	188,309	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Touro Infirmary

Employer identification number
72-0423659

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

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

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

Part III Private Business Use (Continued)

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

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 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 for the latest information.

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2018

Open to Public Inspection

Name of the organization
Touro Infirmary

Employer identification number
72-0423659

Part I Excess Benefit Transactions (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

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by 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 ► \$

Part II Loans to and/or From Interested Persons.
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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total							► \$					

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

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
(1) Reuben Chrestman MD	Radiologist, member of Regional Radiology LLC group	200,596	Financial subsidy for Radiologist Services paid to Group via contract with Touro for hospital based services		No

Part V Supplemental Information

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

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization
Touro Infirmary**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 for the latest information.

OMB No 1545-0047

2018**Open to Public
Inspection****Employer identification number**

72-0423659

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 7a	Louisiana Children's Medical Center (LCMC) has the sole authority to appoint the board of Touro Infirmary

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	The corporation relies on comparable data from unrelated entities to determine the amount of compensation for its executives, and documentation is maintained regarding the determination of these amounts. The final decision regarding the amount of compensation is subject to the approval of the LCMC Executive Committee.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	All governing documents, the conflict of interest policy, and financial statements are made available to the public upon request

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, line 11g	<p>Interns&Residents and Med Directors Program service expenses 14,911,850 Management and g eneral expenses 788,137 Fundraising expenses 0 Total expenses 15,699,987 Building & Equ ipment Maintenance Program service expenses 6,040,168 Management and general expenses 90 ,000 Fundraising expenses 0 Total expenses 6,130,168 Contracted As-Needed Labor Progra m service expenses 11,257,426 Management and general expenses 0 Fundraising expenses 0 Total expenses 11,257,426 Other Services and Fees Program service expenses 17,677,154 M anagement and general expenses 1,366,250 Fundraising expenses 0 Total expenses 19,043,40 4</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, line 9	K-1 net income not in Net Assets (TIJV & CCRC) -68,062 Remove Losses from Subsidiary Orga nization -11,556,531 Change in Restricted Net Assets -45,198 Direct Net Asset Adjustment of Pension Liabilities -669,507 Remove allocated unpaid rent of subsidiary 1,629,618 Af filiate cost transfer for services provided 3,358,226

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Schedule H, Part VI, Line 4 Continuation	<p>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/state/LA. 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, 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.</p> <p>Infant mortality: The state of Louisiana currently ranks 47th among states in its infant mortality rate. Source: https://www.cdc.gov/nchs/presentation/sosmap/infant_mortality_rates/infant_mortality.htm. 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, 2018 thru Dec. 31, 2018, Touro was the main provider of health service in Orleans Parish with 18,166 discharges.</p>

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Touro Infirmary

Employer identification number
72-0423659

Part I Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

Part II Identification of Related Tax-Exempt Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)Touro Infirmary Foundation 1401 Foucher Street new orleans, LA 70115 72-1169939	healthcare support	LA	501(c)(3)	509(a)(3)	Touro Infirmary	Yes	
(2)Woldenberg Village 3701 Behrman place new orleans, LA 70114 72-0540671	healthcare delivery	LA	501(c)(3)	509(a)(2)	Touro Infirmary	Yes	
(3)LOUISIANA CHILDREN'S MEDICAL CENTER (LCMC) 200 Henry Clav Ave new orleans, LA 70118 94-3480131	healthcare delivery	LA	501(c)(3)	170(B)(1)(A)(iii)			No
(4)Children's Hospital 200 Henry Clav Ave New orleans, LA 70118 72-0467503	healthcare delivery	LA	501(c)(3)	170(B)(1)(A)(iii)	LCMC		No
(5)University Medical Center Management Corporation 2021 Perdido St New Orleans, LA 70112 25-1925187	healthcare delivery	LA	501(c)(3)	170(B)(1)(A)(iii)	LCMC		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) 1 TIJV 1401 Foucher St New Orleans, LA 70115 26-1378361	Imaging Center Rental	LA	Touro Infirmary	Related	284,798	2,162,602		No			No	72 500 %
(2) 2 Crescent City Research Consortium LLC 1111 Medical Center Blvd Ste N701 Marrero, LA 70072 38-3880814	Scientific Research	LA	Non Profit Hospital Consortium	Related	-8,913	235,027		No			No	50 000 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) Crescent City Physicians Inc 3600 Prytania Street Suite 72 New Orleans, LA 70115 72-1269878	Healthcare	LA	Touro Infirmary	C	-8,395,000	62,707,927	100 000 %		No
(2) Buckman Medical Office Building Condominium Association 1401 Foucher Street New Orleans, LA 70115 72-1226687	Healthcare	LA	Touro Infirmary	C		215,490	92 000 %		No
(3) Prytania Medical Complex Owners Association 650 Poydras Street Suite 1200 New Orleans, LA 70130 72-0866121	Healthcare	LA	Touro Infirmary	C		354,394	80 000 %		No

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

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

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

1a

No

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

1b

Yes

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

1c

Yes

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

1d

Yes

e Loans or loan guarantees by related organization(s)

1e

Yes

f Dividends from related organization(s)

1f

No

g Sale of assets to related organization(s)

1g

No

h Purchase of assets from related organization(s)

1h

No

i Exchange of assets with related organization(s)

1i

No

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

1j

No

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

1k

No

l Performance of services or membership or fundraising solicitations for related organization(s)

1l

No

m Performance of services or membership or fundraising solicitations by related organization(s)

1m

Yes

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

1n

Yes

o Sharing of paid employees with related organization(s)

1o

Yes

p Reimbursement paid to related organization(s) for expenses

1p

Yes

q Reimbursement paid by related organization(s) for expenses

1q

No

r Other transfer of cash or property to related organization(s)

1r

Yes

s Other transfer of cash or property from related organization(s)

1s

Yes

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

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 72-0423659
Name: Touro Infirmary

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

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	TOURO INFIRMARY FOUNDATION	C	425,200	
(1)	TOURO INFIRMARY FOUNDATION	R	417,322	
(2)	Woldenberg Village	S	327,419	
(3)	Crescent City Physicians Inc	A	1,629,618	
(4)	TIJV LLC	P	81,574	
(5)	TIJV LLC	A	78,656	
(6)	Crescent City Physicians Inc	R	7,267,826	
(7)	University Medical Center Management	B	15,766,086	