

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

OMB No. 1545-0047  
**2019**  
Open to Public Inspection

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

**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

**D** Employer identification number  
72-0423659

**E** Telephone number  
(504) 897-8344

**G** Gross receipts \$ 306,851,342

**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

## Part I Summary

**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.

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	3	17
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	4	11
<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	2,356
<b>6</b> Total number of volunteers (estimate if necessary)	6	291
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	7a	38,825
<b>b</b> Net unrelated business taxable income from Form 990-T, line 39	7b	-12,304

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	593,568	552,596
<b>9</b> Program service revenue (Part VIII, line 2g)	269,585,735	291,196,177
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	795,902	893,899
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,657,642	14,090,111
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	280,632,847	306,732,783
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	15,766,086	933,794
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	96,937,454	95,736,194
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶0		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	176,182,464	192,995,153
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	288,886,004	289,665,141
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-8,253,157	17,067,642
	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	301,905,540	333,875,203
<b>21</b> Total liabilities (Part X, line 26)	112,782,955	132,961,558
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	189,122,585	200,913,645

## 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.

**Sign Here**  
Signature of officer: \*\*\*\*\* Date: 2020-11-14  
Brad Sinclair CFO Type or print name and title

**Paid Preparer Use Only**  
Print/Type preparer's name Preparer's signature Date Check  if self-employed PTIN  
Firm's name ▶ Firm's EIN ▶  
Firm's address ▶ Phone no.

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

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response 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 \$ 232,244,844 including grants of \$ ) (Revenue \$ 303,989,983 )

See Additional Data

**4b** (Code: ) (Expenses \$ 10,121,143 including grants of \$ ) (Revenue \$ 1,526,170 )

See Additional Data

**4c** (Code: ) (Expenses \$ 277,502 including grants of \$ ) (Revenue \$ )

See Additional Data

(Code: ) (Expenses \$ 2,266,121 including grants of \$ 933,794 ) (Revenue \$ )

During the year ended December 31, 2019 Touro provided \$1,197,002 to further LCMC and LSU's partnership to provide patients with access to state-of-the-art clinical services and clinical trials. These funds are to be used in support of their clinical , research and educational programs in the areas of Anatomy, Pharmacology, and Physiology, and are intended to provide a tangible benefit to social welfare through related programs and educational opportunities. Also in 2019 Touro donated \$933,794 to LCMC Health Clinical Services d/b/a NOLA Physicians Group (NOLA PG) with the intention of providing working capital to NOLA PG to allow for their healthcare activities, specifically to provide needed services to the underserved area of New Orleans East. This donation supports [Hospital]'s tax-exempt purpose and community benefits obligations and is presented as community support in the statement of operations. Other Community Outreach Expenditures included: Cash and in-kind contributions to community groups of \$51,575 for sponsorships. Touro also provides meeting space free of charge to local non-profits and other organizations for the benefit of the community. In 2019, Touro provided meeting space for 283 meetings valued at \$83,750.

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ 2,266,121 including grants of \$ 933,794 ) (Revenue \$ )

**4e** Total program service expenses **▶** 244,909,610

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, covering various organizational requirements and reporting obligations.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.



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

Table with 3 columns: Question, Yes, No. Rows include: 1a (17), 1b (11), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

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.
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:







**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>			
	<b>b</b> Membership dues . . . . .	<b>1b</b>			
	<b>c</b> Fundraising events . . . . .	<b>1c</b>			
	<b>d</b> Related organizations . . . . .	<b>1d</b>			
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	552,596		
	<b>g</b> Noncash contributions included in lines 1a - 1f: \$ . . . . .	<b>1g</b>			
	<b>h Total.</b> Add lines 1a-1f . . . . .		552,596		

<b>Program Service Revenue</b>			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
		Business Code				
<b>2a</b> NET PATIENT SERVICE . . . . .		621400	290,439,598	290,439,598		
<b>b</b> NON-PATIENT SERVICE . . . . .		621400	756,579	756,579		
<b>c</b> . . . . .						
<b>d</b> . . . . .						
<b>e</b> . . . . .						
<b>f</b> All other program service revenue . . . . .						
<b>g Total.</b> Add lines 2a-2f. . . . .			291,196,177			

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		667,734			667,734	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .						
	<b>5</b> Royalties . . . . .						
	<b>6a</b> Gross rents . . . . .	(i) Real	2,940,784				
		(ii) Personal					
		<b>b</b> Less: rental expenses . . . . .	<b>6b</b>	0			
		<b>c</b> Rental income or (loss) . . . . .	<b>6c</b>	2,940,784			
	<b>d</b> Net rental income or (loss) . . . . .			2,940,784	2,940,784		
	<b>7a</b> Gross amount from sales of assets other than inventory . . . . .	(i) Securities					
		(ii) Other		344,724			
		<b>b</b> Less: cost or other basis and sales expenses . . . . .	<b>7b</b>		118,559		
		<b>c</b> Gain or (loss) . . . . .	<b>7c</b>		226,165		
	<b>d</b> Net gain or (loss) . . . . .			226,165	226,165		
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>					
	<b>b</b> Less: direct expenses . . . . .	<b>8b</b>					
	<b>c</b> Net income or (loss) from fundraising events . . . . .						
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>					
	<b>b</b> Less: direct expenses . . . . .	<b>9b</b>					
	<b>c</b> Net income or (loss) from gaming activities . . . . .						
	<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>					
<b>b</b> Less: cost of goods sold . . . . .	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory . . . . .							
Miscellaneous Revenue	Business Code						
<b>11a</b> 340b OP Drug program . . . . .	900099		5,617,524	5,617,524			
<b>b</b> Parking . . . . .	812930		1,681,303	1,681,303			
<b>c</b> Cafeteria/catering . . . . .	900099		1,518,874	1,518,874			
<b>d</b> All other revenue . . . . .			2,331,626	2,292,801	38,825		
<b>e Total.</b> Add lines 11a-11d . . . . .			11,149,327				
<b>12 Total revenue.</b> See instructions . . . . .			306,732,783	305,473,628	38,825	667,734	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	933,794	933,794		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	3,456,414	1,140,617	2,315,797	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	78,256,183	75,777,346	2,478,837	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	2,615,340	2,479,876	135,464	
<b>9</b> Other employee benefits . . . . .	5,697,732	5,228,141	469,591	
<b>10</b> Payroll taxes . . . . .	5,710,525	5,602,531	107,994	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	32,493,201	72,780	32,420,421	
<b>b</b> Legal . . . . .	113,825	10,006	103,819	
<b>c</b> Accounting . . . . .	137,274		137,274	
<b>d</b> Lobbying . . . . .	34,959		34,959	
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	51,963,108	52,936,340	-973,232	
<b>12</b> Advertising and promotion . . . . .	962,595	6,083	956,512	
<b>13</b> Office expenses . . . . .	8,556,107	5,282,630	3,273,477	
<b>14</b> Information technology . . . . .	223,272	223,272		
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	5,486,726	5,271,293	215,433	
<b>17</b> Travel . . . . .	150,095	111,721	38,374	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	123,642	106,217	17,425	
<b>20</b> Interest . . . . .	1,160,029		1,160,029	
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	20,094,797	20,094,797		
<b>23</b> Insurance . . . . .	1,918,178	1,918,178		
<b>24</b> 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.)				
<b>a</b> MEDICAL SUPPLIES	57,731,463	57,690,262	41,201	
<b>b</b> Affiliate Cost Allocati	5,699,171	5,699,171		
<b>c</b> Lease Expense	2,808,186	2,727,945	80,241	
<b>d</b> Dues & memberships	239,424	85,332	154,092	
<b>e</b> All other expenses	3,099,101	1,511,278	1,587,823	
<b>25</b> Total functional expenses. Add lines 1 through 24e	289,665,141	244,909,610	44,755,531	0
<b>26</b> 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 Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	9,132,108	<b>1</b>	9,107,148
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	103,612,538	<b>4</b>	113,011,050
	<b>5</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .	38,867,021	<b>7</b>	61,102,613
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	1,249,466	<b>9</b>	561,044
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 517,717,961		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 401,548,016	121,700,100	<b>10c</b> 116,169,945
	<b>11</b> Investments—publicly traded securities . . . . .	18,282,996	<b>11</b>	21,582,705
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .	1,411,000	<b>14</b>	1,411,000
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	7,650,311	<b>15</b>	10,929,698
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	301,905,540	<b>16</b>	333,875,203	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	29,151,731	<b>17</b>	34,761,290
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	150,537	<b>19</b>	146,106
	<b>20</b> Tax-exempt bond liabilities . . . . .	54,532,471	<b>20</b>	51,763,542
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	28,948,216	<b>25</b>	46,290,620
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	112,782,955	<b>26</b>	132,961,558
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	187,645,893	<b>27</b>	199,493,312
	<b>28</b> Net assets with donor restrictions . . . . .	1,476,692	<b>28</b>	1,420,333
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .	189,122,585	<b>32</b>	200,913,645	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	301,905,540	<b>33</b>	333,875,203	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	306,732,783
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	289,665,141
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	17,067,642
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	189,122,585
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	2,272,168
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-7,548,750
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	200,913,645

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
 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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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.
- 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?
- 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.

		Yes	No
<b>2a</b>			No
<b>2b</b>	Yes		
<b>2c</b>	Yes		
<b>3a</b>			No
<b>3b</b>			

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 72-0423659

**Name:** Touro Infirmary

Form 990 (2019)

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**Form 990, Part III, Line 4a:**

The hospital provides inpatient, outpatient, emergency and critical care, home health and rehabilitation services. The hospital has 210 adult beds, 72 rehabilitation beds, 22 ICU beds and 48 OB beds for a total of 352 licensed beds. The hospital treated 13,414 inpatients and had 290,322 outpatient visits in 2019. Also, in 2019, Touro had 7,833 surgeries (inpatient, outpatient and ambulatory surgery center), 30,799 emergency department visits, and 3,118 deliveries.

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**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 410 students, 330 residents, and 42 fellows in 2019 in the specialties of Allergy, Internal Medicine, Emergency Medicine, Colon & Rectal, 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), and Southern University (New Orleans, LA). Touro currently offers training programs to students in respiratory, radiology and nursing. In 2019, Touro staff provided 9,824 hours of support to the 58 students in these programs. In 2019, 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), Nova Southeastern University (Fort Lauderdale, FL), Grambling St (Grambling, LA), University of South Alabama (Mobile, AL), University of Massachusetts Lowell (Lowell, MA), Washington University (St. Louis, MO), University of St. Augustine (Austin, TX), and Texas Woman's University (Denton, TX). Touro staff provided 8,480 hours of support to 28 therapy interns.

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**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 2019, Touro offered or participated in 237 total community outreach events, which were attended by 4,345 people.

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**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			
JOY BRAUN CHAIR	1.00	X					0	0	0	
KNIGHT WORLEY MD VICE CHAIR	1.00	X					0	0	0	
JILL ISRAEL SECRETARY/TREASURER	1.00	X					0	0	0	
GREG FEIRN SYSTEM PRESIDENT/CEO	1.00 54.00	X					0	1,767,718	42,540	
EDGAR DOOKY CHASE 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	
STEVEN YELLIN MD Board Member	1.00	X					0	0	0	
MARCY NATHAN Board Member	1.00	X					0	0	0	
LOUIS GOOD III Board Member	1.00	X					0	0	0	



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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ELLEN ZAKRIS MD ..... Board Member	1.00 ..... 40.00	X						0	1,192,007	21,628
ANDREW JACOBS ..... Board Member	1.00 .....	X						0	0	0
REUBEN CHRESTMAN MD ..... MEDICAL STAFF PRESIDENT	1.00 .....	X						0	0	0
JONATHAN SCHLACKMAN ..... Board Member	1.00 .....	X						0	0	0
RUTH KULLMAN ..... Board Member	1.00 .....	X						0	0	0
KATHY LICHTENBERG ..... Board Member	1.00 .....	X						0	0	0
MANNY LINARES ..... PRESIDENT AND CEO	54.00 ..... 7.00	X		X				226,394	0	13,608
KATIE CROSBY ..... Board Member	1.00 .....	X						0	0	0
HUGH LONG MBA PhD JD ..... Board Member	1.00 .....	X						0	0	0
JEFFREY COCOMD ..... CHIEF MEDICAL OFFICER	40.00 .....			X				443,415	0	28,942

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			
BRADLEY SINCLAIR ..... CHIEF FINANCIAL OFFICER	40.00 .....			X				231,933	0	33,388
STEPHEN M BALDWIN ..... VICE PRESIDENT OPERATIONS	40.00 .....			X				304,812	0	22,559
PATRICIA ROSENBERG ..... CHIEF NURSING OFFICER	40.00 .....			X				25,633	0	265
GRETCHEN PENTON ..... EXEC VP of CCPI	40.00 .....				X			296,692	0	23,600
GREGORY R BARKER ..... VICE PRESIDENT OPERATIONS	40.00 .....				X			228,977	0	15,984
DONNA STEPHENS ..... VP QUALITY	40.00 .....				X			201,367	0	8,732
RITCHIE DUPRE ..... NOEH VP POPULATION HLTH	40.00 .....				X			165,741	0	6,563
MYLENE UPSON ..... CONTROLLER	40.00 .....					X		148,720	0	6,876
COURTNEY J MARBLEY ..... NOEH-CHIEF NURSING OFFICER	40.00 .....					X		167,449	0	6,651
TAKEISHA DAVIS ..... NOEH - PRESIDENT/CEO	40.00 .....					X		321,953	0	23,514

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			
MONICA GANGE ..... RN	50.00 .....					X		212,068	0	26,680
JOHN RICHERT ..... PHYSICIST	50.00 .....					X		195,622	0	13,905
KIM BROWN ..... RN	50.00 .....					X		188,083	0	25,711
DEBORAH C KEEL ..... INTERIM CEO (Former)	40.00 .....						X	106,000	0	0
DANTE L GREEN ..... NOEH COO	40.00 .....					X		181,671	0	13,964
LEAH BROCK ..... STAFF RN	40.00 .....					X		183,134	0	19,431
OPHELIA OWUSU ..... FLOAT RN	40.00 .....					X		168,981	0	6,769
MARIA K HOAG ..... STAFF RN	40.00 .....					X		144,164	0	19,752
LAWRENCE CHINWUBA ..... PHARMACIST	40.00 .....					X		141,649	0	23,841
ELIZABETH A GUILLORY ..... STAFF RN	40.00 .....					X		151,157	0	9,220

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			
MICHELLE FABACHER ..... RN NEONATAL NP	50.00 .....					X		143,919	0	18,302
MARY D LEVINGSTON ..... STAFF RN	50.00 .....					X		142,881	0	13,643
KODI CRAFT ..... AVP NURSING SERVICES	40.00 .....					X		134,424	0	25,522
DIONA BETHUNE ..... NOEH RN	40.00 .....					X		150,343	0	9,485
BRANDON NGUYEN ..... NOEH DIR PHARMACY	40.00 .....					X		153,611	0	18,383
MARLENE COUSINS ..... NOEH RN	50.00 .....					X		135,634	0	20,656
KIM FAUGHT ..... DIR WOMEN'S SERVICES	40.00 .....					X		139,316	0	23,471
KAREN ELLIS ..... ADMIN SUPERVISOR	40.00 .....					X		136,800	0	23,300
SUZANNE HOFFPAUIR ..... DIR PERIOPERATIVE SERVICES	40.00 .....					X		139,164	0	19,622
TEDDY JOHNSON ..... DIR RADIOLOGY	40.00 .....					X		140,056	0	18,003

**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			
MARION CLARK ..... DIR REHAB NURSING	40.00 .....					X		133,059	0	23,752
SUSAN ANDREWS ..... CEO (Former)	40.00 .....						X	264,864	0	19,330
ROYCE DEAN YOUNTMD ..... Board Member (Former)	7.00 ..... 1.00 .....						X	0	620,780	31,814
DANITA SULLIVAN ..... CHIEF NURSING OFFICER (Former)	40.00 .....						X	356,928	0	19,398
SUZANNE HAGGARD ..... LCMC CFO (Touro CFO-Former)	0.00 ..... 55.00						X	0	707,569	27,627
CINDY POLT ..... CFO (FORMER)	0.00 ..... 27.00						X	0	173,781	379
MARK WACK ..... CFO (Former)	40.00 .....						X	149,138	0	12,318
FRANCIS D MERTENS ..... VP BUSN DEVELOPEMENT (FORMER)	40.00 .....						X	265,789	0	19,610
SCOTT C LANDRY ..... LCMC-SVP (Touro VP -Former)	0.00 ..... 55.00						X	0	298,393	28,420
CHAD COURREGE ..... LCMC-SVP (Touro VP -Former)	0.00 ..... 55.00						X	0	432,531	34,313

**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			
LISA GORE ..... Chief Clinical Excell (For	0.00 ..... 0.00						X	0	114,602	6,805
TANYA KENNEDY ..... LCMC CIO (Former)	0.00 ..... 55.00						X	0	462,002	32,868

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

OMB No. 1545-0047  
**2019**  
**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		
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge..						
<b>4</b>	<b>Total.</b> Add lines 1 through 3						
<b>5</b>	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b>	Amounts from line 4. . .						
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
<b>10</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						
<b>12</b>	Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13</b>	<b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

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

<b>14</b>	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	
<b>15</b>	Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .	<b>15</b>	
<b>16a</b>	<b>33 1/3% support test—2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b</b>	<b>33 1/3% support test—2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>17a</b>	<b>10%-facts-and-circumstances test—2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b</b>	<b>10%-facts-and-circumstances test—2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>18</b>	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>		



**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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
<b>2</b>	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b>	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
<b>c</b>	Add lines 7a and 7b. . . . .						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b>	Amounts from line 6. . . . .						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b>	Add lines 10a and 10b.						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13</b>	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

**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**

<b>15</b>	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b>	Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

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

<b>17</b>	Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2019.** 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—2018.** 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
<b>1</b>	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>		
	<b>1</b>		
<b>2</b>	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <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>		
	<b>2</b>		
<b>3a</b>	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>		
	<b>3a</b>		
<b>b</b>	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	<b>3b</b>		
<b>c</b>	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>		
	<b>3c</b>		
<b>4a</b>	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>		
	<b>4a</b>		
<b>b</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>		
	<b>4b</b>		
<b>c</b>	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
	<b>4c</b>		
<b>5a</b>	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>		
	<b>5a</b>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	<b>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<b>6</b>	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
	<b>6</b>		
<b>7</b>	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	<b>7</b>		
<b>8</b>	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>		
	<b>8</b>		
<b>9a</b>	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
	<b>9a</b>		
<b>b</b>	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	<b>9b</b>		
<b>c</b>	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	<b>9c</b>		
<b>10a</b>	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
	<b>10a</b>		
<b>b</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>		
	<b>10b</b>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>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.</i>		
<b>2</b>	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>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.</i>		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		

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

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

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

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)		
<b>2</b>	Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in 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.</i>	Yes	No
<b>b</b>	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
<b>3</b>	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b>	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? <i>Provide details in Part VI.</i>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i)</b> <b>Excess Distributions</b>	<b>(ii)</b> <b>Underdistributions</b> <b>Pre-2019</b>	<b>(iii)</b> <b>Distributable</b> <b>Amount for 2019</b>
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019:			
<b>a</b> From 2014. . . . .			
<b>b</b> From 2015. . . . .			
<b>c</b> From 2016. . . . .			
<b>d</b> From 2017. . . . .			
<b>e</b> From 2018. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7:			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015. . . . .			
<b>b</b> Excess from 2016. . . . .			
<b>c</b> Excess from 2017. . . . .			
<b>d</b> Excess from 2018. . . . .			
<b>e</b> Excess from 2019. . . . .			

## 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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047  
**2019**  
**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
---	--

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

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

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....		No	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....		No	
<b>c</b> Media advertisements? .....		No	
<b>d</b> Mailings to members, legislators, or the public? .....		No	
<b>e</b> Publications, or published or broadcast statements? .....		No	
<b>f</b> Grants to other organizations for lobbying purposes? .....		No	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....		No	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		No	
<b>i</b> Other activities? .....	Yes		31,654
<b>j</b> Total. Add lines 1c through 1i .....			31,654
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		No	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

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

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

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

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

**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 \$31,654, amounts were paid to: 1) Louisiana Hospital Association - \$14,773 (18% of dues); 2) Louisiana Hospital association (for American Hospital Association dues) - \$11,031 (23% of dues); and Metropolitan Hospital Council of New Orleans - \$5,850 (30% of dues).

**SCHEDULE D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

# Supplemental Financial Statements

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**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
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

- 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
<b>1a</b> Beginning of year balance . . . . .	5,718,277	7,656,436	7,651,280	7,651,280	7,651,280
<b>b</b> Contributions . . . . .	88,070	61,841	5,156		
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .		2,000,000			
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	5,806,347	5,718,277	7,656,436	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 . . . . .

	Yes	No
<b>3a(i)</b>		No
<b>3a(ii)</b>	Yes	
<b>3b</b>	Yes	

- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		13,242,243		13,242,243
<b>b</b> Buildings . . . . .		204,106,188	199,460,820	4,645,368
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .		296,844,045	202,087,196	94,756,849
<b>e</b> Other . . . . .		3,525,485		3,525,485
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				116,169,945

**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)		
<b>Total.</b> (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)		
<b>Total.</b> (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)	
<b>Total.</b> (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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	46,290,620

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.

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

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	



## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 72-0423659

**Name:** Touro Infirmary

## Supplemental Information

Return Reference	Explanation
Part V, Line 4:	These endowment funds are administered by Touro Infirmary Foundation and Woldenberg Village, which are controlled by Touro Infirmary. These funds are intended to be used for Touro Infirmary's and Woldenberg Village's exempt purposes.

## 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.



**SCHEDULE H  
(Form 990)**  
  
Department of the Treasury  
Internal Revenue Service

**Hospitals**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.**

**Name of the organization**  
Touro Infirmary

**Employer identification number**  
72-0423659

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

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

		Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .	<b>1a</b>	Yes	
<b>b</b> If "Yes," was it a written policy? . . . . .	<b>1b</b>	Yes	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities			
<b>3</b> 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. <b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>25000.0000000000</u> %	<b>3a</b>	Yes	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: . . . . . <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	<b>3b</b>	Yes	
<b>c</b> 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.			
<b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? . . . . .	<b>4</b>	Yes	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . . . .	<b>5a</b>	Yes	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .	<b>5b</b>		No
<b>c</b> 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? . . . . .	<b>5c</b>		
<b>6a</b> Did the organization prepare a community benefit report during the tax year? . . . . .	<b>6a</b>		No
<b>b</b> If "Yes," did the organization make it available to the public? . . . . .	<b>6b</b>		

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

**7 Financial Assistance and Certain Other Community Benefits at Cost**

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1) . . . . .			1,476,793	105,422	1,371,371	0.470 %
<b>b</b> Medicaid (from Worksheet 3, column a) . . . . .			61,080,792	105,742,280	0	0 %
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .						
<b>d Total</b> Financial Assistance and Means-Tested Government Programs . . . . .			62,557,585	105,847,702	1,371,371	0.470 %
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4). . . . .			277,502		277,502	0.100 %
<b>f</b> Health professions education (from Worksheet 5) . . . . .			10,121,143	1,526,170	8,594,973	2.970 %
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .						
<b>h</b> Research (from Worksheet 7) . . . . .						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .			2,266,121		2,266,121	0.780 %
<b>j Total.</b> Other Benefits . . . . .			12,664,766	1,526,170	11,138,596	3.850 %
<b>k Total.</b> Add lines 7d and 7j . . . . .			75,222,351	107,373,872	12,509,967	4.320 %

**Part III 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?		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.		
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.		
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	44,571,152
6 Enter Medicare allowable costs of care relating to payments on line 5	6	51,525,071
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-6,953,919
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**

(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	73.000 %		27.000 %
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)

See Additional Data Table	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

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

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

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): \_\_\_\_\_ 1 \_\_\_\_\_

		Yes	No
<b>Community Health Needs Assessment</b>			
<b>1</b>	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .		No
<b>2</b>	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C. . . . .		No
<b>3</b>	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. . . . . If "Yes," indicate what the CHNA report describes (check all that apply):	Yes	
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<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		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>		
<b>5</b>	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	Yes	
<b>6 a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	Yes	
<b>b</b>	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C. . . . .		No
<b>7</b>	Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply):	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>www.Touro.com/about-touro/community-health-needs-assessment/</u>		
<b>b</b>	<input type="checkbox"/> Other website (list url): _____		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>8</b>	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11. . . . .	Yes	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url): _____		No
<b>10b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	Yes	
<b>11</b>	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
<b>12a</b>	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .		No
<b>12b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b>	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

Touro Infirmary

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
<b>13</b>	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>250.000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>400.000000000000</u> %		
<b>b</b>	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance discount		
<b>g</b>	<input checked="" type="checkbox"/> Residency		
<b>h</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	Yes	
<b>15</b>	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):	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</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		
<b>c</b>	<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		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	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):	Yes	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>www.touro.com/patient-visitors/billing/financial-assistance</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>www.touro.com/patient-visitors/billing/financial-assistance</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>www.touro.com/patient-visitors/billing/financial-assistance</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<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)		
<b>f</b>	<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)		
<b>g</b>	<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		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<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		
<b>j</b>	<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
<b>17</b>	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? . . . . .	17	Yes
<b>18</b>	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP: a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b>	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . . 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)	19	No
<b>20</b>	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply): a <input type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C) b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b>	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . . 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)	21	Yes
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**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
<b>23</b>		No
<b>24</b>		No





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

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











Form and Line Reference	Explanation
Part VI, Line 2:	<p>eans East and the Garden District. The health risks associated with chronic diseases like diabetes and obesity are particularly high among our growing, medically underserved African-American, Hispanic and Vietnamese populations. Touro performs community outreach to these groups through our own health programs, participation in community health fairs, partnerships with local community organizations and other grassroots efforts. Touro's goal is to help residents learn how to access the care they need and to help them learn to manage their health conditions and live healthier lives.</p>

**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. In 2019, this data was confirmed by the Carnahan Group. 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 (80%) 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 1.0 indicates a ZIP code with the least need, while a score of 5.0 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 5.0 (more socioeconomic needs); while, on the polar end ZIP codes 70005 (Metairie), and 70124 (New Orleans) had a CNI score of 2.8 and 2.0 respectively. 2017 CNI Score Range" 5.00 to 4.00 (High-socioeconomic barriers)" 3.99 to 3.00" 1.99 to 1.00 (Low-socioeconomic barriers)</p> <p>Touro Infirmary- Study - Area - Zip Codes Zip Code, City, Parish, 2017 CNI Score</p> <p>70113 New Orleans Orleans, Parish, LA 5.070114 New Orleans Orleans, Parish, LA 5.070117 New Orleans Orleans, Parish, LA 5.070119 New Orleans Orleans, Parish, LA 4.870116 New Orleans Orleans, Parish, LA 4.670125 New Orleans Orleans, Parish, LA 4.670043 Chalmette St. Bernard Parish, LA 4.270118 New Orleans Orleans, Parish, LA 4.270112 New Orleans Orleans, Parish, LA 4.270128 New Orleans Orleans, Parish, LA 4.270056 Gretna Jefferson Parish, LA 4.070058 Harvey Jefferson Parish, LA 4.070131 New Orleans Orleans, Parish, LA 3.870065 Kenner Jefferson Parish, LA 3.670115 New Orleans Orleans, Parish, LA 3.670130 New Orleans Orleans, Parish, LA 3.670001 Metairie Jefferson Parish, LA 3.470003 Metairie Jefferson Parish, LA 3.070005 Metairie Jefferson Parish, LA 2.870124 New Orleans Orleans, Parish, LA 2.0</p> <p>In 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 0.40 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.</p> <p>Demographic definition of service area: The total population estimates of the following parishes for 2019: Orleans Parish 390,144 (43.69% total pop. across the parishes served by Touro); Jefferson Parish 432,493 (48.43% total pop. across the parishes served by Touro); St. Bernard Parish 47,244 (5.29% total pop. across the parishes served by Touro); and Plaquemines Parish 23,197 (2.60% total pop. across the parishes served by Touro). Source: 2019 US Census Bureau QuickFacts. 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. 2019 Race/Ethnicity by Parish: Orleans Parish: White/Non-Hispanic = 30.6% (119,323); Black/Non-Hispanic = 58.9% (229,914); Hispanic = 5.5% (21,403); Asian/Is. = 3.0% (11,798); All Other = 2.0% (7,706). Jefferson Parish: White/Non-Hispanic = 53.4% (231,084); Black/Non-Hispanic = 26.4% (114,087); Hispanic = 14.5% (62,522); Asian/Is. = 4.5% (19,352); All Other = 1.3% (3,073). St. Bernard Parish: White/Non-Hispanic = 60.8% (28,728); Black/Non-Hispanic = 21.6% (10,214); Hispanic = 9.7% (4,575); Asian/Is. = 2.4% (1,120); All Other = 5.5% (785). Plaquemines Parish: White/Non-Hispanic = 65.0% (15,072); Black/Non-Hispanic = 20.4% (4,728); Hispanic = 6.4% (1,476); Asian/Is. = 4.6% (1,076); All Other = 3.6% (2,607). Population of children by Parish (ages 0-17): Children 0-17 make up 21.46% (193,581) of the total population of the parishes served by Touro. Orleans Parish = 79,051; Jef</p>

## Form and Line Reference

## Explanation

Part VI, Line 4:

person Parish=96,148; St. Bernard Parish=12,335; Plaquemines Parish=6,047. Income:Median household income (2019) for the state compared to parishes served by Touro is: Louisiana = \$45,652; Orleans Parish = \$38,855; Jefferson Parish = \$50,871; St. Bernard Parish = \$43,983; and Plaquemines Parish = \$58,643.Per capita money income (2019) for the state compared to parishes served by Touro is: Louisiana = \$25,515; Orleans Parish = \$37,488; Jefferson Parish = \$51,005; St. Bernard Parish = \$43,565; and Plaquemines Parish = \$49,376Source: July 2019 US Census Bureau QuickFacts Poverty Level:Percent of people living below the poverty level (2019) in the state compared to parishes served by Touro is:Louisiana = 19.7%; Orleans Parish = 24.6%; Jefferson Parish = 15.5%; St. Bernard Parish = 20.1%; and Plaquemines Parish = 15.5%.Percent of child poverty rates in 2019:Louisiana = 28.0%, Orleans Parish = 33.6%, Jefferson Parish = 25.7%, St. Bernard Parish = 29.8%, Plaquemines Parish = 20.3%So urce: <https://fred.stlouisfed.org/series>In 2016, Louisiana ranked 49th in the nation for the percent of children in poverty, 49th among states in percent of babies born at low birth weight, 49th among states in its infant mortality rate. Source: <https://www.cdc.gov/nchs/pressroom/states/louisiana/louisiana.htm>Uninsured by Parish:Percent of Uninsured Adults under age 65 (2018) is:Orleans=11.6%; Jefferson= 14.0%; St. Bernard= 11.5%; Plaquemines=13.6 % Source: County Health Rankings, US Census Quick FactsPercent of Uninsured 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.pdf>a new study shows the number of Louisiana adults without health insurance has been cut in half since the state expanded its Medicaid program. The Louisiana Health Insurance Survey has been conducted by LSU every two years since 2003. It found 11.4 percent of non-elderly Louisiana adults were uninsured in 2017. That's about 321,000 people aged 19 to 64.In 2015, the rate was 22.7 percent, with Medicaid expansion driving the drop. That has added 474,000 adults to government-financed insurance since July 2016. The report says about 53 percent of Louisiana adults have health insurance through their employers, while Medicaid covers about 21 percent. Fewer than 3 percent of Louisiana children are uninsured.The report showed nearly 54 percent are covered through Medicaid. <http://ldh.la.gov/assets/media/2017-Louisiana-Health-Insurance-Survey-Report.pdf>Health Outcomes : Source: 2018 County Health Rankings Louisiana Health ranking of parishes served by Touro (Jefferson, Orleans, Plaquemines and St. Bernard) compared to all parishes in Louisiana a cross several indicators (rank noted is of the total 64 parishes in the state):Outcomes Rank: Orleans= 39; Jefferson= 9; St. Bernard= 31; Plaquemines= 6Length of Life: Orleans= 39; Jefferson= 11; St. Bernard= 30; Plaquemines= 9Quality of Life: Orleans= 38; Jefferson= 9; St. Bernard= 36; Plaquemines= 5Healthy Behaviors: Orleans= 19; Jefferson= 7; St. Bernard= 36; Plaquemines= 26Percentage of population smoking in parishes served by Touro: Orleans= 20%; Jefferson= 17%; St. Bernard= 22%; Plaquemines= 21%In Louisiana, obesity is more prevalent among non-Hispanic blacks at 42.0 percent and American Indian/Alaskan Natives at 48.3 percent than non-Hispanic whites at 32.3 percent and Hispanics at 32.9 percent. Source: <https://www.americashealthrankings.org/explore/annual/measure/Obesity/state/LA>Prevalence of obesity: Orleans= 32%; Jefferson= 36%; St. Bernard= 36%; Plaquemines= 33%>>Continuation to be found on Schedule "O"<<<

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 2019, Touro offered or participated in 237 total community outreach events, which were attended by 4,345 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 Xavier Wellness Health Screening, Jewish Community Center Health Screening, Healthy Women NOLA Blood Pressure Screenings, and the Orleans Sheriff Health Screening. 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 Cancer Society, Susan G. Komen, March of Dimes, NOLA Baby Caf, and the Jewish Federation of Greater New Orleans. 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 Health Screening, US Army Corps of Engineers Health and Wellness Fair, Marriott Health Fair, and Xavier University of Louisiana Wellness Health Screening. 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: Medicare education, healthy eating and fitness, hernia awareness, senior wellness and more. Throughout 2019, 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 11 classes/series, including a childbirth education series, lactation classes, parenting class, grandparenting class, infant/child CPR, online childbirth education classes and more. Diabetes Support Group: Touro's Diabetes Center offers</p>

Form and Line Reference	Explanation
Part VI, Line 5:	<p>rs a free monthly support program for persons with diabetes entitled "Life Can Still Be Sweet." The class topics rotate each month, covering a variety of diabetes management topics from glucose monitoring, to medication management and diet to maintaining a healthy lifestyle. Living Well with Touro: Touro dietitians and other health experts offer a free monthly Living Well with Touro program open to Touro patients and community members. The class is designed to teach participants the benefits of healthy lifestyle choices, including stress management, healthy diet, physical activity, preventive care and more. Supportive Cancer Care Program: Touro's Supportive Cancer Care Center offers a number of free programs and services that are designed to meet the supportive care needs of individuals with cancer throughout the Greater New Orleans community. Girl Talk: A gynecologic cancer support group for women who have been diagnosed with one of the gynecologic cancers. Whether a person is newly diagnosed, actively being treated or has completed treatment, this group can help. The meetings promote education and discussion about relevant topics. Cancer Survivor Support Group: Touro offers a monthly cancer survivorship support group where various health topics are discussed. The meetings also provide a forum to patients at various stages of the cancer journey to connect and support one another emotionally as they heal and move beyond treatment. Survivorship Service: Cancer survivors were able to meet with the Survivorship Coordinator to develop an individualized survivorship care plan that highlights specific medical and supportive care services needed following the completion of primary cancer treatment. Patient Navigation: Patient navigation helps overcome barriers to making informed decisions about cancer care. This program, offered through the Supportive Cancer Care Center, is available to Touro patients at no cost. Some ways patients are navigated include: " Understand cancer diagnosis " Explore treatment options" Assess supportive care needs " Locate financial resources" Provide support and encouragement throughout treatment" Serve as a "go to" resource when needed Parkinson's Disease Support Group: Touro's outpatient rehabilitation center offered nine support group meetings for those living with Parkinson's Disease and their caregivers. The topics change monthly and feature a variety of guest speakers to provide meaningful education and support to those living with the disease.</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 73% interest in TIJV, LLC (as of 12/31/2019), 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 2019, LCMC and its affiliates provided total community benefit expense of \$737.2 million. This amount represented 46% of the affiliates combined total expense. LCMC and its affiliates provides services to many low-income residents of the Greater New Orleans area. In 2019, \$516.5 million in expense (32.4% 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**

<b>Section A. Hospital Facilities</b>  (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>1</b>		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 Health Needs Assessment (CHNA) was assisted with project management and consultation by Tripp Umbach. For 2019, all demographic data has updated by Carnahan Group. The Carnahan Group submitted the updated demographic data in report submitted in August 2020. 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: &gt; Children's Hospital of New Orleans&gt; East Jefferson General Hospital&gt; Ochsner Health System: Ochsner Medical Center, Ochsner Medical Center Westbank, Ochsner Medical Center Kenner, Ochsner Baptist Medical Center, Ochsner St. Anne General Hospital &gt; Slidell Memorial Hospital&gt; West Jefferson Medical Center&gt; Tulane Medical Center&gt; St. Tammany Parish Hospital &gt; 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 &amp; Educational Resources (ACER)" Addiction Recovery Resources" Advocates for Juvenile &amp; 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 &amp; 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 &amp; Wellness, LLC" Holistic Educational Rehabilitation Center" Jefferson Community Health Care Centers" Kingsley House, Inc. " Lakeview Regional Medical Center" Louisiana Department of Health &amp; 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: &gt;If patient is homeless they will automatically qualify&gt;If the patient is already deemed medically indigent and receives benefits from any Medicaid program they will automatically qualify&gt;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 &gt;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)**

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Department of the Treasury  
 Internal Revenue Service  
 Name of the organization  
 Touro Infirmary

**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) LCMC Health Clinical Services dba NOLA Physician Group 200 Henry Clay Avenue New Orleans, LA 70118	82-3686098		933,794				During the year ended December 31, 2019, Touro donated \$933,794 to LCMC Health Clinical Services d/b/a NOLA Physicians Group (NOLA PG) with the intention of providing working capital to NOLA PG to allow for their healthcare activities, specifically to provide needed services to the underserved area of New Orleans East. 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.

**Schedule J**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization  
Touro Infirmary

Employer identification number  
72-0423659

**Part I Questions Regarding Compensation**

		Yes	No
<b>1a</b>	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</b>	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		
<b>2</b>	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	Yes	
<b>3</b>	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
	<input type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b>	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
<b>a</b>	Receive a severance payment or change-of-control payment?	Yes	
<b>b</b>	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
<b>c</b>	Participate in, or receive payment from, an equity-based compensation arrangement?		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
	<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b>	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
<b>a</b>	The organization?		No
<b>b</b>	Any related organization?		No
	If "Yes," on line 5a or 5b, describe in Part III.		
<b>6</b>	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
<b>a</b>	The organization?		No
<b>b</b>	Any related organization?		No
	If "Yes," on line 6a or 6b, describe in Part III.		
<b>7</b>	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		No
<b>8</b>	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		No
<b>9</b>	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		



**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.
Part I, Lines 4a-b	Severance payments were made to listed Individuals. Mr Dale Mertens received Severance in the amount of \$179,808. Ms Danita Sullivan received Serverence in the amount of \$63,395 Mr. Francis Dale Mertens has a SERP balance of \$171,481 recorded on his behalf as of December 31, 2019. 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 was an active employee in early 2019; therefore, benefits have not commenced. Benefits will commence in 2020 due to his termination of employment.



<b>Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b>								
<b>(A) Name and Title</b>		<b>(B) Breakdown of W-2 and/or 1099-MISC compensation</b>			<b>(C) Retirement and other deferred compensation</b>	<b>(D) Nontaxable benefits</b>	<b>(E) Total of columns (B)(i)-(D)</b>	<b>(F) Compensation in column (B) reported as deferred on prior Form 990</b>
		<b>(i) Base Compensation</b>	<b>(ii) Bonus &amp; incentive compensation</b>	<b>(iii) Other reportable compensation</b>				
<b>21</b> MARIA K HOAG STAFF RN	(i)	133,645	10,150	369	6,031	13,721	163,916	0
	(ii)	0	0	0	0	0	0	0
<b>1</b> LAWRENCE CHINWUBA PHARMACIST	(i)	140,956	0	693	5,927	17,914	165,490	0
	(ii)	0	0	0	0	0	0	0
<b>2</b> ELIZABETH A GUILLORY STAFF RN	(i)	140,174	10,650	333	6,165	3,055	160,377	0
	(ii)	0	0	0	0	0	0	0
<b>3</b> MICHELLE FABACHER RN NEONATAL NP	(i)	142,363	0	1,556	5,902	12,400	162,221	0
	(ii)	0	0	0	0	0	0	0
<b>4</b> MARY D LEVINGSTON STAFF RN	(i)	142,549	0	332	2,942	10,701	156,524	0
	(ii)	0	0	0	0	0	0	0
<b>5</b> KODI CRAFT AVP NURSING SERVICES	(i)	123,715	9,873	836	5,708	19,814	159,946	0
	(ii)	0	0	0	0	0	0	0
<b>6</b> DIONA BETHUNE NOEH RN	(i)	149,954	0	389	3,504	5,981	159,828	0
	(ii)	0	0	0	0	0	0	0
<b>7</b> BRANDON NGUYEN NOEH DIR PHARMACY	(i)	145,844	6,172	1,595	6,285	12,098	171,994	0
	(ii)	0	0	0	0	0	0	0
<b>8</b> MARLENE COUSINS NOEH RN	(i)	135,162	0	472	5,649	15,007	156,290	0
	(ii)	0	0	0	0	0	0	0
<b>9</b> KIM FAUGHT DIR WOMEN'S SERVICES	(i)	125,597	10,593	3,126	5,729	17,742	162,787	0
	(ii)	0	0	0	0	0	0	0
<b>10</b> KAREN ELLIS ADMIN SUPERVISOR	(i)	136,223	0	577	5,724	17,576	160,100	0
	(ii)	0	0	0	0	0	0	0
<b>11</b> SUZANNE HOFFPAUIR DIR PERIOPERATIVE SERVICES	(i)	126,164	10,810	2,190	5,203	14,419	158,786	0
	(ii)	0	0	0	0	0	0	0
<b>12</b> TEDDY JOHNSON DIR RADIOLOGY	(i)	124,521	10,658	4,877	5,603	12,400	158,059	0
	(ii)	0	0	0	0	0	0	0
<b>13</b> MARION CLARK DIR REHAB NURSING	(i)	120,627	10,295	2,137	5,538	18,214	156,811	0
	(ii)	0	0	0	0	0	0	0
<b>14</b> SUSAN ANDREWS CEO (Former)	(i)	128,906	134,587	1,371	10,482	8,848	284,194	0
	(ii)	0	0	0	0	0	0	0
<b>15</b> ROYCE DEAN YOUNTMD Board Member (Former)	(i)	0	0	0	0	0	0	0
	(ii)	617,688	0	3,092	11,200	20,614	652,594	0
<b>16</b> DANITA SULLIVAN CHIEF NURSING OFFICER (Former)	(i)	296,751	53,685	6,492	11,200	8,198	376,326	0
	(ii)	0	0	0	0	0	0	0
<b>17</b> SUZANNE HAGGARD LCMC CFO (Touro CFO-Former)	(i)	0	0	0	0	0	0	0
	(ii)	546,821	154,520	6,228	13,708	13,919	735,196	0
<b>18</b> CINDY POLT CFO (FORMER)	(i)	0	0	0	0	0	0	0
	(ii)	173,781	0	0	379	0	174,160	0
<b>19</b> MARK WACK CFO (Former)	(i)	83,438	64,152	1,548	6,013	6,305	161,456	0
	(ii)	0	0	0	0	0	0	0



<b>Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b>								
<b>(A)</b> Name and Title		<b>(B)</b> Breakdown of W-2 and/or 1099-MISC compensation			<b>(C)</b> Retirement and other deferred compensation	<b>(D)</b> Nontaxable benefits	<b>(E)</b> Total of columns (B)(i)-(D)	<b>(F)</b> Compensation in column (B) reported as deferred on prior Form 990
		<b>(i)</b> Base Compensation	<b>(ii)</b> Bonus & incentive compensation	<b>(iii)</b> Other reportable compensation				
<b>41</b> FRANCIS D MERTENS VP BUSN DEVELOPEMENT (FORMER)	(i)	228,449	35,956	1,384	10,762	8,848	285,399	0
	(ii)	0	0	0	0	0	0	0
<b>1</b> SCOTT C LANDRY LCMC-SVP (Touro VP -Former)	(i)	0	0	0	0	0	0	0
	(ii)	242,343	53,089	2,961	8,835	19,585	326,813	0
<b>2</b> CHAD COURREGE LCMC-SVP (Touro VP -Former)	(i)	0	0	0	0	0	0	0
	(ii)	351,350	77,233	3,948	10,517	23,796	466,844	0
<b>3</b> LISA GORE Chief Clinical Excell (For	(i)	0	0	0	0	0	0	0
	(ii)	-712	0	115,314	4,739	2,066	121,407	0
<b>4</b> TANYA KENNEDY LCMC CIO (Former)	(i)	0	0	0	0	0	0	0
	(ii)	378,762	80,204	3,036	11,455	21,413	494,870	0

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

Schedule K (Form 990)

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 instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Touro Infirmary

Employer identification number

72-0423659

Part I Bond Issues

Table with columns (a) Issuer name, (b) Issuer EIN, (c) CUSIP #, (d) Date issued, (e) Issue price, (f) Description of purpose, (g) Defeased (Yes/No), (h) On behalf of issuer (Yes/No), (i) Pool financing (Yes/No). Row 1: Louisiana Public Facilities Authority (Touro Infirmary Project), 72-0895871, 546395M35, 04-24-2015, 40,500,000, Current refunding of Series 1999 Bonds, No, X, No, X.

Part II Proceeds

Table with columns A, B, C, D for rows 1-13. Rows 14-17 have Yes/No columns. Row 14: Were the bonds issued as part of a current refunding issue of tax-exempt bonds? (X, No). Row 15: Were the bonds issued as part of an advance refunding issue of taxable bonds? (No, X). Row 16: Has the final allocation of proceeds been made? (X). Row 17: Does the organization maintain adequate books and records to support the final allocation of proceeds? (X).

Part III Private Business Use

Table with columns A, B, C, D for rows 1-2. Row 1: Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? (No, X). Row 2: Are there any lease arrangements that may result in private business use of bond-financed property? (No, X).

**Part III Private Business Use** (Continued)

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

**Part IV Arbitrage**

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

**Part IV Arbitrage** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X						
<b>7</b> 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
Date Rebate Computation Performed	Issuer Name: Louisiana Public Facilities Authority (Touro Infirmary Project Date the Rebate Computation was Performed: 06/23/2020



**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.	163,755	Financial subsidy (1/7th) for Radiologist Services paid to Group via contract with Touro for hospital based services.		No
(2) Gregory R Barker	Vice President Operations	240,067	Reimbursement of hospital operation expenses paid by employee.		No

**Part V Supplemental Information**

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

Return Reference	Explanation

**SCHEDULE O**  
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2019****Open to Public Inspection**

Department of the Treasury

Name of the organization

Touro Infirmary

**Employer identification number**

72-0423659

**990 Schedule O, Supplemental Information**

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

## 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**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part IX, line 11g	Other Services and Fees: Program service expenses 52,936,340. Management and general expenses -973,232. Fundraising expenses 0. Total expenses 51,963,108.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, line 9:	K-1 net income not in Net Assets (TIJV & CCRC) -96,299. Remove Losses from Subsidiary Organization -13,808,285. Change in Restricted Net Assets -56,359. Direct Net Asset Adjustment of Pension Liabilities -939,231. Remove allocated unpaid rent of subsidiary 1,652,253. Affiliate cost transfer for services provided 5,699,171.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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 included CCPI, Woldenberg Village, and the Touro Foundation.



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>Schedule H, Part VI, Line 4: Continuation</p>	<p>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. Infant mortality: The state of Louisiana currently ranks 47th among states in its infant mortality rate. Source: <a href="https://www.cdc.gov/nchs/pressroom/sosmap/infant_mortality_rates/infant">https://www.cdc.gov/nchs/pressroom/sosmap/infant_mortality_rates/infant</a> 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, 2017 thru Dec. 31, 2019 Touro was the main provider of health service in Orleans Parish with 27,249 discharges.</p>

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

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

Department of the Treasury  
Internal Revenue Service

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
<b>(1)</b> Touro Infirmary Foundation 1401 Foucher Street  new orleans, LA 70115 72-1169939	healthcare support	LA	501(c)(3)	509(a)(3)	Touro Infirmary	Yes	
<b>(2)</b> Woldenberg Village 3701 Behrman place  new orleans, LA 70114 72-0540671	healthcare delivery	LA	501(c)(3)	509(a)(2)	Touro Infirmary	Yes	
<b>(3)</b> 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
<b>(4)</b> 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
<b>(5)</b> 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	
<b>(1)</b> 1 TIJV 1401 Foucher St New Orleans, LA 70115 26-1378361	Imaging Center Rental	LA	Touro Infirmary	Related	295,951	2,169,890		No			No	73.000 %
<b>(2)</b> 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	-3,027	244,792		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
<b>(1)</b> Crescent City Physicians Inc 3600 Prytania Street Suite 72 New Orleans, LA 70115 72-1269878	Healthcare	LA	Touro Infirmary	C	-15,308,564	63,228,596	100.000 %		No
<b>(2)</b> Buckman Medical Office Building Condominium Association 1401 Foucher Street New Orleans, LA 70115 72-1226687	Healthcare	LA	Touro Infirmary	C		245,521	92.000 %		No
<b>(3)</b> Prytania Medical Complex Owners Association 650 Poydras Street Suite 1200 New Orleans, LA 70130 72-0866121	Healthcare	LA	Touro Infirmary	C		260,712	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.

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



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

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

<b>Return Reference</b>	<b>Explanation</b>

## 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
TOURO INFIRMARY FOUNDATION	C	413,096	
TOURO INFIRMARY FOUNDATION	R	418,135	
Woldenberg Village	S	312,401	
Crescent City Physicians Inc	A	1,652,253	
TIJV LLC	P	113,617	
TIJV LLC	A	88,583	
Crescent City Physicians Inc	R	13,361,151	