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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

- Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form
- The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

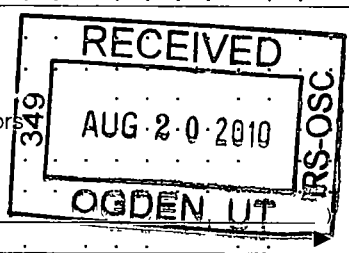
2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

A For the 2008 calendar year, or tax year beginning October 01, , 2008, and ending September 30 , 20 09				
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; vertical-align: top;">Please use IRS label or print or type. See Specific Instructions.</td> <td style="width:60%;"> C Name of organization Lafayette General Health System Inc Number and street (or P O box, if mail is not delivered to street address) Room/suite 1214 Coolidge Blvd City or town, state or country, and ZIP + 4 Lafayette, LA 70503 </td> <td style="width:30%;"> D Employer identification number 38 3646817 E Telephone number (337) 289-8125 F Group Exemption Number . . . ► </td> </tr> </table>	Please use IRS label or print or type. See Specific Instructions.	C Name of organization Lafayette General Health System Inc Number and street (or P O box, if mail is not delivered to street address) Room/suite 1214 Coolidge Blvd City or town, state or country, and ZIP + 4 Lafayette, LA 70503	D Employer identification number 38 3646817 E Telephone number (337) 289-8125 F Group Exemption Number . . . ►
Please use IRS label or print or type. See Specific Instructions.	C Name of organization Lafayette General Health System Inc Number and street (or P O box, if mail is not delivered to street address) Room/suite 1214 Coolidge Blvd City or town, state or country, and ZIP + 4 Lafayette, LA 70503	D Employer identification number 38 3646817 E Telephone number (337) 289-8125 F Group Exemption Number . . . ►		
• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).				
G Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ►				
H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)				
I Website: ►				
J Organization type (check only one)— <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
K Check <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return				
L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ► \$ 0				

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)			
Revenue	1	Contributions, gifts, grants, and similar amounts received	1
	2	Program service revenue including government fees and contracts	2
	3	Membership dues and assessments	3
	4	Investment income	4
	5a	Gross amount from sale of assets other than inventory	5a
	5b	Less cost or other basis and sales expenses	5b
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>	6
	6a	Gross revenue (not including \$ of contributions reported on line 1)	6a
	6b	Less direct expenses other than fundraising expenses	6b
Expenses	6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c
	7a	Gross sales of inventory, less returns and allowances	7a
	7b	Less cost of goods sold	7b
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
	8	Other revenue (describe ►)	8
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8.	9 0
	10	Grants and similar amounts paid (attach schedule)	10
	11	Benefits paid to or for members	11
	12	Salaries, other compensation, and employee benefits	12
	13	Professional fees and other payments to independent contractors	13
Net Assets	14	Occupancy, rent, utilities, and maintenance	14
	15	Printing, publications, postage, and shipping	15
	16	Other expenses (describe ►)	16
	17	Total expenses. Add lines 10 through 16	17 0
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18 0
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)). (must agree with end-of-year figure reported on prior year's return)	19 0
	20	Other changes in net assets or fund balances (attach explanation)	20 0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21 0



Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.			
(See the instructions for Part II)			
		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	22	22
23	Land and buildings	23	23
24	Other assets (describe ►)	24	24
25	Total assets	0 25	0
26	Total liabilities (describe ►)	0 26	0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	0 27	0

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Part III Statement of Program Service Accomplishments (See the instructions for Part III)**Expenses**What is the organization's primary exempt purpose? Healthcare for the people in the communities we serve

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

28 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	32	0

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Michael Alexander MD	Trustee, 1 hour	0	0	0
Clay Allen	Chairman, 1 hour	0	0	0
David Calhoun	Treasurer, 1 hour	0	0	0
Bradley J Chastant MD	Trustee, 1 hour	0	0	0
Irvin David	Trustee, 1 hour	0	0	0
William H Fenstermaker	Past Chairman, 1 hour	0	0	0
Robert Giles	Trustee, 1 hour	0	0	0
G Gary Guidry MD	Vice Chairman, 1 hour	0	0	0
Rose Kennedy MD	Trustee, 1 hour	0	0	0
Edward Krampe	Secretary, 1 hour	0	0	0
Flo Meadows	Trustee, 1 hour	0	0	0
Donald Reed MD	Trustee, 1 hour	0	0	0
Rae Robinson Brodnax	Trustee, 1 hour	0	0	0
Gary Salmon	Trustee, 1 hour	0	0	0
E Gregory Voorhies	Trustee, 1 hour	0	0	0
David Callecod	President/CEO, 1 hour	0	0	0
Patrick W Gandy Jr	COO, 1 hour	0	0	0
Roger Mattke	CFO, 1 hour	0	0	0
See attachment for additional officers		0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		✓
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		✓
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		✓
b If "Yes," has it filed a tax return on Form 990-T for this year?		
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0		
b Did the organization file Form 1120-POL for this year?		✓
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0, section 4912 ▶ 0; section 4955 ▶ 0		
b Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		✓
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d Enter amount of tax on line 40c reimbursed by the organization ▶		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		✓
41 List the states with which a copy of this return is filed. ▶ None		
42a The books are in care of ▶ Lafayette General Medical Center Inc Telephone no. ▶ (337) 289-8125 Located at ▶ 1214 Coolidge Blvd, Lafayette, LA ZIP + 4 ▶ 70503		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		✓
If "Yes," enter the name of the foreign country: ▶		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
c At any time during the calendar year, did the organization maintain an office outside of the U S ?		✓
If "Yes," enter the name of the foreign country. ▶		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

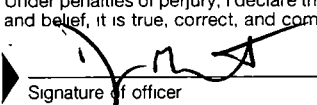
- | | Yes | No |
|------------|-----|----|
| 46 | | ✓ |
| 47 | | ✓ |
| 48 | | ✓ |
| 49a | | ✓ |
| 49b | | |
- 46** Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48** Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a** Did the organization make any transfers to an exempt non-charitable related organization?
- 49b** If "Yes," was the related organization(s) a section 527 organization?
- 50** Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$100,000 ▶	0			

- 51** Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		
Total number of other independent contractors each receiving over \$100,000 . . ▶	0	

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

Signature of officer:  Date: 8/16/10

Type or print name and title: **Roger Mattke, CFO**

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's Identifying Number (See instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4	EIN	Phone no	

May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☐ No

LAFAYETTE GENERAL HEALTH SYSTEM, INC.
TIN #38-3646817

2008

Schedule of Compensation
List of Current Officers, Directors and Trustees
Form 990-EZ, Part IV

Name	Title	Compensation	Pmts to Benefit Plans	Expense Allowances
Debra Clark	CNO, 1 Hour	-	-	-
Gordon Rountree	General Counsel, 1 Hour	-	-	-

All trustees and officers may be contacted at the address listed on Page 1.

Form 990-EZ, Part V

Lafayette General Health System ("LGHS") is a Louisiana nonprofit corporation that is recognized as a tax-exempt, charitable organization described in the Internal Revenue Code ("IRC") section 501(c)(3). LGHS is qualified as other than a private foundation pursuant to IRC section 509(a)(3). On May 27, 2010, LGHS amended and restated its articles of incorporation to provide that, in accordance with IRC section 509(a)(3), LGHS is to be operated exclusively for the benefit of, perform the functions of, and to carry out the purposes of Lafayette General Medical Center, Inc., Lafayette Health Ventures, Inc., and St. Martin Hospital, Inc., each of which is a nonprofit corporation described in section 501(c)(3) of the Code.