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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 10-01-2008 and ending 09-30-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
LAFAYETTE GENERAL MEDICAL CENTER INC

Doing Business As

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 705032621

D Employer identification number
72-0535375

E Telephone number
(337) 289-8125

G Gross receipts $ 190,537,115

F Name and address of Principal Officer
DAVID CALLECOD
1214 COOLIDGE BLVD
LAFAYETTE,LA 70503

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list See instructions)

H(c) Group Exemption Number ▶

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Web site: ▶ www lafayettegeneral com

K Type of organization ☑ Corporation ☐ trust ☐ association ☐ other ▶

L Year of Formation 1911

M State of legal domicile LA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
The organization provides medical care to improve, maintain, and restore the health of the people in the communities we serve, regardless of the patients' ability to pay

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	16
5	Total number of employees (Part V, line 2a)	5	1,960
6	Total number of volunteers (estimate if necessary)	6	115
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	3,947,946
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	125,768	148,309
9	Program service revenue (Part VIII, line 2g)	162,849,879	174,058,746
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,445,863	3,762,222
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,584,594	4,019,089
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	177,006,104	181,988,366
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	174,342	136,298
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	75,088,293	77,593,234
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	(Total fundraising expenses, Part IX, column (D), line 25 0)		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	90,515,251	102,345,244
18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	165,777,886	180,074,776
19	Revenue less expenses Subtract line 18 from line 12	11,228,218	1,913,590

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	242,333,704	275,827,848
21	Total liabilities (Part X, line 26)	81,678,784	115,087,536
22	Net assets or fund balances Subtract line 21 from line 20	160,654,920	160,740,312

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

Please Sign Here

****** | 2010-08-13
Signature of officer | Date

ROGER MATTKE CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature | Date | Check if self-empolyed ☐ | Preparer's PTIN (See Gen Inst)

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

Part III Statement of Program Service Accomplishments (See the instructions.)

1 Briefly describe the organization's mission

Lafayette General Medical Center's mission is to improve, maintain and restore the health of the people in the communities we serve

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 exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts 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 $ 134,835,995 including grants of $ 136,298) (Revenue $ 173,599,095)

Program services statistics related to providing community medical care for the Hospital total acute patient days were 61,533, total psychiatric days were 4,280, total nursery days were 3,415, and total rehab days were 3,167 Other significant healthcare services provided included 43,022 emergency room visits, 15,190 surgeries (inpatient and outpatient), 1,753 deliveries, and 3,498 home health visits The organization provides needed medical care to the community, regardless of the patient's ability to pay Services included inpatient and outpatient care in furtherance of the organization's healthcare mission The revenues from these services are $366,309,567 and $181,186,749, respectively There were acute and skilled care services not fully compensated These included Medicare / Medicaid contractuals with $249,122,124 of uncompensated services, other contractuals with $108,054,626 of uncompensated services, and bad debts of $16,260,820 The net revenues of the services provided were $174,058,746 The estimated cost of charity and uncompensated patient care is Charity care $1,815,645Medicaid program $13,970,590Medicare program $27,883,482Bad debt $6,753,125Lafayette General Medical Center (LGMC) serves the nine parishes in Louisiana designated Acadiana with 296 beds and over 1800 employees LGMC remains the area's largest, full service, acute-care medical center Our hospital mission is to improve, maintain and restore the health of people in the communities we serve We are a community-owned and locally managed hospital that stays true to our mission by dedicating significant resources to compensate a compassionate, highly skilled staff, acquire advanced technology, and develop service improvements each year Our accolades and accreditations grow each year In our fiscal year 2009 we received the following Integrity Award-Acadiana Better Business Bureau-2008Patient Safety Excellence Award by Healthgrades-2009 Platinum Louisiana Home Health Agency Quality Award for 2008GIFT (Guided Infant Feeding Techniques) Certified Facility by Louisiana Maternal & Child Health Coalition2009 IIDA Award of Recognition Healthcare Design for NICU & Pavilion for Women and Children @ LGMC2009 Organ Donation National Medal of Honor U S Department of Health & Human Services HealthGrades 2010 Awards Recipient of the HealthGrades Orthopedic Surgery Excellence AwardRanked Among the Top 5% in the Nation for Overall Orthopedic Ranked #1 in LA for Overall Orthopedic Services Ranked #3 in LA for Joint Replacement Ranked #4 in LA for Spine SurgeryFive-Star Rated for Overall Orthopedic Services Five-Star Rated for Joint Replacement Five-Star Rated for Spine Surgery - 5 years in a row (2006 - 2010)Five-Star Rated for Total Knee Replacement Five-Star Rated for Hip Fracture Repair Five-Star Rated for Back and Neck Surgery (Spinal Fusion) - 6 years in a row (2005 - 2010)2009/2010 Consumer Choice Awards from National Research CorporationLafayette General Medical Center assumes the role of a community partner in a variety of ways Through financial contributions we work to preserve the prosperity of our community, further medical education and research and help our constituents' access the medical care they need We coordinate events and screenings free of charge to maintain the health of the local public We also extend our workforce beyond their daily responsibilities to participate in activities that provide for the safety and betterment of our community FINANCIAL CONTRIBUTIONS In 2009 we donated (monetarily, time, man-hours) supporting organizations that parallel our mission in the community, employees through continuing education and helping to improve the health of those we serve From offering clinical support to Camp Bon Ceur attendees to sponsoring events that raise research money and awareness for illnesses like breast cancer, diabetes and heart disease Lafayette General Medical Center also contributed over $70,000 to the University of Louisiana Lafayette to partially fund the School of Nursing's Accelerated Option Nursing Program for students wishing to obtain a second degree in nursing COMMUNITY OUTREACH & HEALTH CARE ACCESS CONTRIBUTIONS Lafayette General Medial Center maintains a proactive approach to education and wellness in our community Annually LGMC provides a multitude of educational seminars aimed at educating the public on preventative care and maintaining a healthy lifestyle LGMC administered 1,025 free flu shots to employees at a cost of $10,015 Donated over $9,000 in diagnostic imaging as part of a partnership with the Lafayette Community Health Care Clinic Administered over 30 Free Peripheral Vascular Disease ultrasound screenings Women's and Children's Services currently offers 4 free classes on a monthly basis which include newborn care, labor and delivery process, breastfeeding your infant and infant CPR These classes serve approximately 75 people per month LGMC staff administered approximately 287 immunizations to 107 children with our quarterly participation in the Shots for Tots program Staffed free health booths including AHA Go Red for Women, American Diabetes Association Annual 5K Walk, Susan G Koeman's Race for the Cure, NAMI walk and the Walk from Obesity LGMC also provides free transportation for patients with special needs, in order to allow them access to medical care at the hospital To improve health care access for those uninsured workers living at or below poverty level, LGMC maintains a referral agreement with the local Lafayette Community Healthcare Clinic to provide diagnostic testing to their patient population Lafayette General Medical Center is truly a community owned hospital caring for the needs of the community and investing in the future wellness of our neighbors

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)
(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses $ 134,835,995 *Must equal Part IX, Line 25, column (B).*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	Yes	
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b	Yes	
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		No

Part IV Checklist of Required Schedules *(Continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	**28a**	Yes	
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	281		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	1,960		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? **Note:** *If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.*	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** *Report of Foreign Bank and Financial Accounts.*				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, *Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?*	5c			
6a	Did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	*Organizations that may receive deductible contributions under section 170(c).*				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of $75 or more?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			No
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			No
8	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			No
9	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.*				
a	Did the organization make any taxable distributions under section 4966?	9a			No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			No
10	*Section 501(c)(7) organizations.* Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	*Section 4947(a)(1) non-exempt charitable trusts.* Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

Part VI **Governance, Management, and Disclosure** ***(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)***

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body . .	1a 16		
b	Enter the number of voting members that are independent . .	1b 16		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . .	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	the governing body?	8a	Yes	
b	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No", go to line 13* . .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
a	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		No

Section C. Disclosure

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

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

☐ own website ☐ another's website ☑ upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

LAFAYETTE GENERAL MEDICAL CENTER
1214 COOLIDGE BLVD
LAFAYETTE, LA 705032621
(337) 289-8125

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

Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed
* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

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

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

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

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

☐ Check this box if the organization did not compensate any officer, director, trustee or key employee

(A) Name and Title	**(B)** Average hours per week	**(C)** Position (check all that apply)						**(D)** Reportable compensation from the organization (W-2/1099MISC)	**(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			

Part VII Continued

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply) Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
1b Total ▶								2,438,085	0	111,529

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 51

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
HOSPITAL HOUSEKEEPING SYSTEMS LTD PO BOX 826 SAN ANTONIO, TX 782930826	HOUSEKEEPING SERVICES	953,832
PARISH ANESTHESIA OF LAFAYETTE 3510 N CAUSEWAY BLVD STE 404 METAIRIE, LA 70002	ANESTHESIA SERVICES	544,360
AMERICAN NURSING SERVICES po box 974559 dallas, TX 753974559	contract nursing	456,582
lafayette neurosurgical llc po box 51126 LAFAYETTE, LA 70505	PHYSICIAN	395,436
JONES DAY LAW FIRM PO BOX 7805 WASHINGTON, DC 20044	LEGAL SERVICES	391,636

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 20

Part VIII **Statement of Revenue**

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations 1d				
	e	Government grants (contributions) 1e 141,942				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 6,367				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total (Add lines 1a-1f)**	148,309			
Program Service Revenue		Business Code				
	2a	MEDICAL PATIENT SERVIC 621,990	174,058,746	173,599,095	459,651	
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total. Add lines 2a-2f** ▶ $ 174,058,746				
	3	Investment income (including dividends, interest other similar amounts)	2,967,802			2,967,802
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
		(i) Real / (ii) Personal				
	6a	Gross Rents 3,060,914				
	b	Less rental expenses 1,012,041				
	c	Rental income or (loss) 2,048,873				
	d	Net rental income or (loss)	2,048,873		232,240	1,816,633
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory 8,002,856 / 328,272				
	b	Less cost or other basis and sales expenses 7,522,230 / 14,478				
	c	Gain or (loss) 480,626 / 313,794				
	d	Net gain or (loss)	794,420			794,420
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 *Attach Schedule G if total exceeds $15,000* a				
	b	Less direct expenses b				
	c	Net income or (loss) from fundraising events				
	9a	Gross income from gaming activities See part IV, line 19 *Complete Schedule G if total exceeds $15,000* a				
	b	Less direct expenses b				
	c	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances a				
	b	Less cost of goods sold b				
	c	Net income or (loss) from sales of inventory				
		Miscellaneous Revenue / Business Code				
	11a	INTERCOMPANY REVENUE 561,000	1,137,539		851,589	285,950
	b	HOSPITAL CAFETERIA 722,210	1,085,008			1,085,008
	c	REFERENCE LAB 621,500	769,024		769,024	
	d	All other revenue _____	-1,021,355		1,635,442	-2,656,797
	e	**Total. Add lines 11a-11d** $ 1,970,216				
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	181,988,366	173,599,095	3,947,946	4,293,016

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	126,298	126,298		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	10,000	10,000		
3 Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,544,582		1,544,582	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	64,424,844	53,705,086		
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,012,556	820,170	192,386	
9 Other employee benefits	5,788,032	3,306,731	2,481,301	
10 Payroll taxes	4,823,220	3,919,454	903,766	
11 Fees for services (non-employees)				
a Management	72,502	72,502		
b Legal	649,065		649,065	
c Accounting	374,598		374,598	
d Lobbying				
e Professional fundraising *See Part IV, line 17*				
f Investment management fees	294,941		294,941	
g Other	15,525,923	9,942,880	5,583,043	
12 Advertising and promotion	838,660	40,125	798,535	
13 Office expenses	49,467,100	47,494,529	1,972,571	
14 Information technology	3,322,426	19,340	3,303,086	
15 Royalties				
16 Occupancy	400,134	168,708	231,426	
17 Travel				
18 Payments of travel or entertainment expenses for any Federal, state or local public officials				
19 Conferences, conventions and meetings				
20 Interest	2,343,901	2,343,836	65	
21 Payments to affiliates	846,281	188,860	657,421	
22 Depreciation, depletion, and amortization	12,809,625	6,477,306	6,332,319	
23 Insurance	2,947,537		2,947,537	
24 Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a EQUIPMENT RENTAL AND MA	7,724,921	5,015,669	2,709,252	
b UTILITIES	3,427,126	543,115	2,884,011	
c BOND FUND EXPENSE	504,522	504,522	0	
d RECRUITING	406,354	7,995	398,359	
e COMMUNITY AND PHYSICIAN	136,208	16,610	119,598	
f All other expenses	253,420	112,259	141,161	
25 **Total functional expenses.** Add lines 1 through 24f	180,074,776	134,835,995	45,238,781	0
26 **Joint Costs.** Check ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		7,160	1	9,260
	2	Savings and temporary cash investments		4,974,982	2	43,852,851
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		35,690,431	4	35,591,183
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties *Complete Part II of Schedule L*			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) *Complete Part II of Schedule L*			6	
	7	Notes and loans receivable, net		675,928	7	1,082,073
	8	Inventories for sale or use		5,857,514	8	5,459,446
	9	Prepaid expenses and deferred charges		1,831,198	9	1,797,579
	10a	Land, buildings, and equipment cost basis	10a 268,430,980			
	b	Less accumulated depreciation *Complete Part VI of Schedule D*	10b 161,220,470	105,275,079	10c	107,210,510
	11	Investments—publicly traded securities		66,732,326	11	60,368,100
	12	Investments—other securities See Part IV, line 11 *Complete Part VII of Schedule D*		9,778	12	9,778
	13	Investments—program-related See Part IV, line 11 *Complete Part VIII of Schedule D*		18,393,304	13	17,235,587
	14	Intangible assets		1,600,000	14	1,466,667
	15	Other assets See Part IV, line 11 *Complete Part IX of Schedule D*		1,286,004	15	1,744,814
	16	**Total assets.** *Add lines 1 through 15 (must equal line 34)*		242,333,704	16	275,827,848
Liabilities	17	Accounts payable and accrued expenses		25,815,154	17	21,271,701
	18	Grants payable		58,679	18	40,170
	19	Deferred revenue		441,378	19	
	20	Tax-exempt bond liabilities		31,501,080	20	27,041,962
	21	Escrow account liability *Complete Part IV of Schedule D*			21	
	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		20,675,000	23	55,675,000
	24	Unsecured notes and loans payable			24	3,859,010
	25	Other liabilities *Complete Part X of Schedule D*		3,187,493	25	7,199,693
	26	**Total liabilities.** *Add lines 17 through 25*		81,678,784	26	115,087,536
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		160,654,920	27	160,740,312
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		160,654,920	33	160,740,312
	34	Total liabilities and net assets/fund balances		242,333,704	34	275,827,848

Part XI Financial Statements and Reporting

				Yes	No
1	Accounting method used to prepare the Form 990	☐ cash ☑ accrual ☐ other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes" to lines 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?		2c		No
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?		3a		No
b	If "Yes," did the organization undergo the required audit or audits?		3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
LAFAYETTE GENERAL MEDICAL CENTER INC

Employer identification number
72-0535375

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

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)

3 ☑ A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii).** (Attach Schedule H)

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

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

6 ☐ A federal, state, or local government or governmental unit described in **Section 170(b)(1)(A)(v).**

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

8 ☐ A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **Section 509(a)(4).** (See instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **Section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally Integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 9 above or IRC section **(See Instructions)**)	**(iv)** Is the organization in col **(i)** listed in your governing document?		**(v)** Did you notify the organization in col **(i)** of your support?		**(vi)** Is the organization in col **(i)** organized in the U S ?		**(vii)** Amount of support?
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

Part II **Support Schedule for Organizations Described in IRC 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.)

Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 **Public Support** subtract line 5 from line 4						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total Support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶

Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f **15**

16a **33 1/3% Test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% Test - 2007.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

17a **10% Facts and Circumstances Test - 2008.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

b **10% Facts and Circumstances Test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

18 **Private Foundation.** If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total** Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Total of lines 7a and 7b						
8 **Public Support** (Substract line 7c from line 6)						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total Support** (Add lines 9, 10c, 11 and 12)						

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

Computation of Public Support Percentage

15	Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15
16	Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16

Computation of Investment Income Percentage

17	Investment Income Percentage for **2008** (line 10c column (f) divided by line 13 column (f))	17
18	Investment Income Percentage from **2007** Schedule A, Part IV-A, line 27h	18

19a **33 1/3% Tests - 2008.** 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% Tests - 2007.** 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 **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

Additional Data

Software ID:
Software Version:
EIN: 72-0535375
Name: LAFAYETTE GENERAL MEDICAL CENTER INC

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(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			
MICHAEL ALEXANDER MD , TRUSTEE	1 00	X						0	0	0
CLAY ALLEN , CHAIRMAN	1 00	X						0	0	0
DAVID CALHOUN , TREASURER	1 00	X						0	0	0
BRADLEY J CHASTANT MD , TRUSTEE	1 00	X						4,800	0	0
IRVIN DAVID , TRUSTEE	1 00	X						0	0	0
WILLIAM H FENSTERMAKER , PAST CHAIRMAN	1 00	X						0	0	0
ROBERT GILES , TRUSTEE	1 00	X						0	0	0
G GARY GUIDRY MD , VICE CHAIRMAN	1 00	X						39,600	0	0
ROSE KENNEDY MD , TRUSTEE	1 00	X						800	0	0
EDWARD KRAMPE , SECRETARY	1 00	X						0	0	0
FLO MEADOWS , TRUSTEE	1 00	X						0	0	0
DONALD REED MD , TRUSTEE	1 00	X						0	0	0
RAE ROBINSON BRODNAX , TRUSTEE	1 00	X						0	0	0
GARY SALMON , TRUSTEE	1 00	X						0	0	0
E GREGORY VOORHLES , TRUSTEE	1 00	X						0	0	0
DAVID CALLECOD , PRESIDENT/CEO	40 00			X				363,599	0	2,891
PATRICK W GANDY JR , COO	40 00			X				395,025	0	15,132
ROGER MATTKE , CFO	40 00			X				320,987	0	20,411
DEBRA CLARK , CNO	40 00			X				243,212	0	4,039
GORDON E ROUNTREE JR , GENERAL COUNSEL	40 00			X				313,250	0	15,056
TIMOTHY JACKSON , RN	55 00					X		138,326	0	12,031
SHIRLEY LAFFERTY , RN	62 00					X		149,360	0	7,125
KATHERINE HEBERT , ADMINISTRATOR	40 00					X		149,137	0	6,611
DANIEL OVERBEY , RN	65 00					X		146,966	0	14,655
PAUL BONIN , PHARMACIST	45 00					X		173,023	0	13,578

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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

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

OMB No 1545-0047

2008

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)

- 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," to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)

- 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," to Form 990, Part IV, Line 5 (Proxy Tax)

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

Name of the organization	Employer identification number
LAFAYETTE GENERAL MEDICAL CENTER INC	72-0535375

Part I-A **To be completed by all organizations exempt under section 501(c) and section 527 organizations.** (See the instructions for Schedule C for details.)

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
2	Political expenditures	$
3	Volunteer hours	

Part I-B **To be completed by all organizations exempt under section 501(c)(3).** (See the instructions for Schedule C for details.)

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 in 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 **To be completed by all organizations exempt under section 501(c), except section 501(c)(3).** (See the instructions for Schedule C for details.)

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 internal funds contributed to other organizations for section 527 exempt funtion activities	$
3	Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b	$
4	Did the filing organization file **Form 1120-POL** for this year?	☐ Yes ☐ No

5 State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and 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 internal 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-

Part II-A **To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

A Check ☐ if the filing organization belongs to an affiliated group

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

Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)		20,618
b	Total lobbying expenditures to influence a legislative body (direct lobbying)		0
c	Total lobbying expenditures (add lines 1a and 1b)		20,618
d	Other exempt purpose expenditures		180,054,158
e	Total exempt purpose expenditures (add lines 1c and 1d)		180,074,776
f	Lobbying nontaxable amount Enter the amount from the following table in both columns—		1,000,000

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

g	Grassroots nontaxable amount (enter 25% of line 1f)		250,000
h	Subtract line 1g from line 1a Enter -0- if line g is more than line a		0
i	Subtract line 1f from line 1c Enter -0- if line f is more than line c		0

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)		(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a	Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c	Total lobbying expenditures	21,341	21,046	22,141	20,618	85,146
d	Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000
e	Grassroots ceiling amount (150% of line d, column (e))					1,500,000
f	Grassroots lobbying expenditures	21,341	21,046	22,141	20,618	85,146

Part II-B **To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

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

Part III-A **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).** (See the instructions for Schedule C for details.)

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

Part III-B **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes."** (See the instructions for Schedule C for details.)

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

Part IV **Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier	Return Reference	Explanation
Part IV, Supplemental Information		990 SCHEDULE C PART II-A, LINE 1A ALL LOBBYING ACTIVITIES OCCUR INDIRECTLY THROUGH THE AMERICAN HOSPITAL ASSOCIATION AND THE LOUISIANA HOSPITAL ASSOCIATION THE HOSPITAL DOES NOT HAVE ANY CONTROL OR DIRECTION IN DETERMINING HOW SUCH DUES PAID TO THESE TWO ORGANIZATIONS ARE USED

Part IV Supplemental Information

Identifier	Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
LAFAYETTE GENERAL MEDICAL CENTER INC

Employer identification number
72-0535375

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate Contributions to (during year)		
3	Aggregate 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 may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to 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 pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of certified historic structure
☐ Preservation of open space

2 Complete lines 2a–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 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 relating to these items

a Revenues included in 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 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 XIV

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 Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to 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 why in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		8,897,052		8,897,052
b Buildings		131,718,320	67,322,033	64,396,287
c Leasehold improvements		2,564,402	932,293	1,632,109
d Equipment		125,251,206	92,966,144	32,285,062
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				107,210,510

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
LAFAYETTE HEALTH VENTURES INC	12,957,128	C
PREMIER	84,500	C
SAINT MARTIN HOSPITAL	555,572	C
SAINTS STREET LAFAYETTE GENERAL AMB ENDOSCOPY CENTER	10,794	C
LAFAYETTE INVESTMENT GROUP	1,119,216	C
LAFAYETTE GENERAL SURGICAL HOSPITAL LLC	2,421,399	C
LAFAYETTE GENERAL IMAGING	86,978	C
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶	17,235,587	

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of Liability	(b) Amount
Federal Income Taxes	
SELFINSURANCE RESERVES	2,605,766
INTERCOMPANY PAYABLE - LAFAYETTE HEALTH VENTURES INC	3,914,425
INTERCOMPANY PAYABLE - LAFAYETTE INVESTMENT GROUP	24,865
INTERCOMPANY PAYABLE - LAFAYETTE GENERAL IMAGING	1,450
INTERCOMPANY PAYABLE - LAFAYETTE GENERAL SURGICAL HOSPITAL	653,187
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	7,199,693

In Part XIV, 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

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	181,988,366
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	180,074,776
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,913,590
4	Net unrealized gains (losses) on investments	4	-1,828,202
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	4
9	Total adjustments (net) Add lines 4 - 8	9	-1,828,198
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	85,392

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	197,109,999
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-1,828,202		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	17,244,776		
e	Add lines **2a** through **2d**			2e	15,416,574
3	Subtract line **2e** from line **1**			3	181,693,425
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	294,941		
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	294,941
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	181,988,366

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	197,024,611
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d	17,244,776		
e	Add lines **2a** through **2d**			2e	17,244,776
3	Subtract line **2e** from line **1**			3	179,779,835
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	294,941		
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	294,941
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	180,074,776

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
		Part XII & PART XIII, LINE 2D BAD DEBT 16,260,819 RENTAL EXPENSE 1,012,041 OBSOLETE INVENTORY & INTERCOMPANY RECRUITING (28,143) MINERAL RIGHTS & PARTNERSHIP INCOME 59 TOTAL 17,244,776 PART XI LINE 8 ROUNDING SO THAT LINE 10 WILL AGREE TO THE 4 DIFFERENCE BETWEEN 990 PART I, LINE 22 BEGINNING AND END OF YEAR, FINANCIAL STATEMENT NET INCOME

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20.
▶ Attach to Form 990.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
LAFAYETTE GENERAL MEDICAL CENTER INC

Employer identification number
72-0535375

Part I Charity Care and Certain Other Community Benefits at Cost *(Optional for 2008)*

			Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a		
b	If "Yes," is it a written policy?	1b		
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☐ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care ☐ 100% ☐ 150% ☐ 200% ☐ Other _____%	3a		
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____%	3b		
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Does the organization's policy provide free or discounted care to the "medically indigent"?	4		
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a		
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b		
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Does the organization prepare an annual community benefit report?	6a		
6b	If "Yes," does the organization make it available to the public?	6b		
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from *worksheets 1 and 2)*						
b Unreimbursed Medicaid (from *worksheet 3, column a)*						
c Unreimbursed costs—other means-tested government programs (from *Worksheet 3, column b)*						
d **Total** Charity Care and Means-Tested Government Programs						
Other Benefits						
e Community health improvement services and community benefit operations (from (worksheet 4)						
f Health professions education (from worksheet 5)						
g Subsidized health services (from worksheet 6)						
h Research (from worksheet 7)						
i Cash and in-kind contributions to community groups (from worksheet 8)						
j **Total** Other Benefits						
k **Total** (line 7d and 7j)						

Part II Community Building Activities (Complete this table if the organization conducted any community building activities) *(Optional for 2008)*

		(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, and Collection Practices *(Optional for 2008)*

Section A—Bad Debt Expense

			Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1		
2	Enter the amount of the organization's bad debt expense (at cost) 2			
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy 3			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, or rationale for including other bad debt amounts in community benefit			

Section B—Medicare

5	Enter total revenue received from Medicare (including DSH and IME) 5		
6	Enter Medicare allowable costs of care relating to payments on line 5 6		
7	Enter line 5 less line 6—surplus or (shortfall) 7		
8	Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit, and the costing methodology or source used to determine the amount reported on line 6 and indicate which of the following methods was used		

☐ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C—Collection Practices

9a	Does the organization have a written debt collection policy?	9a		
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b		

Part IV Management Companies and Joint Ventures *(Optional for 2008)*

	(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					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Part V **Facility Information** *(Required for 2008)*

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
LAFAYETTE GENERAL MEDICAL CENTER INC 1214 COOLIDGE BLVD LAFAYETTE,LA 70503	X	X					X		

Part VI Supplemental Information *(Optional for 2008)*

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

2 **Needs Assessment.** Describe how the organization assesses the health care needs of the communities it serves

3 **Patient Education of Eligibility for Assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy

4 **Community Information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Community Building Activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

6 Provide any other information important to describing how the organization's hospitals 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)

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communites served

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
LAFAYETTE GENERAL MEDICAL CENTER INC

Employer identification number
72-0535375

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 Governments and Organizations in the United States.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 if additional space is needed . . . . . ▶ ☐

1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACADIANA OUTREACH CENTER125 S BUCHANAN ST LAFAYETTE,LA 70501	58-1925867	501(C)3	17,500				CHARITABLE DONATIONS ARE MADE TO LOCAL NON-PROFT AND GOVERNMENT ORGAINIZATIONS THAT PARALLEL OUR HEALTHCARE MISSION IN THE COMMUNITY
AMERICAN CANCER SOCIETY1604 W PINHOOK ROAD SUITE 182 LAFAYETTE,LA 70508	64-0329009	501(C)3	6,000				CHARITABLE DONATIONS ARE MADE TO LOCAL NON-PROFT AND GOVERNMENT ORGAINIZATIONS THAT PARALLEL OUR HEALTHCARE MISSION IN THE COMMUNITY
AMERICAN HEART ASSOCIATION139B JAMES COMEAUX RAOD 596 LAFAYETTE,LA 70508	36-0726140	501(C)3	15,000				CHARITABLE DONATIONS ARE MADE TO LOCAL NON-PROFT AND GOVERNMENT ORGAINIZATIONS THAT PARALLEL OUR HEALTHCARE MISSION IN THE COMMUNITY
CAMP BON COUER405 W MAINT ST LAFAYETTE,LA 70501	58-1710741	501(C)3	16,000				CHARITABLE DONATIONS ARE MADE TO LOCAL NON-PROFT AND GOVERNMENT ORGAINIZATIONS THAT PARALLEL OUR HEALTHCARE MISSION IN THE COMMUNITY
COMMUNITY FOUNDATION OF ACADIANA1035 CAMELLIA BLVD STE 100 LAFAYETTE,LA 70508	72-1493023	501(C)3	5,000				CHARITABLE DONATIONS ARE MADE TO LOCAL NON-PROFT AND GOVERNMENT ORGAINIZATIONS THAT PARALLEL OUR HEALTHCARE MISSION IN THE COMMUNITY
GOODWILL INDUSTRIES OF ACADIANA3840 W CONGRESS ST LAFAYETTE,LA 70506	72-1179550	501(C)3	10,000				CHARITABLE DONATIONS ARE MADE TO LOCAL NON-PROFT AND GOVERNMENT ORGAINIZATIONS THAT PARALLEL OUR HEALTHCARE MISSION IN THE COMMUNITY
LAFAYETTE COMMUNITY HEALTH1317 JEFFERSON ST LAFAYETTE,LA 70501	72-1227982	501(C)3	11,500				CHARITABLE DONATIONS ARE MADE TO LOCAL NON-PROFT AND GOVERNMENT ORGAINIZATIONS THAT PARALLEL OUR HEALTHCARE MISSION IN THE COMMUNITY
UNITED WAY OF ACADIANAPO BOX 52033 LAFAYETTE,LA 70501	72-0513639	501(C)3	7,500				CHARITABLE DONATIONS ARE MADE TO LOCAL NON-PROFT AND GOVERNMENT ORGAINIZATIONS THAT PARALLEL OUR HEALTHCARE MISSION IN THE COMMUNITY

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 31

3 Enter total number of other organizations . . . . . ▶ 4

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
DISBURSEMENT TO QUALIFYING LPN SCHOOL STUDENTS - HENRY P HEBERT SCHOLARSHIPS	18	10,000			

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Identifier	Return Reference	Explanation
Other Information	Part IV	CHARITABLE DONATIONS ARE MADE TO LOCAL NON-PROFIT GOVERNMENT ORGINIZATIONS THAT PARALLEL OUR HEALTHCARE MISSION IN THE COMMUNITY DISBURSEMENTS FOR SCHOLARSHIPS, FELLOWSHIPS, AND STUDENT LOANS ARE MADE DIRECTLY IN FURTHERANCE OF THE ORGANIZATION'S EXEMPT PROGRAMS - THE PURPOSE OF WHICH THE HOSPITAL WAS ORGANIZED AND OPERATES THE DISBURSEMENTS ARE BASED ON PERSONAL INTERVIEWS, ACADEMIC ACHIVEMENTS, AND THE APPROVAL OF THE HOSPITAL'S ADMINISTRATION CERTAIN STANDARDS AND CONDITIONS ARE ESTABLISHED TO ENSURE THAT RECIPIENTS ARE QUALIFIED AND THE DISBURSEMENTS ARE FOR HEALTH CARE OCCUPATIONS THE CRITERIA FOR EDUCATIONAL LOANS ARE 1 EMPLOYEES MUST HAVE COMPLETED ONE YEAR OF EMPLOYMENT 2 EMPLOYEE HAS ATTEMPTED TO GAIN OTHER FINANCIAL ASSISTANCE 3 MUST HAVE A LETTER OF RECOMMENDATION FROM DEPARTMENT DIRECTOR 4 MUST NOT HAVE AN UNSATISFACTORY EVALUATION 5 THE EMPLOYEE MUST SIGN A CONTRACT 6 ANY SINGLE LOAN MUST NOT EXCEED $10,000

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
LAFAYETTE GENERAL MEDICAL CENTER INC

Employer identification number
72-0535375

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First class or charter travel	☑ Housing allowance or residence for personal use		
	☑ Travel for companions	☐ Payments for business use of personal residence		
	☑ Tax idemnification and gross-up payments	☑ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
a	Receive a severance payment or change of control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**	Yes	
b	Any related organization?	**6b**	Yes	
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
DAVID CALLECOD	(i)	200,806	120,656	42,137		2,891	366,490	
	(ii)							
PATRICK W GANDY JR	(i)	287,625	93,298	14,102	10,294	4,838	410,157	
	(ii)							
ROGER MATTKE	(i)	243,800	72,407	4,780	11,373	9,038	341,398	
	(ii)							
DEBRA CLARK	(i)	180,000	60,001	3,211	1,048	2,991	247,251	
	(ii)							
GORDON E ROUNTREE JR	(i)	216,403	87,043	9,804	6,810	8,246	328,306	
	(ii)							
TIMOTHY JACKSON	(i)	137,926	400		6,985	5,046	150,357	
	(ii)							
SHIRLEY LAFFERTY	(i)	148,960	400		5,591	1,534	156,485	
	(ii)							
KATHERINE HEBERT	(i)	138,000	10,492	645	4,031	2,580	155,748	
	(ii)							
DANIEL OVERBEY	(i)	146,566	400		7,317	7,338	161,621	
	(ii)							
PAUL BONIN	(i)	172,623	400		6,435	7,143	186,601	
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
	Part I, Line 1a	THE ORGANIZATION DOES ALLOW FOR SPOUSAL TRAVEL FOR THE TRUSTEES AND OFFICERS SUCH EXPENSES ARE REPORTED ON THEIR W-2S OR 1099S A HOUSING ALLOWANCE WAS PAID TO THE PRESIDENT/CEO, BUT WAS INCLUDED AS COMPENSATION ON HIS W-2 SOCIAL CLUB DUES WERE PAID FOR THE PRESIDENT/CEO AND THE COO AND WERE INCLUDED AS WELL AS COMPENSATION ON THEIR W-2S TAXABLE FRINGE BENEFITS SUCH AS SPOUSAL TRAVEL AND SOCIAL CLUB DUES ARE ACCUMULATED AND GROSSED UP WHEN ADDED TO THE W-2 EARNINGS FOR THE YEAR
	Part I, Line 4a	A supplemental Employee Retirement Plan (SERP) was adopted effective January 01, 2008 The SERP IS classified as a supplemental non-qualified retirement plan, the purpose of which is to provide participants with supplemental retirement benefits CONtribution for the year was $231,475 The Board determines which employees are eligible for plan contributions Participants were David Callecod, CEO, Patrick Gandy, COO, ROger Mattke, CFO, Gordon ROuntree, General Counsel, Debra Clark, CNO, Katherine Hebert, Vice President, and Carolyn Huval, Vice President
	Part I, Line 6	THE ORGANIZATION DOES HAVE A PROFIT SHARING PLAN (SUCCESS SHARING) FOR ALL ELIGIBLE EMPLOYEES, DETERMINED IN PART ON NET EARNINGS THE CRITERIA USED TO DETERMINE IF PROFIT SHARING WILL BE MADE IS BASED ONE THIRD ON NET EARNINGS OF THE ORGANIZATION, ONE THIRD ON QUALITY MEASURES, AND ONE THIRD ON PATIENT SATISFACTION SCORES PART 1, LINE 6B OFFICERS', AS LISTED ON PART VII OF FORM 990, CALCULATION OF PROFIT SHARING IS IN PART BASED ON THE CONSOLIDATED NET EARNINGS DAVID CALLECOD, PRESIDENT/CEO WAS HIRED JULY 2008

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 72-0535375
Name: LAFAYETTE GENERAL MEDICAL CENTER INC

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
DAVID CALLECOD	(I) (II)	200,806	120,656	42,137		2,891	366,490	
PATRICK W GANDY JR	(I) (II)	287,625	93,298	14,102	10,294	4,838	410,157	
ROGER MATTKE	(I) (II)	243,800	72,407	4,780	11,373	9,038	341,398	
DEBRA CLARK	(I) (II)	180,000	60,001	3,211	1,048	2,991	247,251	
GORDON E ROUNTREE JR	(I) (II)	216,403	87,043	9,804	6,810	8,246	328,306	
TIMOTHY JACKSON	(I) (II)	137,926	400		6,985	5,046	150,357	
SHIRLEY LAFFERTY	(I) (II)	148,960	400		5,591	1,534	156,485	
KATHERINE HEBERT	(I) (II)	138,000	10,492	645	4,031	2,580	155,748	
DANIEL OVERBEY	(I) (II)	146,566	400		7,317	7,338	161,621	
PAUL BONIN	(I) (II)	172,623	400		6,435	7,143	186,601	

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Attach to Form 990 or Form 990-EZ.
▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
LAFAYETTE GENERAL MEDICAL CENTER INC

Employer identification number
72-0535375

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? No
James G Thaw former CEO for year	See Schedule O On July 17, 2007, the Internal Revenue Service (the "Service") commenced an examination of Lafayette General Medical Center Inc 's (LGMC) Form 990 and Form 990-T for the period ending September 30, 2004 During the course of the examination, the Service issued to LGMC a number of Forms 4564, Information Document Request ("IDRs"), seeking information regarding certain financial transactions between LGMC and certain trustees, officers, and employees of LGMC, and certain of their family members, which the Service believed could constitute excess benefit transactions within the meaning of 4958 of the Internal Revenue Code of 1986, as amended (the "Code") The transactions covered expense account reimbursement transactions, purchases of equipment and services, and other transactions Continues below	Yes	
James G Thaw former CEO for yeAR	See Schedule O During the course of the examination, the Service expanded the scope of its examination of the transactions to cover not only the tax year ending September 30, 2004, but also tax years ending September 30, 2005 and September 30, 2006 LGMC cooperated fully with the Service in responding to these IDRs On May 12, 2009, the Service concluded its examination of LGMC, and LGMC executed a Form 4549, Income Examination Changes, for the periods ending September 30, 2004-2006 The Form 4549 reduced the amount of certain unrelated business income tax net operating losses reported on the Forms 990T but otherwise made no changes in LGMC's returns as filed Continues below	Yes	
james G Thaw former CEO for year	See Schedule O With respect to certain of the transactions covered by the IDRs described above, LGMC has received correspondence from legal counsel for the former President of LGMC, James G Thaw, advising LGMC that the Service had determined that certAIn of the transactions covered by IDRs described above involving Mr Thaw and/or members of his family were excess benefit transactIOns within the meaning of Sec 4958 of the Code and that Mr Thaw had paid excess taxes under Sec 4958 of the Code in the amounts set forth in Schedule L, Part I, Line 2 In addition, Mr Thaw's legal counsel provided LGMC two checks totaling $101,896 83, which counsel advised LGMC was the amount agreed to between the Service and Mr Thaw as the appropriate "correction amount" (within the meaning of Sec 4958 of the code) for the identified excess benefit transactions involving Mr Thaw and/or members of his family Continues below	Yes	
JAMEs G Thaw former CEO for year	See Schedule O The Service has not notified LGMC of any other excess benefit transactions arising out of the transactIOns covered by the IDRs described above, and based upon LGMC's due inquiry of the other individuals with transactIOns covered by the IDRs, LGMC is not aware that any other of the transactIOns covered by the IDRs were determined by the Service to be excess benefit transactions	Yes	

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $ 17,777

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

Part II Loans to and/or From Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons

To be completed by organizations that 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	(e) No
See Additional Data Table					

Additional Data

Software ID:
Software Version:
EIN: 72-0535375
Name: LAFAYETTE GENERAL MEDICAL CENTER INC

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(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
BRADLEY CHASTANT MD	TRUSTEE	4,800	SEE SCH OEMERGENCY ROOM COVERAGE		No
ROSE KENNEDY MD	TRUSTEE	800	SEE SCH OEMERGENCY ROOM COVERAGE		No
G GARY GUDIRY md	TRUSTEE	39,600	SEE SCH ODEPT MEDICAL DIRECTORSHIP		No
LAFAYETTE GENERAL IMAGING LLC	SEE SCH O	371,371	SEE SCH OLafayette General Imaging LLC (LGI) is a related organization of Lafayette General Medical Center Inc (LGMC) Current trustees Robert Giles and Edward Krampe serve on both boards, and former trustee WW Rucks III serves on the LGI board LGMC utilizes LGI to perform radiology imaging services LGMC paid LGI rent of $972,424 and expense reimbursement of $15,007 LGI paid LGMC rent of $117,033, services of $192,420, and reimbursement of expenses of $306,607		No
LAFAYETTE INVESTMENT GROUP LLC	SEE SCH O	5,423,733	SEE SCH OLafayette Investment Group LLC (LIG) is a related organization of Lafayette General Medical Center Inc Current trustees, Bradley J Chastant, MD and David Callecod, President/CEO serve on both boards The group owns and operates a surgical hospital and medical office building LGMC paid LIG building rent of $359,868 and loans of $151,183 to pay for construction related expenses LIG paid LGMC $5,775,519 for principal and interest on a loan		No
LAFAYETTE GENERAL SURGICAL HOSPITAL LLC	SEE SCH O	2,085,487	SEE SCH OLafayette General Surgical Hospital LLC (LGSH) is a related organization of LGMC Current trustees, Bradley J Chastant, MD and Gary Salmon, and David Callecod, President/CEO serve on both boards Former trustees WW Rucks III and J Wayne Anderpont, PhD serve on the LGSH board The surgical hospital operates a 10-licensed-bed acute care hospital specializing in short stay surgical procedures located in the LIG building LGMC reimbursed LGSH for expenses of $5,043 LGSH paid LGMC $187,626 for an equipment loan, $700,000 in distributions, and $1,202,904 for expenses and services		No
LAFAYETTE HEALTH VENTURES INC	SEE SCH O	5,188,144	SEE SCH OLafayette Health Ventures Inc (LHVI) is a related organization owned entirely by LGMC Current trustees Donald Reed, MD, Irvin David, and Rae Robinson and current officers David Callecod, Patrick Gandy Jr and Roger Mattke serve on LHVIs board Former trustees Mercer Busch and WW Rucks III serve on the LHVI board LHVI operates a collection agency, retail store for durable medical equipment, operates medical clinics, and employs physician practices		No
SAINT ST LAF GEN AMB ENDO CENTER INC	SEE SCH O	581,250	SEE SCH OSaint Street Lafayette General Ambulatory Endoscopy Center Inc is a related organization of LGMC Current trustees Rae Robinson, E Gregory Voorhies, and Irvin David, and current officer Patrick Gandy Jr serve on the board The endoscopy center operates an ambulatory surgery center LGMC received distributions of $581,250 during the year		No

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SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
LAFAYETTE GENERAL MEDICAL CENTER INC

Employer identification number
72-0535375

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		Trustees, Clay Allen and Robert Giles, are involved in a separate business venture together that is wholly unrelated to the organization

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		The organization is a non-stock not-for-profit corporation with one class of membership

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		The members ratify the selection of the individuals that serve on the Board of Trustees (Governing Body) after those individuals have been selected as a Trustee by the Board of Trustees

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		Yes, the individuals of the Trustees (Governing Body) and the members must be approved by the Membership body

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		The Form 990s are prepared and reviewed by the organizations accounting staff The completed forms are reviewed by the officers and then presented to the Board for review, comment and corrections if needed before filing with the IRS

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		An annual survey is sent to the Board members and officers requiring them to disclose conflicts of interest After receipt of these surveys, the Governance Committee and its Chairperson review all conflicts and report on same to the Governance Committee Thereafter the Chairperson of the Governance Committee and the organizations General Council (who attends all Board meetings) insures that all conflicts are timely disclosed and appropriate recusals are made on business matters that may be related to the conflict

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		An independent external consultant firm, Sullivan Cotter and Associates, is engaged by the Compensation Committee of the Board of Trustees, which is comprised of Disinterested Directors, to prepare compensation survey and fair market value report The Compensation Committee annually reviews the market comparables and makes adjustment the President/CEO's compensation thereafter This same process is followed for the following Senior Executives of the Organization Chief Operating Officer, Chief Financial Officer, Chief Nursing Officer and General Counsel

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		Basic financial information is made available and sent out to the community by means of the Organization's Annual Report Other documents and more detailed financial information are available to the public upon request within the parameters of regulatory / legal authorities

Identifier	Return Reference	Explanation
		The process has not changed from prior year

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
LAFAYETTE GENERAL MEDICAL CENTER INC

Employer identification number
72-0535375

Part I Identification of Disregarded Entities

(A) Name, address, and EIN 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

(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
ST MARTIN HOSPITAL INC 210 CHAMPAGNE BLVD BREAUX BRIDGE, LA70517 26-4626264	HOSPITAL	LA	PENDING 501(C)(3)	HOSPITAL	N/A

Part III Identification of Related Organizations Taxable as a Partnership

(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, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproprtionate allocations? Yes	(H) No	(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner? Yes	(J) No
LAFAYETTE GENERAL IMAGING 1211 COOLIDGE SUITE 201 LAFAYETTE, LA70503 20-1999058	HEALTHCARE imaging	LA	LAFAYETTE HEALTH VENTURES	RELATED HEALTHCARE	-77,953	210,782		No			No
LAFAYETTE INVESTMENT GROUP 1000 W PINHOOK SUITE 206 LAFAYETTE, LA70503 42-1594593	MANAGEMENT	LA	N/A	RELATED HEALTHCARE	-8,277	2,396,957		No			No
lafayette general surgical hospital llc 1000 W PINHOOK LAFAYETTE, LA70503 48-1300080	surgical hospital	LA	N/A	RELATED HEALTHCARE	1,025,611	1,259,066		No			No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(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
LAFAYETTE HEALTH VENTURES PO BOX 53092 LAFAYETTE, LA70505 72-1006966	SUPPORT SERVICES	LA	N/A	C	12,210,471	9,262,694	100 000 %
PRIMARY CARE MEDICAL SERVICES 117 AUDUBON BLVD LAFAYETTE, LA70503 72-1358504	SUPPORT SERVICES	LA	N/A	C			50 000 %
GREATER LAFAYETTE PHYSICIANS HOSPITAL ORG 117 AUDUBON BLVD LAFAYETTE, LA70503 72-1286969	SUPPORT SERVICES	LA	N/A	C			100 000 %
SAINT ST LAFAYETTE GENERAL AMB ENDOSCOPY CENTER 201 ST PATRICK ST LAFAYETTE, LA70506 72-1121943	ENDOSCOPY CENTER	LA	N/A	S	700,821	128,515	50 000 %

Part V Transactions with Related Organizations

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

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

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

(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1) **See Additional Data Table**		
(2)		
(3)		
(4)		
(5)		
(6)		

Part VI Unrelated Organizations Taxable as a Partnership

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

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

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

	(A) Name of other organization	(B) Transaction type(a-r)	(C) Amount Involved ($)
(1)	ST MARTIN HOSPITAL INC	D	317,000
(2)	ST MARTIN HOSPITAL INC	O	16,002
(3)	ST MARTIN HOSPITAL INC	K	72,021
(4)	LAFAYETTE INVESTMENT GROUP	J	359,868
(5)	LAFAYETTE INVESTMENT GROUP	D	151,183
(6)	LAFAYETTE INVESTMENT GROUP	A	157,265
(7)	LAFAYETTE INVESTMENT GROUP	E	5,777,397
(8)	LAFAYETTE INVESTMENT GROUP	P	122
(9)	LAFAYETTE GENERAL SURGICAL HOSPITAL LLC	O	5,043
(10)	LAFAYETTE GENERAL SURGICAL HOSPITAL LLC	E	187,626
(11)	LAFAYETTE GENERAL SURGICAL HOSPITAL LLC	P	1,202,904
(12)	LAFAYETTE GENERAL SURGICAL HOSPITAL LLC	C	700,000
(13)	LAFAYETTE HEALTH VENTURES INC	O	16,461,921
(14)	LAFAYETTE HEALTH VENTURES INC	L	631,823
(15)	LAFAYETTE HEALTH VENTURES INC	P	11,905,600