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DLN: 93493105004120

Form **990** 

Department of the Treasury

# **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)

OMB No 1545-0047

2008

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

Open to Public

Internal	Revenue	Service - I no	e organization may have t	o use a copy of this return to satisfy s	state reporting	requirements	Inspection	
A Fo	r the	2008 calendar	year, or tax year beginnir	ng 12-01-2008 and ending 11-30-200	9	D Emmlesses id		
		pplicable Please	j Jennings American Legi		entification number			
Add	dress ch	nange use IRS label o			72-044560 E Telephone n			
∏ Na	me cha	nge <b>print o</b> t <b>ype. S</b>	or		·			
Ini	tıal retu	rn Specifi	Number and street (or	O box if mail is not delivered to street addre	ess) Room/suite	(337) 616-	7100 ts \$ 37,695,673	
<b>Г</b> Те	mınatıc	tions.	PO Box 1027			d dross receip	<b>(15</b> \$ 37,693,673	
┌ Am	ended	return	City or town, state or c	ountry, and ZIP + 4		1		
┌ <sub>Ap</sub>	plication	pending	Jennings, LA 70546					
		F	Name and address of Prir	cipal Officer	H(a) To the	s a group return	· for	
					affilia	s a group returr tes?	Yes V No	
Ta	x-exem	npt status 🔽 50	01(c) ( 3 ) <b>4</b> (insert no )	4947(a)(1) or	1 ' '	l affiliates includ	·	
		<b>e: ►</b> N/A		. , , , ,	7	p Exemption Ni	: See instructions ) imber <b>&gt;</b>	
J W	en sit	e: F N/A			11(0)	F =		
<b>К</b> Тур	e of or	ganization Corp	oration trust association	other ►	L Year of Fo	rmation M	State of legal domicile	
					· ·	•		
Da	rt I	Summary						
Fa			the organization's missi	on or most significant activities				
<b>a</b> 1	-	Hospital	<b></b>					
<u>త</u>								
区								
Governance	2	Check this box	if the organization dis	continued its operations or disposed o	of more than 2	5% of its asset	s	
ŝ	3		•	ning body (Part VI, line 1a)			16	
	4			of the governing body (Part VI, line 1			12	
<u>କ</u>	5		femployees (Part V, line		-,		0	
Ē	6		f volunteers (estimate if i	6				
Activities &	_		related business revenue		7a	0		
-			ousiness taxable income		76 <sub>-</sub>			
				Pric	or Year	Current Year		
	8	Contributions	and grants (Part VIII, lir	ae 1h)		28,045	9,000	
≗	9		• ,	ne 2g)		33,417,879	37,438,099	
Revenue	10			(A), lines 3, 4, and 7d)		414,986	248,574	
Æ	11			lines 5, 6d, 8c, 9c, 10c, and 11e)		414,500	240,574	
	12		—add lines 8 through 11	е 📗				
		12)		(		33,860,910	37,695,673	
	13	Grants and si	mılar amounts paıd (Part	IX, column (A), lines 1–3)			0	
	14	Benefits paid	to or for members (Part I	X, column (A), line 4)			0	
(f)	15	•	r compensation, employe	e benefits (Part IX, column (A), lines	5 –	16 221 222	17.640.074	
Expenses		10)		16,221,222	17,640,971			
₹	16a		undraising fees (Part IX,			0		
ठ	Ь		g expenses, Part IX, column (D	· · · · · · · · · · · · · · · · · · ·				
	17		es (Part IX, column (A), l			16,147,719	18,605,927	
	18			st equal Part IX, line 25, column (A))		32,368,941	36,246,898	
. 00	19	Revenue less	expenses Subtract line	18 from line 12		1,491,969	1,448,775	
Net Assets or Fund Balances					Beginni	ng of Year	End of Year	
to g	20	Total assets (	(Part X, line 16)			33,675,870	37,927,729	
AS GB	21	Total liabilitie	s (Part X, line 26)			13,068,247	15,871,331	
<u> </u>	22	Net assets or	fund balances Subtract	ine 21 from line 20		20,607,623	22,056,398	
Pa	rt II	Signature	Block					
		_		examined this return, including accompanying	schedules and s	tatements, and to	the best of my knowledge	
		and belief, it is tr	ue, correct, and complete Dec	laration of preparer (other than officer) is base	ed on all informat	ion of which prepa	rer has any knowledge	
Plea Sigr		****** Signature of o	officer		2010- Date	-04-15		
Her		signature of c	onicer		Date			
	-		s Executive Director name and title					
		T Type of print	name and the	Date				
		Preparer's Me	elvin R Schulthess	Check If self-	Preparer's PTIN	(See Gen Inst )		
Paid		signature F	zr v osnatnoss		empolyed 🕨 🦵			
•	arer's	Firm's name (or y		EIN Þ				
Use	Only	ıf self-employed), address, and ZIP				LIIV F		
			Jennings, LA 70546			Phone no 🕨 (3	337) 824-8080	
Mav	the IR	ı S discuss this r		nown above? (See instructions)				

Cat No 11282Y

# Form 990 (2008) Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organization	n's mission				•					
2	Did the organization under the prior Form 990 or 99		nt program se		r which were n	ot listed on	Yes ▽ No				
	If "Yes," describe these		edule O				, ,				
3	Did the organization ceaseservices?			t changes in how it co	nducts any pro	ogram 	┌ Yes ┌ No				
	If "Yes," describe these changes on Schedule O										
4	Describe the exempt pur Section 501(c)(3) and (4 others, the total expense	4) organizations and	4947(a)(1)	trusts are required to	report the amo			to			
4a	(Code	) (Expenses \$	36,104,197	= =		) (Revenue \$		)			
	Providing inpatient-outpatien	nt and emergency medica	il service to a la	irge rural area and a small	rural community						
41	/C	) /F				\		`			
4Ь	(Code	) (Expenses \$		including grants of \$		) (Revenue \$		)			
4c	(Code	) (Expenses \$		including grants of \$		) (Revenue \$		)			
	(0000	, (Expenses $\phi$		melading grants or \$		, (Nevende ¢		,			
4d	Other program services	S (Describe in Scheo	dule O )								
	(Expenses \$	·	ding grants o	f \$	) (Revenu	e \$	)				
<b>4e</b>	Total program service e	ynansas ¢	36 104 19	7 Must equal Part IX	Line 25 colur	nn (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		No
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		No
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	Yes	
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		Νο
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? <i>If "Yes," complete Schedule F, Part II</i>	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? <i>If</i> "Yes," complete Schedule F, Part III	16		Νο
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		Νο
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		No
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		No
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		Νo
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) 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		No
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			
а	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		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νο
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		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II	32		Νo
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? <i>If</i> "Yes," complete Schedule R, Part I	33		Νo
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		Νο
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		Νo
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		Νo
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

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		Yes	No
of U.S. Information Returns. Enter -0- if not applicable			-
1a		1	
h. Ententhe number of Forms M. 20 included in line 4 - Fet. 20 C. 1. 1. 1. 1.	0		
<b>b</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	-	_	NI -
gaming (gambling) winnings to prize winners?	· · · · ·	.c	No
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	0		
<b>b</b> If at least one is reported in 2a, did the organization file all required federal employment tax ro <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.		ь	N o
3a Did the organization have unrelated business gross income of \$1,000 or more during the year return?		a	No
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		ь	No
4a At any time during the calendar year, did the organization have an interest in, or a signature of over, a financial account in a foreign country (such as a bank account, securities account, or account)?	or other authority other financial	a	No
<b>b</b> If "Yes," enter the name of the foreign country			
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1,</b> Report of For Financial Accounts.	reign Bank and		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax	year? <b>5</b>	а	Νο
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelte	er transaction?	b	No
c If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Re		ic	No
<b>6a</b> Did the organization solicit any contributions that were not tax deductible?	6	a	No
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such c were not tax deductible?	ontributions or gifts	ь	No
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 more?	of \$75 or <b>7</b>	а	No
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?		ь	l No
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for whi	<del></del>		
file Form 8282?	-	'c	No
d If "Yes," indicate the number of Forms 8282 filed during the year	0		
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premium benefit contract?		e	No
${f f}$ Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit	fit contract? 7	'f	No
<b>g</b> For all contributions of qualified intellectual property, did the organization file Form 8899 as re	required? <b>7</b>	g	No
<b>h</b> For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form			NI -
required?	· · · · · · · -	h	No
supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring excess business holdings at any time during the year?	g organization, have	3	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?	9	a	No
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?	9	ь	No
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12   10a			
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11 Section 501(c)(12) organizations Enter			
a Gross income from members or shareholders			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
13a Section 4047(a)(1) non exempt charitable truste. In the exercise files From 000 in less 55.	orm 1041? 12	2a	No
<b>12a</b> Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Fo			

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

<u>sec</u>	ction A.	. Gover	ning Bod	ly and Ma	nagem	ent				
	Fau anal 1	11/ //		- 2 7 6 -1		. "1/-//	0	an Oh halam	d	 

			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 12									
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?									
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? .									
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?									
5	Did the organization become aware during the year of a material diversion of the organization's assets?									
6	Does the organization have members or stockholders?									
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?									
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following									
а	the governing body?	8a		Νο						
ь	each committee with authority to act on behalf of the governing body?	8b		Νο						
9a	Does the organization have local chapters, branches, or affiliates?	9a		Νο						
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		Νο						
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		Νο						
11	, , , ,									

#### Section B. Policies

		Yes	No
Does the organization have a written conflict of interest policy? If "No", go to line 13	12a	Yes	
Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	
Does the organization have a written whistleblower policy?	13		Νo
Does the organization have a written document retention and destruction policy?	14		Νo
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			
The organization's CEO, Executive Director, or top management official?	15a	Yes	
Other officers or key employees of the organization?	15b		Νo
Describe the process in Schedule O			
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		Νο
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
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Does the organization have a written conflict of interest policy? If "No", go to line 13 .  Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- 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
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Jennings American Legion Hosp 1634 Elton Road Jennings, LA 70546

(337) 616-7000

# 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

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

- \* 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

The check this box in the organization and i	(B) Average hours per week	Posit	(C	) chec	:k al				(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F)	
(A) Name and Title		Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)		Estimated amount of other compensation from the organization and related organizations	
							-				

# Part VII Continued

<b>(A)</b> Name and Title	(B) Average hours per week	that apply			Position (check all that apply)  Highest complement office  Individual Tractor		(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	
lb Total								1,192,406	l .	

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►10

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		Νο
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			
	ındıvıdual	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		Νο

## **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>B</b> ) Description of services	(C) Compensation
Owens & Minor Inc PO Box 841420 Dallas, TX 75284	Supply	1,236,897
Dupuy Orthopedics Lock Box 10 Atlanta, GA 30384	Supply	452,008
CPSI 6600 Wall Street Mobile, AL 36685	Supply	412,228
CPS Inc PO Box 1000 Memphis, TN 38148	Medical Supply	2,132,021
Blue Cross Blue shield PO Box 261798 Baton Rouge, LA 70826	Insurance	1,823,555
2 Total number of independent contractors (including those in 1) of from the organization	·	37

Form 9	t s	008) Statement of	f Revenue					Page
VIII					(A) Total Revenue	(B) Related or Exempt Function	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC
	1a	Federated can	npaigns 1	a		Revenue		512, 513, or 514
ants	ь	Membership d		•				
Ç. Mot	с	Fundraising ev						
Contributions, gifts, grants and other similar amounts	d	Related organ	10 Izations					
imi Simil	e	Government grar	nts (contributions) 16					
a de l'origination	f	All other contribut similar amounts r	tions, gifts, grants, and not included above	9,000				
를 됐 당 등 등	g	Noncash cont	<b>1</b> 1 rıbutıons ıncluded ıı					
S ≝	h	lines 1a-1f \$	 es 1a-1f)....		9,000			
	<b>-"</b> -	Total (Add III)	es 1a-11)	Business Code				
Ele	2a	Other Operating F	Rev (Sch)	Busiliess Code	1,619,176			1,619,17
жек	b	Net Patient Servi	ce Rev		35,594,578			35,594,57
ъ. <del>Д</del>	c	Miscellaneous Inc	come					
er vic	d	Comprehensive I	ncome		224,345			224,34
Ø E	e			_				
Program Service Revenue	f	All other prog	ram service revenue	e				
Š	g	Total. Add line  ▶ \$ 37,438,09	es 2a-2f					
	3		come (including div	ıdends, ınterest				
		other sımılar a	amounts)		248,574			248,57
	4	Income from inve	estment of tax-exempt		0			
	5	Royalties .			0			
			(ı) Real	(II) Personal				
	6a b	Gross Rents Less rental						
		expenses Rental income						
	C	or (loss)			0			
	d	Net rental inco	ome or (loss)	▶	Ů			
	7a	Gross amount	(ı) Securities	(II) O ther				
		from sales of assets other						
	ь	than inventory Less cost or						
		other basis and sales expenses						
	C	Gain or (loss)	v.c.)		0			
	d	Net gain or (lo			Ů			
	8a	Gross income events (not in	from fundraising cluding					
Φ		\$						
듄		1c) See Part						
Other Revenue			e G ıf total exceeds					
<u>.</u>	ь		xpenses <b>!</b>					
븅	С	Net income or	(loss) from fundrais	sing events	0			
	9a	Gross income						
		Complete Sche						
		exceeds \$15,00	2 <i>0</i> <b>2</b>					
	ь	Less directe	xpenses <b>!</b>					
	С	Net income or	(loss) from gamıng	activities <b>-</b>	0			
	10a	Gross sales o	f inventory, less					
		returns and al	lowances .					
	ь	Less cost of	goods sold <b>b</b>					
	С		· (loss) from sales o		0			
		Miscellaneou	s Revenue	Business Code				
	11a			-				1
	Ь			-				
	С			-				
	d		nue					1
	е	Total. Add line	es 11a-11d	• • • • \$ O				
	12		Add lines 1h, 2g,	3, 4, 5, 6d, 7d,	37,695,673			37,686,67
	ĺ	8c, 9c.10c.and 1	l1e	▶				

# 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 r	ot include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses			
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0						
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0						
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	0						
4	Benefits paid to or for members	0						
5	Compensation of current officers, directors, trustees, and key employees	142,701		142,701				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0						
7	Other salaries and wages	14,475,393	14,475,393					
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0						
9	Other employee benefits	3,022,877	3,022,877					
10	Payroll taxes	0						
11	Fees for services (non-employees)							
а	Management	0						
b	Legal	0						
c	Accounting	0						
d	Lobbying	0						
e	Professional fundraising See Part IV, line 17	0						
f	Investment management fees	0						
g	Other	0						
12	Advertising and promotion	0						
13	Office expenses	0						
14	Information technology	0						
15	Royalties	0						
16	Occupancy	0						
17	Travel	40,941	40,941					
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0	·					
19	Conferences, conventions and meetings	24,742	24,742					
20	Interest	519,896	519,896					
21	Payments to affiliates	0						
22	Depreciation, depletion, and amortization	2,345,611	2,345,611					
23	Insurance	540,522	540,522					
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 )							
а	Utilities	567,748	567,748					
b	Supplies	4,807,030	4,807,030					
c	Repair & Maintenance	916,740	916,740					
d	Purchased Services	3,848,254	3,848,254					
e	Bad Debts	3,680,739	3,680,739					
f	All other expenses	1,313,704	1,313,704					
25	Total functional expenses. Add lines 1 through 24f	36,246,898	36,104,197	142,701	0			
26	Joint Costs. Check   If following SO P 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	30,240,070	30,104,137	142,701	0			

Dart V	Balance	Shoot
Part X	Balance	Sheet

					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing				1	1
	2	Savings and temporary cash investments			491,252	2	568,992
	3	Pledges and grants receivable, net			3	0	
	4	Accounts receivable, net			4,913,282	4	5,503,996
	5	Receivables from current and former officers, directors, trustees other related parties Complete Part II of Schedule L				5	0
	6	Receivables from other disqualified persons (as defined under se persons described in section 4958(c)(3)(B) Complete Part II of S				6	0
	7	Notes and loans receivable, net				7	0
	8	Inventories for sale or use				8	0
90	9	Prepaid expenses and deferred charges				9	0
ssets	10a	Land, buildings, and equipment cost basis	-مدا	l 42 502 100			
⋖			10a	43,592,188	-		
	b	Less accumulated depreciation <i>Complete Part VI of</i> Schedule D	10ь	23,614,134	18,435,290	10c	19,978,054
	11	Investments—publicly traded securities				11	0
	12	Investments—other securities See Part IV, line 11 Complete Pa	rt VII	of		12	0
	13	Investments—program-related See Part IV, line 11 Complete Part IV of Schedule D.	art VII	I		13	0
	14	Intangible assets				14	0
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D	9,836,046	15	11,876,686		
	16	Total assets. Add lines 1 through 15 (must equal line 34)			33,675,870		37,927,729
	17	Accounts payable and accrued expenses .			2,106,835	17	2,354,931
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
Š	21	Escrow account liability Complete Part IV of Schedule D		_		21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Ē		persons Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrelated third parties			9,107,715	23	11,917,367
	24	Unsecured notes and loans payable				24	
	25	Other liabilities Complete Part X of Schedule D		1,853,697	25	1,599,033	
	26	Total liabilities. Add lines 17 through 25			13,068,247	26	15,871,331
		Organizations that follow SFAS 117, check here ▶ ☐ and compl	lete li	nes 27			
<b>У</b>		through 29, and lines 33 and 34.					
Balance	27	Unrestricted net assets				27	
<u>8</u>	28	Temporarily restricted net assets				28	
됟	29	Permanently restricted net assets			29		
r Fund		Organizations that do not follow SFAS 117, check here ▶ $\overline{\wp}$ and lines 30 through 34.	plete				
S Of	30	Capital stock or trust principal, or current funds				30	
ě.	31	Paid-in or capital surplus, or land, building or equipment fund .				31	
Assets	32	Retained earnings, endowment, accumulated income, or other fur			20,607,623	32	22,056,398
Net /	33	Total net assets or fund balances			20,607,623		22,056,398
Ź 	34	Total liabilities and net assets/fund balances			33,675,870		37,927,729
Da	rt VT	Financial Statements and Reporting					

Dowl VI	Financial	Ctatamanta	and Reporting
7.11.5	l Financiai	Statements	and Reporting

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

Employer identification number

# **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# **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

Open to Public Inspection

enning	js Ame	erican Legion Ho	ospitai inc					72	-044560	7		
Par	tΙ	Reason	for Public C	harity Status (to be co	mpleted	by all or	ganizatio					
				ation because it is (Please						,		
1	$\Gamma$	A church, c	onvention of ch	nurches, or association of ch	urches de	scribed in	Section 1	170(b)(1)	(A)(i).			
2	$\Gamma$	A school de	A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E)									
3	굣	A hospital	A hospital or a cooperative hospital service organization described in <b>Section 170(b)(1)(A)(iii).</b> (Attach Schedule H)									
4	$\Gamma$	A medical i	research organi	zation operated in conjuncti	on with a l	hospital d	escribed i	n <b>Sect ion</b>	170(b)(1)	(A)(iii). E	nter the	
		hospital's r	name, city, and	state								
5	$\sqcap$	•		or the benefit of a college or	universit	y owned o	r operated	l by a gove	ernmental	unıt desci	rıbed ın	
		Section 170(b)(1)(A)(iv). (Complete Part II)										
6	$\sqcap$			overnment or governmental	unıt descr	ıbed ın <b>Se</b>	ction 170	(b)(1)(A)	(v).			
7		•	· -	ally receives a substantial p						n the gene	ral public	
	•			)(1)(A)(vi) (Complete Par		• •				,	•	
8	$\Gamma$	A communi	ty trust describ	ped in <b>Section 170(b)(1)(A)</b>	(vi) (Com	nplete Par	tII)					
9	$\Gamma$	An organiza	ation that norma	ally receives (1) more than	331/3% o	fits supp	ort from c	ontributior	ıs, membe	rship fees	, and gross	
		receipts fro	m activities rel	ated to its exempt functions	-subject	to certair	n exceptio	ns, and (2	) no more	than 331/	3% of	
		ıts support	from gross inve	estment income and unrelate	ed busines	s taxable	ıncome (l	ess sectio	on 511 tax	() from bus	sinesses	
		acquired by	the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III	)			
10	$\Gamma$	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See <b>Se</b>	ction 509	( <b>a)(4).</b> (Se	ee instruci	tions )	
11	$\sqcap$	An organiza	ation organized	and operated exclusively fo	r the bene	fit of, to p	erform the	functions	of, or to o	arry out t	he purposes	s of
				orted organizations describe						Section 5	<b>09(a)(3).</b> C	heck
				type of supporting organiza		•		_	_	<del>_</del>	III - O ther	_
_	_		ype I <b>b</b>				nally Integ		d			
e	ļ	•		rtify that the organization is agers and other than one or			•			•	•	
		section 50				,					( . )( . )	•
f				d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportin	ig organizat	10 <u>n,</u>
		check this			J		6					ı
g		following pe		as the organization accepted	a any girt	or contrib	ution from	any or the	!			
				r indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes	No
		and (111) bel	ow, the governi	ng body of the the supported	d organiza	tion?				11g(	(i)	
		(ii) a family	/ member of a p	erson described in (i) above	?					11g(	ii)	
		(iii) a 35%	controlled enti	ty of a person described in (	ı) or (ıı) al	bove?				11g(	iii)	
h		Provide the	following inform	nation about the organizatio	ns the org	janızatıon	supports					
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did y	ou notify	(vi) I	s the	(vii) A mou	unt of
		orted		(described on lines 1 - 9	_	ation in		inization		ation in .	support	t?
(	) rgar	nization		above or IRC section (See Instructions)	col (i) your go			i) of your oort?		rganized US?		
				(See Histructions))		nent?	Supp	ייייייייייייייייייייייייייייייייייייייי	iii tile	03,		
					Yes	No	Yes	No	Yes	No	1	
							1 22	· · · ·				

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.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</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 The value of services or facilities					<del> </del>		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	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							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts 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							
10	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 instructio	ns )		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and <b>stop here</b>		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	<b>▶</b> □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and <b>stop here.</b> The organization qualifies a				,			<b>▶</b> □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				<b>▶</b> □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							<b>►</b> □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	<b>Private Foundation.</b> If the organization did	not check the b	oux on line 13, 1	oa, 160, 1/a or	1/D, Check this	oox an	u see	<b>▶</b> □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	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	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	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						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts 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		+				
С	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	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and <b>stop here</b>						<b>▶</b> □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (			ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		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 **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

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

**▶**□

Part IV	<b>Supplemental Information.</b> 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					

Schedule A (Form 990 or 990-EZ) 2008

OMB No 1545-0047

Open to Public Inspection

# **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

► 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.

Supplemental Financial Statements

**Employer identification number** Name of the organization Jennings American Legion Hospital Inc 72-0445607 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 Total number at end of year Aggregate Contributions to (during year) 3 Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? 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? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 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 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 2a Total number of conservation easements h 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and √ No enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section ┌ Yes √ No 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? 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.

- 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
- 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

For Paperwork Reduction Act Notice, see the Intructions for Form 990

(ii) Assets included in Form 990, Part X

- 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
- Revenues included in Form 990, Part VIII, line 1

**►** \$

Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2008

Part	Organizations Maintaining College	ections of Art, His	tori	<u>cal Treasu</u>	<u>ıres, or Othe</u>	<u>r Similar A</u>	ssets	(continued)
3	Using the organization's accession and other ritems (check all that apply)	ecords, check any of th	ne fol	owing that ar	e a significant u	se of its colle	ction	
а	Public exhibition	d	Γ	Loan or exc	hange programs			
ь	Scholarly research	e	Γ	Other				
c	Preservation for future generations							
4	Provide a description of the organization's colle Part XIV	ections and explain hov	w the	y further the o	organization's ex	cempt purpose	ın .	
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to					nılar	┌ Yes	┌ No
Par	Trust, Escrow and Custodial Ar Part IV, line 9, or reported an amo				anızatıon answ	ered "Yes" t	o Form	990,
1a	Is the organization an agent, trustee, custodia included on Form 990, Part X?	n or other intermediary	for c	ontributions	or other assets	not	☐ Yes	☐ No
b	If "Yes," explain why in Part XIV and complete	the following table						
						A	mount	
с	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 Forr	n 990, Part X, line 21?					☐ Yes	No
	If "Yes," explain the arrangement in Part XIV							
Pa	rt V Endowment Funds. Complete if t							
		(a)Current Year (b)	Prior	rear   (c) iw	o Years Back (d)	Three Years Back	( <b>e)</b> Fou	r years Back
1a L	Beginning of year balance							
b	Contributions							
с	Investment earnings or losses							
d	Grants or scholarships							
е	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the year e	end balance held as						
а	Board designated or quasi-endowment 🕨							
ь	Permanent endowment 🕨							
с	Term endowment ▶							
3a	Are there endowment funds not in the possess	ion of the organization	thata	are held and a	administered for	the		
	organization by						Ye	s No
	(i) unrelated organizations						a(i)	
_	(ii) related organizations					· · · ⊢	ı(ii)	
	If "Yes" to 3a(II), are the related organizations	·					3b	
4	Describe in Part XIV the intended uses of the tVI Investments—Land, Buildings,				- wh V   lone 10			
Раг	t VI Investments—Land, Buildings,	and Equipment. 5		•	•	I	T	
	Description of investment			Cost or other s (investment)	(b)Cost or other basis (other)	(c) Depreciation	on <b>(d)</b>	Book value
1a	Land				1,391,338	١	<u> </u>	1,391,338
b	Buildings				23,726,468	13,301,6	551	10,424,817
c	Leasehold improvements				691,178	369,2	251	321,927
d I	Equipment			·	14,542,826	9,943,2	.32	4,599,594
е	Other	<u>.</u>			3,240,378			3,240,378
Tota	<b>l.</b> Add lines 1a-1e <i>(Column (d) should equal Forn</i>	n 990, Part X, column (B)	, line	10(c).)		•		19,978,054
						Schedule	D (Form	1 990) 2008

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1.	2	
<ul><li>(a) Description of security or cateory (including name of security)</li></ul>	( <b>b</b> )Book value		d of valuation ·year market value
Financial derivatives and other financial products		2032 01 0110 01	year market value
Closely-held equity interests			
O ther			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 ) ▶			
Part VIII Investments—Program Related. Se	e Form 990, Part X, line		
(a) Description of investment type	(b) Book value		d of valuation
		Cost or end-of-	year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. See Form 990, Part X, II			
(a) Descri			(b) Book value
Restricted Assets by Board for Retention			
Restricted Assets by Board for Expansion			9,660,646
Prepaid Expenses			334,165
Inventories			971,922
Deferred Charges			909,953
Beloned Charges			303,300
Total. (Column (b) should equal Form 990, Part X, col.(B) line	1E )		11,876,686
Part X Other Liabilities. See Form 990, Part			11,870,000
(a) Description of Liability	( <b>b</b> ) A mount		
Federal Income Taxes	<u> </u>		
Provision for Advances Received	651,207		
	456,344		
Estimated Third Party Payor Settlements	1		
Comprehensive Loss Liability	491,482		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )	1,599,033		

Par	t XI Reconciliation of C	hange in Net Assets from For	m 99	0 to Financial Sta	temer	ıts		
1	Total revenue (Form 990, Part	VIII, column (A), line 12)				1		37,695,673
2	Total expenses (Form 990, Pa	rt IX, column (A), line 25)				2		36,246,898
3	Excess or (deficit) for the year	Subtract line 2 from line 1				3		1,448,775
4	Net unrealized gains (losses) o	n investments				4		
5	Donated services and use of fa					5		
6	Investment expenses					6		
7	Prior period adjustments					7		
8	Other (Describe in Part XIV)					8		
9	Total adjustments (net) Add II	nas 4 - 8				9		
10	• • • • • • • • • • • • • • • • • • • •	per financial statements. Combine line		v4 0		10		1,448,775
		evenue per Audited Financial			enue n		eturn	271.07.70
1		er support per audited financial	<u> </u>	Cilicino With Revi			ctarii	37,695,673
	statements					1		
2	A mounts included on line 1 bu	ut not on Form 990, Part VIII, line 12						
а	Net unrealized gains on inves	tments		2a				
b	Donated services and use of f	acılıtıes		2b				
c	Recoveries of prior year grant	s		2c				
d	Other (Describe in Part XIV)			2d				
e	Add lines <b>2a</b> through <b>2d</b> .					2e		
3	Subtract line $2e$ from line $1$ .					3		37,695,673
4		0, Part VIII, line 12, but not on line <b>1</b>		l I				
а	Investment expenses not inc	luded on Form 990, Part VIII, line 7b	•	4a				
b	Other (Describe in Part XIV)		•	4b				
С	Add lines <b>4a</b> and <b>4b</b>				٠ ٠	4c		
5		d <b>4c.</b> (This should equal Form 990, Pa				5		37,695,673
1		xpenses per Audited Financia raudited financial statements			enses	per 1	Keturr	36,246,898
2		it not on Form 990, Part IX, line 25						30,240,090
a	Donated services and use of f			2a				
b	Prior year adjustments			2b				
c	Losses reported on Form 990			2c 2c				
d	Other (Describe in Part XIV)			2d				
e	Add lines 2a through 2d					2e		
3	Subtract line 2e from line 1 .					3		36,246,898
4		O, Part IX, line 25, but not on line 1:			•			30,210,030
a		uded on Form 990, Part VIII, line 7b		4a				
b	Other (Describe in Part XIV)			4b				
c	Add lines <b>4a</b> and <b>4b</b>					4c		
5		nd <b>4c.</b> (This should equal Form 990, Pa	 art I. li	ne 18 )	· · .	5		36,246,898
	t XIV Supplemental Inf		,	,				
Com	plete this part to provide the de	scriptions required for Part II, lines 3, , Part XII, lines 2d and 4b, and Part X			nd 4 , Pa	art XIV	, lines 1	b and 2b,
	Ident if ier	Return Reference		E	xplanati	ion		
Part >	<i, 8<="" line="" td=""><td>Part XI, Line 8 Other Changes in</td><td>Round</td><td>ing \$ -0</td><td></td><td></td><td></td><td></td></i,>	Part XI, Line 8 Other Changes in	Round	ing \$ -0				
	•	Net Assets or Fund Balances						
		1	1					

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OMB No 1545-0047

2008

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# SCHEDULE H (Form 990)

Department of the Treasury Internal Revenue Service

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

**Hospitals** 

Name of the organization Jennings American Legion Hospital Inc **Employer identification number** 

72-0445607 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 1b 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 most hospitals Applied uniformly to all hospitals Generally tailored to individual hospitals 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 3a T 200% Other **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 . . . . . Зh 
 □ 250%
 □ 300%
 □ 350%
 □ 400%
 □ 0ther
 %
 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 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 If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted 5c **6a** Does the organization prepare an annual community benefit report? . . . . . . . . . . . . . . . **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 Charity Care and Certain Other Community Benefits at Cost (a) Number of (b) Persons **Charity Care and** (d) Direct offsetting (e) Net community benefit activities or (c) Total community (f) Percent of served benefit expense total expense **Means-Tested Programs** programs revenue expense (optional) (optional) Charity care at cost (from worksheets 1 and 2) Unreimbursed Medicaid (from worksheet 3, column a) Unreimbursed costs-other means-tested government programs (from worksheet 3, column b) . . . . . d Total Charity Care and Means-Tested Programs Other Benefits Community health improvement services and community benefit operations (from (worksheet 4) . . . Health professions education (from worksheet 5) . . Subsidized health services (from worksheet 6) . . 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)

	rt II Community Building activities) (Optional		(b) Persons served (optional)	(c) Total communit	<u> </u>			(e) Net commur building expens	nity	(f) Percer total expe	nt of
1	Physical improvements and housing										
2	Economic development										
3	Community support										
4	· · · · · · · · · · · · · · · · · · ·										
5	Leadership development and training for community members										
- <del>6</del>	Coalition building  Community health improvement										
	advocacy										
8	Workforce development										
9	Other Total							+			
	rt IIII Bad Debt, Medicar	e. & Colle	ction Prac	l tices (Ontional :	or 2008)						
		<u> </u>		( ) p	<u>,</u>						
Sect	ion A. Bad Debt Expense									Yes	No
1	Does the organization report by Statement No. 15?			dance with Heathca	re Financia	ıl Manaç	emer	nt Association	1		
2	Enter the amount of the organ			e (at cost)		2	•				
3	Enter the estimated amount o	_			•	3					
_	attributable to patients eligible								1		
4	Provide in Part VI the text of t In addition, describe the costi for including other bad debt ar	ng methodolo	ogy used in d	etermining the amo				•			
Sect	ion B. Medicare					1					
5	Enter total revenue received f					. 5			1		
6	Enter Medicare allowable cost					. 6			1		
7 8	Enter line 5 less line 6—surp Describe in Part VI the extent the costing methodology or so following methods was used	to which any	shortfall rep	orted on line 7 sho	uld be trea				-		
	Cost accounting system	Γc	ost to charge	e ratio	C O ther						
Sect	ion C. Collection Practices										
9a	Does the organization have a	written debt o	collection pol	ıcy?					9a		
9b Pa	If "Yes," does the organization patients who are known to quart IV Management Com	lify for charit	y care or fina	ncial assistance? I	Describe in	Part V I			9b		_
	(a) Name of entity	(	<b>b)</b> Description activity of		profit <sup>c</sup>	anizatio % or sto ership %	ck	(d) Officers, directors trustees, or key employees' profit % or stock ownership%	profit	Physiciar : % or sto iership %	o c k
1											
2							$\top$				
							+				
4											
5							+				
							_				
6											
7											
8											
9											
10											
11							$\dashv$				
12		+					+				
13							+				
14							+				
		İ									

Part V	Facility Information (Required for 2008)	ı								
	Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Ortical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
Jennings Am 1634 Elton I	ierican Legion Hospi Road	x	х					х		
Jennings, LA										

P	art VI S	Supplemental Information (Optional for 2008)
Со	mplete this	part to provide the following information
1	Provide th	e description required for Part I, line 3c, Part I, line 7 , Part III, line 4 , Part III, line 8 , and Part III, line 9b
_		
_		
_		
_		
_		
_		
2	Needs Ass	essment. Describe how the organization assesses the health care needs of the communities it serves
_		
_		
3		<b>lucation of Eligibility for Assistance.</b> Describe how the organization informs and educates patients and persons who may be atient care about their eligibility for assistance under federal, state, or local government programs or under the organization's re policy
_		
4		y Information. Describe the community the organization serves, taking into account the geographic area and demographic its it serves
_		
5		y Building Activities. Describe how the organization's community building activities, as reported in Part II, promote the health munities the organization serves
6		y other information important to describing how the organization's hospitals or other health care facilities further its exempt y promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc )
_		
_		
7		nization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in the health of the communites served
_		
8	Ifapplicab	le, identify all states with which the organization, or a related organization, files a community benefit report

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DLN: 93493105004120

**Employer identification number** 

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Name of the organization

ın Part III

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.

2008 No 1545-0047

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Jennings American Legion Hospital Inc 72-0445607 **Questions Regarding Compensation** Νo Yes Check the appropriate 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 Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax idemnification and gross-up payments Discretionary spending account Personal services (e.g., maid, chauffeur, chef) 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 **1**b 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 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 During the year, did any person listed in Form 990, Part VII, Section A, line 1a Receive a severance payment or change of control payment? Νo 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo 4c Νo Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III 501(c)(3) and 501(c)(4) organizations only must complete lines 5-8. 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 Νo 5b Νo Any related organization? If "Yes," to line 5a or 5b, describe in Part III 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 Yes The organization? 6a 6b Any related organization? Νo If "Yes," to line 6a or 6b, describe in Part III 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 Νo 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

Νo

#### 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	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation benefits		(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Terry Terrebone	(ı) (ıı)	212,306					212,306	
Pamela Primeaux	(ı) (ıı)	187,519					187,519	
Lam D Nguyen	(ı) (ıı)	372,928					372,928	
Dana Williams	(ı) (ıı)	174,956					174,956	
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(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

Ident if ier	Return Reference	Explanation
-		
	·	

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DLN: 93493105004120

OMB No 1545-0047

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# Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

► 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.

**Transactions with Interested Persons** 

Name of the organization							Employer identification number					
пенсан гедіон поѕрітаї піс			7	2-044	4560°	7						
			1 (c)(4) organı	zatıor	ns or	ıly).						
To be completed by organization	ns that answered "	res" on Form 990, Part IV	, line 25a or 251	b, or F	orm 9	)90-EZ						
(a) Name of disqualified	d person	<b>(b)</b> Des	cription of trans	action								
							+	Yes	No			
							-+					
							+					
er the amount of tax imposed on	the organization ma	anagers or disqualified per	sons during the	/ear u	nder							
					•	\$						
r the amount of tax, if any, on lin	ie 2, above, reimbu	rsed by the organization	<u> </u>	·	<u></u>	\$						
To be completed by organiza	tions that answered	J "Yes" on Form 990, Part	IV, line 26, or F	orm 9	90-E			38a T				
	(b) Loan to or			(6)	In	-	-	(a)\//	rittan			
ame of interested person and	from the	(c)O riginal principal	(d)Balance due									
purpose	organization	amount	( - /			comm	ittee?	ļ	<u> </u>			
	To From			Yes No Yes		No	Yes	No				
	<del>                                     </del>		<u> </u>	—	—			<del>                                     </del>	<u> </u>			
	<del></del>		<del> </del>	+-	├─	<del>                                     </del>	├	+	├─			
	+		<del>                                     </del>	$\vdash$	$\vdash$	+	-	+-	$\vdash$			
	+		<del> </del>	+-	$\vdash$	+		+	$\vdash$			
	+			+-	$\vdash$	+		+	<del>                                     </del>			
		<b>&gt;</b> \$		$\top$								
Grants or Assistance Be To be completed by organ	nizations that ans	swered "Yes" on Form 9	<del></del>	<u>1е 27</u>	_							
	nizations that ans (b)Relations		reon			nt or ty	pe of a	ıssısta	nce			
To be completed by organ	nizations that ans (b)Relations	swered "Yes" on Form 9 ship between interested pe	reon			nt or ty	pe of a	issista	nce			
To be completed by organ	nizations that ans (b)Relations	swered "Yes" on Form 9 ship between interested pe	reon			nt or ty	pe of a	issista	nce			
To be completed by organ	nizations that ans (b)Relations	swered "Yes" on Form 9 ship between interested pe	reon			nt or ty	pe of a	assista	nce			
e t	Excess Benefit Transact To be completed by organizatio  (a) Name of disqualified  er the amount of tax imposed on the tion 4958	Excess Benefit Transactions (section 50: To be completed by organizations that answered "Y  (a) Name of disqualified person  er the amount of tax imposed on the organization mation 4958	Excess Benefit Transactions (section 501(c)(3) and section 501  To be completed by organizations that answered "Yes" on Form 990, Part IV  (a) Name of disqualified person  (b) Des  er the amount of tax imposed on the organization managers or disqualified person 4958	Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations that answered "Yes" on Form 990, Part IV, line 25a or 25 (a) Name of disqualified person  To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25 (b) Description of transitions are the amount of tax imposed on the organization managers or disqualified persons during the year the amount of tax, if any, on line 2, above, reimbursed by the organization  Loans to and/or From Interested Persons  To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form the organization?  To From  (c) Original principal amount  (d) Balance due amount  To From	Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organization.  To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or F  (a) Name of disqualified person  (b) Description of transaction  (c) Description of transaction or from 4958  To be completed by organization that answered by the organization.  Loans to and/or From Interested Persons  To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 90 organization?  To From  (c) Original principal amount  (d) Balance due defa	Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations or To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990, Part IV, line 25a or 25b, or Form 990, Part IV, line 25a or 25b, or Form 990, Part IV, line 25a or 25b, or Form 990, Part IV, line 25a or 25b, or Form 990, Part IV, line 25a or 25b, or Form 990, Part IV, line 25a or 25b, or Form 990, Part IV, line 25a or 25b, or Form 990, Part IV, line 25a or 25b, or Form 990, Part IV, line 25a or 25b, or Form 990, Part IV, line 25a or 25b, or Form 990, Part IV, line 25a or 25b, or Form 990, Part IV, line 25a or 25b, or Form 990, Part IV, line 26a or Form 990, Part IV, line 26a, or Form 990, Part IV, li	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  (a) Name of disqualified person  (b) Description of transaction  (c) Description of transaction  (b) Description of transaction  (c) Description of transaction  (d) Balance due  (e) In default?  (f) Approximate organization?  To From  (b) Loan to organization?  To From  (c) Original principal amount  (d) Balance due  (e) In default?  (f) Approximate organization?  To From  (h) Loan to organization?	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  (a) Name of disqualified person  (b) Description of transaction  (c) Original principal amount  (d) Balance due  (e) In Approved by board or from the organization?  To From  (a) Name of disqualified person  (b) Description of transaction  (c) Original principal amount  (d) Balance due  (e) In Approved by board or committee?  Yes No Yes No	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  (a) Name of disqualified person  (b) Description of transaction  (c) Corr  Yes  To the amount of tax imposed on the organization managers or disqualified persons during the year under the amount of tax, if any, on line 2, above, reimbursed by the organization  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  (b) Loan to or from the organization?  (c) Original principal amount  (d) Balance due  (e) In default?  Yes No Yes No Yes  No Yes  No Yes			

#### **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	(c) A mount of transaction	1	organı	aring of zation's nues?
	organization		Yes	No	
James Richert Jr	Board Member	107,202	Bankıng		No
G Vincent Bailey	Board Member	107,202	Bankıng		Νο
Allen Medus	Board Member	107,202	Bankıng		Νο
Doug Daigle	Board Member	107,202	Bankıng		Νο
				-	

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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

Open to Public

Inspection

Name of the organization
Jennings American Legion Hospital Inc

Employer identification number

72-0445607

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 12c	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	12(c) Board members are required to annually complete conflict of interest statements which are reviewed by the board. Whenever conflict exist, the board member must abstain from voting on any matters affected by the conflict 15(a) A compensation committee of the board reviews and approves the CEO's salary on an annual basis. The approval process includes compensation surveys and comparisons.

ldentifier	Return Reference	Explanation					
Form 990, Part VI, Line 10	Form 990, Part VI, Line 10 Form 990 Review Process	Future Form 990 will be subjected to board review					

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

Cat No 51056K

Schedule O (Form 990) 2008

Software ID: Software Version:

**EIN:** 72-0445607

Name: Jennings American Legion Hospital Inc

### Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Add	<del>-</del>							1		1
<b>(A)</b> Name and Title	(B) Average hours per week	<b>(C)</b> Position (check all that apply)							(E)	(F)
		Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	( <b>D)</b> Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
Terry Terrebonne , Director		Х						900	0	0
Terry Terrebone , Administrator	40 00					Х		212,306	0	0
Ted Cox , Director		Х						6,350	0	0
Richard Oustalet , Director		Х						2,300	0	0
Pamela Primeaux , CFO	40 00					Х		187,519	0	0
Larry Benoit , Director		Х						6,550	0	0
Lam D Nguyen , Physician	40 00					Х		372,928	0	0
Julie Berry , Director		Х						6,200	0	0
Johnny Landry , Director		X						6,250	0	0
John Louviere JR , Director		X						6,350	0	0
James Richert JR , Director		X						6,850	0	0
Henry LeBlanc , Director		Х						6,000	0	0
Gordon Hayes , Director		X						6,250	0	0
G Vincent Bailey , Director		X						6,050	0	0
Ella Dartez , Dırector		Х						6,000	0	0
Dr Chriss Achee , Director		Х						4,950	0	0
Douglas Daigle , Director		Х						13,450	0	0
Darrell Landry , Director		Х						6,200	0	0
Darlene Hesse , RN Supervisor	40 00					Х		116,747	0	0
Dana Williams , COO	40 00					Х		174,956	0	0
Dale Landry , Director		Х						6,850	0	0
Arthur Eastman , Director		Х						6,250	0	0
Arthur D Matte , Director		Х						11,250	0	0
Allen Medus , Dırector		Х						12,950	0	0