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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

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

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

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

C Name of organization
CHILDRENS HOSPITAL

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
200 Henry Clay Avenue

City or town, state or country, and ZIP + 4
New Orleans, LA 701185720

D Employer identification number
72-0467503

E Telephone number
(504) 896-9581

G Gross receipts $ 1,359,479,655

F Name and address of principal officer
Steve Worley
200 Henry Clay Avenue
New Orleans, LA 701185720

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 Website: ▶ WWW CHNOLA ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1949 | **M** State of legal domicile LA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
To provide comprehensive pediatric healthcare, which recognizes the special needs of children, through excellence and the continuous improvement of patient care, education, research, child advocacy, and management

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	25
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	21
5	Total number of employees (Part V, line 2a)	5	2,086
6	Total number of volunteers (estimate if necessary)	6	679
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
Revenue 8	Contributions and grants (Part VIII, line 1h)	14,322,027	13,665,968
9	Program service revenue (Part VIII, line 2g)	191,485,274	203,463,281
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	21,702,658	-34,133,435
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,063,317	986,969
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	228,573,276	183,982,783
Expenses 13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	99,556,561	104,391,720
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶1,388,693		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	105,079,800	117,150,924
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	204,636,361	221,542,644
19	Revenue less expenses Subtract line 18 from line 12	23,936,915	-37,559,861

		Beginning of Current Year	End of Year
Net Assets or Fund Balances 20	Total assets (Part X, line 16)	682,795,554	786,862,166
21	Total liabilities (Part X, line 26)	24,994,503	23,726,864
22	Net assets or fund balances Subtract line 21 from line 20	657,801,051	763,135,302

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date: 2010-11-12

▶ Gregory Feirn CFO/Sr Vice President
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-empolyed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶			EIN ▶
			Phone no ▶

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

To provide comprehensive pediatric healthcare, which recognizes the special needs of children, through excellence and the continuous improvement of patient care, education, research, child advocacy, and management

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 501(c)(4) organizations and section 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 $ 9,763,795 including grants of $) (Revenue $ 4,232,771)

Professional Education RESIDENT TEACHING & GRADUATE MEDICAL EDUCATION PROGRAMS Children's Hospital has become an increasingly important teaching center for both undergraduate and graduate education Approximately 70 trainees in Pediatrics and in the combined Internal Medicine/Pediatric programs obtain most of their training at the hospital Residents in Anesthesiology, Emergency Medicine, General Surgery, Neurology, Neurosurgery, Orthopaedics, Ophthalmology, Otolaryngology, Pathology, Physical Medicine and Rehabilitation, Plastic Surgery, Psychiatry, Radiology and Urology as well as fellows in Cardiology, Gastroenterology, Hematology/Oncology, Infectious Disease, Neonatal Intensive Care, and Nephrology also receive advanced subspecialty training at Children's Hospital The majority of residents and medical students rotating through Children's Hospital are from the LSU Health Sciences Center The pediatric residents participate in a variety of educational activities The chief residents conduct Morning Report, held four times a week where an interesting or unique case is presented and discussed, allowing residents and students to observe the thought processes that go into problem solving and clinical reasoning Noon conferences are held on weekdays with specialists from Ambulatory, Adolescent Medicine, Allergy/Immunology, Emergency Medicine, Forensic Medicine, Hospitalist Medicine, Nephrology, Psychiatry, Psychology, Infectious Disease, Radiology, Cardiology, Rheumatology, Neonatology, Hematology/Oncology, Critical Care, Pulmonology, Endocrine, Neonatology, Gastroenterology and several surgical specialties rotating presentations Pediatric Board Review is held once a month and covers all aspects of pediatrics for preparation of the American Board of Pediatrics Certifying Examination In addition all divisions conduct specialty conferences for students and residents rotating on those services The "Resident as Teachers" series is held once a month facilitated by the student clerkship director who instructs the residents on various teaching tools and methods to improve their supervision of junior residents and students The Evidenced-based Medicine Journal Club is conducted monthly by the upper level residents under the direction of a faculty member The presentations are case based and involve a clinical question The resident outlines their search method, the articles that were relevant and then critically review one article that answers the clinical question The Professionalism Forums are held quarterly where faculty members meet in small groups to discuss possible opportunities to improve upon professionalism in residents' careers The Clinical Reasoning Skills sessions are conducted quarterly with the first year residents to practice clinical reasoning in groups of 4-5 residents with faculty supervision Clinical Case Conferences are held once a week and attended by attending staff, residents and students Residents present interesting cases followed by a thorough review of the literature on this topic Faculty members present Grand Rounds at Children's Hospital every other Wednesday morning to formally present a topic related to their specialty Children's Hospital is the primary training hospital for this program The Residency Review Committee visited the LSU Pediatric Residency Program in 2009 and its report is still pending The previous site visit was conducted in 2006 where the committee granted full accreditation to the program for a three-year period from 2006 to 2009 Medical Residents _ 261

4b (Code) (Expenses $ 17,103,423 including grants of $) (Revenue $ 5,861,574)

Ambulatory & Primary Health Care In March of 1998, the Board of Trustees recognized that Children's Hospital, with its richness of talent and programs and its financial resources, was well positioned to identify and address obstacles to the welfare of children in the community Therefore, a standing committee of the Board of Trustees has been charged with developing and monitoring all services and benefits provided to the community The hospital also provides a large array of community-education programs, wellness programs, research activities and special programs for the handicapped and medically underserved These include, but are not limited to, the following Kids First provides children in medically underserved areas with convenient access to quality, cost-effective pediatric primary care Initiated in 1996, Kids First participates in the State of Louisiana KIDMED program for indigent children, which includes medical, vision, hearing and learning screening services In 2009 there were six pediatric clinics that provided on-call, 24-hour care, seven days a week for children ranging from birth to 21 Of these six, two were open only part-time but still had 24-hour on call Children's Hospital Outpatient Center of Baton Rouge was immediately established following Hurricane Katrina in order to reach out to patients who relocated to the Baton Rouge area Clinic space was purchased in order for Children's Hospital's pediatric specialists and pediatricians to see patients on a weekly basis The clinic is fully staffed to meet the needs of the growing pediatric population in Baton Rouge Children's Hospital Burdin Riehl Clinic was established in Lafayette in order to meet the needs of those patients who relocated to the area following Hurricane Katrina Both the Baton Rouge and Lafayette clinics provide care with the same guidelines as the hospital - no child is ever turned away Doctors at these locations continue to see a large number of patients whose families lost their incomes as a result of Hurricane Katrina The hospital loses approximately $38,000 per month on these clinics The Metairie Center is a satellite clinic for pediatric specialists who see patients in the Metairie area The Children's Healthcare Assistance Plan (CHAP) provides physician and hospital services at no cost to children whose family income is too high to qualify for Medicaid but whose lack of resources limit their access to quality healthcare Free care provided by the hospital, at established charges, was approximately $16,730,631 for the year-end December 31, 2009 Benefits to the indigent also include charges in excess of government payments for services provided to Medicaid beneficiaries of approximately $330,054,840 for the year-end December 31, 2009 In addition, Children's Hospital had to write-off approximately $4,150,000 of patient care charges that could not be collected from patients The Parenting Center is a community resource program providing support and education to parents The goals of the Center are to promote confidence and competence in parents, to encourage optimal child development, and to enhance the well being of the family as a whole The Parenting Center offers 1) parent training classes, 2) a free telephone advice line, 895-KIDS, 3) drop-in visits to the Center to offer time with other parents and staff while the children play, 4) community outreach programs, such as lunch bag seminars for working parents, and 5) weekly television segments featuring childrearing tips Services have been extended to suburban New Orleans with the opening of The Metairie Parenting Center, which also offers classes, support groups, individual counseling and a parent library SAFE KIDS Louisiana, Inc is a separate corporation that is partially supported by Children's Hospital as part of its benefits program As part of SAFE KIDS Worldwide, it is dedicated to reducing the number of unintentional childhood injuries - the number one killer of children ages 14 and under The Tooth Bus is a community service providing free dental care to children in need The bus is a mobile dental office that travels to various locations throughout the New Orleans area to provide routine dental exams and other standard procedures to children of all ages who meet eligibility requirements In 2009, 8,048 visits were made to The Tooth Bus from children throughout the New Orleans area The Audrey Hepburn Children At Risk Evaluation (CARE) Center provides comprehensive forensic medical evaluations and referrals to community resources for children who are victims of sexual abuse, physical abuse and neglect and their families In 2009, 1,051 patients were seen The CARE Center has clinics in New Orleans, Baton Rouge and St Tammany, but children are referred from parishes throughout Louisiana and the Gulf Coast The medical evaluation consists of a detailed forensic interview of the child and the caretaker, a complete physical examination, and preparation of a report to the referring agency In addition, the physicians are frequently called upon to testify in court in those cases of sexual and physical abuse that are prosecuted Both physicians have testified in and helped prepare numerous cases in the last year The CARE Center staff routinely presents lectures on child abuse and neglect to community action and professional medical and legal groups, pediatric nurses, nurse technicians, childcare technicians, dental hygiene students, high school students and child care workers They also serve as consultants to the State of Louisiana and outlying parishes and to Office of Community Services for Orleans, Jefferson, St Bernard and Plaquemines parishes Currently, the program consists of two full-time fellowship trained pediatricians and one fellow in training The center receives financial support from the Audrey Hepburn Foundation, which also provides financial assistance to centers similar to ours in Los Angeles, CA and Hackensack, N J The Greater New Orleans Immunization Network (GNOIN) is a model program focusing on increasing immunization rates of children through the age of 18 years GNOIN offers the combined elements of an immunization registry into the state's system, a mailer reminder system, parental education, and a mobile immunization unit that travels throughout the metropolitan New Orleans area to administer immunizations free of charge to infants, children and adolescents through the age of 18 years In 2009, GNOIN had 16,810 visits to the immunization unit and administered 30,860 vaccines The School Kids Immunization Program (SKIP I) grew out of a need to increase the immunization rates for school-age children identified by GNOIN SKIP I goes into schools and reviews all the students' immunization records Students, not in the state's immunization registry, LA Immunization Network for Kids Statewide (LINKS), are enrolled into the data bank The parents of each student who does not have up-to-date immunization records are notified as to which vaccine(s) their child requires They receive immunization information and a consent form that authorizes SKIP to administer the necessary vaccine(s) to their child free-of-charge In 2009, SKIP I immunized 3,453 students and administered 7,004 vaccines The SKIP II program is an expansion of the SKIP I program also targeting schools in Orleans Parish In 2009, SKIP II immunized 2,404 students and administered 5,016 vaccines The combined immunization programs, SKIP I, SKIP II & GNOIN, are the number one providers of immunizations in the state The programs immunized a total of 22, 667 children and administered 42,880 vaccinations in 2009 The Clinical Dietitian Program provides and monitors the nutritional care of patients in conjunction with the Dietetic Services Department and hospital clinical staff The program is staffed during the workweek and as needed on weekends to be available to all inpatients and outpatients through the Community Care Program and Diabetes Grant Services and diagnoses include nutritional assessments and monitoring via physician consultation, nutritional education and counseling, establishment of nutritional care plans and interdisciplinary goals, participation in the establishment and revision of patient meal and formula policies and procedures and nutrition care standards and CQI activities, and conduct departmental and clinical staff and dietetic intern education services The Ventilator Assisted Care Program (VACP) provides case management for Medicaid eligible children living at home in the state of Louisiana and are ventilated assisted The program also provides nursing, social, educational and respiratory assessments, and facilitates medical intervention for this population The staff provides aid in the access of social and healthcare supports in the community In 2009, services were provided to an average of 87 patients per month Total visits 93,861

4c (Code) (Expenses $ 160,971,806 including grants of $) (Revenue $ 198,679,366)

Patient Care, General/Other In 2009 Children's Hospital provided care to children from all 64 parishes in Louisiana, from 47 other states and 3 foreign countries Patient visits totaled 172,302 Included in these visits were 68,051 physician clinic visits, 52,900 emergency room visits, 35,508 therapy visits, 5,898 outpatient surgical visits, 2,134 medical visits and 7,811 inpatient admissions or 44,505 patient care days The Rehabilitation Center treated 33 Rehab patients, and the Acute Care Units treated a total of 6,843 patients The Pediatric Intensive Care Unit treated 674 patients, the CCU 44 patients, and the Neonatal Intensive Care Unit treated 216 infants The new Psychiatric Unit treated 709 patients in 2009 The Neonatal Intensive Care Unit continues to be a major referral center for the neonate with complex problems, the majority of which were transferred from other neonatology units whose resources are more limited than those available at Children's Recognizing the needs of the community, Children's Hospital provides care to patients covered by governmental programs Seventy percent of the hospital's patients are funded through Medicaid or the state's Children's Special Health Services (CSHS) and other charity programs Following are some highlights of the hospital's services and growth in 2009 The proceeds from the annual fund drive, in 2009, are dedicated to the Cardiac Care Unit, which was under construction and completed in September 2009 The drive raised $751,923 The 24th annual CMN Telethon netted a total of $1,061,729 in revenue The broadcast took place on the last weekend in May Boo at the Zoo, an annual joint fundraiser with the zoo that provides a safe trick-or-treat environment for children up to age 12, was held at the Audubon Zoo on the evenings of October 23, 24 and 30 The event was a sellout all three nights and netted over $116,311 for each organization There were more than 15,000 attendees over the three-night event The 28th Annual Sugarplum Ball was held at the New Orleans Public Belt Railroad facility in March 2009 The event netted more than $152,395 to help fund the purchase of a neuro-drill for our neurosurgery team Entercom Broadcasting Annual CMN Radiothon in 2009 was held at the hospital on March 4-5 The amount raised was $120,274 GRANTS Organization Description In 1988, the Bureau of Maternal and Child Health awarded a grant to Children's Hospital in New Orleans to establish the program now known as the Family Advocacy, Care and Education Services program, or FACES In twenty-two years, the Part D program has grown from a single-site case management and HIV education demonstration project, to a multi-site, multi-service, comprehensive program with sub-recipients in five regions of the state The New Orleans and Baton Rouge programs are the largest in terms of its Part D services and are supported by Ryan White Parts A and D The Part D network partner organizations statewide receive CDC, HOPWA, SAMHSA, and Ryan White Parts A, B, and/or C funds This application requests $1,952,811 to support the network of Louisiana Ryan White Part D Program providers Profile of Services and Client Base The target population is HIV-infected women, their partners, children, youth and their families in five distinct geographic areas in Louisiana As reflected by the epidemic in Louisiana, the majority of Part D funds and number of network partner sites are located in New Orleans and Baton Rouge (mostly urban and suburban), with the remaining support to providers in southwestern, northwestern, and northeastern Louisiana (largely rural areas) Among all sites in 2009, 1,501 clients received Part D services The majority of clients served by the project (92%) were racial/ethnic minorities, 82% were female, and 15% were youth Among the clients served were 127 HIV-positive pregnant women and 139 HIV-exposed infants In FY 2011, the project anticipates serving approximately 1,550 Part D-eligible clients of similar demographics Part D funds directly support primary care at five sites in New Orleans, at three sites in Baton Rouge, and in Monroe In Lafayette and Shreveport, Part D funding supplements Part B services (in Baton Rouge, Part A) and supports medical case management, mental health, peer support, and medical transportation Formal contracts and/or Memoranda of Agreements exist between all Part D sites and the HIV primary care providers in those regions Statewide, the Part D-supported staff composition is 70% racial or ethnic minorities Challenges According to the CDC's 2007 Surveillance Report, among U S cities with >500,000 persons, the New Orleans metro area ranked 2nd and Baton Rouge ranked 3rd in reported AIDS case rates Among states, Louisiana is 5th highest for AIDS case rates and 11th in the number of AIDS cases Network Coordination The primary linkages are with the state-funded public hospital system under the Medical Centers of Louisiana, which provide HIV primary medical care to uninsured or under-insured Louisiana residents in each region of the state In each region funded by Part D, an MCL/HIV Clinic (and ADAP pharmacy) operates, and, except in Lafayette, Part C also supports these clinics In New Orleans and Baton Rouge Part D funds 5 partners in each city In each of the remaining three regional sites, one will be funded to support primary care and two will be funded to provide medical case management and supportive services Planning and coordination is accomplished via a Part D Steering Committee chaired by the Network Coordinator who also conducts a minimum of three sites visits during each project year Annually, all Part D network partners meet to conduct strategic planning which includes quality management activities The two newly-funded Part D programs will be invited to participate

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**
(Expenses $ 8,302,563 including grants of $ 0) (Revenue $ 2,073,446)

4e **Total program service expenses** ▶ $ 196,141,587

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		
6	Did the organization maintain any donor advised funds or any similar funds or 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, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	● Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	● Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	● Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	● Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	● Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	● Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? **Yes** **No**			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional **12A** Yes			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *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 U S ? *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 U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States 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 of grants and other assistance to individuals in the United States 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, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *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 line 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	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
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 sections 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	**Section 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% 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
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

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	187		
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	2,086		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See 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 line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Yes	
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			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	25		
b	Enter the number of voting members that are independent	1b	21		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?				No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?				No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?				No
5	Did the organization become aware during the year of a material diversion of the organization's assets?				No
6	Does the organization have members or stockholders?			Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?			Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?			Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?			Yes	
b	Each committee with authority to act on behalf of the governing body?			Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O				No

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
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	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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		

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 ▶

Mirela Nicola Controller
200 Henry Clay Ave
New Orleans, LA 701185720
(504) 896-9581

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 Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

☐ Check this box if the organization did not compensate any current or former 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-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See add'l data										

1b Total . . . . . ▶	6,074,966	419,684	792,065

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 83

			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 on line 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
Brice Building Company Inc PO Box 7341 Metairie, LA 70010	General Contractor Services	3,007,754
Pediatric Radiology Services 200 Henry Clay Avenue New Orleans, LA 70118	Radiology Services	2,030,511
INO Therapeutics Inc PO Box 642509 Pittsburg, PA 152642509	Respiratory Services	1,318,075
GEHC Strategic Sourcing PO Box 281912 Atlanta, GA 303841912	Medical Billing Services	579,734
ARUP Laboratories PO Box 27964 Salt Lake City, UT 84127	National Reference Laboratories	522,665
2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 44		

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a 0				
	b	Membership dues	1b 0				
	c	Fundraising events	1c 191,407				
	d	Related organizations	1d 0				
	e	Government grants (contributions)	1e 9,267,127				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 4,207,434				
	g	Noncash contributions included in lines 1a-1f $ 74,441					
	h	**Total.** Add lines 1a-1f		13,665,968			
Program Service Revenue			Business Code				
	2a	Patient Care Services	622,000	63,223,206	63,223,206	0	0
	b	Medicare/Medicaid Payments	900,099	129,594,586	129,594,586	0	0
	c	Ambulatory & Primary Healthcare	621,000	5,861,574	5,861,574	0	0
	d						
	e						
	f	All other program service revenue		4,783,915	4,783,915	0	0
	g	**Total.** Add lines 2a–2f		203,463,281			
	3	Investment income (including dividends, interest and other similar amounts)		19,041,721	19,041,721	0	0
	4	Income from investment of tax-exempt bond proceeds		0	0	0	0
	5	Royalties		0	0	0	0
			(i) Real / (ii) Personal				
	6a	Gross Rents	1,271,935 / 0				
	b	Less rental expenses	287,436 / 0				
	c	Rental income or (loss)	984,499 / 0				
	d	Net rental income or (loss)		984,499	0	0	984,499
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	1,116,546,022 / 5,449,246				
	b	Less cost or other basis and sales expenses	1,169,638,055 / 5,532,369				
	c	Gain or (loss)	-53,092,033 / -83,123				
	d	Net gain or (loss)		-53,175,156	-53,175,156	0	0
Other Revenue	8a	Gross income from fundraising events (not including $ 149,925 of contributions reported on line 1c) See Part IV, line 18	a 41,482				
	b	Less direct expenses	b 39,012				
	c	Net income or (loss) from fundraising events		2,470	2,470	0	0
	9a	Gross income from gaming activities See Part IV, line 19	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						
	b						
	c						
	d	All other revenue		0	0	0	0
	e	**Total.** Add lines 11a–11d		0			
	12	**Total revenue.** See Instructions		183,982,783	169,332,316	0	984,499

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	0	0		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	0	0		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	2,987,223	865,916	2,121,307	0
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	0	0	0
7 Other salaries and wages	80,078,221	72,544,599	6,790,118	743,504
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	7,846,541	7,260,184	517,426	68,931
9 Other employee benefits	7,672,202	6,315,997	1,292,236	63,969
10 Payroll taxes	5,807,533	5,149,535	604,481	53,517
11 Fees for services (non-employees)				
a Management	0	0	0	0
b Legal	421,902	0	421,902	0
c Accounting	338,873	0	338,873	0
d Lobbying	0	0	0	0
e Professional fundraising *See Part IV, line 17*	0			0
f Investment management fees	1,725,191	0	1,725,191	0
g Other	32,490,959	30,477,109	1,992,062	21,788
12 Advertising and promotion	145,702	112,173	19,265	14,264
13 Office expenses	45,796,128	43,983,196	1,557,182	255,750
14 Information technology	1,913,971	1,379,149	521,350	13,472
15 Royalties	0	0	0	0
16 Occupancy	3,699,532	3,412,685	265,998	20,849
17 Travel	272,718	207,577	42,246	22,895
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	218,807	193,032	25,324	451
20 Interest	0	0	0	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	12,358,679	11,674,860	594,188	89,631
23 Insurance	3,503,574	3,323,388	166,078	14,108
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 Other Expenses - Special Purpose Program	4,629,595	4,629,595	0	0
b Other Expenses - Contributions to Touro	4,521,488	0	4,521,488	0
c Other Expenses - Bad Debt	4,150,000	4,150,000	0	0
d Other Expenses - Dues, Subs,Books, Periodicals	633,376	279,860	350,547	2,969
e Other Expenses - Tuition Reimbursement	112,697	98,679	13,218	800
f All other expenses	217,732	84,053	131,884	1,795
25 **Total functional expenses.** Add lines 1 through 24f	221,542,644	196,141,587	24,012,364	1,388,693
26 **Joint costs.** Check here ▶ ☐ 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		5,678,598	1	4,676,603
	2	Savings and temporary cash investments		0	2	0
	3	Pledges and grants receivable, net		1,179,171	3	787,710
	4	Accounts receivable, net		20,764,504	4	22,846,587
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	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		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		5,531,027	8	5,467,441
	9	Prepaid expenses and deferred charges		17,073,010	9	8,187,442
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 250,059,207			
	b	Less accumulated depreciation	10b 144,107,045	108,233,099	10c	105,952,162
	11	Investments—publicly traded securities		0	11	0
	12	Investments—other securities See Part IV, line 11		496,459,399	12	606,446,635
	13	Investments—program-related See Part IV, line 11		0	13	
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		27,876,746	15	32,497,586
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		682,795,554	16	786,862,166
Liabilities	17	Accounts payable and accrued expenses		24,994,503	17	24,464,542
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*		0	21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities Complete Part X of Schedule D		0	25	-737,678
	26	**Total liabilities.** Add lines 17 through 25		24,994,503	26	23,726,864
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		654,336,590	27	760,556,044
	28	Temporarily restricted net assets		3,278,448	28	2,393,245
	29	Permanently restricted net assets		186,013	29	186,013
		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		657,801,051	33	763,135,302
	34	Total liabilities and net assets/fund balances		682,795,554	34	786,862,166

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	Yes	
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
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	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
CHILDRENS HOSPITAL

Employer identification number
72-0467503

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **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).**

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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

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 supported organization(s)

(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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
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** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2009.** 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% support test—2008.** 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—2009.** 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—2008.** 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 a 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part 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** ▶

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2008 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% support tests—2008.** 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.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Additional Data

Software ID:
Software Version:
EIN: 72-0467503
Name: CHILDRENS HOSPITAL

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 8,302,563 including grants of $) (Revenue $ 2,073,446)

Medical Research, General/Other The Research Institute for Children is in collaboration with Children's Hospital and Louisiana State University Health Sciences Center (LSUHSC) The institute also has a formal affiliation with the University of New Orleans (UNO) Researchers from Allergy/Immunology, Endocrinology, Oncology, Nephrology, gene therapies and microbiology comprise the majority of the group The total number of research personnel is 114 comprised of 19 LSUHSC faculty/principal investigators, 5 UNO faculty/Principal investigators, 1 instructor, 8 post-doctoral researchers, 5 lab supervisors, 15 research technicians, 27 students, and 21 administrative and support professionals Medical Researchers 114

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
CHILDRENS HOSPITAL

Employer identification number
72-0467503

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 for any other purpose conferring 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 a 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, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 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 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 the arrangement 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	180,013	180,013			
b Contributions	0	0			
c Investment earnings or losses	0	0			
d Grants or scholarships	0	0			
e Other expenditures for facilities and programs	0	0			
f Administrative expenses	0	0			
g End of year balance	180,013	180,013			

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

- a Board designated or quasi-endowment ▶ 0 %
- b Permanent endowment ▶ 100 %
- c Term endowment ▶ 0 %

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)		No
(ii) related organizations	3a(ii)		No
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) Accumulated depreciation	(d) Book value
1a Land	18,533,920	0		18,533,920
b Buildings	99,915,479	0	50,432,781	49,482,698
c Leasehold improvements	2,895,098	0	3,633,985	-738,887
d Equipment	128,714,710	0	90,040,279	38,674,431
e Other	0	0	0	0
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				105,952,162

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives	0	
Closely-held equity interests	0	
Other See Additional Data Table		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	606,446,635	

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
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
Due to/from Subsidiaries	32,497,586
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	32,497,586

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
Due to Children's Hospital from EIN 721318421	-737,678
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	-737,678

2. Fin 48 Footnote 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	183,982,783
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	221,542,644
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-37,559,861
4	Net unrealized gains (losses) on investments	4	143,317,838
5	Donated services and use of facilities	5	0
6	Investment expenses	6	1,725,192
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV)	8	0
9	Total adjustments (net) Add lines 4 - 8	9	145,043,030
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	107,483,169

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	333,436,406
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	143,317,838		
b	Donated services and use of facilities	2b	0		
c	Recoveries of prior year grants	2c	0		
d	Other (Describe in Part XIV)	2d	19,831,738		
e	Add lines **2a** through **2d**			2e	163,149,576
3	Subtract line **2e** from line **1**			3	170,286,830
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	1,725,192		
b	Other (Describe in Part XIV)	4b	11,970,761		
c	Add lines **4a** and **4b**			4c	13,695,953
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	183,982,783

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

1	Total expenses and losses per audited financial statements			1	231,432,265
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	0		
b	Prior year adjustments	2b	0		
c	Other losses	2c	0		
d	Other (Describe in Part XIV)	2d	24,517,953		
e	Add lines **2a** through **2d**			2e	24,517,953
3	Subtract line **2e** from line **1**			3	206,914,312
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	1,725,192		
b	Other (Describe in Part XIV)	4b	12,903,140		
c	Add lines **4a** and **4b**			4c	14,628,332
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	221,542,644

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 IV, 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 Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
SchD_P05_S00_L04	Schedule D, Part V, Line 4	1) In 1981 "The Beatrice and Harold Forgotston Philanthropic Fund of Children's Hospital" was established and donated to Children's Hospital The gift resolution states that the funds are to always be fully invested and only the income be available for use as requested by the donor 2) As stated in the will of Leon S Mann, a sum of $5,000 was donated to Children's Hospital in memory of his sister and parents The sum to be deposited in a separate, interest bearing account, and the interest to be used on the twenty-first day of July of each year to purchase presents for the children in the hospital Investment earnings or losses are comingled with all other investments for Children's Hospital EIN 720467503
SchD_P10_S00_L00	Schedule D, Part X	Not applicable
SchD_P12_S00_L02d	Schedule D, Part XII, Line 2d	Revenues related to Children's Hospital Medical Practice Corporation, as reported on Form 990, (72-1318421), Sch D, Part XII, Line 5 $16,974,712 Revenues related to Children's Hospital Anesthesia Corporation, as reported on Form 990 (06-1587311) Sch D, Part XII, Line 5 $2,857,026
SchD_P12_S00_L04b	Schedule D, Part XII, Line 4b	Revenue related Community Support $12,468,373 Provider Based Revenue $434,767 Contributions received in 2008 and released from restrictions in 2009 ($526,270) Rental Income Expense ($287,436) Loss on sale of assets ($118,673)
SchD_P13_S00_L02d	Schedule D, Part XIII, Line 2d	Expense related to Children's Hospital Anesthesia Corporation, as reported on Form 990 (06-1587311) $6,841,281 Expense related to Children's Hospital Medical Practice Corporation, as reported on Form 990, (72-1318421), Sch D, Part XII, Line 5 $17,270,563 Rental Income Expense $287,436 Loss on sale of assets related to subsidiaries $118,673
SchD_P13_S00_L04b	Schedule D, Part XIII, Line 4b	Revenue related to Community Support $ 12,903,140

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SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
CHILDRENS HOSPITAL

Employer identification number
72-0467503

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Internet and e-mail solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total . . . . . ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 Sugar Plum Ball (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	191,407			191,407
	2 Less Charitable contributions	149,925			149,925
	3 Gross income (line 1 minus line 2)	41,482			41,482
Direct Expenses	4 Cash prizes	0			0
	5 Non-cash prizes	2,672			2,672
	6 Rent/facility costs	11,254			11,254
	7 Food and beverages	10,179			10,179
	8 Entertainment	0			0
	9 Other direct expenses	14,907			14,907
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				39,012
	11 Net income summary Combine lines 3, column d, and line 10 ▶				2,470

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1, column d, and line 7 ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

			Yes	No
13	Indicate the percentage of gaming activity operated in			
a	The organization's facility	**13a**		
b	An outside facility	**13b**		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records			
	Name ▶			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	**15a**		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____			
c	If "Yes," enter name and address			
	Name ▶			
	Address ▶			
16	Gaming manager information			
	Name ▶			
	Gaming manager compensation ▶ $ _____			
	Description of services provided ▶			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	**17a**		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $			

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
CHILDRENS HOSPITAL

Employer identification number
72-0467503

Part I Charity Care and Certain Other Community Benefits at Cost

			Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
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 350 %	3a	Yes	
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		No
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	Yes	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b		No
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	Yes	
6b	If "Yes," does the organization make it available to the public?	6b		No

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)	1	14,352	4,586,563	579,356	4,007,207	1 81 %
b Unreimbursed Medicaid (from Worksheet 3, column a)	0		132,412,452	118,513,234	13,899,218	6 27 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)	0		0	0	0	0 %
d **Total** Charity Care and Means-Tested Government Programs	1	14,352	136,999,015	119,092,590	17,906,425	8 08 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)	6	44,990	1,690,655	929,575	761,080	0 34 %
f Health professions education (from Worksheet 5)	1		9,762,372	1,651,105	8,111,267	3 66 %
g Subsidized health services (from Worksheet 6)	5	11,977	3,998,903	3,472,582	526,321	0 24 %
h Research (from Worksheet 7)	1		8,302,564	2,073,446	6,229,118	2 81 %
i Cash and in-kind contributions to community groups (from Worksheet 8)	0		0	0	0	0 %
j **Total** Other Benefits	13	56,967	23,754,494	8,126,708	15,627,786	7 05 %
k **Total.** Add lines 7d and 7j	14	71,319	160,753,509	127,219,298	33,534,211	0

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense (at cost)	2	1,223,005		
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	0		
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, and 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	2,013,832		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	2,013,832		
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	0		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used				

☐ Cost accounting system ☐ Cost to charge ratio ☑ Other

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?		9a	Yes	
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	Yes	

Part IV Management Companies and Joint Ventures

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Part V Facility Information

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)
Children's Hospital 200 Henry Clay Avenue New Orleans, LA 701185720	X		X	X		X	X		

Part VI Supplemental Information

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

All patients seen in the facility are eligible for discounted care if they have no insurance (including Medicaid) and they do not qualify for CHAP (the charity program at Children's Hospital) because of income limits or because they chose not to apply for CHAP The discount offered is 60% of charges The cost of the charges on which a 60% discount is offered is not separately tracked by Children's Hospital During 2009, the 60% discount offered by Children's Hospital to its patients was $1,105,149

A report is prepared by Children's Hospital and presented to the board but is not made available to the public

One Hundred Percent (100%) of the cost of two Otolaryngology physician contracts are included in the cost for the Cochlear Implant program - $177,858

Zero

Line 7a,b,g,& h direct costs are identified on the general ledger using separate accounts, indirect costs are allocated using Medicare cost reporting methodology Line 7b & f Medicare/Medicaid cost reporting methodology

The audited financial statements of Children's Hospital do not include a footnote describing bad debt For purposes of this form 990, the cost of bad debt was calculated by multiplying the ratio of patient care cost to charge ratio with the bad debt attributable to patient accounts Bad debt expense is not included in the amounts reported as community benefit in other sections of Schedule H

The Medicare cost report was used to determine allowable cost

The collection departments do not take extraordinary collection actions against an individual without first making reasonable efforts to determine if the patients/families are eligible for assistance Financial assistance information is provided to families in the registration areas, on patient statements and on the Children's Hospital website The department of Social Services works with patients and families to help obtain insurance coverage where applicable Information about CHAP is provided in the registration areas Documented Physician Billing Operating Policies/Procedures include the following Follow-Up, Self Pay Discount (50641), Statement of Physician Billing follow-up/Collection Activity, Statement of Patient Accounts Follow-Up/Collection Activity, Accounts Receivable Follow-Up and Collection Activity, and Collection by Suit

Part VI, Line 6 - The Children's Healthcare Assistance Plan (CHAP) provides physician and hospital services at no cost to children whose family income is too high to qualify for Medicaid but whose lack of resources limit their access to quality healthcare Free care provided by the hospital, at established charges, was approximately $16,730,631 for the year-end December 31, 2009 Benefits to the indigent also include charges in excess of government payments for services provided to Medicaid beneficiaries of approximately $330,054,840 for the year-end December 31, 2009 In addition, Children's Hospital had to write-off approximately $4,150,000 of patient care charges that could not be collected from patients The Parenting Center is a community resource program providing support and education to parents The goals of the Center are to promote confidence and competence in parents, to encourage optimal child development, and to enhance the well being of the family as a whole The Parenting Center offers 1) parent training classes, 2) a free telephone advice line, 895-KIDS, 3) drop-in visits to the Center to offer time with other parents and staff while the children play, 4) community outreach programs, such as lunch bag seminars for working parents, and 5) weekly television segments featuring childrearing tips Services have been extended to suburban New Orleans with the opening of The Metairie Parenting Center, which also offers classes, support groups, individual counseling and a parent library SAFE KIDS Louisiana, Inc is a separate corporation that is partially supported by Children's Hospital as part of its benefits program As part of SAFE KIDS Worldwide, it is dedicated to reducing the number of unintentional childhood injuries - the number one killer of children ages 14 and under The Tooth Bus is a community service providing free dental care to children in need The bus is a mobile dental office that travels to various locations throughout the New Orleans area to provide routine dental exams and other standard procedures to children of all ages who meet eligibility requirements In 2009, 8,048 visits were made to The Tooth Bus from children throughout the New Orleans area The Audrey Hepburn Children At Risk Evaluation (CARE) Center provides comprehensive forensic medical evaluations and referrals to community resources for children who are victims of sexual abuse, physical abuse and neglect and their families In 2009, 1,051 patients were seen The CARE Center has clinics in New Orleans, Baton Rouge and St Tammany, but children are referred from parishes throughout Louisiana and the Gulf Coast The medical evaluation consists of a detailed forensic interview of the child and the caretaker, a complete physical examination, and preparation of a report to the referring agency In addition, the physicians are frequently called upon to testify in court in those cases of sexual and physical abuse that are prosecuted Both physicians have testified in and helped prepare numerous cases in the last year The CARE Center staff routinely presents lectures on child abuse and neglect to community action and professional medical and legal groups, pediatric nurses, nurse technicians, childcare technicians, dental hygiene students, high school students and child care workers They also serve as consultants to the State of Louisiana and outlying parishes and to Office of Community Services for Orleans, Jefferson, St Bernard and Plaquemines parishes Currently, the program consists of two full-time fellowship trained pediatricians and one fellow in training The center receives financial support from the Audrey Hepburn Foundation, which also provides financial assistance to centers similar to ours in Los Angeles, CA and Hackensack, N J The Greater New Orleans Immunization Network (GNOIN) is a model program focusing on increasing immunization rates of children through the age of 18 years GNOIN offers the combined elements of an immunization registry into the state's system, a mailer reminder system, parental education, and a mobile immunization unit that travels throughout the metropolitan New Orleans area to administer immunizations free of charge to infants, children and adolescents through the age of 18 years In 2009, GNOIN had 16,810 visits to the immunization unit and administered 30,860 vaccines The School Kids Immunization Program (SKIP I) grew out of a need to increase the immunization rates for school-age children identified by GNOIN SKIP I goes into schools and reviews all the students' immunization records Students, not in the state's immunization registry, LA Immunization Network for Kids Statewide (LINKS), are enrolled into the data bank The parents of each student who does not have up-to-date immunization records are notified as to which vaccine(s) their child requires They receive immunization information and a consent form that authorizes SKIP to administer the necessary vaccine(s) to their child free-of-charge In 2009, SKIP I immunized 3,453 students and administered 7,004 vaccines The SKIP II program is an expansion of the SKIP I program also targeting schools in Orleans Parish In 2009, SKIP II immunized 2,404 students and administered 5,016 vaccines The combined immunization programs, SKIP I, SKIP II & GNOIN, are the number one providers of immunizations in the state The programs immunized a total of 22, 667 children and administered 42,880 vaccinations in 2009 The Clinical Dietitian Program provides and monitors the nutritional care of patients in conjunction with the Dietetic Services Department and hospital clinical staff The program is staffed during the workweek and as needed on weekends to be available to all inpatients and outpatients through the Community Care Program and Diabetes Grant Services and diagnoses include nutritional assessments and monitoring via physician consultation, nutritional education and counseling, establishment of nutritional care plans and interdisciplinary goals, participation in the establishment and revision of patient meal and formula policies and procedures and nutrition care standards and CQI activities, and conduct departmental and clinical staff and dietetic intern education services The Ventilator Assisted Care Program (VACP) provides case management for Medicaid eligible children living at home in the state of Louisiana and are ventilated assisted The program also provides nursing, social, educational and respiratory assessments, and facilitates medical intervention for this population The staff provides aid in the access of social and healthcare supports in the community In 2009, services were provided to an average of 87 patients per month The Research Institute for Children is in collaboration with Children's Hospital and Louisiana State University Health Sciences Center (LSUHSC) The institute also has a formal affiliation with the University of New Orleans (UNO) Researchers from Allergy/Immunology, Endocrinology, Oncology, Nephrology, gene therapies and microbiology comprise the majority of the group The total number of research personnel is 114 comprised of 19 LSUHSC faculty/principal investigators, 5 UNO faculty/Principal investigators, 1 instructor, 8 post-doctoral researchers, 5 lab supervisors, 15 research technicians, 27 students, and 21 administrative and support professionals

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

The CHAP Program provided financial assistance to 14,352 patients in 2009 for a total cost of $4 million compared to 12,212 patients in 2008 and a total cost of $3 1 million The inpatient psychiatric unit is the only adolescent and child mental health inpatient unit in the Greater New Orleans Metro Area The outpatient psychology program had 2,062 visits during 2009, a 50% increase as compared to 2008 The dental care program had 985 visits during 2009, a 45% increase as compared with 2008 The cochlear implant program performed 16 surgeries during 2009 No formal needs assessment was performed in 2009 as this was not required, but the latest documented Community Needs Assessment of the Health Status of Children in the New Orleans Metropolitan area is as follows 1) Children Under 18 in Poverty in Orleans 63,264, Jefferson 24,278, Tammany 7,489 and St Bernard 1,775 2) Children Under 5 in Poverty in Orleans 18,719, Jefferson 6,756, St Tammany 1,909 and St Bernard 925 3) % Female Headed Families with Children Under 18 in Orleans 47 5, Jefferson 22 2, St Tammany 15 7 and St Bernard 18 7 4) % Births to Teens in Orleans 22 3, Jefferson 15 8, St Tammany 13 1 and St Bernard 15 6 5) % Low Birth Weight Infants (1995) in Orleans 12 1, Jefferson 8 8, St Tammany 6 9 and St Bernard 7 6 6) % Children Without UP-to-Date Immunizations (1996) in Orleans 23 0, Jefferson 33 0, St Tammany 16 0 and St Bernard 31 0 7) % Abused and Neglected Children in Orleans 1 5, Jefferson 1 1, St Tammany 1 2 and St Bernard 1 0 8) % Student Drop Outs, Grades 7-12 in Orleans 5 8, Jefferson 3 1, St Tammany 3 1 and St Bernard 2 9

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

The Children's Healthcare Assistance Plan (CHAP) is a comprehensive program funded by Children's Hospital to provide quality healthcare to underserved children in our region Determination of eligibility is conditioned upon the information provided in the application at the time of registration Based on proof of income provided by parents, patients will qualify for the program or be deemed ineligible if over-scaled relative to set program income guidelines If the information provided is not accurate, or should the circumstances supporting the determination of eligibility change, Children's Hospital may rescind determination of eligibility Furthermore, Children's Hospital reserves the unilateral right to change, modify, or terminate CHAP eligibility at any time Patients who fall into income categories that qualify them for Medicaid coverage will be provided a LACHIP application and instructions on submitting the completed form The LACHIP program will cover that day's emergency visit charges Patients who do not meet the Medicaid age requirements will not be required to apply for Medicaid Parents will also be given the opportunity to enroll all children in their household in CHAP for one year They will be given instructions on how to complete the CHAP application, along with a return envelope, and will be notified by return mail when their application has been reviewed and if they qualify for CHAP Patients who arrive to the Hospital for same-day surgery or a scheduled admission and have no funding will be provided CHAP information by the Admitting office If the parents are interested in applying, they will be asked to submit proof of income to the CHAP department A CHAP representative will review the documentation to determine eligibility and which program will best fulfill the patient's needs If requested, the Social Services department will prepare a financial work-up on patients who have no funding to determine if they qualify for any other available programs Parents having insurance coverage with a co-pay or will have out-of-pocket expenses will be given the opportunity to apply for coverage under CHAP in the course of the admitting process On occasion, a patient who does not qualify for the program may be considered a "hardship " These cases will be considered on an individual basis A complete and thorough explanation will be required to evaluate the reasons for hardship coverage and is subject to approval of the CHAP Director CHAP representatives engage in Outreach Programs throughout the community to help the community understand the provisions of the program and the rules governing eligibility Information about the CHAP program can be found in the Hospital lobbies and on the CHNOLA website

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

Children's Hospital is a regional center for children and its mission is to provide comprehensive pediatric healthcare which recognizes the special needs of children through excellence and continuous improvement of patient care, education, research, child advocacy and management Children's Hospital is Louisiana's only full-service hospital exclusively for children, offering a full range of inpatient and outpatient care A not-for-profit facility, it is governed by an independent board of trustees made up of community volunteers The hospital has no stockholders and no dividends to pay Revenue generated is used to operate the hospital and to expand and advance services Critical care is provided in the hospital's 36-bed Neonatal Intensive Care Unit (NICU), and the 24-bed Pediatric Intensive Care Unit (PICU) Construction is underway to replace the existing PICU with a new 20-bed Cardiac Intensive Care Unit (CICU) and a new 20-bed PICU The hospital's Jack M Weiss Emergency Care Center, one of the area's busiest emergency rooms, is staffed around the clock by board-certified pediatricians, with the availability of a full range of pediatric specialists The Emergency Department has a total of 37 exam rooms and is supported by a nursing staff specially trained to handle pediatric emergencies Outpatient appointments with pediatric specialists are offered Monday through Friday at the Ambulatory Care Center on the hospital campus and at the hospital's satellite locations The Metairie Center, Children's Hospital Outpatient Center of Baton Rouge and Children's Hospital Burdin Riehl Clinic in Lafayette, La

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)

Community Benefit Plan - In March of 1998, the Board of Trustees recognized that Children's Hospital, with its richness of talent and programs and its financial resources, was well positioned to identify and address obstacles to the welfare of the community's children An ad hoc committee of the Board, later established as a standing committee, was charged with developing and monitoring all components of the plan To that end, the following represents the Community Benefit Plan of Children's Hospital The mission of the Community Benefit Plan's programs is to eliminate barriers to the health and well-being of infants, children, and adolescents in the community, particularly the unserved or underserved, by evaluating, developing, implementing, and/or partnering on initiatives in the areas of health care, health education, health research and child and family health advocacy The goals of Children's Hospital's Community Benefit Plan are to provide children with access to primary, secondary, and tertiary health care services needed to achieve optimal health status, foster healthy parent/child relationships through health education and child health advocacy, and educate families to enhance child safety and encourage injury-prevention to improve the health and well-being of children The Plan provides for establishment of advocacy programs to support the needs of at-risk children and support pediatric research in order to expand medical knowledge and treatment options It periodically assesses available community programs and determines gaps in service for potential new program development Children's Hospital defines community broadly as it serves a large geographic region Particular emphasis is placed on services for the New Orleans Metropolitan statistical area A large percentage of the patients who utilize hospital services reside in this area and are the most likely beneficiaries of programs established Any program that significantly and measurably contributes to the physical and psychological well-being of infants, children, adolescents, and their families is considered a benefit This implies a relationship between organizations that is characterized by mutual cooperation and responsibility for the achievement of the specified goals wherein Children's Hospital maintains the authority for overall program direction and fiscal management By this definition, Children's Hospital will not act as a granting agency In addition, only not-for-profit organizations will be considered for partnering Any exception will require the full approval of the committee and Board

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 J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
CHILDRENS HOSPITAL

Employer identification number
72-0467503

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 any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
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**		
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 with respect to the filing organization or a related organization			
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**		No
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			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
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**		No
b	Any related organization?	**6b**		No
	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
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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) Retirement and other 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 reportable compensation				
Steve Worley	(i)	647,195	219,563	59,731	240,760	51,199	1,218,448	0
	(ii)	0	0	0	0	0	0	0
Alan Robson Sr MD	(i)	455,065	159,457	38,500	28,175	8,720	689,917	0
	(ii)	0	0	0	0	0	0	0
Gregory Feirn	(i)	293,817	122,034	39,451	27,850	9,926	493,078	0
	(ii)	0	0	0	0	0	0	0
Joseph Nadell MD	(i)	385,343	18,400	22,000	28,175	10,720	464,638	0
	(ii)	0	0	0	0	0	0	0
Ricardo Guevara	(i)	193,114	62,196	46,471	25,891	14,259	341,931	0
	(ii)	0	0	0	0	0	0	0
Cindy Nuesslein	(i)	190,727	62,196	43,937	25,293	9,234	331,387	0
	(ii)	0	0	0	0	0	0	0
Brian Landry	(i)	181,954	62,196	38,500	24,498	11,698	318,846	0
	(ii)	0	0	0	0	0	0	0
Mary Perrin	(i)	166,926	62,196	42,028	23,162	9,533	303,845	0
	(ii)	0	0	0	0	0	0	0
Diane Michel	(i)	170,447	18,196	32,500	22,402	4,419	247,964	0
	(ii)	0	0	0	0	0	0	0
Tamela Reites	(i)	157,138	18,196	39,635	21,903	11,083	247,955	0
	(ii)	0	0	0	0	0	0	0
John Heaton MD	(i)	0	0	0	0	0	0	0
	(ii)	344,229	37,955	37,500	28,175	15,457	463,316	0
Stephen D Heinrich	(i)	442,306	0	22,000	28,175	9,734	502,215	0
	(ii)	0	0	0	0	0	0	0
Lori A McBride	(i)	408,289	0	16,500	27,850	5,309	457,948	0
	(ii)	0	0	0	0	0	0	0
Dean Scott Edell	(i)	392,325	0	16,500	27,850	14,649	451,324	0
	(ii)	0	0	0	0	0	0	0
Maria Teresa Vives	(i)	268,207	95,598	22,000	28,175	5,497	419,477	0
	(ii)	0	0	0	0	0	0	0
Joseph A Gonzales Jr	(i)	325,632	0	16,500	27,850	10,649	380,631	0
	(ii)	0	0	0	0	0	0	0

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
SchJ_P01_S00_L03	Schedule J, Part I, Line 3	Base compensation, incentive compensation and all other reportable and non-reportable compensation is reviewed annually by the Executive Committee of the Board of Trustees The Executive Committee is a 10 voting-member subset of the Board of Trustees Decisions made by the Executive committee are documented and reported in summary to the full Board of Trustees In addition to board review, third-party consultants periodically review compensation and incentive amounts to ensure market reasonableness and competitiveness Third-party prepared compensation and incentive review is presented to the Executive Committee Incentive bonuses are based on 25% Revenue Growth, 30% Operating Income, and 45% Board discretion based on overall performance, quality initiatives, and accreditation, etc VPs are based on 1/3 Operating Income, 1/3 Quality scores, and 1/3 CEO Discretionary

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
CHILDRENS HOSPITAL

Employer identification number
72-0467503

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	1	74,441	Sale of comparable properties and/or opinion of expert
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . 29

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		No
b	If "Yes," describe the arrangement in Part II		
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?		No
b	If "Yes," describe in Part II		
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation

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SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
CHILDRENS HOSPITAL

Employer identification number
72-0467503

Identifier	Return Reference	Explanation
F990_P06_S0A_L06	Form 990, Part VI, Section A, Line 6	The organization is a non-stock not-for-profit corporation
F990_P06_S0A_L07a	Form 990, Part VI, Section A, Line 7a	The board elects the CEO who then becomes the President of the Board The CEO appoints the Medical Director who then becomes a Member of the Board
F990_P06_S0A_L07b	Form 990, Part VI, Section A, Line 7b	On July 13, 2009, as part of the acqusition of Touro Infirmary, Louisiana Children's Medical Center (LCMC), a 501(c)3 corporation, became the sole member of Children's Hospital, Inc and Touro Infirmary, Inc LCMC, through various reserve powers, has the ability to approve, disapprove and ratify decisions made by the Board of Trustee's of both Children's Hospital and Touro Infirmary The Board of Trustee's of LCMC, through a majority vote approves the annual operating budgets and capital expenditures of the two organizations LCMC also approves the appointment of new members of the Board of Trustee's of both organizations
F990_P06_S0B_L11	Form 990, Part VI, Section B, Line 11	The form 990s are prepared and reviewed in detail by the organization's Controller and the respective accounting staff The CFO and Senior Vice President reviews the 990 in final draft format, including supporting work papers and reconciliations The CFO then reviews the completed 990 with the organization's CEO, Chairperson of the Board of Trustees and chairperson of the finance/Audit committee of the Board of Trustees The 990s are then distributed to the full board for review and comment
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	An annual survey is sent to the Board Members, and it requires them to disclose conflicts of interest If conflicts exist, they are resolved by the governing body, and the resolution could include removal of the board member
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	Base compensation, incentive compensation and all other reportable and non-reportable compensation is reviewed annually by the Executive Committee of the Board of Trustees the Executive Committee is a 10 voting-member subset of the Board of Trustees Decisions made by the Executive committee are documented and reported in summary to the full board of Trustees In addition to board review, third-party consultants periodically review compensation and incentive amounts to ensure market reasonableness and competitiveness Third-party prepared compensation and incentive review is presented to the Executive Committee Incentive bonuses are based on 25% Revenue Growth, 30% Operating Income, and 45% Board discretion based on overall peformance, quality initiatives, and accreditation, etc VPs are based on 1/3 Operating Income, 1/3 Quality scores, and 1/3 CEO Discretionary
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	Documents are made available upon request

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
CHILDRENS HOSPITAL

Employer identification number
72-0467503

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
Childrens Hospital Medical Practice Corporation 298 Henry Clay Avenue New Orleans, LA 701185720 72-1318421	Pediatric Primary Care Physician Services	LA	501Â©(3)	Line 9	Children's Hospital EIN 72-046-7503
Childrens Hospital Anesthesia Corporation 200 Henry Clay Avenue New Orleans, LA 701185720 06-1587311	Provides, in conjunction with Childrens Hospital, cost-effective, comprehensive anesthesia services	LA	501Â©(3)	Line 9	Children's Hospital EIN 72-046-7503
Childrens Healthcare Network 935 Calhoun Street New Orleans, LA 70118 72-1337515	Negotiate contractual agreements with Managed Care companies on behalf of physicians	LA	501Â©(3)	N/A	N/A
Louisiana Childrens Medical Center 200 Henry Clay Avenue New Orleans, LA 701185720 94-3480131	Provide support for the affiliates of LCMC	LA	501Â©(3)	Line 11d	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

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

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

		Yes	No
1	During the tax year, did the orgranization 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**	**No**
b	Gift, grant, or capital contribution to other organization(s)	**1b**	**No**
c	Gift, grant, or capital contribution from other organization(s)	**1c**	**No**
d	Loans or loan guarantees to or for other organization(s)	**1d**	**No**
e	Loans or loan guarantees by other organization(s)	**1e**	**No**
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**	**No**
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**	**No**
m	Sharing of facilities, equipment, mailing lists, or other assets	**1m**	**Yes**
n	Sharing of paid employees	**1n**	**Yes**
o	Reimbursement paid to other organization for expenses	**1o**	**No**
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	(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 (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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? Yes	(d) No	(e) Share of end-of-year assets	(f) Disproprtionate allocations? Yes	(f) No	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes	(h) No

Additional Data

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)
(1)	Childrens Hospital Medical Practice Corporation	n	10,716,619
(2)	Childrens Hospital Medical Practice Corporation	p	10,132,795
(3)	Childrens Hospital Anesthesia Corporation	n	6,193,758
(4)	Childrens Hospital Anesthesia Corporation	p	2,520,000
(5)	Childrens Hospital Anesthesia Corporation	m	0
(6)	Childrens Healthcare Network	k	62,631
(7)	Childrens Healthcare Network	p	114,652

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Other Expenses - Special Purpose Program	4,629,595	4,629,595	0	0
Other Expenses - Contributions to Touro	4,521,488	0	4,521,488	0
Other Expenses - Bad Debt	4,150,000	4,150,000	0	0
Other Expenses - Dues, Subs,Books, Periodicals	633,376	279,860	350,547	2,969
Other Expenses - Tuition Reimbursement	112,697	98,679	13,218	800

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Gregory Feirn Sr VP & CFO	55			X				455,302	0	36,354
Ricardo Guevara VP Legal Affairs	55				X			301,781	0	39,095
Cindy Nuesslein VP Hospital Operations	55				X			296,860	0	33,497
Brian Landry VP Marketing	55				X			282,650	0	35,202
Mary Perrin VP Hospital Operations	55				X			271,151	0	31,366
Tamela Reites VP Patient Financial Services	55				X			214,969	0	22,584
Diane Michel VP Nursing	55				X			221,143	0	16,181
Stephen D Heinrich Physician	55					X		464,306	0	36,379
Lori A McBride Physician	55					X		424,789	0	31,368
Dean Scott Edell Physician	55					X		408,825	0	40,054
Maria Teresa Vives Physician	55					X		385,805	0	32,193
Joseph A Gonzales Jr Physician	55					X		342,132	0	36,054

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
John Y Pearce Past-Chairman	1	X						0	0	0
Mrs Norman Sullivan Jr Chairman	1	X						0	0	0
Mrs George Villere Vice Chairman	1	X						0	0	0
Mrs Robbie Rubenstein Board Member	1	X						0	0	0
Kenneth H Beer Board Member	1	X						0	0	0
Ralph O Brennan Board Member	1	X						0	0	0
Allan Bissinger Board Member	1	X						0	0	0
Elwood F Cahill Jr Board Member	1	X						0	0	0
Philip deV Claverie Board Member	1	X						0	0	0
Katie Andry Crosby Board Member	1	X						0	0	0
Kyle France Board Member	1	X						0	0	0
Stephen Hales MD Board Member	1	X						0	0	0
Mrs E Douglas Johnson Jr Board Member	1	X						0	0	0
Mrs Francis Lauricella Board Member	1	X						0	0	0
William L Mimeles Board Member	1	X						0	0	0
Anthony Recasner PhD Board Member	1	X						0	0	0
Elliot C Roberts Sr Board Member	1	X						0	0	0
David R Voelker Board Member	1	X						0	0	0
Everett J Williams PhD Board Member	1	X						0	0	0
John Heaton MD President Medical Staff	1	X						0	419,684	41,379
A Whitfield Huguley IV Treasurer	1	X						0	0	0
Mrs Julie Livaudais George Secretary	1	X						0	0	0
Steve Worley President & CEO	55	X		X				926,488	0	287,629
Alan Robson Sr MD Sr VP Med Dir	55	X		X				653,022	0	35,365
Joseph Nadell MD Physician	55	X			X			425,743	0	37,365

Additional Data

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Form 990, Schedule D, Part VII - Investments— Other Securities

(a) Description of security or cateory (including name of security)	**(b)** Book value	**(c)** Method of valuation Cost or end-of-year market value
Cash and cash equivalents	14,885,837	F
U S government securities - individually owned	44,644,253	F
Corporate bonds - individually owned	47,562,763	F
Corporate bonds - mutual funds	3,703,054	F
Other fixed income securities-mutual funds	116,881,076	F
Other fixed income	19,711,842	F
Marketable equity securities - individually owned	37,488,858	F
Marketable equity securities - mutual funds	261,349,528	F
Hedge Funds	60,187,879	F
Options and futures purchased	7,042	F
Options and futures sold	-43,037	F
Other	67,540	F

Additional Data

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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				
Steve Worley	(I)	647,195	219,563	59,731	240,760	51,199	1,218,448	0
	(II)	0	0	0	0	0	0	0
Alan Robson Sr MD	(I)	455,065	159,457	38,500	28,175	8,720	689,917	0
	(II)	0	0	0	0	0	0	0
Gregory Feirn	(I)	293,817	122,034	39,451	27,850	9,926	493,078	0
	(II)	0	0	0	0	0	0	0
Joseph Nadell MD	(I)	385,343	18,400	22,000	28,175	10,720	464,638	0
	(II)	0	0	0	0	0	0	0
Ricardo Guevara	(I)	193,114	62,196	46,471	25,891	14,259	341,931	0
	(II)	0	0	0	0	0	0	0
Cindy Nuesslein	(I)	190,727	62,196	43,937	25,293	9,234	331,387	0
	(II)	0	0	0	0	0	0	0
Brian Landry	(I)	181,954	62,196	38,500	24,498	11,698	318,846	0
	(II)	0	0	0	0	0	0	0
Mary Perrin	(I)	166,926	62,196	42,028	23,162	9,533	303,845	0
	(II)	0	0	0	0	0	0	0
Diane Michel	(I)	170,447	18,196	32,500	22,402	4,419	247,964	0
	(II)	0	0	0	0	0	0	0
Tamela Reites	(I)	157,138	18,196	39,635	21,903	11,083	247,955	0
	(II)	0	0	0	0	0	0	0
John Heaton MD	(I)	0	0	0	0	0	0	0
	(II)	344,229	37,955	37,500	28,175	15,457	463,316	0
Stephen D Heinrich	(I)	442,306	0	22,000	28,175	9,734	502,215	0
	(II)	0	0	0	0	0	0	0
Lori A McBride	(I)	408,289	0	16,500	27,850	5,309	457,948	0
	(II)	0	0	0	0	0	0	0
Dean Scott Edell	(I)	392,325	0	16,500	27,850	14,649	451,324	0
	(II)	0	0	0	0	0	0	0
Maria Teresa Vives	(I)	268,207	95,598	22,000	28,175	5,497	419,477	0
	(II)	0	0	0	0	0	0	0
Joseph A Gonzales Jr	(I)	325,632	0	16,500	27,850	10,649	380,631	0
	(II)	0	0	0	0	0	0	0