



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form <b>990</b>  Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b>  <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b>	OMB No 1545-0047 <div> <div>2009</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	










<b>A</b> For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009			
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C</b> Name of organization SOUTHWEST LOUISIANA HOSPITAL ASSOCIATION DBA LAKE CHARLES MEMORIAL HOSPITAL	
		Doing Business As	
		Number and street (or P O box if mail is not delivered to street address) 1701 OAK PARK BOULEVARD	Room/suite
		City or town, state or country, and ZIP + 4 LAKE CHARLES, LA 70601	
	<b>D</b> Employer identification number 72-0551963		<b>E</b> Telephone number (337) 494-3202
		<b>G</b> Gross receipts \$ 182,604,207	
<b>F</b> Name and address of principal officer LARRY GRAHAM 1701 OAK PARK BOULEVARD LAKE CHARLES, LA 70601		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( 3 ) (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number	
<b>J</b> Website: WWW.LCMH.COM			
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation 1952	<b>M</b> State of legal domicile LA

Part I Summary			
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities PROVIDE HEALTHCARE SERVICES		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . . <b>3</b> 1		
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . . <b>4</b>		
	<b>5</b> Total number of employees (Part V, line 2a) . . . . . <b>5</b> 2,02		
	<b>6</b> Total number of volunteers (estimate if necessary) . . . . . <b>6</b> 6		
	<b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12 . . . . . <b>7a</b>		
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . . <b>7b</b>		
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .	3,712,083	1,711,833
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .	156,716,864	177,841,048
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	873,201	725,318
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	2,798,932	2,309,318
		164,101,080	182,587,517
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .	52,659	50,000
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .		0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	60,975,851	70,909,201
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .		0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <u>294,469</u>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) . . . . .	98,206,611	100,412,565
	<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	159,235,121	171,371,766
	<b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .	4,865,959	11,215,751
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	<b>20</b> Total assets (Part X, line 16) . . . . .	164,312,058	173,916,394
	<b>21</b> Total liabilities (Part X, line 26) . . . . .	117,247,240	116,656,131
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . .	47,064,818	57,260,263

<b>Part II Signature Block</b>	
<b>Sign Here</b>	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
	<div> <div>*****</div> <div>Signature of officer</div> </div> <div> <div>2010-11-15</div> <div>Date</div> </div>
	<div>Charles Whitson CHIEF EXECUTIVE OFFICER</div> <div>Type or print name and title</div>
<b>Paid Preparer's Use Only</b>	<div> <div>Preparer's signature</div> <div>Date</div> <div> <div>Check if self-employed</div> <div><input type="checkbox"/></div> </div> <div>Preparer's identifying number (see instructions)</div> </div>
	<div> <div>Firm's name (or yours if self-employed), address, and ZIP + 4</div> <div> <div>Postlethwaite &amp; Netterville</div> <div>8550 United Plaza Blvd Suite 1001</div> <div>Baton Rouge, LA 70809</div> </div> </div>
	<div> <div>EIN</div> <div>Phone no (225) 922-4600</div> </div>



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	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	No
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> 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	No
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, line 10? 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
14b	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	No
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? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21	Yes	
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? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	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? <i>If "Yes," complete Schedule J</i> . . . . .	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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i> . . . . .	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b	Yes	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		No
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	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? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	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? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	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? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	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? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35	Yes	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36	Yes	
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? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable . . . . .			1c	
1a	84			
<b>b</b> Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			1b	0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .			1c	
<b>2a</b> Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .			2a	2,022
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> 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
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .			3a	No
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .			3b	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .			4a	No
<b>b</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				
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .			5a	No
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No
<b>c</b> 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	
<b>6a</b> 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>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .			6b	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b> 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	No
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .			7b	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .			7c	No
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .			7d	
<b>e</b> Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .			7e	No
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .			7f	No
<b>g</b> For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .			7g	
<b>h</b> For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .			7h	
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> 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	
<b>9 Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b> Did the organization make any taxable distributions under section 4966? . . . . .			9a	
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .			9b	
<b>10 Section 501(c)(7) organizations.</b> Enter				
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .			10a	
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			10b	
<b>11 Section 501(c)(12) organizations.</b> Enter				
<b>a</b> Gross income from members or shareholders . . . . .			11a	
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .			11b	
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?			12a	
<b>b</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	12	
b	Enter the number of voting members that are independent . . . . .	1b	9	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	2		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? . . . . .	3	Yes	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .	5		No
6	Does the organization have members or stockholders? . . . . .	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body? . . . . .	8a	Yes	
b	Each committee with authority to act on behalf of the governing body? . . . . .	8b	Yes	
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 . . . . .	9		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	Yes	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	16b	Yes	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶LA
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. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input type="checkbox"/> 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 ▶ CHARLES WHITSON, CHIEF FINANCIAL OFFICER 1701 OAK PARK BLVD Lake Charles, LA 706018911 (337) 494-3202

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

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

Form **990** (2009)



<b>1b</b>	<b>Total</b> . . . . .	9,039,277	0	357,194
-----------	------------------------	-----------	---	---------

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▶120

		<b>Yes</b>	<b>No</b>
<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	3 Yes	
<b>4</b>	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? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	4 Yes	
<b>5</b>	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	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
INSTITUTE FOR NEUROPSYCHIATRY APMC 2829 4th Avenue Lake Charles, LA 70601	Psych Services	1,305,111
LEWING CONSTRUCTION INC PO BOX 5216 Lake Charles, LA 70606	CONTRUCTION/CONTRACTOR	1,180,339
EMERGENCY MEDICINE SPECIALIST APMC PO BOX 95385 NEW ORLEANS, LA 70195	ER SERVICE	1,007,888
LA COMMERCIAL LAUNDRY LLC PO BOX 503 SCOTT, LA 70583	LAUNDRY/LINEN SERVICE	960,773
LC ANESTHESIOLOGY APMC 751 BAYOU PINES LAke Charles, LA 70601	ANESTHESIA SERVICE	633,947

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 ▶5

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						
	b	Membership dues . . . . .	1b						
	c	Fundraising events . . . . .	1c						
	d	Related organizations . . . .	1d						
	e	Government grants (contributions)	1e	1,383,351					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	328,482					
	g	Noncash contributions included in lines 1a-1f \$ _____							
	h	Total. Add lines 1a-1f . . . . .		1,711,833					
Program Service Revenue			Business Code						
	2a	PATIENT SERVICE REVENUE	900,099	173,940,265	173,940,265				
	b	MISC PATIENT REVENUE	900,099	2,758,151	2,758,151				
	c	CAFETERIA	900,099	1,142,632	1,142,632				
	d								
	e								
	f	All other program service revenue							
	g	Total. Add lines 2a-2f . . . . .		177,841,048					
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .		738,008			738,008		
	4	Income from investment of tax-exempt bond proceeds . .							
	5	Royalties . . . . .							
	6a	Gross Rents	(i) Real	(ii) Personal					
			464,339						
			464,339						
	d	Net rental income or (loss) . . . . .		464,339			464,339		
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
				4,000					
				16,690					
				-12,690					
	d	Net gain or (loss) . . . . .		-12,690	-12,690				
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a						
			b	Less direct expenses . . . . .	b				
			c	Net income or (loss) from fundraising events . .					
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .	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	Litigation Proceeds	900,099	1,250,849	1,250,849					
b	INCOME FROM SECOND AVE	621,990	529,422	529,422					
c	NET INCOME FROM GIFT S	453,220	37,506	37,506					
d	All other revenue . . . . .		27,202	27,202					
e	Total. Add lines 11a-11d . . . . .		1,844,979						
12	Total revenue. See Instructions . . . . .		182,587,517	179,673,337	0	1,202,347			

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	50,000	50,000		
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees . . . . .				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
7	Other salaries and wages	55,753,607	53,976,128	1,643,456	134,023
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	1,180,260	1,118,337	34,164	27,759
9	Other employee benefits . . . . .	11,003,113	10,670,609	325,973	6,531
10	Payroll taxes . . . . .	2,972,221	2,882,403	88,054	1,764
11	Fees for services (non-employees)				
a	Management . . . . .	1,725,828	1,639,537	86,291	
b	Legal . . . . .				
c	Accounting . . . . .				
d	Lobbying . . . . .				
e	Professional fundraising See Part IV, line 17 . . . . .				
f	Investment management fees . . . . .				
g	Other . . . . .	3,208,181	3,208,181		
12	Advertising and promotion . . . . .	1,112,167	946,360	94,879	70,928
13	Office expenses . . . . .				
14	Information technology . . . . .				
15	Royalties . . . . .				
16	Occupancy . . . . .				
17	Travel . . . . .	227,397	192,237	33,522	1,638
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19	Conferences, conventions, and meetings . . . . .				
20	Interest . . . . .	6,402,888	6,082,744	320,144	
21	Payments to affiliates . . . . .				
22	Depreciation, depletion, and amortization . . . . .	10,399,073	9,879,119	519,954	
23	Insurance . . . . .	3,084,527	2,948,599	135,928	
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	SUPPLIES	28,276,272	27,887,115	389,157	
b	PURCHASED SERVICES	15,735,332	15,121,631	602,228	11,473
c	BAD DEBT	13,801,597	13,797,937	3,660	
d	CONTRACT LABOR	8,019,076	7,988,859	30,113	104
e	SERVICE CONTRACTS	3,715,107	3,383,340	318,524	13,243
f	All other expenses	4,705,120	4,157,617	520,497	27,006
25	Total functional expenses. Add lines 1 through 24f	171,371,766	165,930,753	5,146,544	294,469
26	Joint costs. Check here <input type="checkbox"/> 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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .			8,675,938	1	416,458
	2	Savings and temporary cash investments . . . . .			10,868,558	2	21,973,386
	3	Pledges and grants receivable, net . . . . .				3	
	4	Accounts receivable, net . . . . .			20,155,257	4	23,115,221
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L . . . . .				6	
	7	Notes and loans receivable, net . . . . .				7	
	8	Inventories for sale or use . . . . .			1,707,966	8	2,673,968
	9	Prepaid expenses and deferred charges . . . . .			1,196,885	9	1,745,177
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	244,753,260	77,628,051	10c	75,328,103
	b	Less accumulated depreciation . . . . .	10b	169,425,157			
	11	Investments—publicly traded securities . . . . .				11	
	12	Investments—other securities See Part IV, line 11 . . . . .				12	
	13	Investments—program-related See Part IV, line 11 . . . . .				13	
	14	Intangible assets . . . . .				14	
	15	Other assets See Part IV, line 11 . . . . .			44,079,403	15	48,664,081
	16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			164,312,058	16	173,916,394
Liabilities	17	Accounts payable and accrued expenses . . . . .			16,366,889	17	17,706,246
	18	Grants payable . . . . .				18	
	19	Deferred revenue . . . . .				19	
	20	Tax-exempt bond liabilities . . . . .			95,350,000	20	93,045,000
	21	Escrow or custodial account liability Complete Part IV of Schedule D . . . . .				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .				22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .			4,791,222	23	4,733,818
	24	Unsecured notes and loans payable to unrelated third parties . . . . .				24	
	25	Other liabilities Complete Part X of Schedule D . . . . .			739,129	25	1,171,067
	26	Total liabilities. Add lines 17 through 25 . . . . .			117,247,240	26	116,656,131
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets . . . . .			47,064,818	27	57,260,263
	28	Temporarily restricted net assets . . . . .				28	
	29	Permanently restricted net assets . . . . .				29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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 . . . . .			47,064,818	33	57,260,263
	34	Total liabilities and net assets/fund balances . . . . .			164,312,058	34	173,916,394

**Part XI**    **Financial Statements and Reporting**

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?    .    .		No
<b>b</b> Were the organization's financial statements audited by an independent accountant?    .    .    .    .    .    .    .	Yes	
<b>c</b> 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    .    .    .	Yes	
<b>d</b> 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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
<b>3a</b> 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?    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .		No
<b>b</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    .    .		

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  
SOUTHWEST LOUISIANA HOSPITAL ASSOCIATION  
DBA LAKE CHARLES MEMORIAL HOSPITAL

Employer identification number  
72-0551963

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?  

(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?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

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 IIISupport 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
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts 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						
cAdd lines 7a and 7b						
8Public 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
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						
14First 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

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

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a33 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		
b33 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		
20Private 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

SCHEDULE D  
(Form 990)

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

Department of the Treasury  
Internal Revenue Service

<b>Name of the organization</b> SOUTHWEST LOUISIANA HOSPITAL ASSOCIATION DBA LAKE CHARLES MEMORIAL HOSPITAL	<b>Employer identification number</b>  72-0551963
---	---

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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> 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) <input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure) <input type="checkbox"/> Preservation of an historically importantly land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> 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
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06
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? <input type="checkbox"/> Yes <input type="checkbox"/> 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)? <input type="checkbox"/> Yes <input type="checkbox"/> 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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

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

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ %

b

Permanent endowment ▶ %

c

Term endowment ▶ %

3a

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

(i) unrelated organizations . . . . .

3a(i)

Yes

No

(ii) related organizations . . . . .

3a(ii)

Yes

No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

3b

Yes

No

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 . . . . .		3,422,429		3,422,429
b Buildings . . . . .		122,293,353	85,862,064	36,431,289
c Leasehold improvements . . . . .		1,349,935	1,349,935	0
d Equipment . . . . .		106,126,552	76,471,778	29,654,774
e Other . . . . .		11,560,991	5,741,380	5,819,611
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . .				75,328,103

Schedule D (Form 990) 2009



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	182,587,517
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	171,371,766
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	11,215,751
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-1,020,305
9	Total adjustments (net) Add lines 4 - 8	9	-1,020,305
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	10,195,446

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	182,202,825
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	209,438
e	Add lines 2a through 2d . . . . .	2e	209,438
3	Subtract line 2e from line 1 . . . . .	3	181,993,387
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	
b	Other (Describe in Part XIV) . . . . .	4b	594,130
c	Add lines 4a and 4b . . . . .	4c	594,130
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5	182,587,517

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements . . . . .	1	174,977,008
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	3,605,242
e	Add lines 2a through 2d . . . . .	2e	3,605,242
3	Subtract line 2e from line 1 . . . . .	3	171,371,766
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	
b	Other (Describe in Part XIV) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5	171,371,766

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
		PART XIII, LINE 2D THE ENTITY ALLOCATES OVERHEAD TO ITS TAXABLE ENTITIES \$3,497,028 Expenses Reported on Southwest LA Hospital Foundation \$ 108,214 TOTAL \$3,605,242 PART XII, LINE 4B BOOK/TAX DIFFERENCES INCLUDE K-1 LA PET/CT IMAGING LAKE CHARLES \$ 27,202 K-1 2ND AVENUE MRI \$ 529,422 HOSPITAL AUXILIARY GIFT SHOP \$ 37,506 TOTAL \$ 594,130 Part XII, Line 2D Book/Tax Differences Include Revenue reported on Southwest LA Hospital Foundation \$137,601 Distribution from Gift Shop Auxiliary \$ 50,000 Book Income-LA PET/CI Imaging \$ 21,837 Total \$209,438

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**  
SOUTHWEST LOUISIANA HOSPITAL ASSOCIATION  
DBA LAKE CHARLES MEMORIAL HOSPITAL

**Employer identification number**  
  
72-0551963

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 <div><input type="checkbox"/> Applied uniformly to all hospitals <input type="checkbox"/> Generally tailored to individual hospitals</div> <div><input type="checkbox"/> Applied uniformly to most hospitals</div>			
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 <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care <div><input type="checkbox"/> 100%<input checked="" type="checkbox"/> 150%<input type="checkbox"/> 200%<input type="checkbox"/> Other _____</div> b Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care . . . . . <div><input checked="" type="checkbox"/> 200%<input type="checkbox"/> 250%<input type="checkbox"/> 300%<input type="checkbox"/> 350%<input type="checkbox"/> 400%<input type="checkbox"/> Other _____</div> 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"? . . . . .	3a	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	Yes	
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 eligible for free or discounted care? . . . . .	5c		No
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	Yes	
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) . . . .			6,930,255	4,519,373	2,410,882	1 530 %
b Unreimbursed Medicaid (from Worksheet 3, column a) . . . .			29,420,819	15,790,966	13,629,853	8 650 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b) . . . . .						
d <b>Total</b> Charity Care and Means-Tested Government Programs . . . . .			36,351,074	20,310,339	16,040,735	10 180 %
<b>Other Benefits</b>						
e Community health improvement services and community benefit operations (from Worksheet 4) . . . . .						
f Health professions education (from Worksheet 5) . . . .			4,353,151	2,306,984	2,046,167	1 300 %
g Subsidized health services (from Worksheet 6) . . . .						
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8) . . . .			298,756	15,000	283,756	0 180 %
j <b>Total</b> Other Benefits . . . .			4,651,907	2,321,984	2,329,923	1 480 %
k <b>Total.</b> Add lines 7d and 7j . . . .			41,002,981	22,632,323	18,370,658	0

Part IICommunity 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 IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1	Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1Yes	
2	Enter the amount of the organization's bad debt expense (at cost)	24,357,840	
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	32,614,704	
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)	548,710,237	
6	Enter Medicare allowable costs of care relating to payments on line 5	656,785,887	
7	Subtract line 6 from line 5. This is the surplus or (shortfall)	7-8,075,650	
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9aYes	
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.	9bYes	

Part IVManagement 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 SECOND AVENUE MRI LLC	Imaging	51.000 %		49.000 %
2 LA PET IMAGING	Imaging	24.500 %		
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

**Part V**   **Facility Information**

Name and address	Other (Describe)						
	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical
	Licensed hospital						

LAKE CHARLES MEMORIAL HOSPITAL  
1701 OAK PARK BLVD  
LAKE CHARLES, LA 70601

X X X X



Complete this part to provide the following information

[illegible]

---

---

---

Part III, Line 8 Costing methodology used for Line 6 is operating expenses (less bad debt) times payor mix times 92% allowable. The shortfall as relates to this question should be treated as a community benefit in that care is provided to members of our community at less than the allowable cost.

---

---

---

---

---

---

Part VI, Line 2 LCMH provides programs & activities that provide treatment and/or promote health & healing. These screenings, seminars, classes, etc. respond to the needs of persons living in our community and improves overall community health. Memorial hospital provides community health education, community-based clinical services, such as health screenings, support groups, self-help programs, such as smoking cessation and weight loss programs, pastoral outreach programs and spiritual care for the well being of our community.

Part VI, Line 3 LCMH utilizes financial counselors to apprise our patients of all available programs available to assist them the costs associated with their care

Part VI, Line 4 LCMH services a community which is approximately two hours east of Houston, TX and two hours west of Baton Rouge, LA. The median household income is approximately \$44,826, which is slightly above the state average. Approximately 15.4% of the population lives below the poverty level, which is slightly below the state average.

Part VI, Line 5 N/A

Part VI, Line 6 N/A

---

---

---

---

Schedule H (Form 990) 2009

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States

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

OMB No 1545-0047

2009

Open to Public  
Inspection

Name of the organization  
SOUTHWEST LOUISIANA HOSPITAL ASSOCIATION  
DBA LAKE CHARLES MEMORIAL HOSPITAL

Employer identification number  
72-0551963

Part I General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .

☒ Yes ☐ No

2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MCNEESE STATE UNIVERSITY300 BEAUREGARD DRIVE LAKE CHARLES, LA 70605	726001688		35,000				SPONSORSHIP
WOMEN'S COMMISSION OF SOUTHWEST LOUISIANAPO BOX 6712 LAKE CHARLES, LA 70606	581888245		5,000				SPONSORSHIP
SWLA CENTER FOR HEALTH SERVICESPO BOX 19010 LAKE CHARLES, LA 706169010	721015384		10,000				SPONSORSHIP

2

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

▶ 3

3

Enter total number of other organizations . . . . .

▶ 0

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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

[illegible]

Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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.

Name of the organization

SOUTHWEST LOUISIANA HOSPITAL ASSOCIATION  
DBA LAKE CHARLES MEMORIAL HOSPITAL

Employer identification number

72-0551963

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	Yes
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
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: <div><div>a Receive a severance payment or change-of-control payment?</div><div>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div><div>c Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4a	No
		4b	No
		4c	No
5	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. 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: <div><div>a The organization?</div><div>b Any related organization?</div></div> If "Yes," to line 5a or 5b, describe in Part III	5a	No
		5b	No
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: <div><div>a The organization?</div><div>b Any related organization?</div></div> If "Yes," to line 6a or 6b, describe in Part III	6a	Yes
		6b	Yes
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	Yes
8	Were any amounts reported in Form 990, Part VII, paid or accrued 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	

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

[illegible]

Part III

Supplemental Information

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

Identifier	Return Reference	Explanation
	Part I, Line 1a	The Hospital pays annual dues to the Pioneer Club, a social club, for Larry Graham, President and CEO in the amount of \$736.30 per year. Any nonbusiness use of the club is accounted for and included as compensation in the CEO W-2.
	Part I, Line 6	William Moss, M.D., Ben Thompson, M.D., Gary Kohler, M.D., Robert Broussard, M.D., Lucien K. Moss, M.D., and Manley Jordan, M.D. are subject to a bonus structure of collections minus expenses. 85% of the excess is paid to the physician, but not to exceed 85% of the physician base.
	Part I, Line 7	Larry Graham, President and CEO, is subject to an incentive pay based on employee success in achieving goals established by the board. The maximum amount to be paid in any one year is 25% of his base pay.

Schedule K (Form 990)	<div>Supplemental Information on Tax Exempt Bonds</div> <div>▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ▶ Attach to Form 990. ▶ See separate instructions.</div>	OMB No 1545-0047
		2009
		Open to Public Inspection

Department of the Treasury Internal Revenue Service	Name of the organization SOUTHWEST LOUISIANA HOSPITAL ASSOCIATION DBA LAKE CHARLES MEMORIAL HOSPITAL	Employer identification number 72-0551963
--	--	--

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	LOUISIANA PUBLIC FACILITIES AUTHORITY	72-0895871	546395D84	11-01-2007	69,199,000	BOND REFUNDING, FACILITY AND EQUIPMENT UPGRADE AND RESERVES		X		X

Part II Proceeds

	A	B	C	D	E
1	Total proceeds of issue	69,199,000			
2	Gross proceeds in reserve funds	6,641,478			
3	Proceeds in refunding or defeasance escrows	43,588,179			
4	Other unspent proceeds				
5	Issuance costs from proceeds	1,363,276			
6	Working capital expenditures from proceeds				
7	Capital expenditures from proceeds	917,627			
8	Year of substantial completion	2007			
		YesNo	YesNo	YesNo	YesNo
9	Were the bonds issued as part of a current refunding issue?	X			
10	Were the bonds issued as part of an advance refunding issue?	X			
11	Has the final allocation of proceeds been made?	X			
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X			

Part III Private Business Use

	A	B	C	D	E
	YesNo	YesNo	YesNo	YesNo	YesNo
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	X			
2	Are there any lease arrangements with respect to the financed property which may result in private business use?	X			

Part III

Private Business Use (Continued)

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		X								
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X								
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		X								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?		X								

Part IV

Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X								
2	Is the bond issue a variable rate issue?		X								
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X								
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?	X									
b	Name of provider			Natixis Funding Corp							
c	Term of GIC			12 0000000000000							
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X									
5	Were any gross proceeds invested beyond an available temporary period?	X									
6	Did the bond issue qualify for an exception to rebate?	X									



**Schedule L**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

## Transactions with Interested Persons

**► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.**

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

OMB No 1545-0047

# 2009

## Open to Public Inspection

**Name of the organization**  
SOUTHWEST LOUISIANA HOSPITAL ASSOCIATION  
DBA LAKE CHARLES MEMORIAL HOSPITAL

Employer identification number

72-0551963

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

**2** Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . \$ \_\_\_\_\_

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

## Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

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

[illegible]

**Part III** Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

## Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
See Additional Data Table					

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 SOUTHWEST LOUISIANA HOSPITAL ASSOCIATION DBA LAKE CHARLES MEMORIAL HOSPITAL	Employer identification number 72-0551963
--	--

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 3		THE HOME HEALTH AGENCY AND EXTENDED CARE FACILITY HAVE BEEN OUTSOURCED TO MANAGEMENT COMPANIES
Form 990, Part VI, Section A, line 6		THE ENTITY HAS BOARD MEMBERS
Form 990, Part VI, Section A, line 7a		THEY ELECT BOARD MEMBERS
Form 990, Part VI, Section A, line 7b		BOARD MEMBERS
Form 990, Part VI, Section B, line 11		BOARD MEMBERS WILL BE PROVIDED A COPY OF THE 990 FOR REVIEW PRIOR TO SUBMISSION TO THE IRS
Form 990, Part VI, Section B, line 12c		COMPLIANCE IS MONITORED THROUGHOUT THE YEAR VIA MANUAL SIGNATURES BEING REQUIRED ON ALL AP CHECKS IN ADDITION LARGE CONSTRUCTION JOBS ARE REQUIRED TO BE BID OUT AND BIDS ARE RETURNED SEALED TO OUR ATTORNEYS RELATIONSHIPS SUCH AS BANKING, INSURANCE AND OTHERS THAT HAVE BEEN DISCLOSED BY BOARD MEMBERS ARE SUBJECT TO DISCUSSION AT BOARD MEETINGS AND GENERALLY THE BOARD MEMBER WITHIN THAT RELATIONSHIP WILL EXCLUDE THEMSELVES FROM THE MEETING
Form 990, Part VI, Section B, line 15		Comparison with VHA Gulf States Greater New Orleans Society of Human Resources Assn and LHA data was done by the Salary committee of the Board of Trustees Minutes of the salary committee were maintained
Form 990, Part VI, Section C, line 19		IN ADDITION TO THE DOCUMENTS THAT ARE ON FILE WITH THE SECRETARY OF STATE THAT WERE REQUIRED TO ESTABLISH THE LEGAL ENTITY , THE GOVERNING DOCUMENTS (INCLUDING THE CONFLICT OF INTEREST POLICY ) WILL BE PROVIDED TO THE PUBLIC UPON REQUEST AND SUBJECT TO OUR LEGAL COUNSEL'S APROVAL

Identifier	Return Reference	Explanation
FORM 990 PART XI LINE 2C	COMMITTEE REVIEW OF AUDITED FINANCIAL STATEMENTS	THE PROCESS FOR REVIEW OF THE AUDITED FINANCIAL STATEMENTS HAS NOT CHANGED FROM THE PREVIOUS YEAR



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) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
								Yes	No		Yes	No
LAKE CHARLES MEDICAL PLAZA SOUTH  1701 OAK PARK BLVD LAKE CHARLES, LA70601 62-1447910 SECOND AVENUE MRI LLC	REAL ESTATE MANAGEMENT	LA	N/A									
2800 SECOND AVE SUITE C LAKE CHARLES, LA70601 20-2226374 LA PETCT IMAGING LAKE CHARLES LLC	IMAGING SERVICES	LA	SOUTHWEST LOUISIANA HOSPITAL ASSOCIATION	RELATED		1,390,074	590,776	No				No
920 PIERREMONT ROAD SUITE 411 SHREVEPORT, LA71106 72-1474363	IMAGING SERVICES	LA			RELATED	26,996	578,647	No				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
WLW PROPERTIES INC 1701 OAK PARK BLVD LAKE CHARLES, LA70601 72-1023846	REAL ESTATE / EQUITY	LA	SOUTHWEST LOUISIANA HOSPITAL ASSOCIATION	C	97,572	332,441	100 000 %
LAKE CHARLES MEDICAL SERVICES INC 1701 OAK PARK BLVD LAKE CHARLES, LA70601 72-1285200	MEDICAL SERVICES	LA	SOUTHWEST LOUISIANA HOSPITAL ASSOCIATION	C	11,487,070	2,418,246	100 000 %
SWLHS INC 1701 OAK PARK BLVD LAKE CHARLES, LA70601 72-1103283	Medical Services	LA	N/A	C			
SWLHS ONCOLOGY INC 1701 OAK PARK BLVD LAKE CHARLES, LA70601 20-1541727	MEDICAL SERVICES- ONCOLOGY	LA	N/A	C			
LAKE CHARLES MEMORIAL HEART AND VASCULAR CENTER INC 1701 OAK PARK BLVD LAKE CHARLES, LA70601 72-1381266	Medical Services	LA	N/A	C			

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a Yes

1b Yes

1c No

1d No

1e No

1f No

1g No

1h No

1i No

1j No

1k No

1l No

1m No

1n No

1o No

1p Yes

1q Yes

1r Yes

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)	See Additional Data Table		
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2009

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

Software ID:

Software Version:

EIN: 72-0551963

Name: SOUTHWEST LOUISIANA HOSPITAL ASSOCIATION  
DBA LAKE CHARLES MEMORIAL HOSPITAL

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved (\$)
(1)	LAKE CHARLES MEDICAL SERVICES INC	P	1,228,981
(2)	LAKE CHARLES HEART & VASCULAR INC	P	428,724
(3)	SWLHS INC	P	1,158,058
(4)	SWLHS ONCOLOGY INC	P	681,265
(5)	SWLHS INC	R	242,320
(6)	SWLHS ONCOLOGY INC	R	931,621
(7)	LAKE CHARLES MEDICAL SERVICES INC	Q	3,424,384
(8)	LAKE CHARLES HEART & VASCULAR INC	Q	442,776
(9)	WLW PROPERTIES INC	R	55,289
(10)	LAKE CHARLES MEDICAL PLAZA SOUTH	Q	444,418
(11)	SECOND AVENUE MRI LLC	R	3,971
(12)	LAKE CHARLES MEDICAL SERVICES INC	A	270,439
(13)	SWLHS INC	A	127,452
(14)	SWLHS ONCOLOGY INC	A	76,351
(15)	LAKE CHARLES HEART & VASCULAR INC	A	141,155
(16)	SOUTHWEST LOUISIANA HOSPITAL ASSOCIATION FOUNDATION INC	B	500,000
(17)	SOUTHWEST LOUISIANA HOSPITAL ASSOCIATION FOUNDATION INC	P	44,191
(18)	SECOND AVENUE MRI LLC	Q	421,458
(19)	SouthWEST LOUISIANA HOSPITAL ASSOCIATION FOUNDATION INC	Q	42,966

Additional Data

Software ID:

Software Version:

EIN: 72-0551963

Name: SOUTHWEST LOUISIANA HOSPITAL ASSOCIATION  
DBA LAKE CHARLES MEMORIAL HOSPITAL

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			
CARL SHETLER IMMEDIATE PAST CHAIRMAN	1 00	X		X				0	0	0
GLENN PUMPELLY CHAIRMAN	1 00	X		X				0	0	0
ULYSSES GENE THIBODEAUX ACTIVE TRUSTEE	1 00	X						0	0	0
LOUIS M TODD SR ACTIVE TRUSTEE	1 00	X						0	0	0
DAVID WALLACE MD CHAIRMAN OF QUALITY MANA	1 00	X						0	0	0
PHILIP EARHART CHAIRMAN ELECT/SECRETARY	1 00	X		X				0	0	0
RICHARD MARTINEZ MD IMMED PAST MED STAFF PRE	1 00	X						0	0	0
LARRY GRAHAM PRESIDENT/CEO & ASST SEC	40 00	X		X	X			589,937	0	21,814
MANLEY JORDAN MD MEDICAL STAFF PRESIDENT	40 00	X						398,976	0	25,477
DENISE EMERSON RAU ACTIVE TRUSTEE	1 00	X						0	0	0
THOMAS SHEARMAN ACTIVE TRUSTEE	1 00	X						0	0	0
THOMAS C STRONG MD MED STAFF PRESIDENT-ELE	1 00	X						367,463	0	25,212
CHARLES WHITSON CPA SR VICE PRESIDENT of FIN	40 00			X	X			204,884	0	24,465
MARILYN MCSWAIN RN SR VICE PRESIDENT OF NUR	40 00				X			183,950	0	19,338
DAVID B USHER Sr VICE PRES OF BUSINESS	40 00				X			201,496	0	24,395
BERNITA BROWN VICE PRES OF SUPPORT SER	40 00				X			115,562	0	3,827
TIM COFFEY SR VICE PRES OF OPERATIO	40 00				X			205,143	0	19,662
DONNA SHIELDS ASST VICE PRES NURSING	40 00				X			165,059	0	15,049
TODD DELAHOUSAYE SR VICE PRES OF PHYSICIA	40 00				X			147,365	0	12,525
KATHLEEN DEROUEN SR VICE PRES OF MARKETIN	40 00				X			152,202	0	14,510
JENNIFER CONSIGNNEY VICE PRES OF HUMAN RESOU	40 00				X			103,843	0	2,500
LEIF PEDERSEN VICE PRES OF PHILANTHROP	40 00				X			126,700	0	0
NATHAN COHEN PHYSICIAN	40 00					X		1,296,604	0	12,627
WILLIAM CONDOS PHYSICIAN	40 00					X		1,049,758	0	20,308
DENNIS WALKER PHYSICIAN	40 00					X		888,372	0	12,627



**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			
DAVID DREZ PHYSICIAN	40 00					X		857,048	0	3,450
LEROY FREDERICKS PHYSICIAN	40 00					X		811,367	0	24,739
WILLIAM MOSS PHYSICIAN	40 00						X	399,998	0	27,658
BEN THOMPSON PHYSICIAN	40 00						X	436,382	0	18,439
GARY KOHLER PHYSICIAN	40 00						X	419,515	0	23,481
ROBERT BROUSSARD PHYSICIAN	40 00						X	411,123	0	23,943

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

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
SUPPLIES	28,276,272	27,887,115	389,157	
PURCHASED SERVICES	15,735,332	15,121,631	602,228	11,473
BAD DEBT	13,801,597	13,797,937	3,660	
CONTRACT LABOR	8,019,076	7,988,859	30,113	104
SERVICE CONTRACTS	3,715,107	3,383,340	318,524	13,243

Additional Data

Software ID:

Software Version:

EIN: 72-0551963

Name: SOUTHWEST LOUISIANA HOSPITAL ASSOCIATION  
DBA LAKE CHARLES MEMORIAL HOSPITAL

Form 990, Schedule D, Part IX, - Other Assets

(a) Description	(b) Book value
INTERCOMPANY RECEIVABLES	33,971,891
ASSETS WHOSE USE IS LIMITED	11,295,022
DEFERRED FINANCING COSTS	2,438,043
OTHER RECEIVABLES	651,353
Other Asset-MSO	102,505
INvesment-Corporate Share LCCC	12,000
Investments-VHA-E	82,786
Investments-Lake Charles Health Plans	37,500
Investment-LA PET Imaging	72,981

Software ID:

Software Version:

EIN: 72-0551963

Name: SOUTHWEST LOUISIANA HOSPITAL ASSOCIATION  
DBA LAKE CHARLES MEMORIAL HOSPITAL

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				
LARRY GRAHAM	(i) 477,437 (ii) 0	112,500 0	0 0	4,956 0	16,858 0	611,751 0	507,356 0
MANLEY JORDAN MD	(i) 398,976 (ii) 0	0 0	0 0	8,619 0	16,858 0	424,453 0	366,541 0
THOMAS C STRONG MD	(i) 367,463 (ii) 0	0 0	0 0	8,354 0	16,858 0	392,675 0	0 0
CHARLES WHITSON CPA	(i) 204,884 (ii) 0	0 0	0 0	7,607 0	16,858 0	229,349 0	210,526 0
MARILYN MCSWAIN RN	(i) 183,950 (ii) 0	0 0	0 0	6,711 0	12,627 0	203,288 0	186,439 0
DAVID B USHER	(i) 201,496 (ii) 0	0 0	0 0	7,537 0	16,858 0	225,891 0	207,528 0
TIM COFFEY	(i) 205,143 (ii) 0	0 0	0 0	6,990 0	12,672 0	224,805 0	197,101 0
DONNA SHIELDS	(i) 165,059 (ii) 0	0 0	0 0	2,422 0	12,627 0	180,108 0	161,804 0
KATHLEEN DEROUEN	(i) 152,202 (ii) 0	0 0	0 0	1,838 0	12,672 0	166,712 0	0 0
NATHAN COHEN	(i) 1,296,604 (ii) 0	0 0	0 0	0 0	12,627 0	1,309,231 0	0 0
WILLIAM CONDOS	(i) 1,049,758 (ii) 0	0 0	0 0	3,450 0	16,858 0	1,070,066 0	0 0
DENNIS WALKER	(i) 888,372 (ii) 0	0 0	0 0	0 0	12,627 0	900,999 0	0 0
DAVID DREZ	(i) 857,048 (ii) 0	0 0	0 0	3,450 0	0 0	860,498 0	0 0
LEROY FREDERICKS	(i) 811,367 (ii) 0	0 0	0 0	7,881 0	16,858 0	836,106 0	0 0
WILLIAM MOSS	(i) 399,998 (ii) 0	0 0	0 0	10,800 0	16,858 0	427,656 0	0 0
BEN THOMPSON	(i) 436,382 (ii) 0	0 0	0 0	1,581 0	16,858 0	454,821 0	0 0
GARY KOHLER	(i) 419,515 (ii) 0	0 0	0 0	6,623 0	16,858 0	442,996 0	0 0
ROBERT BROUSSARD	(i) 411,123 (ii) 0	0 0	0 0	7,085 0	16,858 0	435,066 0	0 0

Additional Data

Software ID:

Software Version:

EIN: 72-0551963

Name: SOUTHWEST LOUISIANA HOSPITAL ASSOCIATION  
DBA LAKE CHARLES MEMORIAL HOSPITAL

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction \$	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
GLENN PUMPELLY	GLENN PUMPELLY IS THE CHAIRMAN OF THE BOARD, & OWNER OF PUMPELLY OIL & TIRE	5,175	PUMPELLY OIL PROVIDES SERVICE TO HOSPITAL VEHICLES		No
PHIL EARHART	PHIL EARHART IS A MEMBER OF THE BOARD, & AN EMPLOYEE OF BUSINESS FIRST BANK	6,569,123	THE HOSPITAL HAS CASH AND INVESTMENT ACCOUNTS AT BUSINESS FIRST BANK		No
RICHARD MARTINEZ MD	He IS A MEMBER OF THE BOARD, & AN EMPLOYEE OF RADIOLOGY ASSOC	8,795	RADIOLOGY ASSOCIATES PROVIDE SERVICES FOR THE HOSPITAL IN THE NATURE OF READING X-RAYS FOR HOSPITAL EMPLOYEE'S WORKERS COMP CLAIMS		No
LOUIS TODD	LOUIS TODD IS A MEMBER OF THE BOARD & AN EMPLOYEE OF ARTHUR J GALLAGER	434,348	ARTHUR J GALLAGER PROVIDES INSURANCE TO THE ENTITY		No
THOMAS SHEARMAN	Board member & AN owner/EMPLOYEE OF LC AMERICAN PRESS	100,189	The hospital purchases advertising space for classified ads related to employment opportunities and other marketing related activities from Lake Charles American Press		No
DAVID WALLACE MD	DAVID WALLACE IS A MEMBER OF THE BOARD, & A physician OF CHILDREN CLINIC	112,494	CHILDREN CLINIC PROVIDES MEDICAL DIRECTORSHIP OF THE Pediatric nursery, neonatal intensive care unit and pediatric intensive care unit PROGRAMs AT THE HOSPITAL		No
RicharD MARTINEZ MD	Board Member, Partner SWLA Imaging Investments which owns 25% PET Imaging		The Hospital owns 24 5% of PET Imaging Joint Venture		No