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

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010				
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	Please use IRS label or print or type. See Specific Instructions.	C Name of organization Our Lady of Lourdes Regional Medical Center Inc		D Employer identification number 72-0423635
		Doing Business As		E Telephone number (337) 289-2108
		Number and street (or P O box if mail is not delivered to street address) 611 St Landry Street	Room/suite	G Gross receipts \$ 179,211,434
		City or town, state or country, and ZIP + 4 Lafayette, LA 70506		
		F Name and address of principal officer WILLIAM BARROW 611 ST LANDRY STREET LAFAYETTE, LA 70506		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)		
J Website: ▶ WWW LOURDES NET		H(c) Group exemption number ▶ 0928		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1957	M State of legal domicile LA	

Part I		Summary		
Activities & Governance	1	Briefly describe the organization's mission or most significant activities The purpose of the hospital is to provide for the care of the ill, injured, or disabled persons and to provide for research, education, and for the enhancement of health of those in the community		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3 1	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 1	
	5	Total number of employees (Part V, line 2a)	5 1,53	
	6	Total number of volunteers (estimate if necessary)	6 19	
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a 138,43	
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b -17,38	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 965,595	Current Year 401,832
	9	Program service revenue (Part VIII, line 2g)	151,550,546	160,573,650
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	254,680	119,196
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,062,152	1,756,957
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	153,832,973	162,851,635
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	191,663	313,863
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	61,979,064	67,607,968
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	146,546,145	104,104,270
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	208,716,872	172,026,101
	19	Revenue less expenses Subtract line 18 from line 12	-54,883,899	-9,174,466
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 235,709,030	End of Year 340,534,210
	21	Total liabilities (Part X, line 26)	142,736,384	241,094,578
	22	Net assets or fund balances Subtract line 21 from line 20	92,972,646	99,439,632

Part II Signature Block	
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge
	<div> <div>*****</div> <div>Signature of officer</div> </div> <div> <div>2011-05-16</div> <div>Date</div> </div>
	<div> <div>KIM HEBERT CFO</div> <div>Type or print name and title</div> </div>
Paid Preparer's Use Only	<div> <div>Preparer's signature</div> <div>Date</div> <div> <div>Check if self-employed</div> <div><input checked="" 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>KPMG LLP</div> <div>450 Laurel Street Suite 1700</div> <div>Baton Rouge, LA 70801</div> </div> </div>
	<div> <div>EIN</div> <div>Phone no (225) 344-4000</div> </div>

1 Briefly describe the organization's mission

INSPIRED BY THE VISION OF ST FRANCIS OF ASSISI AND IN THE TRADITION OF THE ROMAN CATHOLIC CHURCH, OUR LADY OF LOURDES REGIONAL MEDICAL CENTER, INC EXTENDS THE HEALING MINISTRY OF JESUS CHRIST TO GOD'S PEOPLE, ESPECIALLY THOSE MOST IN NEED OUR LADY OF LOURDES REGIONAL MEDICAL CENTER, INC CALLS FORTH ALL WHO SERVE IN THIS HEALTHCARE MINISTRY, TO SHARE THEIR GIFTS AND TALENTS TO CREATE A SPIRIT OF HEALING-WITH REVERENCE AND LOVE FOR ALL OF LIFE, WITH JOYFULNESS OF SPIRIT, AND WITH HUMILITY AND JUSTICE FOR ALL THOSE ENTRUSTED TO OUR CARE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code) (Expenses \$ 138,693,935 including grants of \$ 313,863) (Revenue \$ 160,413,651)

OUR LADY OF LOURDES REGIONAL MEDICAL CENTER PROVIDES QUALITY HOSPITAL AND MEDICAL SERVICES PRIMARILY TO RESIDENTS OF SOUTH LOUISIANA. THE MEDICAL CENTER IS AN ACTIVE, CARING MEMBER OF THE COMMUNITIES IT SERVES. IN CARRYING OUT ITS MISSION OF MEETING THE HEALTHCARE NEEDS OF THE PEOPLE OF GOD, THE MEDICAL CENTER HAS ESTABLISHED A POLICY UNDER WHICH IT PROVIDES CARE TO NEEDY MEMBERS OF ITS COMMUNITIES. FOLLOWING THAT POLICY, HEALTHCARE SERVICES COSTING APPROXIMATELY, \$1,574,890 WERE PROVIDED WITHOUT CHARGE. THE MEDICAL CENTER PROVIDED SERVICES FOR 43,352 PATIENT DAYS IN THE YEAR ENDED JUNE 30, 2010. SEE SCHEDULE O FOR FURTHER EXPLANATION.

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

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

4d Other program services (Describe in Schedule O)

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e	Total program service expenses	\$ 138,693,935
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Part IV

Checklist of Required Schedules

		Yes	No	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any 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
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	Yes	
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <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	Section 501(c)(3) organizations. 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		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <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? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a	143	
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	1,531	
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?			3a	Yes
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	Yes
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a	No
b If "Yes," enter the name of the foreign country: <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .			5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?			6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b	
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a	No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year			7d	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .			7f	No
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .			7g	
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8	
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966?			9a	
b Did the organization make a distribution to a donor, donor advisor, or related person?			9b	
10 Section 501(c)(7) organizations. Enter				
a Initiation fees and capital contributions included on Part VIII, line 12			10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			10b	
11 Section 501(c)(12) organizations. Enter				
a Gross income from members or shareholders			11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			12b	

Part VI

Governance, Management, and Disclosure

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . . .	1a	18	
b	Enter the number of voting members that are independent . . .	1b	16	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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		No
14	Does the organization have a written document retention and destruction policy?	14		No
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		No
	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▶
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 type="checkbox"/> Another's website <input checked="" 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 ▶ KIM HEBERT 611 ST LANDRY STREET LAFAYETTE, LA 70506 (337) 289-2108

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)

1b	Total	2,794,826	454,623	339,887
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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 **24**

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5	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
FMOL HEALTH SYSTEM INC 4200 ESSEN LANE BATON ROUGE, LA 70809	ADMINISTRATIVE SERV	8,734,074
DAVID MCMANUS MD 600 E BAYOU PKWY LAFAYETTE, LA 70503	EMERGENCY ROOM DRS	2,415,363
LEMOINEBRASFIELD GORRIE 214 jefferson street LAFAYETTE, LA 70501	CONTRACTORS	77,041,734
THE ESTOPINAL GROUP LLC 903 SPRING STREET JEFFERSONVILLE, IN 47130	CONSULTING	2,648,336
SODEXO INC AFFILIATES PO Box 905374 CHARLOTTE, NC 282905374	FOOD SVCS MGMT SVCS	2,095,454

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 **101**

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	28,099			
	e	Government grants (contributions)	1e	155,460			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	218,273			
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f		401,832			
Program Service Revenue	2a	PATIENT SERVICE REVENUE	Business Code 900,099	150,541,153	150,541,153		
	b	OUTREACH LAB REVENUE	900,099	4,697,761	4,697,761		
	c	OUTREACH LAB REVENUE	900,099	2,444,817	2,444,817		
	d	RETAIL PHARMACY REVENUE	900,099	780,815	780,815		
	e	FOOD SERVICE REVENUE	900,099	663,708	663,708		
	f	All other program service revenue		1,445,396	1,285,397	159,999	
	g	Total. Add lines 2a-2f		160,573,650			
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		596,973		-24,459
4		Income from investment of tax-exempt bond proceeds . .		0			
5		Royalties		0			
6a		Gross Rents	(i) Real 1,797,429	(ii) Personal			
b		Less rental expenses	1,389,848				
c		Rental income or (loss)	407,581				
d		Net rental income or (loss)		407,581	34,911		372,670
7a		Gross amount from sales of assets other than inventory	(i) Securities 14,220,924	(ii) Other 271,250			
b		Less cost or other basis and sales expenses	14,717,811	252,140			
c		Gain or (loss)	-496,887	19,110			
d		Net gain or (loss)		-477,777		2,891	-480,668
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 . .		0			
9a		Gross income from gaming activities See Part IV, line 19	a				
b		Less direct expenses	b				
c		Net income or (loss) from gaming activities . .		0			
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 . .		0			
	Miscellaneous Revenue	Business Code					
11a	HEART HOSPITAL MANAGEMENT FEE	900,099	1,349,376			1,349,376	
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		1,349,376				
12	Total revenue. See Instructions		162,851,635	160,448,562	138,431	1,862,810	

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	313,863	313,863		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	2,871,308	1,148,523	1,722,785	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	46,264,598	37,474,324	8,790,274	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	7,304,310	5,770,405	1,533,905	
9	Other employee benefits	7,636,430	6,185,508	1,450,922	
10	Payroll taxes	3,531,322	2,860,371	670,951	
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	194,743		194,743	
c	Accounting	295,007		295,007	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	34,191,107	28,051,619	6,139,488	
12	Advertising and promotion	756,658		756,658	
13	Office expenses	36,158,283	33,312,977	2,845,306	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	4,257,398	2,256,421	2,000,977	
17	Travel	93,795	74,098	19,697	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	155,570	56,005	99,565	
20	Interest	2,714,708	1,384,501	1,330,207	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	10,003,996	5,402,158	4,601,838	
23	Insurance	1,409,978	1,113,883	296,095	
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	BAD DEBT	11,097,011	11,097,011		
b	CUM EFFECT OF CHG IN ACCT PRIN	2,736,753	2,162,035	574,718	0
c	OTHER EXPENSES	39,263	30,233	9,030	
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	172,026,101	138,693,935	33,332,166	0
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			4,036,644	1	4,387,316
	2	Savings and temporary cash investments			5,698,045	2	13,556,188
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			21,452,969	4	22,430,543
	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			1,161,703	7	1,730,568
	8	Inventories for sale or use			3,959,732	8	3,385,971
	9	Prepaid expenses and deferred charges			1,590,002	9	1,662,844
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	356,430,165			
	b	Less accumulated depreciation	10b	173,970,426	95,277,343	10c	182,459,739
	11	Investments—publicly traded securities			26,728,883	11	23,757,188
	12	Investments—other securities See Part IV, line 11			56,788,003	12	68,174,571
	13	Investments—program-related See Part IV, line 11			4,612,869	13	4,186,751
	14	Intangible assets			13,167,585	14	12,022,577
	15	Other assets See Part IV, line 11			1,235,252	15	2,779,954
	16	Total assets. Add lines 1 through 15 (must equal line 34)			235,709,030	16	340,534,210
Liabilities	17	Accounts payable and accrued expenses			18,955,809	17	29,090,674
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			58,970,435	20	153,728,323
	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				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			64,810,140	25	58,275,581
	26	Total liabilities. Add lines 17 through 25			142,736,384	26	241,094,578
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			92,972,646	27	99,439,632
	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			92,972,646	33	99,439,632
	34	Total liabilities and net assets/fund balances			235,709,030	34	340,534,210

Part XI Financial Statements and Reporting

	Yes	No
1 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		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . .		No
b Were the organization's financial statements audited by an independent accountant?	Yes	
c If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
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 Our Lady of Lourdes Regional Medical Center Inc	Employer identification number 72-0423635
--	--

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

Additional Data

Software ID:

Software Version:

EIN: 72-0423635

Name: Our Lady of Lourdes Regional Medical Center Inc

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			
BRYAN LEBEAN MD IMMEDIATE PAST PRESIDENT/CHIEF	3	X						0	0	0
CHARLES T GOODSON BOARD MEMBER	3	X						0	0	0
GAIL ROMERO BOARD MEMBER	3	X						0	0	0
GERALD BOUDREAUX SECRETARY	3	X		X				0	0	0
HENRY J KAUFMAN MD BOARD MEMBER	3	X						0	0	0
HENRY PERRET JR CHAIRMAN	3	X		X				0	0	0
JERRY REAUX BOARD MEMBER	3	X						0	0	0
JOHN SCHUTTE MD MEDICAL DIRECTOR/BOARD MEMBER	3	X						0	0	0
KEMP COREIL MD CHIEF OF STAFF/MEDICAL STAFF P	3	X						4,742	0	0
KENNETH L ODINET MD BOARD MEMBER	3	X						0	0	0
KEVIN MOODY BOARD MEMBER	3	X						0	0	0
RICHARD K BROUSSARD MD BOARD MEMBER	3	X						0	0	0
RONALD BRUMLEY VICE CHAIRMAN	3	X		X				0	0	0
STEVE LANDRY PhD BOARD MEMBER	3	X						0	0	0
WAYNE ELMORE BOARD MEMBER	3	X						0	0	0
WILLIAM BARROW CEO/DIRECTOR	40 0	X		X				0	454,623	56,667
WILLIAM W RUCKS IV BOARD MEMBER	3	X						0	0	0
JON LELEUX MD PAST BOARD MEMBER	3	X		X				0	0	0
SR JUNE ANN MEYER BOARD MEMBER	3	X						0	0	0
SR VERNOLA LYONS BOARD MEMBER		X						0	0	0
KEVIN DOMINGUE VP TALENT MANAGEMENT	40 0			X				120,346	0	12,762
ANDRE MOREAU VP CORP DEVELOPMENT	40 0			X				141,814	0	15,721
KIM HEBERT CFO	40 0			X				156,066	0	20,519
MICHELLE CRAIN CNO	40 0			X				150,018	0	20,682
BARBARA FESKE VP MANAGEMENT & SUPPORT SVCS	40 0			X				163,824	0	33,718

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			
KAREN WYBLE VP CARDIOVASCULAR SERVICES	40 0			X				226,700	0	15,140
ROBERT S DAVIS COO	40 0			X				208,236	0	12,382
ANGELA D SNOW STAFF PHYSICIAN	40 0				X			152,320	0	12,294
KELLY T CAHILL STAFF PHYSICIAN	40 0				X			215,714	0	9,037
BRADLEY M BLAPPERT STAFF PHYSICIAN	40 0				X			154,498	0	12,966
STEVEN J SNATIC STAFF NEUROLOGIST	40 0				X			251,825	0	16,093
GREG ROBICHEAUX MD FORMER DIRECTOR OF HBO	40 0				X			201,877	0	31,984
JUDE J BROUSSARD CLINICAL PHARMACIST	40 0					X		110,621	0	18,438
HERBERT E DRUILHET III NURSE PRACTITIONER	40 0					X		116,450	0	4,602
KIRK L CARBO UNIT SUPERVISOR	40 0					X		114,622	0	12,534
EDWARD L BROUSSARD DIRECTOR OF PHARMACY	40 0					X		130,690	0	8,026
KAREN E MANNING RN III	40 0					X		174,463	0	26,322

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
PATIENT SERVICE REVENUE	900,099	150,541,153	150,541,153		
OUTREACH LAB REVENUE	900,099	4,697,761	4,697,761		
OUTREACH LAB REVENUE	900,099	2,444,817	2,444,817		
RETAIL PHARMACY REVENUE	900,099	780,815	780,815		
FOOD SERVICE REVENUE	900,099	663,708	663,708		

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2009

Open to Public
Inspection

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

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered “Yes,” to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

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

Name of the organization Our Lady of Lourdes Regional Medical Center Inc	Employer identification number 72-0423635
--	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1

Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2

Political expenditures ▶ \$ _____
- 3

Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1

Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2

Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3

If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a

Was a correction made? ☐ Yes ☐ No
- b

If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- 1

Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2

Enter the amount of the filing organization's funds contributed to other organizations for section 527
exempt funtion activities ▶ \$ _____
- 3

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4

Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5

State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?	Yes		24,828
g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities? If "Yes," describe in Part IV		No	
j Total lines 1c through 1i			24,828
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

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

Part IV

Supplemental Information

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

Identifier	Return Reference	Explanation

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

Name of the organization Our Lady of Lourdes Regional Medical Center Inc	Employer identification number 72-0423635
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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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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 <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure) <input type="checkbox"/> Preservation of an historically importantly land area</div> <div><input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure</div> <div><input type="checkbox"/> Preservation of open space</div>											
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											
		<table><tr><td></td><td>Held at the End of the Year</td></tr><tr><td>a</td><td>Total number of conservation easements</td></tr><tr><td>b</td><td>Total acreage restricted by conservation easements</td></tr><tr><td>c</td><td>Number of conservation easements on a certified historic structure included in (a)</td></tr><tr><td>d</td><td>Number of conservation easements included in (c) acquired after 8/17/06</td></tr></table>		Held at the End of the 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
	Held at the End of the 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>											
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)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>											
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

(ii)

related organizations

b

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

	Yes	No
3a(i)		
3a(ii)		
3b		

4

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

Part VI

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

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	26,743,745		26,743,745
b Buildings	0	89,573,866	73,314,250	16,259,616
c Leasehold improvements	0	3,790,582	1,995,215	1,795,367
d Equipment	0	94,332,186	77,894,561	16,437,625
e Other	0	141,989,785	20,766,399	121,223,386
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				182,459,739

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
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	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements	1	
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	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
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	
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	
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	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
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	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	

Part XIVSupplemental 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.

Identif ier	Return Reference	Explanation
FIN 48 FOOTNOTE	SCHEDULE D, PART XIV	"THE MEDICAL CENTER RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. RECOGNIZED INCOME TAX POSITIONS ARE MEASURED AT THE LARGEST AMOUNT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED. CHANGES IN RECOGNITION OR MEASUREMENT ARE REFLECTED IN THE PERIOD IN WHICH THE CHANGE IN JUDGEMENT OCCURS." THERE WAS NO IMPACT ON THE FINANCIAL STATEMENTS AS A RESULT OF FIN 48.

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization
Our Lady of Lourdes Regional Medical
Center Inc

Employer identification number

72-0423635

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers. 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 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States
- 3 Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean			Investments		
Europe (Including Iceland and Greenland)			Investments		
Totals ►					

[illegible]**Schedule F (Form 990) 2009**

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Use Schedule F-1 (Form 990) if additional space is needed.

[illegible]

Complete this part to provide the information required in Part I, line 2, and any additional information.

[illegible]

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
Our Lady of Lourdes Regional Medical Center Inc

Employer identification number
72-0423635

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 checked="" 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 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)			1,386,093		1,386,093	0 760 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			14,189,250	9,907,763	4,281,487	2 360 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)			1,527,745	580,592	947,153	0 520 %
d Total Charity Care and Means-Tested Government Programs			17,103,088	10,488,355	6,614,733	3 640 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			475,623	187,326	288,297	0 160 %
f Health professions education (from Worksheet 5)			161,552		161,552	0 090 %
g Subsidized health services (from Worksheet 6)			1,065,332	361,816	703,516	0 390 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)			284,041		284,041	0 160 %
j Total Other Benefits			1,986,548	549,142	1,437,406	0 800 %
k Total. Add lines 7d and 7j			19,089,636	11,037,497	8,052,139	4 440 %

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?	1	Yes	
2	Enter the amount of the organization's bad debt expense (at cost)	2	5,153,815	
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3		
4			Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit.	
Section B. Medicare				
5	Enter total revenue received from Medicare (including DSH and IME)	5	56,644,574	
6	Enter Medicare allowable costs of care relating to payments on line 5	6	57,374,625	
7	Subtract line 6 from line 5. This is the surplus or (shortfall)	7	-730,051	
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?	9a	Yes	
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI.	9b	Yes	

Part 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	LOURDES IMAGING DEV	29.980 %	6.490 %	63.530 %
2	HEART HOSP OF LAFFAY	60.000 %	1.820 %	33.450 %
3	PARK PLAZA SURGICAL	45.000 %	4.750 %	38.690 %
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

[illegible]

Part VI

Supplemental Information

Complete this part to provide the following information

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

See additional data

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

See additional data

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

Patients are given the Medical Center's Patient Handbook where they are referred to the section entitled "Financial Information - What to Expect" Financial counselors also meet with the patients and educate them about the eligibility for assistance under Federal, State or Local government programs and also the organization's Financial Assistance (charity) program For the convenience of the patients, the Medical Center also operates a Medicaid Enrollment Center to assist patients interested in applying for Medicaid benefits This office is open Monday - Friday from 8 00 a m - 4 00 p m A telephone number is also provided in the handbook

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

The Medical Center is an active, caring member of the communities it serves In carrying out its mission of meeting the health needs of the people of God, the Board of Directors have established a policy under which the Medical Center provides care to needy members of its communities The Medical Center serves Lafayette parish and its surrounding areas Approximately 205,000 people live in Lafayette Parish and 650,000+ in the total service area with expected growth in the next few years

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

- 6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

See the qualitative description of community benefit report on Schedule O

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

Our Lady of Lourdes Regional Medical Center is not-for-profit, non-stock, member corporation of which Franciscan Missionaries of Our Lady Health System, Inc is the sole member Francscan Missionaries of Our Lady Health System, Inc also includes several other hospitals in Louisiana Our Lady of the Lake Regional Medical Center St Francis Medical Center St Elizabeth Hospital

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

Additional Data

Software ID:
Software Version:
EIN: 72-0423635
Name: Our Lady of Lourdes Regional Medical
Center Inc

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Our Lady of the Lourdes Regional Medical Center uses information obtained related to income levels, etc to determine eligibility for charity and discounted care All self pay accounts get an automatic 25% discount

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

The cost-to-charge ratio is utilized as the costing methodology to calculate the amounts reported in Part I lines 7a-7d and is based on IRS Worksheet 2. For Part I lines 7e, 7f, 7g, and 7i, IRS worksheets 4-8 were used. Direct costs were captured from the the hospital's audited financial statement and the Medicare cost report where applicable. For Part I line 7g the following methodology was used due to the fact that many of the departments included in subsidized health services have no charges. Therefore, the cost to charge ratio could not be utilized. Cost figures for these were calculated from direct departmental costs plus an overhead allocation (as reflected on the medicare cost report) less direct offsetting revenue.

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

The Medical Center provides subsidized health services. The discount provided brings charges down to cost for all patients who have no form of insurance coverage. Programs such as Scott Family Clinic, which serves the underinsured or uninsured and St. Bernadette's clinic, which provides free medical care to the homeless and uninsured population are also included. The costing methodology used for subsidized health services was actual expenses incurred in providing the services less direct offsetting revenue.

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

For the purpose of calculating the percentage in Part I, Line 7, column F, bad debt expense of \$11,097,011 is subtracted from total functional expense

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

The Medical Center's audited Financial Statements did not include a footnote for Bad Debts expense. However, Bad debts are based on the aging of the accounts and also the historical collection history associated with the different aging categories i.e. 0-30, 30-60, etc. Further analyses are done periodically to determine the appropriate collection percentage to use in estimating the Bad Debt expense. Cost to Charge ratio was used to determine the cost of Bad Debt expense reported in Part III Line 2. Bad Debt expense does not include discounts that are provided, nor are amounts that may qualify for financial assistance included. Any amounts (payments) received on accounts after they have been deemed to be uncollectible (bad debt) are recorded as a recovery (reduction) of Bad Debt Expense.

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

The costing methodology used to determine the medicare allowable costs reported in the medicare cost report is based on regulatory requirement and guidelines. The Medicare cost report (MCR) is an annual report required of all institutions participating in the Medicare Program. The MCR records each institution's Total Costs and Charges associated with providing services to all patients, the portion of those costs and charges allocated to Medicare patients, and the Medicare payments received.

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Our Lady of Lourdes recognizes its obligation to provide quality healthcare to those who are unable to pay. The hospital also recognizes that it has an obligation to maintain long-term financial stability and viability. Based on our values, the hospital is committed to providing services at no charge or at reduced rates to those patients who meet pre-determined financial and medical qualifications. Patients who qualify for charity care should be identified prior to, or at time of admission. The hospital may also review a patients' ability to pay after discharge as appropriate. When it is determined that a patient has no means to pay, they are provided the financial assistance (FA) information and the FA application. Financial Assistance is based on the patient's income level as dictated in the financial assistance policy. The patient's account may be written off to charity when it is determined that they qualify for financial assistance. The account is also removed from the collection process at that time. All requests for assistance will remain confidential, and the hospital will not discriminate in the application of its charity policy based upon race, creed, color, sex or national origin.

Form 990 Schedule H, Part VI - Supplemental Information, Line 2

The Community Services department at Our Lady of Lourdes Regional Medical Center was formed nearly 10 years ago to assess the Community Needs. It has grown into 5 distinct service areas which provides healthcare to needy residents in the Acadiana area. In taking "Healthcare to the Highest Power", the department reaches out to those most in need, specifically, the uninsured and underinsured. In pursuing the mission to improve the health status of Acadiana's poorest residents, the department has strategically placed accessible services throughout the community. Community services' Catholic identity is made tangible in the community through these unique services. The department stewards its resources by engaging community members, forming partnerships, and establishing collaborative relationships. These unique services clearly distinguish Our Lady of Lourdes from other healthcare facilities in Acadiana. The Medical Center does extensive research regarding community issues and needs within its service areas. The research is conducted in an effort to determine if its community benefit programs are still appropriate and to determine if other programs are needed. The senior executive team determines the focus groups to better understand what the people within the region consider to be the major community needs. The focus group includes community leaders, religious leaders, community service employees, low wage employees and clients from clinics. Some of the results of the Medical Center's Needs Assessment include St. Clare's Clinic, St. Bernadette's Community Clinic, Northside High School Based Health Center, Scott Family Clinic, Congregational Health Services.

OMB No 1545-0047

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

Open to Public Inspection

72-0423635

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

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

3 Enter total number of other organizations

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

Our Lady of Lourdes Regional Medical Center Inc

Employer identification number

72-0423635

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"/> Housing allowance or residence for personal use</div></div> <div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div></div> <div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div></div> <div><div><input type="checkbox"/> Discretionary spending account</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		
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?		
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 type="checkbox"/> Written employment contract</div></div> <div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div></div> <div><div><input type="checkbox"/> Form 990 of other organizations</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		
a	Receive a severance payment or change-of-control payment?		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?		No
b	Any related organization?		No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?		No
b	Any related organization?		No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	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		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?		

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
ANDRE MOREAU	(i)	128,310	100	13,404	10,300	5,421	157,535	0
	(ii)	0	0	0	0	0	0	0
KIM HEBERT	(i)	134,906	7,600	13,560	13,063	7,456	176,585	0
	(ii)	0	0	0	0	0	0	0
MICHELLE CRAIN	(i)	134,496	10,100	5,422	12,761	7,921	170,700	0
	(ii)	0	0	0	0	0	0	0
BARBARA FESKE	(i)	149,262	2,600	11,962	25,853	7,865	197,542	0
	(ii)	0	0	0	0	0	0	0
ANGELA D SNOW	(i)	152,220	100	0	6,331	5,963	164,614	0
	(ii)	0	0	0	0	0	0	0
KELLY T CAHILL	(i)	158,735	56,979	0	7,772	1,265	224,751	0
	(ii)	0	0	0	0	0	0	0
BRADLEY M BLAPPERT	(i)	154,398	100	0	6,441	6,525	167,464	0
	(ii)	0	0	0	0	0	0	0
KAREN E MANNING	(i)	173,363	1,100	0	22,124	4,198	200,785	0
	(ii)	0	0	0	0	0	0	0
STEVEN J SNATIC	(i)	251,825	0	0	9,800	6,293	267,918	0
	(ii)	0	0	0	0	0	0	0
KAREN WYBLE	(i)	176,638	36,502	13,560	8,909	6,231	241,840	0
	(ii)	0	0	0	0	0	0	0
WILLIAM BARROW	(i)	0	0	0	0	0	0	0
	(ii)	332,058	73,216	49,349	32,911	23,756	511,290	0
ROBERT S DAVIS	(i)	181,018	15,100	12,118	8,246	4,136	220,618	0
	(ii)	0	0	0	0	0	0	0
GREG ROBICHEAUX MD	(i)	201,777	100	0	26,367	5,617	233,861	0
	(ii)	0	0	0	0	0	0	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III

Supplemental Information

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

Identifier	Return Reference	Explanation
SCHEDULE J, PART I, LINE 4B		FMOL HEALTH SYSTEM, INC. (A RELATED TAX-EXEMPT ORGANIZATION) MAINTAINS FOUR SEPARATE, UNFUNDED DEFERRED COMPENSATION PLANS WHICH MEET THE REQUIREMENTS OF IRC SECTION 457(F) AND IRC SECTION 409A. THE PLANS PROVIDE FOR COMPENSATION TO BE DEFERRED AND PAID AT THE EARLIEST OF ONE'S DISABILITY, DEATH OR ATTAINMENT OF A SPECIFIC PAYMENT DATE. PARTICIPATION IN THE PLANS IS LIMITED TO CERTAIN EXECUTIVES AND IS SUBJECT TO THE APPROVAL OF FMOL HEALTH SYSTEM, INC. BOARD OF DIRECTORS OR A DESIGNATED COMMITTEE OF SUCH BOARD. NO PERSONS LISTED IN FORM 990, PART VII, SECTION A RECEIVED PAYMENTS FROM THESE DEFERRED COMPENSATION PLANS DURING THE CURRENT YEAR.
SCHEDULE J, PART I, LINE 7		DISCRETIONARY BONUSES WERE PAID WITH REGARD TO PERSONS LISTED ON PART VII, SECTION A, LINE 1A. SUCH BONUSES WERE APPROVED BY THE CEO.
SCHEDULE J, PART I, LINE 4A		THE CEO IS ENTITLED TO A SEVERANCE BENEFIT. THE PAYOUT OF SUCH BENEFIT IS REMOTE AS IT IS EFFECTIVE ONLY FOR A TERMINATION OF EMPLOYMENT WITHOUT CAUSE. IF TRIGGERED, THE EXECUTIVE WOULD BE PAID HIS BASE SALARY AND AN ANNUAL INCENTIVE AT TARGET AND PROVIDED RETIREMENT AND WELFARE BENEFITS FOR AN ENTITLEMENT PERIOD. THE ENTITLEMENT PERIOD RANGES FROM 18 MONTHS TO 36 MONTHS DEPENDING ON THE LENGTH OF SERVICE OF SUCH EXECUTIVE. NO PAYMENTS WERE MADE UNDER THE PLAN IN THE CURRENT YEAR. OTHER PERSONS LISTED ON PART VII, SECTION A ARE ENTITLED TO A SEVERANCE BENEFIT. THE PAYOUT OF SUCH BENEFIT IS REMOTE AS IT IS EFFECTIVE ONLY FOR A TERMINATION OF EMPLOYMENT DUE TO REORGANIZATION OF HOSPITAL DEPARTMENTS, HOSPITAL FUNCTIONS OR DOWNSIZING ACTIVITY. IF TRIGGERED, THE EMPLOYEE WOULD BE PAID HIS OR HER BASE SALARY AND MEDICAL/DENTAL BENEFITS FOR THE ENTITLEMENT PERIOD. THE ENTITLEMENT PERIOD RANGES FROM 3 WEEKS TO 12 MONTHS DEPENDING ON THE LENGTH OF SERVICE AND THE LEVEL OF SUCH EMPLOYEE. NO PAYMENTS TO INDIVIDUALS LISTED IN PART VII, SECTION A WERE MADE UNDER THE PLAN IN THE CURRENT YEAR.

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

Our Lady of Lourdes Regional Medical Center Inc

Employer identification number

72-0423635

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
Total ▶ \$										

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
LOUISIANA PHYSICIAN CORPORATION	BD MEMBER IS PART OWNER	125,180	MEDICAL BILLING		No

Additional Data

Software ID:

Software Version:

EIN: 72-0423635

Name: Our Lady of Lourdes Regional Medical Center Inc

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493136050291

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
Our Lady of Lourdes Regional Medical Center Inc

Employer identification number
72-0423635

Identifier	Return Reference	Explanation
PART VI, SECTION A, QUESTION 11		AFTER PREPARATION AND REVIEW BY KPMG LLP, THE FORM 990 IS REVIEWED BY MANAGEMENT A COPY OF THE FORM 990 IS PROVIDED TO THE MEDICAL CENTER'S GOVERNING BODY BEFORE IT IS FILED WITH THE IRS

Identifier	Return Reference	Explanation
PART VI, SECTION B, QUESTION 12C		OUR LADY OF LOURDES REGIONAL MEDICAL CENTER HAS A COMPREHENSIVE CONFLICT OF INTEREST POLICY THAT REQUIRES EACH OFFICER, TRUSTEE, BOARD COMMITTEE MEMBER AND EMPLOYEE TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT ANNUALLY COMPLETED DISCLOSURE FORMS ARE REVIEWED AND MAINTAINED BY THE CHIEF COMPLIANCE OFFICER IF ANY TRUSTEE, BOARD COMMITTEE MEMBER OR SENIOR MANAGER HAS A POTENTIAL CONFLICT, THE EXECUTIVE COMMITTEE OF THE BOARD DETERMINES WHETHER ACTION NEEDS TO BE TAKEN AND COMMUNICATES ANY SUCH ACTION TO THE INDIVIDUAL A POTENTIAL CONFLICT OF ANY OTHER EMPLOYEE IS REVIEWED BY THE CEO OR HIS DESIGNEE THE EXECUTIVE COMMITTEE, CEO OR DESIGNEE, AS APPLICABLE, DETERMINES IF A CONFLICT OF INTEREST EXISTS OR CREATES THE APPEARANCE OF IMPROPRIETY IF SUCH A DETERMINATION IS MADE, THE INDIVIDUAL WILL BE EXCUSED FROM PARTICIPATING IN THE BUSINESS DECISION DURING THE YEAR, ANY CHANGE TO THE INFORMATION IN THE DISCLOSURE STATEMENT MUST BE DISCLOSED PROMPTLY TO THE CHIEF COMPLIANCE OFFICER, WHO TAKES APPROPRIATE ACTION THE PROCESS ALSO REQUIRES AFFIRMATION FROM EACH INDIVIDUAL THAT HE OR SHE (A) HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, (B) HAS READ AND UNDERSTANDS THE POLICY, (C) HAS AGREED TO COMPLY WITH THE POLICY, AND (D) UNDERSTANDS THAT OUR LADY OF LOURDES REGIONAL MEDICAL CENTER IS A CHARITABLE ORGANIZATION AND THAT, IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION, IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES IN ADDITION TO THE ABOVE, OUR LADY OF LOURDES REGIONAL MEDICAL CENTER PROVIDES MECHANISMS FOR CONFIDENTIAL REPORTING OF COMPLIANCE ISSUES THESE MECHANISMS INCLUDE AN ANONYMOUS HOTLINE AND WEB SITE WHERE INDIVIDUALS MAY RAISE ISSUES, SEEK CLARIFICATION, AND REPORT POSSIBLE CONFLICTS OF INTEREST OR OTHER CONCERNS THESE REPORTS OF POSSIBLE CONFLICTS OF INTERESTS ARE REVIEWED AND INVESTIGATED BY THE CORPORATE COMPLIANCE DEPARTMENT AND APPROPRIATE ACTION IS TAKEN

Identifier	Return Reference	Explanation
PART VI, SECTION C, QUESTION 19		THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

Identifier	Return Reference	Explanation
PART VI, SECTION A, QUESTION 7a		FMOL HEALTH SYSTEM INC , AS THE SOLE MEMBER OF THE MEDICAL CENTER, RETAINS THE POWER TO APPOINT AND REMOVE THE MEMBERS OF THE BOARD OF TRUSTEES AND OFFICERS OF OUR LADY OF LOURDES REGIONAL MEDICAL CENTER

Identifier	Return Reference	Explanation
PART VI, SECTION B, QUESTION 15A & 15B		THE PRESIDENT AND CEO OF OUR LADY OF LOURDES REGIONAL MEDICAL CENTER IS AN EMPLOYEE OF FMOL HEALTH SYSTEM (A RELATED TAX-EXEMPT ORGANIZATION) WHOSE SALARY IS DETERMINED BY THE PAY PRACTICES OF THAT ORGANIZATION SUCH PAY PRACTICES INCLUDE THE USE OF AN INDEPENDENT BOARD COMMITTEE WHICH REVIEWS COMPENSATION ANNUALLY AFTER OBTAINING AND RELYING UPON INDUSTRY-WIDE COMPENSATION INFORMATION FROM AN OUTSIDE CONSULTING FIRM THE BOARD COMMITTEE APPROPRIATELY DOCUMENTS ITS DECISIONS COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES IS REVIEWED ANNUALLY BY THE CEO THE CEO IS PROVIDED COMPENSATION RANGES DEVELOPED BY FMOL HEALTH SYSTEM FROM INDUSTRY-WIDE DATA THE CEO THEN USES THAT DATA TO DETERMINE THE APPROPRIATE COMPENSATION FOR OFFICERS AND KEY EMPLOYEES AND DOCUMENTS THE HUMAN RESOURCE FILES

Identifier	Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990 PART III	OUR LADY OF LOURDES REGIONAL MEDICAL CENTER SERVICE TO THE COMMUNITY - JUNE 30, 2010 THE MEDICAL CENTER IS AN ACTIVE, CARING MEMBER OF THE COMMUNITIES IT SERVES IN CARRYING OUT ITS MISSION OF MEETING THE HEALTH NEEDS OF THE PEOPLE OF GOD, THE BOARD OF DIRECTORS HAS ESTABLISHED A POLICY UNDER WHICH THE MEDICAL CENTER PROVIDES CARE TO NEEDY MEMBERS OF ITS COMMUNITIES FOLLOWING THAT POLICY, HEALTH CARE SERVICES COSTING APPROXIMATELY \$1,574,890 WERE PROVIDED WITHOUT CHARGE AS CHARITY DURING THE YEAR ENDED JUNE 30, 2010 GROSS CHARGES FOREGONE, BASED ON ESTABLISHED RATES, TOTALED APPROXIMATELY \$3,225,000 FOR THE YEAR ENDED JUNE 30, 2010 THE MEDICAL CENTER ALSO PARTICIPATES IN GOVERNMENT PROGRAMS INCLUDING MEDICARE, MEDICAID, AND THE TRICARE PROGRAM UNDER THESE PROGRAMS, THE MEDICAL CENTER PROVIDES CARE TO PATIENTS AT PAYMENT RATES WHICH ARE DETERMINED BY THE FEDERAL AND STATE GOVERNMENTS, REGARDLESS OF ACTUAL COST IN SOME CASES, THESE PROGRAMS PAY THE MEDICAL CENTER AT AMOUNTS WHICH ARE LESS THAN ITS COST OF PROVIDING SERVICES THE FOLLOWING TABLE SUMMARIZES THE AMOUNTS OF CHARGES FOREGONE (IE, CONTRACTUAL ADJUSTMENTS) AND THE ESTIMATED LOSSES INCURRED BY THE MEDICAL CENTER DUE TO INADEQUATE PAYMENTS BY THESE PROGRAMS AND FOR CHARITY FOR THE YEAR ENDED JUNE 30, 2010 THIS TABLE DOES NOT INCLUDE DISCOUNTS OFFERED BY THE MEDICAL CENTER UNDER MANAGED CARE AND OTHER SUCH AGREEMENTS THE BELOW FIGURES USE SLIGHTLY DIFFERENT ASSUMPTIONS FROM SCHEDULE H AND THEREFORE AMOUNTS MAY VARY 2010 CHARGES FORGONE MEDICARE \$116,424,638 MEDICAID 24,258,463 TRICARE 1,546,723 CHARITY 3,225,000 TOTAL 145,454,824 ESTIMATED UNREIMBURSED COSTS MEDICARE \$24,067,959 MEDICAID 7,990,924 TRICARE 755,324 CHARITY 1,574,890 TOTAL 34,389,097 IN ADDITION TO COMMUNITY SERVICES DIRECTLY ASSOCIATED WITH PROVIDING HOSPITAL-BASED CARE, THE MEDICAL CENTER SERVES THE COMMUNITY IN NUMEROUS OTHER WAYS FOR EXAMPLE THE MEDICAL CENTER SPONSORS THE ST BERNADETTE'S CLINIC ST BERNADETTE'S PROVIDES FREE MEDICAL CARE TO THE HOMELESS AND UNINSURED POPULATION IN THE ACADIANA AREA LOURDES PROVIDES THE SERVICES OF A NURSE PRACTITIONER AND REGISTERED NURSE THE COST ASSOCIATED WITH THE CLINIC APPROXIMATED \$609,495 FOR THE YEAR ENDED JUNE 30, 2010 DURING 1996, THE MEDICAL CENTER BEGAN OPERATING THE NORTHSIDE HIGH SCHOOL HEALTH CENTER THE CENTER IS COMMITTED TO PROVIDING EXEMPLARY COMPREHENSIVE HEALTH CARE TO THE STUDENTS AT NORTHSIDE HIGH SCHOOL PHYSICAL AND PSYCHOSOCIAL SERVICES ARE PROVIDED BY A DEDICATED STAFF IN AN INFORMAL AND CONFIDENTIAL ATMOSPHERE THAT IS EASILY ACCESSIBLE TO ALL STUDENTS EMPHASIS IS PLACED ON WELLNESS, AVOIDING HIGH RISK BEHAVIORS, AND MEETING THE INDIVIDUAL MEDICAL, EMOTIONAL AND SOCIAL NEEDS OF ADOLESCENTS AT NO COST TO THE STUDENTS THE ESTIMATED COSTS ASSOCIATED WITH THE HEALTH CENTER APPROXIMATED \$336,205 FOR THE YEAR ENDED JUNE 30, 2010 CONGREGATIONAL HEALTH SERVICES BEGAN MARCH 2001 AT IMMACULATE HEART OF MARY CHURCH AND THEN EXPANDED TO PROGRESSIVE BAPTIST CHURCH, WHICH ARE CHURCHES IN THE LAFAYETTE AREA CURRENTLY, THERE ARE TWO PART-TIME NURSES AND ONE NURSE PRACTITIONER WHO COORDINATE THE PROGRAM THE NURSES HAVE SPECIALIZED TRAINING AS HEALTH EDUCATORS, REFERRAL SOURCES, HEALTH COUNSELORS, HEALTH ADVOCATES AND VOLUNTEER COORDINATORS THE ESTIMATED COSTS ASSOCIATED WITH THESE ACTIVITIES APPROXIMATED \$70,581 FOR THE YEAR ENDED JUNE 30, 2010 THE MEDICAL CENTER HAS PURCHASED THE "CAMP BLUEBIRD" FRANCHISE, A CAMP FOR ADULT CANCER PATIENTS, PROVIDING SUCH PATIENTS A SECURE AND MEDICALLY SUPERVISED ENVIRONMENT, AND OFFERING THERAPEUTIC SHARING OPPORTUNITIES AS WELL AS INFORMATION REGARDING THE EDUCATIONAL, MEDICAL AND PSYCHOLOGICAL CONCERNS OF THE CAMPERS THE MEDICAL CENTER SPONSORS THE SCOTT FAMILY CENTER (THE CENTER), WHICH BEGAN IN 1998 AS A PEDIATRIC CLINIC AND KIDMED (A STATE-SPONSORED HEALTH PROGRAM) AND HAS NOW EVOLVED INTO A FAMILY CLINIC WITH KIDMED SERVICES A PEDIATRIC NURSE PRACTITIONER, FAMILY NURSE PRACTITIONER AND CLERICAL STAFF OPERATE THE FACILITY THE CENTER SERVES UNDERINSURED, UNINSURED, AND LACHIP (A STATE-SPONSORED HEALTH PROGRAM) ENROLLMENT THE FACILITY IS A MAJOR PROVIDER OF IMMUNIZATIONS AS AN ALTERNATE SOURCE TO THE LAFAYETTE PARISH HEALTH UNIT THE ESTIMATED COSTS ASSOCIATED WITH THESE ACTIVITIES APPROXIMATED \$455,837 FOR THE YEAR ENDED JUNE 30, 2010 THE MEDICAL CENTER DONATES THE SERVICES OF ONE FULL-TIME REGISTERED NURSE TO THE LAFAYETTE COMMUNITY HEALTH CARE CLINIC (THE CLINIC) THE CLINIC TARGETS INDIVIDUALS AND FAMILIES WHO ARE EMPLOYED OR TEMPORARILY UNEMPLOYED AND UNINSURED PHYSICIANS, DENTISTS, NURSES, AND PHARMACISTS ARE ON HAND TO TREAT PATIENTS THE ESTIMATED COSTS ASSOCIATED WITH THE CLINIC APPROXIMATED \$17,192 FOR THE YEAR ENDED JUNE 30, 2010 THE MEDICAL CENTER ALSO HAD ESTIMATED COSTS OF \$120,455 ASSOCIATED WITH EMERGENCY PREPAREDNESS AND \$136,326 ASSOCIATED WITH HEALTH PROFESSIONS EDUCATION FOR THE YEAR ENDED JUNE 30, 2010 THE FOLLOWING TABLE SUMMARIZES ESTIMATED COSTS OF THE COMMUNITY SERVICES NOTED ABOVE FOR THE YEAR ENDED JUNE 30, 2010 2010 ST BERNADETTE'S \$609,495 NORTHSIDE HIGH SCHOOL HEALTH CENTER 336,205 CONGREGATIONAL HEALTH SERVICES 70,581 SCOTT FAMILY CENTER 455,837 LAFAYETTE COMMUNITY HEALTH CARE CLINIC 17,192 HEALTH PROFESSIONS EDUCATION 136,326 EMERGENCY PREPAREDNESS 120,455 ----- TOTAL \$1,746,091 ALTHOUGH THE MEDICAL CENTER HAS ESTIMATED THE COST OF THESE EFFORTS TO SERVE THE ACADIANA COMMUNITY, MANAGEMENT AND THE BOARD OF DIRECTORS BELIEVE THAT SUCH COSTS REPRESENT ONLY ONE FACET OF THE MANY WAYS THAT THE MEDICAL CENTER AND ITS RELATED ORGANIZATIONS SERVE THE ACADIANA AREA

Identifier	Return Reference	Explanation
PART VI, SECTION A, QUESTION 7B		THE RESERVED POWERS TO FMOL HEALTH SYSTEM, INC ARE AS FOLLOWS 1 TO CHANGE PHILOSOPHY, OBJECTIVES AND PURPOSES OF CORPORATION, 2 TO APPOINT OR REMOVE THE MEMBERS OF THE BOARD OF TRUSTEES AND OFFICERS OF THE CORPORATION, 3 TO AMEND, ALTER, MODIFY OR REPEAL THE ARTICLES OF INCORPORATION AND BYLAWS OF THE CORPORATION, 4 TO AUTHORIZE MERGER, CONSOLIDATION, OR AFFILIATION, OR PARTICIPATE IN JOINT VENTURES, 5 TO DISSOLVE AND TO DISTRIBUTE ASSETS OF THE CORPORATION, 6 TO APPOINT AND/OR TERMINATE WITH OR WITHOUT CAUSE THE CHIEF EXECUTIVE OFFICER OF THE CORPORATION, 7 TO ACQUIRE, PURCHASE, SELL, LEASE, TRANSFER, OR ENCUMBER ANY IMMOVABLE PROPERTY ON BEHALF OF THE CORPORATION, 8 TO ADD TO OR INCUR LONG-TERM DEBT IN EXCESS OF \$5 MILLION BY THE CORPORATION, 9 TO APPOINT THE FISCAL AUDITOR FOR THE CORPORATION, 10 TO APPROVE ANY INCREMENT OR ADDITION TO THE CAPITAL DEBT OR EFFORTS TO RENEGOTIATE, MODIFY OR CHARGE THE EXISTING CAPITAL DEBT OBLIGATIONS OF THE CORPORATION, 11 TO APPROVE THE ANNUAL OPERATING AND CAPITAL BUDGETS OF THE CORPORATION, AND 12 TO APPROVE A STRATEGIC BUSINESS PLAN OF THE CORPORATION

Identifier	Return Reference	Explanation
PART VI, SECTION A, QUESTION 6		FMOL HEALTH SYSTEM (AN IRC SECTION 501(C)(3) ORGANIZATION) IS THE SOLE MEMBER OF OUR LADY OF LOURDES REGIONAL MEDICAL CENTER

Identifier	Return Reference	Explanation
PART VI, SECTION A, QUESTION 2		HENRY PERRET, JR & KEVIN MOODY - BUSINESS RELATIONSHIP HENRY PERRET, JR & WILLIAM W RUCKS, IV - BUSINESS RELATIONSHIP KEVIN MOODY & WILLIAM W RUCKS, IV - BUSINESS RELATIONSHIP CHARLES GOODSON & WILLIAM W RUCKS, IV- BUSINESS RELATIONSHIP

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Our Lady of Lourdes Regional Medical Center Inc

Employer identification number
72-0423635

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
St Bernard Health Fund 4200 Essen Lane Baton Rouge, LA 70809 20-4685614	Healthcare	LA	501(c)(3)	11 Type 1	FMOLHS
Health Partners Network of South LA 611 St Landry Street Lafayette, LA 70506	Healthcare	LA	501(c)(3)	3	LOURDES RMC

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) Disproporionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No
See Additional Data Table											

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
St Francis Insurance Agency 309 Jackson Street Monroe, LA71201 72-1435136	Insurance	LA	St Francis	C Corp			
Hospital Assistance Services PO Box 4027-C Lafayette, LA70502 72-1073486	Healthcare	LA	NA	C Corp	0	0	100 000 %
Louise Insurance Company PO Box 1051 KY1-1102 CJ	Insurance	CJ	FMOL	C Corp			
Monroe Health Services PO Box 3187 Monroe, LA71210 72-1057820	Healthcare	LA	Ambulatory	C Corp			
Northeast LA Health Network 309 Jackson Street Monroe, LA71201 72-1294587	Healthcare	LA	Ambulatory	C Corp			
Bernard Brian Allain Memorial CRT 5000 HENNESSY BOULEVARD BATON ROUGE, LA70808 20-7114528	Investment	LA	LOLO Foundation	Trust			

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

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

Yes

1j

No

1k

Yes

1l

Yes

1m

No

1n

No

1o

No

1p

No

1q

No

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)		

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.

[illegible]

Software ID:

Software Version:

EIN: 72-0423635

Name: Our Lady of Lourdes Regional Medical Center Inc

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Dispropportionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?	
							Yes	No		Yes	No
Lourdes Imaging Center LLC 611 St Landry Street Lafayette, LA 70503 20-8326214	Healthcare	LA	NA	Related	4,707,175	11,695,152		No	0	Yes	
Heart Hospital of Acadiana 1105 Kaliste Saloom Road Lafayette, LA 70508 30-0442368	Healthcare	LA	NA	Related	1,915,069	25,281,760		No	0	Yes	
Perkins Plaza Medical Arts Development 5000 Hennessy Boulevard Baton Rouge, LA 70808 45-0516574	Real Estate	LA	OLOL	N/A				No		Yes	
Perkins Plaza Imaging Center 5000 Hennessy Boulevard Baton Rouge, LA 70808 20-3697665	Healthcare	LA	OLOL	N/A				No		Yes	
Perkins Plaza Imaging Development 5000 Hennessy Boulevard Baton Rouge, LA 70808 20-3894521	Real Estate	LA	OLOL	N/A				No		Yes	
Nuclear Imaging LLC 5000 Hennessy Boulevard Baton Rouge, LA 70808 72-1470061	Healthcare	LA	OLOL	N/A				No		Yes	
P&S Surgery Center LLC 312 Grammont Street Monroe, LA 71201 72-1387870	Healthcare	LA	St Francis	N/A				No		Yes	
St Francis Pediatric After Hours LLC Post Office 207 Monroe, LA 71210 06-1782572	Healthcare	LA	St Francis	N/A				No		Yes	
Lourdes Imaging Development LLC 611 St Landry Street Lafayette, LA 70503 20-8326287	Real Estate	LA	NA	Related	67,281	390,380		No	0	Yes	
Park Place Surgical Hospital 901 Wilson Street Lafayette, LA 70503 72-1404092	Healthcare	LA	NA	Related	3,800,565	17,450,671		No	0	Yes	
BRPT Lake Rehabilitation Centers LLC 530 Shadows Lane Baton Rouge, LA 70806 72-1506100	Healthcare	LA	OLOL	N/A				No		Yes	
Convenient Care LLC 7777 Hennessy Boulevard Suite 1004 Baton Rouge, LA 70808 72-1439481	Healthcare	LA	OLOL	N/A				No		Yes	
Perkins Plaza Ambulatory Surgery Center 54 The Legends Parkway Suite 159 Eureka, MO 63025 48-1264699	Healthcare	LA	OLOL	N/A				No		Yes	
Surgical Specialty Center of Baton Rouge 8080 Bluebonnet Boulevard Baton Rouge, LA 70810 23-3160962	HEALTHCARE	LA	OLOL	N/A				No		Yes	
St Elizabeth - Mary Bird Perkins 4950 Essen Lane Baton Rouge, LA 70809 26-0628752	Healthcare	LA	STEh	N/A				No		Yes	
Regional Eye Surgery Center LLC 7777 Hennessy Blvd Suite 4000 BATON ROUGE, LA 70808 72-1484653	Healthcare	LA	OLOL	N/A				No		Yes	
St Mary's Imaging Center II LLC 611 St Landry Street Lafayette, LA 70506	Healthcare	LA	Lourdes Imaging	N/A				No		Yes	
Northeast LA Cancer Institute 141 Destard Street Suite 704 Monroe, LA 71201 72-1329499	Healthcare	LA	St Francis	N/A				No		Yes	
Lourdes After Hours LLC 7777 Hennessy Blvd Suite 1004-202 BATON ROUGE, LA 70808 20-1367299	Healthcare	LA	NA	Related	74,743	287,897		No	0	Yes	
LHCG-XIII LLC 420 West Pinhook Road Suite A Lafayette, LA 70503 20-8068308	Healthcare	LA	NA	Related	51,157	131,548		No	0	Yes	

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

(a) Name of other organization		(b) Transaction type(a-r)	(c) Amount Involved (\$)
(1)	Lourdes Imaging Center LLC	r	3,677,766
(2)	Park Place Surgery Center LLC	r	1,739,045
(3)	LOURDES IMAGING CENTER LLC	A	85,929
(4)	LOURDES IMAGING CENTER LLC	R	180,488
(5)	HEART HOSPITAL OF LAFAYETTE LLC	R	1,410,000
(6)	HEART HOSPITAL OF LAFAYETTE LCC	K	1,349,376
(7)	LOURDES FOUNDATION	B	79,000
(8)	LOURDES IMAGING CENTER	K	66,421