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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 10-01-2009 and ending 09-30-2010

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

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

C Name of organization
Willis-Knighton Medical Center

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite
Post Office Box 32600

City or town, state or country, and ZIP + 4
Shreveport, LA 711302600

D Employer identification number
72-0400933

E Telephone number
(318) 212-4000

G Gross receipts $ 821,474,555

F Name and address of principal officer
Robert D Huie
Post Office Box 32600
Shreveport, LA 711302600

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

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

H(c) Group exemption number ▶

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

J Website: ▶ www wkhs com

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

Part I Summary

1 Briefly describe the organization's mission or most significant activities
The Medical Center provides a full-range of health care services to the general public

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	10
5	Total number of employees (Part V, line 2a)	**5**	6,416
6	Total number of volunteers (estimate if necessary)	**6**	45
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	**7a**	1,547,590
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	232,901

		Prior Year	Current Year
Revenue **8**	Contributions and grants (Part VIII, line 1h)	4,465	40,505
9	Program service revenue (Part VIII, line 2g)	772,549,727	819,408,120
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,004,765	2,823,330
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-6,027,466	-3,361,508
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	768,531,491	818,910,447
Expenses **13**	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,328,312	2,099,791
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	294,641,157	319,436,029
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	426,528,787	449,700,782
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	722,498,256	771,236,602
19	Revenue less expenses Subtract line 18 from line 12	46,033,235	47,673,845

		Beginning of Current Year	End of Year
Net Assets or Fund Balances **20**	Total assets (Part X, line 16)	774,982,464	814,894,488
21	Total liabilities (Part X, line 26)	345,350,213	339,366,527
22	Net assets or fund balances Subtract line 21 from line 20	429,632,251	475,527,961

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date: 2011-05-02

▶ Robert D Huie Executive Vice President of Finance
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ C William Gerardy Jr	Date	Check if self-empolyed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Cole Evans & Peterson Post Office Drawer 1768 Shreveport, LA 711661768			EIN ▶ Phone no ▶ (318) 222-8367

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

To continuously improve the health and well-being of the people we serve

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 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 $ 658,725,198 including grants of $ 1,718,263) (Revenue $ 815,758,736)

Willis-Knighton Medical Center strives to provide high quality, cost-effective medical care to the communities of Northwest Louisiana, Northeast Texas, and Southwest Arkansas The Medical Center offers sophisticated technology and procedures that make it a tertiary care referral center GENERAL The Medical Center provides 24-hour emergency care, regardless of the patient's ability to pay, at its four hospitals The Medical Center provides an organ transplant program, fertility and reproductive health clinic, obstetrics, comprehensive heart and cancer programs, extensive surgical options, leading-edge diagnostics as well as a broad network of physicians encompassing most specialties and subspecialties The Medical Center provides these services regardless of race, color, creed, religion, gender, national origin, disability or age The Medical Center had 43,529 admittances during the year ended September 30, 2010 with a total of 207,557 patient days and 3,952 births The Medical Center participates in the Medicaid program and administers a charity care policy whereby free or discounted services are available to qualified financially troubled individuals During the year ended September 30, 2010, the Medical Center provided an estimated $10,200,000 in unreimbursed costs attributable to charity care (excluding Project NeighborHealth) and an estimated $23,400,000 in unreimbursed costs attributable to Medicaid patients These estimates are based on the Medical Center's overall cost-to-charge ratio In addition to these services, Willis-Knighton Project NeighborHealth operates five clinics in communities that are economically distressed and/or designated as medically under-served areas with health professional shortages See Schedule H for detailed information regarding Project Neighborhealth REGIONAL TRANSPLANT CENTER The Medical Center, in conjunction with LSU Health Sciences Center (a public teaching and indigent care facility), operates a regional transplant center (Willis-Knighton/LSUHSC Regional Transplant Center) at Willis-Knighton Medical Center All transplant patients receive transplants without regard to their economic status The regional transplant center provides kidney, pancreas, and liver transplants Substantially all the costs of operating the regional transplant center are borne by Willis-Knighton Medical Center During the fiscal year ended September 30, 2010, 30 patients received organ transplants, consisting of 21 kidneys (2 of those patients also had pancreas transplants), 7 livers, and 2 pancreases Of the 30 transplant surgeries performed at the Medical Center during the year ended September 30, 2010, 22 patients were beneficiaries of the Medicare program and 3 patients were beneficiaries of the Medicaid program As such, these transplants were performed at very little, if any, cost to the patients EMERGENCY CARE The Medical Center provides emergency services at four locations on a 24-hour basis staffed by full-time emergency room physicians Emergency patients are treated regardless of their ability to pay During the year ended September 30, 2010, the Medical Center's emergency rooms were visited by 138,171 patients, of whom 22,740 were admitted to the hospital for further treatment WOMEN AND CHILDREN'S HEALTH SERVICES The Medical Center provides a variety of medical services for women and children, including obstetrics, gynecology, and neonatology These services include both high-risk and low-risk obstetrics Maternal transports are accepted The Labor and Delivery (L&D) units are directed by board certified OB-GYN physicians and the majority of the nurses are certified by the Association of Women's Health, Obstetric & Neonatal Nurses (AWHON) There were 3,952 births, 10,581 obstetrical visits to the L&D units, and 5,987 obstetrical and gynecological inpatients during the fiscal year ended September 30, 2010 HEALTH AND WELLNESS CENTERS The Medical Center has six medically-supervised health and wellness centers dedicated to the prevention of health problems, four in Shreveport, one in Bossier City, and one in Homer with a total member enrollment at September 30, 2010 of 6,463 The Centers are located on each of the four hospital campuses, in the WK Pierre Avenue Community Center, and in the WK Claiborne Regional Health Center A medical evaluation, including a blood chemistry work-up, is required for membership The centers serve pulmonary and cardiac rehabilitation patients and provide health and wellness services to the communities in which they are located NEONATAL INTENSIVE CARE UNIT Willis-Knighton's Center For Women's Health houses a 42-bed level III NICU This unit accepts referrals from the Ark-La-Tex area and is serviced by both air and ground emergency transport on a 24-hour basis This unit is directed by a board certified Neonatologist The majority of the nursing staff is certified by AWHON The average length of stay per admit is 19 4 days HOSPICE Hospice of Louisiana is a department of Willis-Knighton Medical Center that provides comprehensive end-of-life care including skilled and supportive services to terminally ill patients and their families The hospice team, under the guidance of the attending physician, focuses on the alleviation of the pain and discomfort connected with life-ending illness Quality of life, emotional and spiritual balance, symptom management, and pain control are the goals that team members strive for as they assist dying patients and their families Bereavement support for the immediate family and companions is provided for at least one year following the patient's death For the year ended September 30, 2010, Hospice of Louisiana served 158 patients and their families as direct admits, not including visitation and counseling provided through pre-admit and/or bereavement services The team includes registered nurses, certified nursing assistants, social workers, chaplains, volunteers, attending physicians, and medical director BEHAVIORAL MEDICINE CENTER The Behavioral Medicine Center at Willis-Knighton Medical Center offers inpatient and outpatient services to individuals in need of mental health care During the year ended September 30, 2010, the Behavioral Medicine Center sponsored numerous information sessions for various groups in the Shreveport/Bossier and Northwest Louisiana areas Such sessions amounted to approximately 508 hours and were attended by approximately 4,300 people Topics included Marriage/Family - Development of skills to enrich marriage and family life Self-Esteem - Concentrates on how good self-esteem can enhance an individual's quality of life Parenting - Focuses on appropriate parenting skills at various developmental stages Stress Management - Developing skills to cope with everyday stresses in life Personal Enrichment - Empowering ourselves to reach maximum potential Motivation/Attitude - How attitude affects our mental and physical health Counseling Issues/Techniques - Issues concerning professional development for counselors/therapists Aging - Development of a positive attitude to deal with issues of aging Depression/Suicide - Assessment of depression and suicide, and legal and ethical issues surrounding suicide

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** ▶ $ 658,725,198

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, line10? *If "Yes," complete Schedule D, Part VI.*			
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? **Yes** **No**			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional **12A** Yes			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15	Yes	
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? *If "Yes," complete Schedule I, Parts I and II*	**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? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	403		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	6,416		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes" to 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			No
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			No
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 12		
b	Enter the number of voting members that are independent . .	1b 10		
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		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

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

☐ Own website ☑ Another's website ☑ Upon request

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

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

Robert D Huie
2611 Greenwood Road
Shreveport, LA 711033908
(318) 212-4000

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

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

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See add'l data										

1b Total . . . . . ▶	15,990,375	6,000	310,278

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 ▶ 393

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
LSU HEALTH SCIENCES CENTER PO BOX 33932 SHREVEPORT, LA 71130	MEDICAL STAFFING	3,709,298
MAYO COLLABORATIVE SERVICES INC PO BOX 9146 MINNEAPOLIS, MN 55480	LABORATORY TESTING SERVICES	3,068,007
COLE EVANS & PETERSON 624 TRAVIS STREET SHREVEPORT, LA 71101	PAYROLL EE BENEFIT, ACCT/CONSULTANT SVCS	1,604,474
RED RIVER CARDIOVASCULAR SURGEONS 2751 ALBERT BICKNELL DR SUITE 5C SHREVEPORT, LA 71103	PHYSICIAN SERVICES	1,522,500
LIFELINE PLUS LLC 820 JORDAN SUITE 208 SHREVEPORT, LA 71101	NURSING	1,347,960
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 ▶ 106		

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 40,505				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		40,505			
Program Service Revenue			Business Code				
	2a	Hospital Services-Net	900,099	561,500,185	561,500,185		
	b	Medicare/Medicaid Paym	900,099	255,335,171	255,335,171		
	c	Rent-Non Investment Pr	531,120	2,446,298	2,446,298		
	d	Rent-Affiliates	531,120	126,466	100,595	25,871	
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		819,408,120			
	3	Investment income (including dividends, interest and other similar amounts)		1,563,616			1,563,616
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross Rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	941,937	2,881,885			
	b	Less cost or other basis and sales expenses	941,858	1,622,250			
	c	Gain or (loss)	79	1,259,635			
	d	Net gain or (loss)		1,259,714	1,259,714		
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 a					
	b	Less direct expenses b					
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities See Part IV, line 19 a					
	b	Less direct expenses b					
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances a					
	b	Less cost of goods sold b					
	c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a	Laboratory Revenue	621,500	728,789		728,789	
	b	(Loss) From Subsidiary	623,000	-469,707	-469,707		
	c	Income(Loss) From Subs	524,114	-4,961,164	-4,961,164		
	d	All other revenue		1,340,574	547,644	792,930	
	e	**Total.** Add lines 11a–11d		-3,361,508			
	12	**Total revenue.** See Instructions		818,910,447	815,758,736	1,547,590	1,563,616

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	1,718,263	1,718,263		
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	381,528	381,528		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	6,096,117		6,096,117	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	239,074,205	211,329,514	27,744,691	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	9,842,587	8,136,175	1,706,412	
9	Other employee benefits	44,246,017	38,138,749	6,107,268	
10	Payroll taxes	20,177,103	17,392,062	2,785,041	
11	Fees for services (non-employees)				
a	Management				
b	Legal	1,074,678		1,074,678	
c	Accounting	1,426,997		1,426,997	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17*				
f	Investment management fees				
g	Other				
12	Advertising and promotion	2,425,383	599,051	1,826,332	
13	Office expenses				
14	Information technology	6,391,443		6,391,443	
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	1,277,185		1,277,185	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	41,629,645	19,321,963	22,307,682	
23	Insurance	5,337,235		5,337,235	
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	DIRECT DEPARTMENTAL EXP	305,908,006	305,908,006		
b	BAD DEBTS	54,196,767	54,196,767		
c	TAXES & LICENSES	8,031,961		8,031,961	
d	BUSINESS OFFICE	4,441,616		4,441,616	
e					
f	All other expenses	17,559,866	1,603,120	15,956,746	
25	**Total functional expenses.** Add lines 1 through 24f	771,236,602	658,725,198	112,511,404	0
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		14,016,444	1	2,735,472
	2	Savings and temporary cash investments		77,486,260	2	103,237,689
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		110,720,943	4	109,956,151
	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		1,955,733	7	1,864,914
	8	Inventories for sale or use		21,205,151	8	21,069,958
	9	Prepaid expenses and deferred charges		4,125,325	9	3,385,735
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 891,115,465			
	b	Less accumulated depreciation	10b 421,721,535	445,473,107	10c	469,393,930
	11	Investments—publicly traded securities		69,898,018	11	78,952,214
	12	Investments—other securities See Part IV, line 11		26,921,242	12	21,302,078
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets		2,325,576	14	2,090,110
	15	Other assets See Part IV, line 11		854,665	15	906,237
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		774,982,464	16	814,894,488
Liabilities	17	Accounts payable and accrued expenses		85,155,104	17	76,109,762
	18	Grants payable			18	
	19	Deferred revenue		1,283,333	19	583,334
	20	Tax-exempt bond liabilities		198,420,627	20	190,496,279
	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		60,491,149	25	72,177,152
	26	**Total liabilities.** Add lines 17 through 25		345,350,213	26	339,366,527
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		429,632,251	27	475,527,961
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		429,632,251	33	475,527,961
	34	Total liabilities and net assets/fund balances		774,982,464	34	814,894,488

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		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	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Willis-Knighton Medical Center

Employer identification number
72-0400933

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

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

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☑ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

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

_____

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

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

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

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

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

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

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

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

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

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

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

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

h Provide the following information about the supported organization(s)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

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

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

Section C. Computation of Public Support Percentage

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

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

16a **33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

b **33 1/3% support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

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

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Additional Data

Software ID:
Software Version:
EIN: 72-0400933
Name: Willis-Knighton Medical Center

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			
James K Elrod President/CEO/Trustee	53 00	X		X				4,266,300	6,000	5,391
Pierre V Blanchard MD Trustee/Physician	40 00	X						206,161	0	6,891
Ray P Oden Jr Trustee/Chairman	4 00	X						0	0	0
Phillip A Rozeman MD Trustee	4 00	X						0	0	0
Tigner A Walker Trustee	4 00	X						0	0	0
Frank B Hughes MD Trustee	4 00	X						0	0	0
Rand H Falbaum Trustee	4 00	X						0	0	0
Twain K Giddens Trustee	4 00	X						0	0	0
Willis L Meadows Jr Trustee	4 00	X						0	0	0
Jesse C Deen Trustee	4 00	X						0	0	0
Sam J Talbot Trustee	4 00	X						0	0	0
Bendel Johnson MD Trustee	4 00	X						0	0	0
Robert D Huie Executive VP & CFO	52 00			X				2,626,416	0	16,741
Nila C Willhoite Sr VP Of Administration	40 00			X				231,567	0	14,587
Charles D Daigle Sr VP Of Operations	40 00			X				369,498	0	20,680
Steve R Randall Sr VP-Special Operations	40 00			X				280,094	0	20,365
Margaret G Elrod VP/Ind Wellness/Community	40 00			X				157,184	0	7,919
Jerry A Fielder II VP/Administrator WKMC	40 00			X				144,362	0	22,438
Clifford M Broussard VP/Admin WK Bossier	40 00			X				89,742	0	6,525
Janet Keri Elrod VP/Admin WK South	40 00			X				156,424	0	8,115
Ira L Moss VP/Admin WK Pierremont	40 00			X				181,168	0	16,599
Jill Kelly Elrod VP of Legal Affairs	40 00			X				196,800	0	10,343
Peggy J Gavin VP of Physician Services	40 00			X				157,449	0	8,931
Gaye E Dean VP of Nursing	40 00			X				133,070	0	8,263
Deborah D Olds VP of Nursing	40 00			X				126,421	0	15,082

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			
Ramona D Fryer VP of Rev/Quality/Complian	40 00			X				165,483	0	15,720
Daniel J Moller Jr MD Chief-Medical Affairs-WKMC	40 00			X				317,681	0	13,436
Charles A Powers MD Chief-Med Affairs-WKB	40 00			X				320,051	0	14,075
Randall P Brewer MD Physician	40 00					X		2,178,592	0	18,637
Rebecca A Posner MD Physician	40 00					X		924,498	0	3,536
Milan G Mody MD Physician	40 00					X		842,694	0	18,656
Matthew Mosura MD Physician	40 00					X		1,022,160	0	18,668
David A Scott MD Physician	40 00					X		896,560	0	18,680

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **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	Employer identification number
Willis-Knighton Medical Center	72-0400933

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		
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-		

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

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

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 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) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		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?		No	
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	Yes		50,456
j	Total lines 1c through 1i			50,456
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?			

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
Part II-B, Line 1i	Explanation of Other Lobbying Activities	During the year ended September 30, 2010, the Medical Center paid dues totaling $41,400 to the Louisiana State Medical Society on behalf of doctors in the Medical Center's physician network, which consists of physicians employed by or under contract with the Medical Center A portion of the dues, $8,452 was related to lobbying activities During the year ended September 30, 2010, the Medical Center paid dues totaling $5,460 to the American Medical Association on behalf of doctors in the Medical Center's physician network, which consists of physicians employed by or under contract with the Medical Center A portion of the dues, $2,730 was related to lobbying activities During the year ended September 30, 2010, the Medical Center paid dues totaling $187,020 to the Louisiana Hospital Association for the Medical Center's membership in the Association and on behalf of doctors in the Medical Center's physician network, which consists of physicians employed by or under contract with the Medical Center A portion of the dues, $39,274 was related to lobbying activities Healthcare policy is critical to the mission of the Medical Center, and its management believes that healthcare providers should participate in forming healthcare policy by interacting with national, state, and local representatives and their staffs, when possible, to help them better understand the complexities and ramifications of key healthcare issues The Medical Center's management is available to lawmakers, government officials, and their staff members, for information, and occasionally responds to questions and initiates communications about how proposed laws, policies, regulations, etc might affect the Medical Center's ability to deliver cost-effective, quality healthcare The amount of time and money resources involved in these activities is insubstantial The Medical Center has not and does not intervene in any political campaign

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Willis-Knighton Medical Center

Employer identification number
72-0400933

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

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

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

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

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

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

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

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

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	1,338,938	44,662,809		46,001,747
b Buildings	8,700,609	504,191,377	221,790,068	291,101,918
c Leasehold improvements		1,896,537	1,009,952	886,585
d Equipment		257,338,150	186,601,618	70,736,532
e Other		72,987,045	12,319,897	60,667,148
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				469,393,930

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

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

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

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

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

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
Capital Lease Obligations	3,302,366
Investment In Sub - Virginia Hall, Inc	4,030,388
Liability for Pension Benefits	64,844,398
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	72,177,152

2. Fin 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	818,910,447
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	771,236,602
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	47,673,845
4	Net unrealized gains (losses) on investments	4	741,915
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-2,520,050
9	Total adjustments (net) Add lines 4 - 8	9	-1,778,135
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	45,895,710

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

1	Total revenue, gains, and other support per audited financial statements			1	855,337,910
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	741,915		
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	741,915
3	Subtract line **2e** from line **1**			3	854,595,995
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	-35,685,548		
c	Add lines **4a** and **4b**			4c	-35,685,548
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	818,910,447

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

1	Total expenses and losses per audited financial statements			1	809,442,200
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	38,205,598		
e	Add lines **2a** through **2d**			2e	38,205,598
3	Subtract line **2e** from line **1**			3	771,236,602
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	771,236,602

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
		Part XII, Line 4b Unrelated Business Income 792,930 Subsidiaries Expenses (36,478,478) Total (35,685,548) Part XIII, Line 2d Unrelated Business Income (792,930) Subsidiaries Expenses 36,478,478 Pension Related Changes 2,520,050 Total 38,205,598 Part X There are no FIN 48 uncertain tax positions Part XI, Line 8 Pension-Related Changes Other than Net Periodic Pension Costs - This cost is primarily attributable to the effects of changes in financial markets on both invested plan assets and assumed discount rates used in the calculation of the plan's funded status

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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
Willis-Knighton Medical Center

Employer identification number
72-0400933

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
Totals . . . . . ▶	0	0			0

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Use Schedule F-1 (Form 990) if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Russia & the Newly Independent States	Provide medical supplies and doctors' travel expenses for medical mission trip to the Ukraine			381,528	Medical Supplies and Travel Expenses	Book

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ 1

3 Enter total number of other organizations or entities . . . . . ▶ 0

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.

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

Part IV Supplemental Information

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

Identifier	ReturnReference	Explanation

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Willis-Knighton Medical Center

Employer identification number
72-0400933

Part I Charity Care and Certain Other Community Benefits at Cost

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

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)			10,190,224		10,190,224	1 320 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			68,546,156	45,166,317	23,379,839	3 030 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d **Total** Charity Care and Means-Tested Government Programs			78,736,380	45,166,317	33,570,063	4 350 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			1,118,384		1,118,384	0 150 %
f Health professions education (from Worksheet 5)			4,227,528		4,227,528	0 550 %
g Subsidized health services (from Worksheet 6)	4	13,826	2,132,072	-1,419,483	3,551,555	0 460 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)			2,341,979		2,341,979	0 300 %
j **Total** Other Benefits	4	13,826	9,819,963	-1,419,483	11,239,446	1 460 %
k **Total.** Add lines 7d and 7j	4	13,826	88,556,343	43,746,834	44,809,509	5 810 %

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1		No
2	Enter the amount of the organization's bad debt expense (at cost)	2	17,998,746		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	0		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	205,258,906		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	211,502,448		
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-6,243,542		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used				

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

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

Part V Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
Willis-Knighton Medical Center 2600 Greenwood Road Shreveport, LA 71103	X	X		X			X		Rehab Ctr, SNF, Physician Clinics
Willis-Knighton South 2510 Bert Kouns Industrial Loop Shreveport, LA 71118	X	X		X			X		Physician Clinics
WK Bossier Health Center 2400 Hospital Drive Bossier City, LA 71111	X	X					X		Physician Clinics
WK Pierremont Health Center 8001 Youree Drive Shreveport, LA 71115	X	X		X			X		Physician Clinics

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

Part VI, Line 2 Willis-Knighton Medical Center operates throughout Shreveport, Bossier City and nearby parishes and provides four hospitals, numerous satellite clinics, a skilled nursing facility, and a retirement community The organization assesses the health care needs of the communities that it serves by staying informed about the relevant trends occurring in the areas in which it operates

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

See additional data

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

Part VI, Line 4 Willis-Knighton's primary service area covers an approximate 35 mile radius of Shreveport, covering the Louisiana parishes of Caddo, Bossier, Webster, Claiborne, Red River, DeSoto and Bienville, and which had a 2009 estimated population of approximately 471,910 persons The median household income according to the 2009 U S census data for Shreveport is $37,591 The median household income according to the 2009 U S census data for Bossier Parish is $44,828

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 additional data

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

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

Additional Data

Software ID:
Software Version:
EIN: 72-0400933
Name: Willis-Knighton Medical Center

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

Part I, Line 7 All items in the table, except for Line 7g, use the cost-to-charge ratio costing method Project Neighborhealth, which is included on Line 7g, uses the actual cost method

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

Part III, Line 4 The Medical Center maintains an allowance for doubtful patient accounts receivable based on managements assessment of collectability, current economic conditions, and prior experience As management determines the collection of specific patient accounts to be doubtful, such accounts are written off against the allowance Based on this analysis, bad debt expense as a percentage of gross patient billings (excluding Medicare charges, Medicaid charges, and charity care) was 6 1 percent and 5 5 percent for the years ended September 30, 2010 and September 30, 2009, respectively

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

Part III, Line 9b Monthly statements are generated and mailed by the Medical Center to keep patients/guarantors informed of outstanding account balances Statement messages are generated for each account that let the patient/guarantor know if the balance is pending payment from their insurance carrier or deemed to be the patient's responsibility The In-House Collections department is responsible for self-pay collections This includes collection of balances after all insurance has paid and collection of balances from patients who have no insurance The Medical Center utilizes Self Pay Compass (a company that specializes in estimating individual's income and financial resources) to identify accounts that have a high probability for payment The probability of payment report generated by Self Pay Compass is based on outside information sources that provide a person's credit history, estimated household income, medical bill payment history, etc Reports are generated from Self Pay Compass on a weekly basis for all accounts with a self-pay balance and calculated probability of payment greater than 70% Accounts from these reports are then processed by Meditech (the Medical Center's core software) to determine if the guarantor has additional self-pay balances If the guarantor is currently paying on another account(s), the account from the report is combined with the other account(s) so the guarantor receives one statement or collection letter each month If the guarantor has no other accounts on which they are paying, a phone call is made A report is generated from Self Pay Compass on a monthly basis to determine accounts with balances less than $100 that are delinquent These accounts are imported into Meditech to receive a collection letter when appropriate A report is generated from Meditech on a monthly basis to identify accounts with balances over $10,000 The in-house collector reviews the collection activity and follows up with the appropriate action which may include phone calls, assisting the patient with applying for charity care, establishing a payment arrangement or recommending that the account be referred for outside collections Other reports are generated from Meditech and Self Pay Compass on an as-needed basis to identify other accounts requiring collection activity

Form 990 Schedule H, Part VI - Supplemental Information, Line 3

Part VI, Line 3 Willis-Knighton Health System is committed to providing charity care to persons who have healthcare needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay for medically necessary care Consistent with its mission to deliver compassionate, high quality, affordable healthcare services and to be an advocate for those who are most in need, Willis-Knighton Health System strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care Patients are expected to cooperate with Willis-Knighton Health System's procedures for obtaining charity or other forms of payment or financial assistance, and to contribute to the cost of their care based on their individual ability to pay Patients of the Medical Center are informed of their eligibility for assistance under government programs and the organization's charity care policy in the following manners 1)If the patient does not have insurance, then the Medical Center will assist them in determining whether or not they qualify for Medicaid 2)Information concerning the Medical Center's charity care program is available on the Medical Center's wesite, www wkhs com 3)Once a patient has been admitted into the hospital, and it is determined that they do not have insurance, then a Medical Center employee is responsible for requesting a deposit from the patient If the patient is not able to pay, then the patient is given an application for the charity care program at that time 4)In the event there is no written documentation to support a patient's eligibility for charity care, the Medical Center utilizes Self Pay Compass (a company that specializes in estimating an individual's income and financial resources) to determine charity care eligibility The Medical Center relies on Self Pay Compass to estimate income and financial resources only for those individuals whose income is estimated to be 150% or less of the Federal Poverty Level Reports are generated on a quarterly basis to identify accounts that meet this criterion, and charity care adjustments are applied, if applicable

Form 990 Schedule H, Part VI - Supplemental Information, Line 6
Form 990 Schedule H, Part VI - Supplemental Information, Line 6

Part VI, Line 6 OTHER COMMUNITY BENEFITS PROJECT NEIGHBORHEALTH - OVERVIEWDuring 1995, th e Medical Center began a program known as "Project NeighborHealth " The program's purpose is to promote health and well-being in communities that are economically distressed and/or designated as medically under-served, health-professional-shortage areas The program pro vides free community programs including anti-drug/gang programs, life skills training, men toring programs, nutritional counseling, police community forums, and other community-rela ted programs As part of Project Neighborhealth, the Medical Center operates the following clinics WK Community Health and Education Center - MLK Clinic, WK Plain Dealing Medical Plaza, WK Pierre Avenue Health & Wellness Center, WK Bradley Medical Clinic, and The Child ren's Dental Clinic and WK Community Education Center WK COMMUNITY HEALTH AND EDUCATION CE NTER - MLK CLINICPROJECT NEIGHBORHEALTH On September 1, 1995, at a cost of approximately $1,300,000, the Medical Center opened a 6,463 square foot, federally designated indigent c are medical clinic and a 3,914 square foot community education building on Shreveport-Blan chard Road at Dr Martin Luther King Drive in Shreveport, Louisiana Located in an economi cally distressed community, these facilities are convenient to and primarily for the benef it of the people in that community Services are provided without regard to the patients' ability to pay The location of the clinic (Census Tract 246 in the Martin Luther King Dri ve area in Caddo Parish) was designated by the Department of Health and Hospitals as a hea lth-professional-shortage area and as a medically under-served area Prior to the clinic's opening, this area was the second largest contiguous population of medically under-served people in the United States The clinic has an emergency and special procedures room, an x-ray department, and a fully equipped laboratory and dental facility Preventative care p rograms include blood pressure checks, health screenings, immunizations, and diabetes coun seling The clinic's staff includes 1 family practice physician, a dentist, and support st aff The clinic had 3,220 medical patient visits and 2,131 dental patient visits during th e year ended September 30, 2010 The education facility houses classrooms, an auditorium, a nursery, a conference room, and a library with study areas WK PIERRE AVENUE COMMUNITY HE ALTH & WELLNESS CENTERPROJECT NEIGHBORHEALTH On August 1, 1998, the Medical Center opened a 15,062 square foot medical clinic known as the "WK Pierre Avenue Community Center" on P ierre Avenue in Shreveport at a cost of approximately $1,375,000 Located in an economical ly distressed community, this facility is convenient to and primarily for the benefit of t he people in that community This facility also contains a health and fitness center The Medical Center provides equipment and medical staff for the clinic The clinic's staff inc ludes a family practice physician and support staff The clinic had 3,373 medical patients during the year ended September 30, 2010 WK BRADLEY MEDICAL CLINIC On August 24, 1998, t he Medical Center opened a 3,915 square foot medical clinic known as the "WK Bradley Medic al Clinic" in Bradley, Arkansas at a cost of approximately $140,000 Located in an economi cally distressed community, this facility is convenient to and primarily for the benefit o f the people in that community The Medical Center provides equipment and medical staff fo r the clinic The clinic's staff includes a nurse practitioner and various support staff The clinic had 2,411 medical patients during the year ended September 30, 2010 THE CHILDR EN'S DENTAL CLINIC AND WK COMMUNITY EDUCATION CENTERPROJECT NEIGHBORHEALTH On October 15, 2001, the Medical Center opened a 3,049 square foot medical clinic known as the "The Chil dren's Dental Clinic and WK Community Education Center" on Southern Avenue in Shreveport The medical clinic is housed in a donated building that the Medical Center renovated at a cost of approximately $162,000 Located in an economically distressed community, this faci lity is convenient to and primarily for the benefit of the people in that community The M edical Center provides equipment and medical staff for the clinic The clinic's staff incl udes a full-time office manager and 45 dentists from the Northwest Louisiana Dental Volunt eers, who each donate one-third day per month to the clinic The clinic had 1,107 patients during the year ended September 30, 2010 During the year ended September 30, 2010, under Project Neighborhealth, the Medical Center provided over 15,000 hours to community servic es/projects at no cost to the recipients by 3 full-time employees, 2 part-time employees, and volunteers in addition to hours provided by various departments within the Medical Cen ter OTHER COMMUNITY SERVICESThe Medical Center makes available, free-of-charge, meeting sp ace to outside community outreach organizations su

Form 990 Schedule H, Part VI - Supplemental Information, Line 6

ch as Queensborough Neighborhood Association, Caddo Council on Aging, Foster Grandparents Program, Alliance for Education, Bossier Medical Society, Caddo Parish Sheriff's Office, I CE (Inner City Entrepreneur), North Louisiana AHEC, LifeShare Blood Center, LSUS Healthcar e Administration program, Texas Wesleyan University CRNA Program, Northwest Louisiana Coal ition for Women and Children, and other charitable and governmental organizations Rooms a re also provided for off campus classes taught by BPCC and LSUS at the WK Career Institute The Medical Center offers extensive online health information on its Web site Free healt h information is available, targeted to both adults and children Information for adults i ncludes a health library, drug interaction checker, nutrition and wellness information and description of procedures, written by health professionals and reviewed and updated regul arly The Medical Center also partners with the Nemours Foundation to offer KidsHealth, a health and wellness information site targeted to children, teens and their parents The Wi llis-Knighton Cancer Center Web site offers information on various types of cancer and tre atments as well as an updated list of clinical trials During the past year the Medical Ce nter's on-line health library attracted 79,552 visitors KidsHealth attracted 65,026 visit ors IMMUNIZATIONS FOR CHILDREN Willis-Knighton provides a mobile unit that offers "Shots f or Tots" Using its mobile van and staff, vaccines are taken to various neighborhoods to m ake them convenient for parents Under this program, any child may receive immunization sh ots, free of charge, for measles, mumps, rubella, diphtheria, pertussis, tetanus, hepatiti s B, polio, meningitis, flu, and chicken pox The Medical Center subsidizes all expenses o f the program except the vaccine, which is provided by the Louisiana Department of Public Health During the year ended September 30, 2010, the Medical Center immunized 3,456 patie nts under this program HEALTH PROFESSIONS EDUCATIONThe Medical Center provides various edu cation programs that result in health care professionals receiving degrees, certificates o r training that is necessary to be licensed to practice as health care professionals Whil e the Medical Center also provides a variety of education, training and stipend programs t hat are exclusive to the Medical Center's employees and medical staff, those costs are not included in this category The Medical Center maintains an association with LSU Health Sc iences Center (a public teaching, research, and indigent care facility) by providing grant s, assistance with residents and fellows, along with underwriting the cost of clinical set tings for training and interships for a variety of other health professionals SPORTS MEDIC INESports medicine experts at Willis-Knighton Sports Medicine work with athletes on the pr evention and treatment of sports-related injuries, helping them to maintain a healthy life style This service is offered to various schools and programs throughout the local area

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Willis-Knighton Medical Center

Employer identification number
72-0400933

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

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

3 Enter total number of other organizations . . . ▶

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

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

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

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 The Medical Center has a contribution committee that approves substantially all contributions The contribution committee requests that the organization requesting the donation complete a contribution request form that is available on the Medical Center's website Before the Medical Center's contribution committee will approve the contributions the purpose of the contribution must be stated on the contribution request form

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 72-0400933
Name: Willis-Knighton Medical Center

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Airline High School2801 Airline Drive Bossier City, LA 71111	72-6000185	Government	6,000				Sponsorship
Alliance for Education820 Jordan Street Shreveport, LA 71101	72-1466587	501(c)(3)	100,000				Donation for Pathway to Excellence
American Cancer Society920 Pierremont Suite 300 Shreveport, LA 71106	23-7040934	501(c)(3)	15,000				Donation for research, Baron's Ball Sponsor, Donation for Relay for Life
American Heart Association PO Box 37388 Shreveport, LA 71133	13-5613797	501(c)(3)	15,176				Go Red for Women sponsor, 2010 Heart Walk sponsor
ARC of Caddo-Bossier351 Jordan Street Shreveport, LA 71101	72-1376918	501(c)(3)	6,000				Donation for 2010 operations and Patron sponsor for ARC's Programs
Cavanaugh Treatment Center 2000 Fairfield Avenue Shreveport, LA 71104	72-0544581	501(c)(3)	35,000				Donation for operations
Centenary CollegePO Box 41188 Shreveport, LA 71134	72-0408915	501(c)(3)	14,000				Sponsor celebrity waiter's fundraiser and sponsor televised Christmas concert
DeSoto Regional Health SystemPO Box 1636 Mansfield, LA 71052	72-1491325	501(c)(3)	62,362				Donation of billboard, Sponsor, Donation for Operations
Forensic Nurse ExaminersPO Box 44466 Shreveport, LA 71134	35-2262163	501(c)(3)	10,000				Donation for SAFE programs for supporting rape case victims
Friends of Safety Town505 Travis Street Shreveport, LA 71101	20-4621855	501(c)(3)	62,500				Pledge for operations for training youth for vehicle safety

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Junior Achievement3003 Knight Street Shreveport, LA 71105	72-0595081	501(c)(3)	22,000				Donation for economic program in schools, Business Hall of Fame Sponsor
LSUHSCPO Box 31650 Shreveport, LA 71130	72-1402222	501(c)(3)	140,000				Trauma center donation, Sponsor
LSU-Shreveport Foundation One University Place Shreveport, LA 71115	72-1031108	501(c)(3)	11,000				2010 River Bend Revue Sponsor
March of Dimes Foundation 1120 South Pointe Parkway Bldg D Shreveport, LA 71105	13-1846366	501(c)(3)	8,000				Donation for Operations
Northwest Louisiana Economic400 Edwards Street Shreveport, LA 71101	72-0936419	501(c)(3)	20,000				Pledge for operations
Shreveport-Bossier Rescue Mission2033 Texas Avenue Shreveport, LA 71103	23-7050551	501(c)(3)	115,038				Health insurance for rescue mission employees and donation for operations
Shreveport Symphony619 Louisiana Avenue Shreveport, LA 71101	72-6001334	501(c)(3)	31,000				Concert sponsor and donation for operations
St Jude's Children's Research HospitalPO Box 810 Memphis, TN 38101	62-0646012	501(c)(3)	20,000				Sponsorship and Donation to St Jude's Dream Home
YMCA400 McNeil Shreveport, LA 71101	72-0408997	501(c)(3)	40,800				Sponsorship
Calvary Baptist Academy 9333 Linwood Avenue Shreveport, LA 71106	72-0482882	501(c)(3)	6,000				Sponsorship

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Independence Bowl FoundationPO Box 1723 Shreveport, LA 71166	72-0297228	501(c)(3)	24,000				Sponsorship
Louisiana Tech University FoundationPO Box 3046 Ruston, LA 71272	72-6021176	501(c)(3)	72,500				Sponsorship
African-American Chamber of Commerce1315 Milam Street Shreveport, LA 71101	72-6028366	501(c)(6)	7,500				Sponsorship
Blueprint Louisiana9331 Bluebonnet Blvd Baton Rouge, LA 70810	20-5591232	501(c)(6)	10,000				Sponsorship
Caddo Bossier Soccer Association1780 East Bert Kouns Suite 901 Shreveport, LA 71105	58-1652966	501(c)(3)	14,000				Sponsorship
Caddo Heights Elementary School1702 Corbitt Street Shreveport, LA 71108	72-6000224	Government	5,238				Purchased School Sign
Caddo Middle Magnet7635 Cornelious Lane Shreveport, LA 71106	72-6000224	Government	6,000				Donation to drama group
Cherokee Park Elementary 2010 East Algonquin Trail Shreveport, LA 71107	72-6000224	Government	5,238				Purchased School Sign
Children and Arthritis2751 Albert Bicknell Drive Suite 2E 2E Shreveport, LA 71103	72-1170530	501(c)(3)	10,000				2010 Jambalaya Jubilee Sponsor
Creswell Elementary2901 Creswell Avenue Shreveport, LA 71104	72-6000224	Government	5,238				Purchased School SignPurchased School Sign

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Evergreen Foundation2101 Highway 80 Haughton, LA 71037	23-7089068	501(c)(3)	25,000				Donation to Better Health Better Lives campaign for the handicapped
Fit for LifePO Box 80165 Shreveport, LA 71148	26-0059649	501(c)(3)	10,000				Fit for Life Event Sponsor
Heart of Hope Ministries 10420 Grawood School Road Keithville, LA 71047	42-2187038	501(c)(3)	10,000				Donation for maternity home for young women
India Association of Shreveport702 Coachlight Road Shreveport, LA 71106	72-0974243	501(c)(3)	15,000				Cultural donation for Bollywood Film Festival
Judson Magnet School3809 Judson Street Shreveport, LA 71109	72-6000224	Government	5,238				Purchased School Sign
The Odyssey Foundation401 Texas Street Shreveport, LA 71101	33-1055253	501(c)(6)	7,241				Donation to Walking the Walk Fundraiser
Oak Park Elementary4941 McDaniel Drive Shreveport, LA 71109	72-6000224	Government	5,238				Purchased School Sign
Red River Radio Public BroadcastingPO Box 5250 Shreveport, LA 71135	72-0702001	501(c)(3)	19,600				Donation for operations of community broadcast network
Red River Revel101 Crocket Street Suite C Shreveport, LA 71101	72-0953274	501(c)(3)	25,000				Sponsorship of regional cultural event
Shreveport Fire Department 263 North Common Street Shreveport, LA 71101	72-6001326	Government	319,380				Funding for EMS sprint vehicles program

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Shreveport Green3625 Southern Avenue Shreveport, LA 71104	72-0970610	501(c)(3)	9,000				Sponsorship
Shreveport Police Department712 Milam Street Suite 101 Shreveport, LA 71101	72-6001326	Government	12,000				Donation for equipment for Office of Special Investigations
Southern University610 Texas Street Suite 400 Shreveport, LA 71101	72-1454141	501(c)(3)	57,000				Donation for Allied Health and Nursing Scholarships
Stoner Hill Elementary2127 CE Galloway Blvd Shreveport, LA 71104	72-6000224	Government	5,688				Purchase sign for school
University Elementary School9900 Smitherman Drive Shreveport, LA 71115	72-6000224	Government	5,238				Purchase sign for school
Springhill Medical Center 2001 Doctors Drive Springhill, LA 71075	72-1479692	501(c)(3)	137,640				Purchase medical equipment for hospital
Northwest Louisiana Food Bank2307 Texas Avenue Shreveport, LA 71103	72-1328890	501(c)(3)	10,000				Donation to Fund the Food Bank Program
Public Affairs Research Council of LAPO Box 14776 Baton Rouge, LA 70898	72-0436118	501(c)(3)	25,000				Donation to Capital Campaign

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Willis-Knighton Medical Center

Employer identification number
72-0400933

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☑ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☑ Written employment contract ☐ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**	Yes	
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

(A) Name	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	Part I, Line 1a	The value of each person's free membership in the Medical Center's Health & Wellness Centers is added to the employee's W-2 wages
	Part I, Line 4a	Physicians included in Form 990, Part VII, Section A, Line 1A, are compensated based on their own personal productivity The physicians are paid a percentage of their individual collections based on the conditions of each physician contact
Supplemental Information	Part III	EXPLANATION OF PART II, COLUMN (B)(iii) OTHER COMPENSATION JAMES K ELROD Unused Vacation Pay-$118,118 Unused Sick Pay-$23,806 Value Added for Health & Fitness Usage-$1,200 Value Added for Computer Usage-$200 Value Added for Cell Phone Usage-$336 Cost of Group Term Life Insurance in Excess of $50,000-$21,554 Section 457(b) Deferred Compensation Plan-$16,500 Employee Cafeteria Plan Contributions-$(850) Severance Pay-$3,094,779** Total--$3,275,643 **The entire severance pay amount, to be paid to Mr Elrod on termination of employment (as additional compensation for his years of service to Willis-Knighton Medical Center), was taxable during 2009, and, accordingly, was included in his 2009 Form W-2 Willis-Knighton disbursed to the Internal Revenue Service and to the Louisiana Department of Revenue the required tax withholding Willis-Knighton did not pay Mr Elrod the net-of-tax amount of this compensation, but, under the terms of the agreement, the Medical Center is retaining the net-of-tax amount until his respective employment terminates Accordingly, there was no current disbursement to Mr Elrod for severance pay ROBERT D HUIE Nonqualified Deferred Compensation Plan-$340,819 Unused Vacation Pay-$34,523 Unused Sick Pay-$10,785 Value Added for Health & Fitness Usage-$1,200 Value Added for Computer Usage-$200 Value Added for Cell Phone Usage-$544 Cost of Group Term Life Insurance in Excess of $50,000-$5,176 Section 457(b) Deferred Compensation Plan-$16,500 Employee Cafeteria Plan Contributions-$(4,601) Gift Certificates-$225 Severance Pay-$1,682,475** Total--$2,087,846 **The entire severance pay amount, to be paid to Mr Huie on termination of employment (as additional compensation for his years of service to Willis-Knighton Medical Center), was taxable during 2009, and, accordingly, was included in his 2009 Form W-2 Willis-Knighton disbursed to the Internal Revenue Service and to the Louisiana Department of Revenue the required tax withholding Willis-Knighton did not pay Mr Huie the net-of-tax amount of this compensation, but, under the terms of the agreement, the Medical Center is retaining the net-of-tax amount until his respective employment terminates Accordingly, there was no current disbursement to Mr Huie for severance pay NILA C WILLHOITE Unused Sick Pay-$4,854 Value Added for Health & Fitness Usage-$1,200 Value Added for Cell Phone Usage-$1,119 Cost of Group Term Life Insurance in Excess of $50,000-$10,729 Section 457(b) Deferred Compensation Plan-$16,500 Employee Cafeteria Plan Contributions-$(2,326) Gift Certificates-$225 Total--$32,301 CHARLES D DAIGLE Unused Sick Pay-$8,238 Value Added for Health & Fitness Usage-$1,200 Value Added for Cell Phone Usage-$1,055 Cost of Group Term Life Insurance in Excess of $50,000-$503 Section 457(b) Deferred Compensation Plan-$16,500 Employee Cafeteria Plan Contributions-$(5,306) Gift Certificates-$225 Total--$22,415 STEVE R RANDALL Unused Sick Pay-$5,211 Value Added for Health & Fitness Usage-$1,200 Value Added for Cell Phone Usage-$1,036 Cost of Group Term Life Insurance in Excess of $50,000-$507 Section 457(b) Deferred Compensation Plan-$16,500 Employee Cafeteria Plan Contributions-$(4,806) Gift Certificates-$225 Total--$19,873 MARGARET G ELROD Unused Sick Pay-$3,255 Value Added for Cell Phone Usage-$336 Cost of Group Term Life Insurance in Excess of $50,000-$2,266 Section 457(b) Deferred Compensation Plan-$16,500 Employee Cafeteria Plan Contributions-$(850) Gift Certificates-$225 Total--$21,732 JANET KERI ELROD Unused Sick Pay-$3,291 Value Added for Health & Fitness Usage-$660 Value Added for Cell Phone Usage-$920 Cost of Group Term Life Insurance in Excess of $50,000-$329 Section 457(b) Deferred Compensation Plan-$16,500 Employee Cafeteria Plan Contributions-$(591) Gift Certificates-$225 Total--$21,334 IRA L MOSS Unused Sick Pay-$3,892 Value Added for Health & Fitness Usage-$1,200 Value Added for Cell Phone Usage-$593 Cost of Group Term Life Insurance in Excess of $50,000-$2,717 Section 457(b) Deferred Compensation Plan-$16,500 Employee Cafeteria Plan Contributions-$(3,708) Gift Certificates-$225 Total--$21,419 JILL KELLY ELROD Unused Sick Pay-$4,347 Value Added for Health & Fitness Usage-$660 Value Added for Cell Phone Usage-$369 Cost of Group Term Life Insurance in Excess of $50,000-$680 Section 457(b) Deferred Compensation Plan-$16,500 Employee Cafeteria Plan Contributions-$(4,410) Gift Certificates-$225 Total--$18,371 PEGGY J GAVIN Unused Sick Pay-$3,241 Value Added for Health & Fitness Usage-$1,200 Value Added for Cell Phone Usage-$1,304 Cost of Group Term Life Insurance in Excess of $50,000-$1,471 Section 457(b) Deferred Compensation Plan-$16,500 Employee Cafeteria Plan Contributions-$(1,350) Gift Certificates-$225 Total--$22,591 RAMONA D FRYER Unused Sick Pay-$3,542 Value Added for Health & Fitness Usage-$660 Value Added for Cell Phone Usage-$1,067 Cost of Group Term Life Insurance in Excess of $50,000-$587 Section 457(b) Deferred Compensation Plan-$16,500 Employee Cafeteria Plan Contributions-$(4,501) Gift Certificates-$225 Total--$18,080 DANIEL J MOLLER, JR , M D Value Added for Health & Fitness Usage-$660 Value Added for Cell Phone Usage-$344 Cost of Group Term Life Insurance in Excess of $50,000-$5,199 Section 457(b) Deferred Compensation Plan-$16,500 Employee Cafeteria Plan Contributions-$(1,707) Total--$20,996 CHARLES A POWERS, M D Value Added for Health & Fitness Usage-$1,200 Value Added for Cell Phone Usage-$813 Cost of Group Term Life Insurance in Excess of $50,000-$4,039 Section 457(b) Deferred Compensation Plan-$16,500 Employee Cafeteria Plan Contributions-$(2,501) Total--$20,051 PIERRE V BLANCHARD, M D Cost of Group Term Life Insurance in Excess of $50,000-$7,010 Employee Cafeteria Plan Contributions-$(849) Total--$6,161 RANDALL P BREWER, M D Value Added for Health & Fitness Usage-$660 Value Added for Cell Phone Usage-$85 Cost of Group Term Life Insurance in Excess of $50,000-$563 Employee Cafeteria Plan Contributions-$(3,306) Total--($1,998) MATTHEW MOSURA, M D Value Added for Cell Phone Usage-$131 Cost of Group Term Life Insurance in Excess of $50,000-$449 Employee Cafeteria Plan Contributions-$(3,306) Total--($2,726) REBECCA A POSNER, M D Value Added for Cell Phone Usage-$91 Cost of Group Term Life Insurance in Excess of $50,000-$502 Employee Cafeteria Plan Contributions-$(794) Total--($201) DAVID A SCOTT, M D Value Added for Health & Fitness Usage-$1,200 Value Added for Cell Phone Usage-$217 Cost of Group Term Life Insurance in Excess of $50,000-$838 Employee Cafeteria Plan Contributions-$(3,306) Total--($1,051) MILAN G MODY, M D Value Added for Cell Phone Usage-$311 Value Added for Health & Fitness Usage-$1,200 Cost of Group Term Life Insurance in Excess of $50,000-$499 Employee Cafeteria Plan Contributions-$(3,306) Total--($1,296) EXPLANATION OF PART II, COLUMN (B)(iii) OTHER COMPENSATION The amount contributed for the calendar year 2009 for Mr Huie's supplemental nonqualified retirement plan is included in the details for Part II, Column (B)(iii) The severance pay amounts included in this column for the calendar year 2009 are included in the details for Part II, Column (B)(iii) EXPLANATION OF PART II, COLUMN (C) DEFERRED COMPENSATION This employee participates in a defined benefit pension plan, the contributions to which are actuarially determined The amount shown is the increase in the annual vested benefit at normal retirement for the fiscal year ended September 30, 2009 (not discounted to present value) (normal retirement is age 65 with 5 years of participation) Mr Elrod has reached the maximum benefit under the plan EXPLANATION OF PART II, COLUMN (D) NONTAXABLE BENEFITS Included in this column is the cost of the following nontaxable benefits long-term disability income insurance plan, group term-life insurance, the

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 72-0400933
Name: Willis-Knighton Medical Center

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
James K Elrod	(I)	990,657	0	3,275,643	0	5,391	4,271,691	841,905
	(II)	6,000	0	0	0	0	6,000	0
Pierre V Blanchard MD	(I)	200,000	0	6,161	1,953	4,938	213,052	0
	(II)	0	0	0	0	0	0	0
Robert D Huie	(I)	538,570	0	2,087,846	2,245	14,496	2,643,157	525,343
	(II)	0	0	0	0	0	0	0
Nila C Willhoite	(I)	199,266	0	32,301	2,606	11,981	246,154	0
	(II)	0	0	0	0	0	0	0
Charles D Daigle	(I)	347,083	0	22,415	1,664	19,016	390,178	0
	(II)	0	0	0	0	0	0	0
Steve R Randall	(I)	260,221	0	19,873	1,849	18,516	300,459	0
	(II)	0	0	0	0	0	0	0
Margaret G Elrod	(I)	135,452	0	21,732	3,171	4,748	165,103	0
	(II)	0	0	0	0	0	0	0
Jerry A Fielder II	(I)	143,650	0	712	3,651	18,787	166,800	0
	(II)	0	0	0	0	0	0	0
Janet Keri Elrod	(I)	135,090	0	21,334	3,639	4,476	164,539	0
	(II)	0	0	0	0	0	0	0
Ira L Moss	(I)	159,749	0	21,419	3,340	13,259	197,767	0
	(II)	0	0	0	0	0	0	0
Jill Kelly Elrod	(I)	178,429	0	18,371	1,936	8,407	207,143	0
	(II)	0	0	0	0	0	0	0
Peggy J Gavin	(I)	134,858	0	22,591	3,684	5,247	166,380	0
	(II)	0	0	0	0	0	0	0
Ramona D Fryer	(I)	147,403	0	18,080	1,685	14,035	181,203	0
	(II)	0	0	0	0	0	0	0
Daniel J Moller Jr MD	(I)	296,685	0	20,996	1,834	11,602	331,117	0
	(II)	0	0	0	0	0	0	0
Charles A Powers MD	(I)	300,000	0	20,051	1,841	12,234	334,126	0
	(II)	0	0	0	0	0	0	0
Randall P Brewer MD	(I)	2,180,590	0	-1,998	1,621	17,016	2,197,229	0
	(II)	0	0	0	0	0	0	0
Rebecca A Posner MD	(I)	924,699	0	-201	1,614	1,922	928,034	0
	(II)	0	0	0	0	0	0	0
Milan G Mody MD	(I)	843,990	0	-1,296	1,640	17,016	861,350	0
	(II)	0	0	0	0	0	0	0
Matthew Mosura MD	(I)	1,024,886	0	-2,726	1,652	17,016	1,040,828	0
	(II)	0	0	0	0	0	0	0
David A Scott MD	(I)	897,611	0	-1,051	1,664	17,016	915,240	0
	(II)	0	0	0	0	0	0	0

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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
Willis-Knighton Medical Center

Employer identification number
72-0400933

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	(c) Corrected? 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? To	(b) Loan to or from the organization? From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) In default? No	(f) Approved by board or committee? Yes	(f) Approved by board or committee? No	(g) Written agreement? Yes	(g) Written agreement? 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	(e) Sharing of organization's revenues? No
Frank B Hughes MD	Trustee	111,300	Rent-Building		No
Phillip A Rozeman MD	Trustee	107,299	Rent-Building		No
Timothy B Willhoite	Family member of Nila Willhoite, officer	44,223	Employment		No
Gregory J Gavin	Family member of Peggy Gavin, officer	178,751	Employment		No

Additional Data

Software ID:
Software Version:
EIN: 72-0400933
Name: Willis-Knighton Medical Center

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Willis-Knighton Medical Center

Employer identification number
72-0400933

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		1 Family Relationships with James K Elrod - President, CEO, and Trustee Margaret Elrod, spouse - VP-Marketing, Live Oak Retirement Community, Quick Care, Occupational Medicine, and Wellness Centers Kelly Elrod, daughter - VP of Legal Affairs Keri Elrod, daughter - VP and Administrator of WK South Hospital

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		The Medical Center's CPA firm prepares the Form 990 with the assistance of several of the Medical Center's employees The Form 990 is then reviewed by the Medical Center's President and Vice-President After this review, a complete copy of the Form 990 is provided to each member of the Board of Trustees, and the President, Vice-President and CPA firm review and discuss the Form 990 with the Trustees before the Form 990 is filed

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		The Conflicts of Interest Policy covers all "Interested Persons " An "Interested Person" is defined as any Trustee, principal officer, or member of a committee with board designated powers who has a direct or indirect financial interest in an entity with which the Medical Center has a transaction or arrangement, or a compensation arrangement with the Medical Center or with any entity or individual with which the Medical Center has a transaction or arrangement, or a potential ownership or investment interest in, or compensation arrangement with, any entity or individual with which the Medical Center is negotiating a transaction or arrangement Interested Persons have a duty to disclose any actual or possible conflicts of interest and all material facts related to the proposed transaction or arrangement to the Trustees and members of committees with board designated powers The Interested Person is allowed to make a presentation at the board or committee meeting, but after such presentation the Interested Person shall leave the meeting during the discussion of, and the vote on, the transaction or arrangement that results in the conflict of interest If the board or committee believes a member has violated the Conflicts of Interest Policy, it shall inform the member of the basis for such belief and afford the member an opportunity to explain the alleged failure If the board or committee determines that the member has, in fact, failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action Periodic reviews are conducted which, at a minimum, include the following subjects 1 Whether compensation arrangements and benefits are reasonable and are the result of arm's-length bargaining 2 Whether acquisitions of goods or services result in inurement or impermissible private benefit 3 Whether partnership and joint venture arrangements and arrangements with management service organizations and physician hospital organizations conform to written policies, are properly recorded, reflect reasonable payments for goods and services, further the corporation's charitable purposes and do not result in inurement or impermissible private benefit 4 Whether agreements to provide health care and agreements with other health care providers, employees, and third party payors further the corporation's charitable purposes and do not result in inurement or impermissible private benefit

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		The Executive Compensation Committee of the Board of Trustees determines the compensation of the top two executives (CEO and CFO) of the Medical Center A second compensation committee, consisting of the CEO and CFO, determines the compensation of other officers and key employees The compensation committees study data from independent salary surveys (such as "Manager and Executive Compensation in Hospitals and Health Systems," which is an annual survey prepared by Sullivan Cotter) to understand compensation paid to similarly qualified individuals in comparable positions at similarly situated organizations The compensation committees also compile data from other tax-exempt health systems of similar size and complexity and use that information as comparative compensation The committees use the information from these sources as benchmarks in determining officer and key employee compensation The committees also consider other factors in determining officer and key employee compensation, such as length of employment and their responsibilities The committees maintain contemporaneous documentation of the basis for their decisions regarding compensation arrangements

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		Willis-Knighton Medical Center's governing documents and its conflict of interest policy are available on its website www wkhs com The financial statements are available on the following website http //www emma msrb org

Identifier	Return Reference	Explanation
		Willis-Knighton Medical Center did not change its oversight process or selection process during the year ended 9/30/10

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Willis-Knighton Medical Center

Employer identification number
72-0400933

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
Virginia Hall Nursing Home DBA Progressive Care Center 2715 Albert Bicknell Drive Shreveport, LA 711033925 72-1047744	Nursing Care-Skilled Nursing Facility for the Elderly and Disabled	LA	501(c)(3)	9	N/A
Multi-Faith Retirement Services DBA Live Oak Retirement 600 E Flournoy Lucas Road Shreveport, LA 711153855 72-0809402	Provide Housing, Healthcare and Related Services to the Elderly	LA	501(c)(3)	9	N/A

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
South Shreveport Pharmacy Inc PO Box 1768 Shreveport, LA711661768 72-1131182	Retail Sales of Pharmaceutical Products	LA	N/A	C		1,257	100 000 %
Claims & Benefits Administrators of Louisiana Inc PO Box 32600 Shreveport, LA711302600 72-1296277	Claims Administration	LA	N/A	C			100 000 %
Willis-Knighton Lab and X-Ray Services Inc PO Box 32600 Shreveport, LA711302600 72-1137503	Inactive	LA	N/A	C			100 000 %
Health Plus of Louisiana Inc 2219 Line Avenue Shreveport, LA711042128 72-1264135	Health Maintenance Organization	LA	N/A	C	61,774,576	19,659,464	100 000 %
HPL Insurance Agency Inc PO Box 32625 Shreveport, LA711302625 20-2199735	Health Insurance Agent	LA	Health Plus of Louisiana Inc	C	7,555	38,249	100 000 %

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

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

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

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 72-0400933
Name: Willis-Knighton Medical Center

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)
(1)	Virginia Hall Nursing Home DBA Progressive Care Center	A	213,111
(2)	Virginia Hall Nursing Home DBA Progressive Care Center	I	213,111
(3)	Virginia Hall Nursing Home DBA Progressive Care Center	J	318,250
(4)	Virginia Hall Nursing Home DBA Progressive Care Center	K	954,580
(5)	Health Plus of Louisiana Inc	A	65,000
(6)	Health Plus of Louisiana Inc	I	65,000
(7)	Health Plus of Louisiana Inc	K	11,190,442
(8)	Health Plus of Louisiana Inc	L	1,836,748
(9)	Health Plus of Louisiana Inc	O	41,417,048
(10)	Health Plus of Louisiana Inc	R	22,482,246
(11)	Multi-Faith Retirement Services DBA Live Oak Retirement Community	J	104,133