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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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 10-01-2010 and ending 09-30-2011

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

C Name of organization
LAFAYETTE GENERAL MEDICAL CENTER INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1214 COOLIDGE BLVD

City or town, state or country, and ZIP + 4
LAFAYETTE, LA 705032621

D Employer identification number
72-0535375

E Telephone number
(337) 289-8125

G Gross receipts $ 214,735,013

F Name and address of principal officer
DAVID CALLECOD
1214 COOLIDGE BLVD
LAFAYETTE, LA 70503

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) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW LAFAYETTEGENERAL COM

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1911 | **M** State of legal domicile LA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE ORGANIZATION PROVIDES MEDICAL CARE TO IMPROVE, MAINTAIN, AND RESTORE THE HEALTH OF THE PEOPLE IN THE COMMUNITIES WE SERVE, REGARDLESS OF THE PATIENTS' ABILITY TO PAY

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**	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	11
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	1,854
6	Total number of volunteers (estimate if necessary)	**6**	112
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	2,502,731
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-140,101

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	38,700	55,685
9	Program service revenue (Part VIII, line 2g)	191,746,083	208,935,210
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,194,256	4,263,716
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,683,321	-2,497,091
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	198,662,360	210,757,520
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	191,479	164,723
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	79,967,336	82,736,870
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	111,203,046	121,466,800
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	191,361,861	204,368,393
19	Revenue less expenses Subtract line 18 from line 12	7,300,499	6,389,127
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	332,063,015	336,016,610
21	Total liabilities (Part X, line 26)	158,906,541	158,533,156
22	Net assets or fund balances Subtract line 21 from line 20	173,156,474	177,483,454

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

****** | 2012-08-14
Signature of officer | Date

ROGER MATTKE CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
RALPH STEPHENS	RALPH STEPHENS			

Firm's name ▶ POSTLETHWAITE & NETTERVILLE | Firm's EIN ▶

Firm's address ▶ 8550 UNITED PLAZA BLVD SUITE 1001
BATON ROUGE, LA 70809 | Phone no ▶ (225) 922-4600

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

LAFAYETTE GENERAL MEDICAL CENTER'S MISSION IS TO IMPROVE, MAINTAIN AND RESTORE THE HEALTH OF THE PEOPLE IN THE COMMUNITIES 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 $ 155,340,619 including grants of $ 164,723) (Revenue $ 210,423,586)

PROGRAM SERVICES STATISTICS RELATED TO PROVIDING COMMUNITY MEDICAL CARE FOR THE HOSPITAL TOTAL ACUTE PATIENT DAYS WERE 67,327, TOTAL NURSERY DAYS WERE 4,123, AND TOTAL REHAB DAYS WERE 3,209 OTHER SIGNIFICANT HEALTHCARE SERVICES PROVIDED INCLUDED 54,621 EMERGENCY ROOM VISITS, 8,918 SURGERIES (INPATIENT AND OUTPATIENT), AND 1,914 DELIVERIES THE ORGANIZATION PROVIDES NEEDED MEDICAL CARE TO THE COMMUNITY, REGARDLESS OF THE PATIENT'S ABILITY TO PAY SERVICES INCLUDED INPATIENT AND OUTPATIENT CARE IN FURTHERANCE OF THE ORGANIZATION'S HEALTHCARE MISSION THE REVENUES FORM THESE SERVICES ARE $430,504,234 AND $276,862,283, RESPECTIVELY THERE WERE ACUTE AND SKILLED CARE SERVICES NOT FULLY COMPENSATED THESE INCLUDED MEDICARE / MEDICAID CONTRACTUALS WITH $329,193,140 OF UNCOMPENSATED SERVICES, OTHER CONTRACTUALS WITH $146,913,940 OF UNCOMPENSATED SERVICES, AND BAD DEBTS OF $22,324,227 THE NET REVENUES OF THE SERVICES PROVIDED WERE $208,935,210 LAFAYETTE GENERAL MEDICAL CENTER (LGMC) SERVES THE NINE PARISHES IN LOUISIANA DESIGNATED ACADIANA WITH 353 STAFFED BEDS AND 1800 EMPLOYEES LGMC REMAINS THE AREAS LARGEST, FULL SERVICE, ACUTE-CARE MEDICAL CENTER OUR HOSPITAL MISSION IS TO RESTORE, MAINTAIN, AND IMPROVE HEALTH OF PEOPLE IN THE COMMUNITIES WE SERVE WE ARE A COMMUNITY-OWNED AND LOCALLY MANAGED HOSPITAL THAT STAYS TRUE TO OUR MISSION BY DEDICATING SIGNIFICANT RESOURCES TO COMPENSATE A COMPASSIONATE, HIGHLY SKILLED STAFF, ACQUIRE ADVANCED TECHNOLOGY, AND DEVELOP SERVICE IMPROVEMENTS EACH YEAR IN LINE WITH OUR GOAL OF BUILDING A REGIONAL HEALTH CARE SYSTEM, LAFAYETTE GENERAL HAS ESTABLISHED CLINICAL AFFILIATIONS WITH OUTLYING HOSPITALS, EXTENDING OUR BEST PRACTICES IN CANCER TREATMENTS, CARDIOLOGY, AND NEUROSCIENCE SUPPORT TO OUTLYING PARISHES LAFAYETTE GENERAL CONTINUES TO EXPAND ITS SERVICES AND FACILITIES IN ORDER TO MEET THE GROWING NEEDS OF OUR COMMUNITY ORIGINALLY BUILT IN 1963, THE 10-STORY LAFAYETTE GENERAL MEDICAL CENTER MAIN BUILDING COMPLETED AN EXTERIOR AND INTERIOR DESIGN RENOVATION TO FOCUS ON PATIENT HEALTH CARE BY CREATING A HEALING-FOCUSED AND COMFORTABLE ENVIRONMENT THE $70 MILLION RENOVATION PROJECT ADDED MORE THAN 65 SQUARE FEET OF SPACE TO PATIENT ROOMS AND MORE THAN 12,500 SQUARE FEET OF OVERALL SPACE WITH LARGER PATIENT BATHROOMS, SHOWERS AND A MODERNIZED PATIENT CARE INFRASTRUCTURE OUR ACCOLADES AND ACCREDITATIONS GROW EACH YEAR IN OUR FISCAL YEAR 2011 WE RECEIVED THE FOLLOWING CONTINUED QUALITY IMPROVEMENT BY LAFAYETTE GENERAL WAS NOTED BY STUDER GROUP AND PRESS GANEY AS A RECIPIENT OF EXCELLENCE IN PATIENT CARE FOR PHYSICIANS AND TOP IMPROVER AWARD FOR EMERGENCY DEPARTMENTS, RESPECTIVELY OTHER ACCOMPLISHMENTS INCLUDE THE STUDER AWARD AS THE MOST IMPROVED HOSPITAL IN PATIENT SATISFACTION AND CONSUMER CHOICE AWARD FROM NATIONAL RESEARCH CORPORATION THREE YEARS IN A ROW (2009-10, 2010-11, 2011-12) HEALTHGRADES RANKS LAFAYETTE GENERAL IN THE TOP 5% IN THE NATION AND NUMBER 1 IN LOUISIANA FOR OVERALL ORTHOPEDIC SERVICES WE ARE RECOGNIZED BY HEALTHGRADES AS BEING IN THE TOP 5% IN THE NATION FOR OVERALL PROSTATECTOMY, NUMBER 1 IN LOUISIANA FOR GI SURGERY AND FIVE-STAR RATED FOR SPINE SURGERY 5 YEARS IN A ROW PRIMARY STROKE CERTIFICATION FROM THE JOINT COMMISSION LAFAYETTE GENERAL MEDICAL CENTER ASSUMES THE ROLE OF A COMMUNITY PARTNER IN A VARIETY OF WAYS THROUGH FINANCIAL CONTRIBUTIONS WE WORK TO PRESERVE THE PROSPERITY OF OUR COMMUNITY, FURTHER MEDICAL EDUCATION AND RESEARCH AND HELP OUR CONSTITUENTS ACCESS THE MEDICAL CARE THEY NEED WE COORDINATE EVENTS AND SCREENINGS FREE OF CHARGE TO MAINTAIN THE HEALTH OF THE LOCAL PUBLIC WE ALSO EXTEND OUR WORKFORCE BEYOND THEIR DAILY RESPONSIBILITIES TO PARTICIPATE IN ACTIVITIES THAT PROVIDE FOR THE SAFETY AND BETTERMENT OF OUR COMMUNITY FINANCIAL CONTRIBUTIONS IN 2011 WE DONATED OVER $152,000 SUPPORTING ORGANIZATIONS THAT PARALLEL OUR CLINICAL SUPPORT TO CAMP BON CEUR ATTENDEES TO SPONSORING EVENTS THAT RAISE RESEARCH MONEY AND AWARENESS FOR ILLNESSES LIKE BREAST CANCER, DIABETES AND HEART DISEASE IN 2011 THESE MONIES WERE DONATED TO OVER 35 DIFFERENT ORGANIZATIONS IN OUR COMMUNITY COMMUNITY OUTREACH & HEALTH CARE ACCESS CONTRIBUTIONS LAFAYETTE GENERAL MEDIAL CENTER MAINTAINS A PROACTIVE APPROACH TO EDUCATION AND WELLNESS IN OUR COMMUNITY ANNUALLY LGMC PROVIDES A MULTITUDE OF EDUCATIONAL SEMINARS AIMED AT EDUCATING THE PUBLIC ON PREVENTATIVE CARE AND MAINTAINING A HEALTHY LIFESTYLE SOME OF THESE ACTIVITIES AND PROGRAMS INCLUDE DONATED $9,392 IN DIAGNOSTIC SERVICES AS PART OF A PARTNERSHIP WITH THE LAFAYETTE COMMUNITY HEALTH CARE CLINIC WOMEN'S AND CHILDREN'S SERVICES CURRENTLY OFFERS CLASSES WHICH INCLUDE NEWBORN CARE, LABOR AND DELIVERY PROCESS, BREASTFEEDING YOUR INFANT AND INFANT CPR PARTICIPANT IN THE SHOTS FOR TOTS PROGRAM, BY PROVIDING CHILDREN'S IMMUNIZATIONS AT THE HOSPITAL FOUR TIMES DURING THE YEAR FREE SUPPORT GROUPS ARE OPEN TO RESIDENTS DEALING WITH STROKE SURVIVAL, WEIGHT LOSS SURGERY, INFANT BEREAVEMENT, AND MULTIPLE BIRTHS STAFFED FREE HEALTH BOOTHS INCLUDING AHA GO RED FOR WOMEN, SUSAN G KOEMAN'S RACE FOR THE CURE AND THE WALK FROM OBESITY CONDUCTED SIX COMMUNITY EDUCATION LUNCHEONS, HEALTH IN GENERAL, AT WHICH DIFFERENT PHYSICIANS SPOKE TO VARIOUS TOPICS LGMC ALSO PROVIDES FREE TRANSPORTATION FOR PATIENTS WITH SPECIAL NEEDS, IN ORDER TO ALLOW THEM ACCESS TO MEDICAL CARE AT THE HOSPITAL TO IMPROVE HEALTH CARE ACCESS FOR THOSE UNINSURED WORKERS LIVING AT OR BELOW POVERTY LEVEL, LGMC MAINTAINS A REFERRAL AGREEMENT WITH THE LOCAL LAFAYETTE COMMUNITY HEALTHCARE CLINIC TO PROVIDE DIAGNOSTIC TESTING TO THEIR PATIENT POPULATION LAFAYETTE GENERAL MEDICAL CENTER IS TRULY A COMMUNITY OWNED HOSPITAL CARING FOR THE NEEDS OF THE COMMUNITY AND INVESTING IN THE FUTURE WELLNESS OF OUR NEIGHBORS

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** ▶ $ 155,340,619

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 (see instruction)?	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, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
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	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	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.*	11b		No
c	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.*	11c		No
d	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.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	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 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	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, Parts I and IV*	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, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Parts III and IV*	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 (see instructions)*	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
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	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**	Yes	
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 lines 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect 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)?	**35**	Yes	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☑ **Yes** ☐ **No**			
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

Check if Schedule O contains a response to any question in this Part V . . . . . .

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	280		
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	1,854		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			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 instructions for 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?			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 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			14b		

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.

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	17		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	11		
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 governing documents since the prior Form 990 was filed?			4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .			5	No
6	Does the organization have members or stockholders?			6 Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?			7a Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .			7b Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?			8a Yes	
b	Each committee with authority to act on behalf of the governing body?			8b Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9	No

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this 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 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		No

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 ▶

LAFAYETTE GENERAL MEDICAL CENTER
1214 COOLIDGE BLVD
LAFAYETTE,LA 705032621
(337) 289-8125

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

Check if Schedule O contains a response to any question in this Part VII . . . . . ☑

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

- 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, if any 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, and 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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 Additional Data Table										

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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 Additional Data Table										
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								2,913,406	0	292,242

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 ▶ 48

		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 or individual 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
HOSPITAL HOUSEKEEPING SYSTEMS LTD PO BOX 826 SAN ANTONIO, TX 782930826	HOUSEKEEPING SERVICES	2,279,868
WASHER HILL LIPSCOMB 1744 OAKDALE DR BATON ROUGE, LA 70810	ARCHITECTURE	2,258,991
PARISH ANESTHESIA OF LAFAYETTE 3510 N CAUSEWAY BLVD STE 404 METAIRIE, LA 70002	ANESTHESIA SERVICES	1,222,018
ASSOC REGIONAL & UNIVERSITY PATHOLOGIST PO BOX 27964 SALT LAKE CITY, UT 84112	REFERENCE LAB	842,231
TOTAL RENALCARE INC PO BOX 404691 ATLANTA, GA 30384	DIALYSIS SERVICES	693,503

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 ▶ 26

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	45,685			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	10,000			
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f . . . . . ▶		55,685			
Program Service Revenue		Business Code				
	2a MEDICAL PATIENT SERVIC	621990	208,935,210	208,935,210		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f . . . . . ▶		208,935,210			
	3 Investment income (including dividends, interest and other similar amounts) . . . . . ▶		3,225,862			3,225,862
	4 Income from investment of tax-exempt bond proceeds . . ▶		9,560			9,560
	5 Royalties . . . . . ▶		1,533			1,533
		(i) Real	(ii) Personal			
	6a Gross Rents	3,377,659				
	b Less rental expenses	259,037				
	c Rental income or (loss)	3,118,622				
	d Net rental income or (loss) . . . . . ▶		3,118,622		394,346	2,724,276
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	4,696,801	34,535			
	b Less cost or other basis and sales expenses	3,703,042				
	c Gain or (loss)	993,759	34,535			
	d Net gain or (loss) . . . . . ▶		1,028,294			1,028,294
Other Revenue	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a		0			
	b Less direct expenses . . . b		15,414			
	c Net income or (loss) from fundraising events . . ▶		-15,414			-15,414
	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 INTERCOMPANY REVENUE	561000	1,551,521		805,526	745,995
	b HOSPITAL CAFETERIA	722210	1,277,942			1,277,942
	c REFERENCE LAB	621500	490,508		490,508	
	d All other revenue		-8,921,803	1,488,376	812,351	-11,222,530
	e **Total.** Add lines 11a–11d . . . . . ▶		-5,601,832			
	12 **Total revenue.** See Instructions . . . ▶		210,757,520	210,423,586	2,502,731	-2,224,482

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	152,773	152,773		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	11,950	11,950		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,834,574		1,834,574	
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	69,454,833	56,000,366	13,454,467	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	557,026	419,327	137,699	
9	Other employee benefits	5,727,090	5,294,263	432,827	
10	Payroll taxes	5,163,347	4,030,069	1,133,278	
a	Fees for services (non-employees) Management	926,835	926,835		
b	Legal	867,150	3,569	863,581	
c	Accounting	286,158		286,158	
d	Lobbying				
e	Professional fundraising services *See Part IV, line 17*				
f	Investment management fees	365,753	365,753		
g	Other	19,525,530	12,517,132	7,008,398	
12	Advertising and promotion	1,186,127	83,522	1,102,605	
13	Office expenses	55,994,506	54,207,165	1,787,341	
14	Information technology	3,802,682	9,920	3,792,762	
15	Royalties				
16	Occupancy	3,585,403	530,996	3,054,407	
17	Travel	468,063	189,190	278,873	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	4,006,719	4,006,304	415	
21	Payments to affiliates	397,845	657,603	-259,758	
22	Depreciation, depletion, and amortization	14,031,749	6,624,788	7,406,961	
23	Insurance	2,960,448		2,960,448	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	EQUIPMENT RENTAL AND MA	10,196,006	7,505,489	2,690,517	
b	COMMUNITY AND PHYSICIAN	1,841,516	1,521,092	320,424	
c	RECRUITING	591,581	327	591,254	
d	BOND FUND EXPENSE	186,174	186,174		
e					
f	All other expenses	246,555	96,012	150,543	
25	**Total functional expenses.** Add lines 1 through 24f	204,368,393	155,340,619	49,027,774	0
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) 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		9,360	1	9,960
	2	Savings and temporary cash investments		33,354,380	2	28,005,070
	3	Pledges and grants receivable, net			3	12,459
	4	Accounts receivable, net		37,246,717	4	36,474,682
	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)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L			6	
	7	Notes and loans receivable, net		1,388,458	7	5,319,705
	8	Inventories for sale or use		5,837,931	8	6,600,609
	9	Prepaid expenses and deferred charges		2,227,116	9	2,742,021
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 325,045,563			
	b	Less accumulated depreciation	10b 149,529,409	138,629,667	10c	175,516,154
	11	Investments—publicly traded securities		65,148,967	11	63,724,191
	12	Investments—other securities See Part IV, line 11		9,778	12	9,778
	13	Investments—program-related See Part IV, line 11		19,089,105	13	8,755,928
	14	Intangible assets		1,403,925	14	1,333,333
	15	Other assets See Part IV, line 11		27,717,611	15	7,512,720
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		332,063,015	16	336,016,610
Liabilities	17	Accounts payable and accrued expenses		32,237,951	17	29,912,905
	18	Grants payable		12,922	18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		84,140,736	20	84,164,015
	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		34,363,100	23	41,470,563
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		8,151,832	25	2,985,673
	26	**Total liabilities.** Add lines 17 through 25		158,906,541	26	158,533,156
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		173,156,474	27	177,483,454
	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		173,156,474	33	177,483,454
	34	Total liabilities and net assets/fund balances		332,063,015	34	336,016,610

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	210,757,520
2	Total expenses (must equal Part IX, column (A), line 25)	2	204,368,393
3	Revenue less expenses Subtract line 2 from line 1	3	6,389,127
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	173,156,474
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-2,062,147
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	177,483,454

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☑

			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 separate basis, consolidated 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

2010

Open to Public Inspection

Name of the organization
LAFAYETTE GENERAL MEDICAL CENTER INC

Employer identification number
72-0535375

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 described in **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 Sections 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See 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 2010 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2009 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2010.** 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—2009.** 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—2010.** 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—2009.** 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 Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	**(a)** 2006	**(b)** 2007	**(c)** 2008	**(d)** 2009	**(e)** 2010	**(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)** 2006	**(b)** 2007	**(c)** 2008	**(d)** 2009	**(e)** 2010	**(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 section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	**15**	
16	Public support percentage from 2009 Schedule A, Part III, line 15	**16**	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	**17**	
18	Investment income percentage from **2009** Schedule A, Part III, line 17	**18**	

19a **33 1/3% support tests—2010.** 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—2009.** 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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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

2010

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, 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, Part V, line 35a (Proxy Tax), then

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

Name of the organization	Employer identification number
LAFAYETTE GENERAL MEDICAL CENTER INC	72-0535375

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 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments 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)	23,572	
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)	23,572	
d Other exempt purpose expenditures	204,344,821	
e Total exempt purpose expenditures (add lines 1c and 1d)	204,368,393	
f Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	
h Subtract line 1g from line 1a If zero or less, enter -0-	0	
i Subtract line 1f from line 1c If zero or less, enter -0-	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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	22,141	20,618	22,710	23,572	89,041
d Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	22,141	20,618	22,710	23,572	89,041

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?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities? If "Yes," describe in Part IV			
j	Total lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
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 IV, SUPPLEMENTAL INFORMATION		990 SCHEDULE C PART II-A, LINE 1A ALL LOBBYING ACTIVITIES OCCUR INDIRECTLY THROUGH THE AMERICAN HOSPITAL ASSOCIATION AND THE LOUISIANA HOSPITAL ASSOCIATION THE HOSPITAL DOES NOT HAVE ANY CONTROL OR DIRECTION IN DETERMINING HOW SUCH DUES PAID TO THESE TWO ORGANIZATIONS ARE USED

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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

2010

Open to Public Inspection

Name of the organization
LAFAYETTE GENERAL MEDICAL CENTER INC

Employer identification number
72-0535375

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		8,897,052		8,897,052
b Buildings		196,000,283	65,436,638	130,563,645
c Leasehold improvements		2,655,150	1,248,039	1,407,111
d Equipment		117,493,078	82,844,732	34,648,346
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				175,516,154

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
(1) Financial derivatives		
(2) 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	
SELF INSURANCE RESERVES	2,954,423
SAINTS STREET LAFAYETTE GENERAL AMB ENDOCOPY CENTER	31,250
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	2,985,673

2. Fin 48 (ASC 740) 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 (ASC740)

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

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

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	

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

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	

Part 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
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE ORGANIZATION ACCOUNTS FOR UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACS 740 FASB ACS 740 PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT PROCESS FOR FINANCIAL STATEMENT RECOGNITION OF UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN THE INTERPRETATION ALSO PROVIDES GUIDANCE ON RECOGNITION, DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE AND TRANSITION THE ORGANIZATION'S VARIOUS FEDERAL INCOME TAX AND EXEMPT ORGANIZATION INCOME TAX RETURNS (IRS FORMS 1065, 1120, AND 990), WHETHER FILED ON A CALENDAR OR FISCAL YEAR BASIS, ARE SUBJECT TO EXAMINATION BY THE IRS, GENERALLY FOR THREE YEARS AFTER THEY ARE FILED

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
LAFAYETTE GENERAL MEDICAL CENTER INC

Employer identification number
72-0535375

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

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

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

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

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

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

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

		(a) Event #1 GALA OCT. 6, 2011 (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts				
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs	4,400			4,400
	7 Food and beverages				
	8 Entertainment	1,500			1,500
	9 Other direct expenses	9,514			9,514
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				15,414
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				-15,414

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

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

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a	The organization's facility	13a	
b	An outside facility	13b	

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ ----------

Address ▶ ----------

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address

Name ▶ ----------

Address ▶ ----------

16 Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $ ----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
	PART II, LINE 3 AND LINE 10	THE DIRECT EXPENSES REPORTED FOR COSTS INCURRED IN THIS REPORTING PERIOD PRIOR TO THE EVENT HELD ON OCTOBER 6, 2011 THE GROSS INCOME AND THE COST INCURRED AFTER THIS REPORTING PERIOD WILL BE REPORTED ON OUR NEXT YEAR RETURN

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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

2010

Open to Public Inspection

Name of the organization
LAFAYETTE GENERAL MEDICAL CENTER INC

Employer identification number
72-0535375

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? 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 financial assistance policy to its various hospital facilities during the tax year ☑ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
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 FPG 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	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . .	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Does the organization prepare a community benefit report during the tax year?	6a	Yes	
6b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance 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 Financial Assistance at cost (from Worksheets 1 and 2)			1,561,870		1,561,870	0 760 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			28,159,823	22,812,471	5,347,352	2 620 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			29,721,693	22,812,471	6,909,222	3 380 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			1,959,375		1,959,375	0 960 %
f Health professions education (from Worksheet 5)			438,103	245,288	192,815	0 090 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)			152,773		152,773	0 070 %
j **Total** Other Benefits			2,550,251	245,288	2,304,963	1 120 %
k **Total.** Add lines 7d and 7j			32,271,944	23,057,759	9,214,185	4 500 %

Part II **Community Building Activities** during the tax year, and describe in Part VI how its community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

		(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	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15?	1	Yes		
2	Enter the amount of the organization's bad debt expense (at cost)	2	6,075,762		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's financial assistance policy	3	1,211,328		
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 a portion of bad debt amounts as community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	66,943,772		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	70,815,430		
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-3,871,658		
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			No
b	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			

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					

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, measured by total revenue per facility, from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 1

	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)
1	LAFAYETTE GENERAL MEDICAL CENTER INC 1214 COOLIDGE BLVD LAFAYETTE,LA 70503	X	X					X		

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, measured by total revenue per facility, from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (Describe)
1	
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Complete this part to provide the following information

1 **Required descriptions.** Provide the description required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B

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 financial assistance policy

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

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities 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)

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Identifier	ReturnReference	Explanation
		PART I, LINE 7 PART I, LINE 7, COLUMN (F) THE HOSPITAL USED TOTAL EXPENSES FROM FORM 990, PART IX, LINE 25 WHICH EXCLUDED BAD DEBT EXPENSE A COST-TO-CHARGE RATIO WAS USED TO ESTIMATE COSTS INCLUDED IN LINE 7 THE COST-TO-CHARGE WAS DERIVED FROM WORKSHEET 2, RATIO OF PATIENT CARE COST-TO-CHARGE AS PROVIDED IN THE INSTRUCTIONS TO SCHEDULE H

Identifier	ReturnReference	Explanation
		PART III, LINE 4 PART III, LINE 4 FOOTNOTE TO THE AUDITED FINANCIAL STATEMENTS THE MEDICAL CENTER REPORTS ACCOUNTS RECEIVABLE NET OF ESTIMATED ALLOWANCES FOR UNCOLLECTIBLE ACCOUNTS AND ADJUSTMENTS TO PROVIDE FOR ACCOUNTS RECEIVABLE THAT COULD BECOME UNCOLLECTIBLE IN THE FUTURE, THE MEDICAL CENTER ESTABLISHES AN ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS TO REDUCE THE CARRYING AMOUNT OF SUCH RECEIVABLES TO THEIR ESTIMATED NET REALIZABLE VALUE THE AMOUNT CHARGED TO THE PROVISION FOR DOUBTFUL ACCOUNTS IS BASED UPON THE MEDICAL CENTER'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS, BUSINESS AND ECONOMIC CONDITIONS, AND TRENDS IN GOVERNMENT REIMBURSEMENT UNCOLLECTIBLE ACCOUNTS ARE WRITTEN OFF WHEN THE MEDICAL CENTER HAS DETERMINED THE ACCOUNT WILL NOT BE COLLECTED COSTING METHODOLOGY WORKSHEET A, ESTIMATE BAD DEBT EXPENSE (AT COST) WAS USED TO DETERMINE THE AMOUNT OF BAD DEBT EXPENSE REPORTED ON LINE 2 THE HOSPITAL ANALYZED THE POPULATION THAT WAS WRITTEN OFF TO BOTH CHARITY AND BAD DEBT DURING THE YEAR IT WAS ESTIMATED THAT 44% OF THE UNINSURED OUTPATIENT EMERGENCY ROOM VISITS THAT WERE ADJUSTED TO BAD DEBT MAY HAVE BEEN PATIENTS THAT COULD HAVE QUALIFIED FOR THE HOSPITAL'S CHARITY CARE POLICY BUT DID NOT INITIATE OR COMPLETE THE NECESSARY DOCUMENTATION THE HOSPITAL DID NOT INCLUDE ANY BAD DEBTS IN OUR COMMUNITY BENEFIT CALCULATIONS

Identifier	ReturnReference	Explanation
		PART III, LINE 8 PART III, LINE 8 THE COSTING METHODOLOGY USED FOR LINE 6 WAS THE STANDARD MEDICARE COST REPORT COST SYSTEM THE AMOUNTS WERE RECAPPED FROM THE HOSPITALS FILED 2011 COST REPORT THE CORRESPONDING REVENUE AMOUNTS WERE INCLUDED ON LINE 5 THE HOSPITAL DID NOT INCLUDE THE MEDICARE SHORTFALL IN OUR COMMUNITY BENEFIT CALCULATIONS REPORTED ON PART I, LINE 7

Identifier	ReturnReference	Explanation
		PART VI, LINE 2 PART VI, LINE 2 NEEDS ASSESSMENT A FORMAL NEEDS ASSESSMENT HAS NOT BEEN UNDERTAKEN, HOWEVER, THE HOSPITAL DOES HAVE A BOARD OF TRUSTEES AND MEMBERS OF THE CORPORATION COMPRISED OF INDIVIDUALS FROM THE LOCAL COMMUNITY, WHICH ARE INDEPENDENTLY AWARE OF THE MEDICAL NEEDS OF THE COMMUNITY SURPLUS RECEIPTS OVER DISBURSEMENTS ARE INVESTED TO IMPROVE THE QUALITY OF PATIENT CARE, EXPAND HOSPITAL FACILITIES AND EQUIPMENT, ADVANCE MEDICAL TRAINING AND EDUCATION THE HOSPITAL ALSO MAINTAINS AN OPEN MEDICAL STAFF

Identifier	ReturnReference	Explanation
		PART VI, LINE 3 PART VI, LINE 3 PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE THE HOSPITAL COMPLIES WITH FEDERAL AND JACHO REQUIREMENTS OF POSTING NOTICES TO PATIENTS AS REQUIRED BY FEDERAL PROGRAMS HANDOUTS ARE INCLUDED WITH THE ADMISSION PACKAGE THAT INFORMS THE PATIENT OF CONTACT INFORMATION TO DISCUSS PAYMENT OPTIONS THE HOSPITAL IS A MEDICAID ENROLLMENT FACILITY, AND AS SUCH, THE HOSPITAL OFFERS SCREENING SERVICES FOR ELIGIBILITY FOR MEDICAID AND POSSIBLE CHARITY CARE ASSISTANCE HOSPITAL PERSONNEL ALSO SCREEN LARGER ACCOUNTS AFTER THE ORIGINAL BILL IS ISSUED, AND CONTACT THE PATIENT TO DETERMINE QUALIFICATIONS FOR CHARITY CARE POLICY

Identifier	ReturnReference	Explanation
		PART VI, LINE 4 PART VI, LINE 4 COMMUNITY INFORMATION THE HOSPITAL SERVES THE NINE PARISHES IN LOUISIANA DESIGNATED AS ACADIANA AS THE LARGEST, FULL SERVICE, ACUTE CARE MEDICAL CENTER APPROXIMATELY ONE THIRD OF THE HOSPITAL'S DISCHARGES COME FROM LAFAYETTE PARISH THE HOSPITAL MAINTAINS AN EMERGENCY ROOM OPEN TO ALL PEOPLE REQUIRING EMERGENCY CARE WITHOUT REGARD TO THEIR ABILITY TO PAY

Identifier	ReturnReference	Explanation
		PART VI, LINE 6 PART VI, LINE 5 PROMOTION OF COMMUNITY HEALTH THE HOSPITAL DOES MAINTAIN AN OPEN MEDICAL STAFF THUS ALLOWING IT TO OFFER A VARIETY OF SPECIALISTS, AND CONTINUES TO RECRUIT PHYSICIANS TO OUR AREA TO ENSURE THAT THE HOSPITAL WILL CONTINUE TO BE THE FULL SERVICE HEALTHCARE PROVIDER THAT THE COMMUNITY EXPECTS THE HOSPITAL JOINS FORCES WITH OTHER LOCAL ORGANIZATIONS TO PROVIDE HEALTHCARE SCREENINGS AND TEST AT LOCAL EVENTS

Identifier	ReturnReference	Explanation
		PART VI, LINE 7 PART VI, LINE 6 THE HOSPITAL IS AFFILIATED WITH OTHER HEALTHCARE ORGANIZATIONS SEE FORM 990 SCHEDULE R FOR A COMPLETE LISTING ALL OF THE ORGANIZATIONS ARE LOCAL HEALTHCARE ORGANIZATIONS WITH THE SAME PURPOSE AS THE HOSPITAL

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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

2010

Open to Public Inspection

Name of the organization
LAFAYETTE GENERAL MEDICAL CENTER INC

Employer identification number
72-0535375

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. Part II can be duplicated if additional space is needed. . . . . ▶ ☐

1 (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
(1) LAFAYETTE BALLET THEATER100 PILLETTE ROAD LAFAYETTE,LA 70508	72-0937048	501(C)3	5,000				CHARITABLE DONATIONS ARE MADE TO LOCAL NON-PROFT AND GOVERNMENT ORGAINIZATIONS THAT PARALLEL OUR HEALTHCARE MISSION IN THE COMMUNITY
(2) AMERICAN CANCER SOCIETY1604 W PINHOOK ROAD SUITE 182 LAFAYETTE,LA 70508	58-1925867	501(C)3	10,040				CHARITABLE DONATIONS ARE MADE TO LOCAL NON-PROFT AND GOVERNMENT ORGAINIZATIONS THAT PARALLEL OUR HEALTHCARE MISSION IN THE COMMUNITY
(3) AMERICAN HEART ASSOCIATION139B JAMES COMEAUX RAOD 596 LAFAYETTE,LA 70508	36-0726140	501(C)3	27,500				CHARITABLE DONATIONS ARE MADE TO LOCAL NON-PROFT AND GOVERNMENT ORGAINIZATIONS THAT PARALLEL OUR HEALTHCARE MISSION IN THE COMMUNITY
(4) CAMP BON COUER405 W MAINT ST LAFAYETTE,LA 70501	58-1710741	501(C)3	13,000				CHARITABLE DONATIONS ARE MADE TO LOCAL NON-PROFT AND GOVERNMENT ORGAINIZATIONS THAT PARALLEL OUR HEALTHCARE MISSION IN THE COMMUNITY
(5) PENNINGTON BIOMEDICAL RESEARCH 6400 PERKINS ROAD BATON ROUGE,LA 70808	58-1767810	501(C)3	10,000				CHARITABLE DONATIONS ARE MADE TO LOCAL NON-PROFT AND GOVERNMENT ORGAINIZATIONS THAT PARALLEL OUR HEALTHCARE MISSION IN THE COMMUNITY
(6) LAFAYETTE COMMUNITY HEALTH1317 JEFFERSON ST LAFAYETTE,LA 70501	72-1227982	501(C)3	11,500	9,392	FEE SCHEDULE	LAB SERVICES	CHARITABLE DONATIONS ARE MADE TO LOCAL NON-PROFT AND GOVERNMENT ORGAINIZATIONS THAT PARALLEL OUR HEALTHCARE MISSION IN THE COMMUNITY
(7) UNITED WAY OF ACADIANAPO BOX 52033 LAFAYETTE,LA 70501	72-0513639	501(C)3	17,050				CHARITABLE DONATIONS ARE MADE TO LOCAL NON-PROFT AND GOVERNMENT ORGAINIZATIONS THAT PARALLEL OUR HEALTHCARE MISSION IN THE COMMUNITY
(8) MILES PERRETT CENTER2130 KALISTE SALOOM RD LAFAYETTE,LA 70501	75-3023211	501(C)3	12,500				CHARITABLE DONATIONS ARE MADE TO LOCAL NON-PROFT AND GOVERNMENT ORGAINIZATIONS THAT PARALLEL OUR HEALTHCARE MISSION IN THE COMMUNITY
(9) OIL CENTER RENAISSANCE ASSOC 1005 E SAINT MARY BLVD LAFAYETTE,LA 70501	72-1257087	501(C)6	7,500				CHARITABLE DONATIONS ARE MADE TO LOCAL NON-PROFT AND GOVERNMENT ORGAINIZATIONS THAT PARALLEL OUR HEALTHCARE MISSION IN THE COMMUNITY

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 32

3 Enter total number of other organizations . . . . . ▶ 3

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
(1) DISBURSEMENT TO QUALIFYING LPN SCHOOL STUDENTS - HENRY P HEBERT SCHOLARSHIPS	23	11,950			

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
OTHER INFORMATION	PART IV	CHARITABLE DONATIONS ARE MADE TO LOCAL NON-PROFIT ORGINIZATIONS THAT PARALLEL OUR HEALTHCARE MISSION IN THE COMMUNITY DISBURSEMENTS FOR SCHOLARSHIPS, FELLOWSHIPS, AND STUDENT LOANS ARE MADE DIRECTLY IN FURTHERANCE OF THE ORGANIZATION'S EXEMPT PROGRAMS - THE PURPOSE OF WHICH THE HOSPITAL WAS ORGANIZED AND OPERATES THE DISBURSEMENTS ARE BASED ON PERSONAL INTERVIEWS, ACADEMIC ACHIEVEMENTS, AND THE APPROVAL OF THE HOSPITAL'S ADMINISTRATION CERTAIN STANDARDS AND CONDITIONS ARE ESTABLISHED TO ENSURE THAT RECIPIENTS ARE QUALIFIED AND THE DISBURSEMENTS ARE FOR HEALTH CARE OCCUPATIONS THE CRITERIA FOR EDUCATIONAL LOANS ARE 1 EMPLOYEES MUST HAVE COMPLETED ONE YEAR OF EMPLOYMENT 2 EMPLOYEE HAS ATTEMPTED TO GAIN OTHER FINANCIAL ASSISTANCE 3 MUST HAVE A LETTER OF RECOMMENDATION FROM DEPARTMENT DIRECTOR 4 MUST NOT HAVE AN UNSATISFACTORY EVALUATION 5 THE EMPLOYEE MUST SIGN A CONTRACT 6 ANY SINGLE LOAN MUST NOT EXCEED $10,000

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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

2010

Open to Public Inspection

Name of the organization
LAFAYETTE GENERAL MEDICAL CENTER INC

Employer identification number
72-0535375

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 from the organization or a related organization?	**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**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**	Yes	
b	Any related organization?	**6b**	Yes	
	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 duplicate copies if additional space is 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				
(1) DAVID CALLECOD	(i)	465,750	124,800	137,893	83,361	14,805	826,609	546,332
	(ii)	0	0	0	0	0	0	0
(2) PATRICK W GANDY JR	(i)	278,145	61,624	13,823	28,881	8,165	390,638	265,194
	(ii)	0	0	0	0	0	0	0
(3) ROGER MATTKE	(i)	264,470	58,317	2,033	34,669	13,791	373,280	243,615
	(ii)	0	0	0	0	0	0	0
(4) DEBRA CLARK	(i)	192,821	43,056	6,399	35,100	3,475	280,851	181,707
	(ii)	0	0	0	0	0	0	0
(5) GORDON E ROUNTREE JR	(i)	235,638	51,764	4,414	29,810	8,572	330,198	218,862
	(ii)	0	0	0	0	0	0	0
(6) KATHERINE HEBERT	(i)	172,838	42,179	10,089	13,511	3,324	241,941	168,830
	(ii)	0	0	0	0	0	0	0
(7) DEAN DUCOTE	(i)	130,000	14,484	13,446	0	76	158,006	118,448
	(ii)	0	0	0	0	0	0	0
(8) EDWINA MALLERY	(i)	128,004	17,157	385	2,959	1,655	150,160	109,160
	(ii)	0	0	0	0	0	0	0
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

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 ORGANIZATION DOES ALLOW FOR SPOUSAL TRAVEL FOR THE TRUSTEES AND OFFICERS SUCH EXPENSES ARE REPORTED ON THEIR W-2S OR 1099S A HOUSING ALLOWANCE WAS PAID TO THE PRESIDENT/CEO, BUT WAS INCLUDED AS COMPENSATION ON HIS W-2 SOCIAL CLUB DUES WERE PAID FOR THE PRESIDENT/CEO AND THE COO AND WERE INCLUDED AS WELL AS COMPENSATION ON THEIR W-2S TAXABLE FRINGE BENEFITS SUCH AS SPOUSAL TRAVEL AND SOCIAL CLUB DUES ARE ACCUMULATED AND GROSSED UP WHEN ADDED TO THE W-2 EARNINGS FOR THE YEAR
	PART I, LINE 4B	A SUPPLEMENTAL EMPLOYEE RETIREMENT PLAN (SERP) WAS ADOPTED EFFECTIVE JANUARY 01, 2008 THE SERP IS CLASSIFIED AS A SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN, THE PURPOSE OF WHICH IS TO PROVIDE PARTICIPANTS WITH SUPPLEMENTAL RETIREMENT BENEFITS CONTRIBUTION FOR THE YEAR WAS $196,375 00 THE BOARD DETERMINES WHICH EMPLOYEES ARE ELIGIBLE FOR PLAN CONTRIBUTIONS PARTICIPANTS WERE DAVID CALLECOD, CEO, PATRICK GANDY, COO, ROGER MATTKE, CFO, GORDON ROUNTREE, GENERAL COUNSEL, DEBRA CLARK, CNO, KATHERINE HEBERT, VICE-PRESIDENT, CAROLYN HUVAL, VICE-PRESIDENT, AND ZIAD ASHKAR, MD, CMO DEBRA CLARK, CNO PRIOR CONTRIBUTIONS WERE FORFEITED IN 2011 UPON HER SEPARATION
	PART I, LINE 6	THE ORGANIZATION DOES HAVE A PROFIT SHARING PLAN (SUCCESS SHARING) FOR ALL EMPLOYEES IN GOOD STANDING, DETERMINED IN PART ON NET EARNINGS THE CRITERIA USED TO DETERMINE IF PROFIT SHARING WILL BE MADE IS BASED ONE THIRD ON NET EARNINGS OF THE ORGANIZATION, ONE THIRD ON QUALITY MEASURES, AND ONE THIRD ON PATIENT SATISFACTION SCORES PART 1, LINE 6B OFFICERS', AS LISTED ON PART VII OF FORM 990, CALCULATION OF PROFIT SHARING IS IN PART BASED ON THE CONSOLIDATED NET EARNINGS

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
LAFAYETTE GENERAL MEDICAL CENTER INC

Employer identification number
72-0535375

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	LOUISIANA PUBLIC FACILITIES AUTHORITY	72-0895871	546395H80	08-12-2010	84,137,555	CAPITAL IMPROVEMENT RENOVATIONS PROJECT & REFUND OF 8/18/98 ISSUE		X		X		X
B	LOUISIANA PUBLIC FACILITIES AUTHORITY	72-0895871	PRIVATEPL	02-25-2011	3,850,000	REPLACE/UPGRADE CARDIAC CATH LAB		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	84,137,555	3,850,000		
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds	3,733,975			
6	Proceeds in refunding escrow				
7	Issuance costs from proceeds	1,550,751	59,703		
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	78,852,829	3,790,297		
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2011	2011		

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X			X				
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X				

Part III Private Business Use *(Continued)*

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

Part IV Arbitrage

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

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation
SCHEDULE K SUPPLENTAL INFORMATION		PART I, COLUMN (C) ADDITIONAL CUSIP# 546395H98, 546395J21, 546395J39, 546395J47,546395J54

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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

2010

Open to Public Inspection

Name of the organization
LAFAYETTE GENERAL MEDICAL CENTER INC

Employer identification number
72-0535375

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) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

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

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

Part IV **Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) LAFAYETTE INVESTMENT GROUP LLC	SEE SCHEDULE O	535,331	SEE SCHEDULE O		No
(2) LAFAYETTE GENERAL SURGICAL HOSPITAL LLC	SEE SCHEDULE O	2,252,798	SEE SCHEDULE O		No
(3) LAFAYETTE HEALTH VENTURES INC	SEE SCHEDULE O	8,088,667	SEE SCHEDULE O		No
(4) GBR LLC	SEE SCHEDULE O	500,000	SEE SCHEDULE O		No

Part V **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
LAFAYETTE GENERAL MEDICAL CENTER INC

Employer identification number
72-0535375

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		TRUSTEES, CLAY ALLEN AND ROBERT GILES, ARE INVOLVED IN SEPARATE BUSINESS VENTURES TOGETHER THAT ARE WHOLLY UNRELATED TO THE ORGANIZATION

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		THE ORGANIZATION IS A NON-STOCK NOT-FOR-PROFIT CORPORATION WITH ONE CLASS OF MEMBERSHIP

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A		THE MEMBERS RATIFY THE SELECTION OF THE INDIVIDUALS THAT SERVE ON THE BOARD OF TRUSTEES (GOVERNING BODY) AFTER THOSE INDIVIDUALS HAVE BEEN SELECTED AS A TRUSTEE BY THE BOARD OF TRUSTEES

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B		YES, THE INDIVIDUALS OF THE TRUSTEES (GOVERNING BODY) AND THE MEMBERS MUST BE APPROVED BY THE MEMBERSHIP BODY

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE FORM 990S ARE PREPARED AND REVIEWED BY THE ORGANIZATIONS ACCOUNTING STAFF THE COMPLETED FORMS ARE REVIEWED BY THE OFFICERS AND THEN PRESENTED TO THE BOARD FOR REVIEW, COMMENT AND CORRECTIONS IF NEEDED BEFORE FILING WITH THE IRS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	AN ANNUAL SURVEY IS SENT TO THE BOARD MEMBERS AND OFFICERS REQUIRING THEM TO DISCLOSE CONFLICTS OF INTEREST AFTER RECEIPT OF THESE SURVEYS, THE GOVERNANCE COMMITTEE AND ITS CHAIRPERSON REVIEW ALL CONFLICTS AND REPORT ON SAME TO THE GOVERNANCE COMMITTEE. THEREAFTER THE CHAIRPERSON OF THE GOVERNANCE COMMITTEE AND THE ORGANIZATION'S GENERAL COUNCIL (WHO ATTENDS ALL BOARD MEETINGS) INSURES THAT ALL CONFLICTS ARE TIMELY DISCLOSED AND APPROPRIATE RECUSALS ARE MADE ON BUSINESS MATTERS THAT MAY BE RELATED TO THE CONFLICT

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	AN INDEPENDENT EXTERNAL CONSULTANT FIRM, SULLIVAN COTTER AND ASSOCIATES, IS ENGAGED BY THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES, WHICH IS COMPRISED OF DISINTERESTED DIRECTORS, TO PREPARE COMPENSATION SURVEY AND FAIR MARKET VALUE REPORT THE COMPENSATION COMMITTEE ANNUALLY REVIEWS THE MARKET COMPARABLES AND MAKES ADJUSTMENT THE PRESIDENT/CEO'S COMPENSATION THEREAFTER THIS SAME PROCESS IS FOLLOWED FOR THE FOLLOWING SENIOR EXECUTIVES OF THE ORGANIZATION CHIEF OPERATING OFFICER, CHIEF FINANCIAL OFFICER, CHIEF NURSING OFFICER AND GENERAL COUNSEL

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	BASIC FINANCIAL INFORMATION IS MADE AVAILABLE AND SENT OUT TO THE COMMUNITY BY MEANS OF THE ORGANIZATION'S ANNUAL REPORT OTHER DOCUMENTS AND MORE DETAILED FINANCIAL INFORMATION ARE AVAILABLE TO THE PUBLIC UPON REQUEST WITHIN THE PARAMETERS OF REGULATORY / LEGAL AUTHORITIES

Identifier	Return Reference	Explanation
	FORM 990, PART VII, SECTION A, LINE 1A	PAYMENTS TO THE PHYSICIANS THAT SERVICE AS TRUSTEES WERE REPORTED ON 1099 MISC BOX 6 ALL SUCH PAYMENTS WERE IN CONSIDERATION FOR PROVIDING CALL COVERAGE IN OUR EMERGENCY ROOM, OR SERVING AS MEDICAL DIRECTORS FOR VARIOUS HOSPITAL DEPARTMENTS NO PAYMENTS WERE MADE IN THEIR CAPACITY AS TRUSTEE

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -2,062,147

Identifier	Return Reference	Explanation
	FORM 990, PART XII, LINE 2C	THE PROCESS HAS NOT CHANGED FROM THE PREVIOUS YEAR

Identifier	Return Reference	Explanation
	SCH L PART IV	LAFAYETTE INVESTMENT GROUP LLC (LIG) IS A RELATED ORGANIZATION OF LAFAYETTE GENERAL MEDICAL CENTER INC CURRENT TRUSTEES, BRADLEY J CHASTANT, MD AND DAVID CALLECOD, PRESIDENT/CEO SERVE ON BOTH BOARDS THE GROUP OWNS AND OPERATES A SURGICAL HOSPITAL AND MEDICAL OFFICE BUILDING LGMC PAID LIG BUILDING RENT OF $463,190 AND EXPENSE TO BE REIMBURSED OF $72,141 TO PAY FOR CONSTRUCTION RELATED EXPENSES LAFAYETTE GENERAL SURGICAL HOSPITAL LLC (LGSH) IS A RELATED ORGANIZATION OF LGMC CURRENT TRUSTEE BRADLEY J CHASTANT, MD AND PATRICK W GANDY JR COO SERVE ON BOTH BOARDS FORMER TRUSTEE WW RUCKS III SERVES ON THE LGSH BOARD THE SURGICAL HOSPITAL OPERATES A 10-LICENSED-BED ACUTE CARE HOSPITAL SPECIALIZING IN SHORT STAY SURGICAL PROCEDURES LOCATED IN THE LIG BUILDING LGMC REIMBURSED LGSH FOR EXPENSES OF $4,749 LGSH PAID LGMC $184,392 FOR AN EQUIPMENT LOAN, $800,000 IN DISTRIBUTIONS, AND $1,273,155 FOR EXPENSES AND SERVICES LAFAYETTE HEALTH VENTURES INC (LHVI) IS A RELATED ORGANIZATION OWNED ENTIRELY BY LGMC CURRENT TRUSTEES JOBY JOHN, PH D , BRADEN DESPOT, RAE ROBINSON AND GARY SALMON AND CURRENT OFFICERS DAVID CALLECOD AND PATRICK GANDY JR SERVE ON LHVI'S BOARD ROGER MATTKE, CFO SERVES AS AN OFFICER FOR LHVI FORMER TRUSTEE MIKE ALEXANDER, MD SERVES ON THE LHVI BOARD LHVI OPERATES A COLLECTION AGENCY, RETAIL STORE FOR DURABLE MEDICAL EQUIPMENT, OPERATES MEDICAL CLINICS, AND EMPLOYS PHYSICIAN PRACTICES EFFECTIVE NOVEMBER 11, 2010, LHVI HAS APPLIED TO BE CONVERTED FROM A FOR-PROFIT TO A NON-PROFIT STATUS LHVI REMAINS TO HAVE A RELATIONSHIP WITH LGMC, IN THAT IT SUPPORTS LGMC'S MISSION BY PROVIDING MEDICAL SERVICES TO THOSE COMMUNITIES AND PERSONS THAT LGMC SERVES LAFAYETTE GENERAL MEDICAL CENTER, INC HAS ENTERED INTO A CONTRACT WITH GBH, LLC TO PROVIDE CRITICAL CARE SERVICES, PULMONARY/VENTILATOR CARE MANAGEMENT SERVICES AND INTENSIVIST SERVICES FOR HOSPITAL'S ICU AND ASSUME THE ROLE OF MEDICAL DIRECTOR OF THE ICU TRUSTEE G GARY GUIDRY MD IS A MEMBER OF GBH, LLC

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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

2010

Open to Public Inspection

Name of the organization
LAFAYETTE GENERAL MEDICAL CENTER INC

Employer identification number
72-0535375

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	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) ST MARTIN HOSPITAL INC 210 CHAMPAGNE BLVD BREAUX BRIDGE, LA 70517 26-4626264	HOSPITAL	LA	PENDING 501(C)(3)	HOSPITAL	LAFAYETTE GENERAL	Yes	
(2) LAFAYETTE HEALTH VENTURES INC PO BOX 53092 LAFAYETTE, LA 53092 72-1006966	PHYSICIAN PRACTICES	LA	PENDING 501(C)(3)	SUPPORTING	LAFAYETTE GENERAL	Yes	

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	(k) Percentage ownership
(1) LAFAYETTE INVESTMENT GROUP 1000 W PINHOOK SUITE 206 LAFAYETTE, LA70503 42-1594593	MANAGEMENT	LA	N/A	RELATED	47,697	2,306,764		No			No	29 430 %
(2) LAFAYETTE GENERAL SURGICAL HOSPITAL LLC 1000 W PINHOOK LAFAYETTE, LA70503 48-1300080	SURGICAL HOSPITAL	LA	N/A	RELATED	1,017,433	1,270,089		No			No	50 000 %

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
(1) GREATER LAFAYETTE PHYSICIANS HOSPITAL ORG 117 AUDUBON BLVD LAFAYETTE, LA70503 72-1286969	SUPPORT SERVICES	LA	N/A	C			100 000 %

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

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

			Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to other organization(s)	1b		No
c	Gift, grant, or capital contribution from other organization(s)	1c	Yes	
d	Loans or loan guarantees to or for other organization(s)	1d	Yes	
e	Loans or loan guarantees by other organization(s)	1e	Yes	
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	Yes	
q	Other transfer of cash or property to other organization(s)	1q		No
r	Other transfer of cash or property from other organization(s)	1r		No

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining 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

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 72-0535375
Name: LAFAYETTE GENERAL MEDICAL CENTER INC

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(1)	ST MARTIN HOSPITAL INC	D	250,000	COST
(2)	ST MARTIN HOSPITAL INC	O	466,868	COST
(3)	ST MARTIN HOSPITAL INC	K	296,832	COST
(4)	LAFAYETTE INVESTMENT GROUP	J	463,190	CONTRACT
(5)	LAFAYETTE INVESTMENT GROUP	O	72,141	COST
(6)		E		
(7)	ST MARTIN HOSPITAL INC	P	1,449,652	COST
(8)	LAFAYETTE GENERAL SURGICAL HOSPITAL LLC	O	4,749	COST
(9)	LAFAYETTE GENERAL SURGICAL HOSPITAL LLC	E	184,392	COST
(10)	LAFAYETTE GENERAL SURGICAL HOSPITAL LLC	P	1,273,155	COST
(11)	LAFAYETTE GENERAL SURGICAL HOSPITAL LLC	C	800,000	COST
(12)	LAFAYETTE HEALTH VENTURES INC	O	20,810,262	COST
(13)	LAFAYETTE HEALTH VENTURES INC	L	699,790	COST
(14)	LAFAYETTE HEALTH VENTURES INC	P	13,807,500	COST
(15)	LAFAYETTE HEALTH VENTURES INC	I	386,115	COST

LAFAYETTE GENERAL HEALTH SYSTEM

(Formerly Lafayette General Medical Center and Subsidiaries)

Consolidated Financial Statements

Years Ended September 30, 2011 and 2010

Contents

LAPORTE

Independent Auditor's Report

To the Board of Trustees
Lafayette General Health System

We have audited the accompanying consolidated balance sheets of Lafayette General Health System (the Organization) as of September 30, 2011 and 2010, and the related consolidated statements of operations and changes in net assets, and cash flows for the years then ended These financial statements are the responsibility of the Organization's management Our responsibility is to express an opinion on these financial statements based on our audits

We conducted our audits in accordance with auditing standards generally accepted in the United States of America Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation We believe that our audits provide a reasonable basis for our opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Lafayette General Health System as of September 30, 2011 and 2010, and the consolidated results of its operations and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America

LaPorte

A Professional Accounting Corporation

January 24, 2012

LAFAYETTE GENERAL HEALTH SYSTEM

Consolidated Balance Sheets
September 30, 2011 and 2010

	2011	2010
Assets		
Current Assets		
Cash and Cash Equivalents	**$ 28,221,535**	$ 34,799,923
Short-Term Investments	**765,877**	758,206
Assets Limited as to Use, Current Portion	**1,866,349**	599,356
Patient Accounts Receivable, Less Allowance for Doubtful Accounts $3,487,143 in 2011 and $5,795,056 in 2010	**41,226,290**	41,409,059
Amounts Due from Third-Party Payors	**698,360**	2,225,052
Inventories	**7,558,562**	6,713,142
Other Current Assets	**6,862,579**	3,653,142
Total Current Assets	**87,199,552**	90,157,880
Noncurrent Assets		
Assets Limited as to Use		
Under Debt Agreements Held by Third Party	**4,804,289**	25,760,315
Board Designated for Property and Equipment Additions and Replacements	**65,280,531**	65,188,138
	70,084,820	90,948,453
Less Amount Required to Meet Current Obligations	**(1,866,349)**	(599,356)
	68,218,471	90,349,097
Investments in Joint Ventures	**1,302,083**	1,312,523
Goodwill	**-**	5,411,054
Property and Equipment, Net	**188,917,267**	150,195,078
Unamortized Debt Issuance Costs	**1,794,781**	1,843,992
Other Assets	**4,996,003**	2,263,792
Total Noncurrent Assets	**265,228,605**	251,375,536
Total Assets	**$ 352,428,157**	$ 341,533,416

See notes to consolidated financial statements

Consolidated Balance Sheets (Continued)
September 30, 2011 and 2010

	2011	2010
Liabilities and Net Assets		
Current Liabilities		
Accounts Payable and Accrued Expenses	**$ 19,957,079**	$ 20,499,328
Salaries and Wages Payable	**6,723,670**	6,964,893
Amounts Due to Third-Party Payors	**877,092**	1,158,223
Construction and Equipment Loans	**4,351,178**	-
Current Portion of Self-Insurance Reserves	**3,970,290**	3,577,325
Current Portion of Capital Lease Obligation	**518,640**	1,293,745
Current Maturities of Long-Term Debt	**2,281,442**	407,736
Total Current Liabilities	**38,679,391**	33,901,250
Noncurrent Liabilities		
Self-Insurance Reserves, Less Current Portion	**980,651**	945,206
Accrued Postretirement Benefit Costs	**3,233,800**	3,194,263
Capital Lease Obligation, Less Current Portion	**3,389,229**	3,907,433
Long-Term Debt, Less Current Portion, Net of Discount	**125,378,835**	123,783,816
Total Noncurrent Liabilities	**132,982,515**	131,830,718
Total Liabilities	**171,661,906**	165,731,968
Net Assets		
Noncontrolling Interest in Subsidiaries	**3,282,802**	2,644,630
Unrestricted Net Assets	**177,483,449**	173,156,818
Total Net Assets	**180,766,251**	175,801,448
Total Liabilities and Net Assets	**$ 352,428,157**	$ 341,533,416

See notes to consolidated financial statements

LAFAYETTE GENERAL HEALTH SYSTEM

Consolidated Statements of Operations
For the Years Ended September 30, 2011 and 2010

	2011	2010
Unrestricted Revenues, Gains and Other Support		
Net Patient Service Revenues	**$ 268,698,936**	$ 248,901,253
Other Operating Revenues	**8,691,188**	8,412,605
Total Revenues, Gains and Other Support	**277,390,124**	257,313,858
Operating Expenses		
Salaries, Wages, and Benefits	**106,066,214**	103,705,362
Medical Supplies and Drugs	**59,199,455**	58,560,115
Contract Services	**25,418,656**	21,776,795
Utilities and Equipment Rentals	**22,005,072**	19,716,070
Depreciation and Amortization	**14,686,048**	13,442,852
Provision for Doubtful Accounts	**25,392,346**	21,012,017
Interest Expense	**4,724,294**	3,365,047
Insurance Expense	**3,740,456**	5,053,609
Other Expenses	**7,560,305**	3,846,775
Total Operating Expenses	**268,792,846**	250,478,642
Operating Income	**8,597,278**	6,835,216
Non-Operating Income (Loss)		
Interest and Dividend Income	**2,879,291**	2,944,941
Realized Gains on Investments	**1,007,100**	37,117
Unrealized Gain (Loss) on Investments	**(2,075,488)**	5,115,663
Loss on Sale/Disposal of Assets	**(6,090,342)**	-
Loss on Refunding of Long-Term Debt	**-**	(1,361,732)
Other Revenue (Expense), Net	**1,420,325**	(177,339)
Total Non-Operating Income (Loss)	**(2,859,114)**	6,558,650
Change in Net Assets	**5,738,164**	13,393,866
Attributable to Noncontrolling Interest	**1,411,533**	977,699
Change in Net Assets Attributable to Health System	**$ 4,326,631**	$ 12,416,167

See notes to consolidated financial statements

LAFAYETTE GENERAL HEALTH SYSTEM

Consolidated Statements of Change in Net Assets
For the Years Ended September 30, 2011 and 2010

	Controlling Interest	Noncontrolling Interests
Balance at September 30, 2009	$ 160,740,651	$ 2,573,913
Increase in Net Assets for the Year Ended September 30, 2010	12,416,167	977,699
Contributions from Noncontrolling Interests	-	30,518
Distributions Paid to Noncontrolling Interests	-	937,500
Balance at September 30, 2010	173,156,818	2,644,630
Increase in Net Assets for the Year Ended September 30, 2011	4,326,631	1,411,533
Contributions from Noncontrolling Interests	-	26,639
Distributions Paid to Noncontrolling Interests	-	800,000
Balance at September 30, 2011	$ 177,483,449	$ 3,282,802

See notes to consolidated financial statements

LAFAYETTE GENERAL HEALTH SYSTEM

Consolidated Statements of Cash Flows
For the Years Ended September 30, 2011 and 2010

	2011	2010
Cash Flows from Operating Activities		
Change in Net Assets	**$ 4,326,631**	$ 12,416,167
Adjustments to Reconcile Change in Net Assets to Net		
Cash Provided by Operating Activities		
Depreciation and Amortization	**14,686,048**	13,442,852
Provision for Doubtful Accounts	**25,392,346**	21,012,017
Loss on Sale/Disposal of Assets	**6,090,342**	-
Unrealized (Gains) Losses on Investments	**2,075,488**	(5,115,663)
Equity in Earnings of Joint Ventures	**10,440**	917,861
Noncontrolling Interests in Subsidiaries	**1,411,533**	977,699
Changes in Operating Assets and Liabilities		
Patient Accounts Receivable	**(25,209,577)**	(23,724,832)
Amounts Due from/to Third-Party Payors	**1,245,561**	1,469,155
Inventories	**(845,420)**	(404,643)
Other Assets	**(5,830,952)**	485,176
Accounts Payable and Accrued Expenses	**(783,472)**	8,686,469
Self-Insurance Reserves	**428,410**	1,054,975
Other Liabilities	**62,816**	826,568
Net Cash Provided by Operating Activities	**23,060,194**	32,043,801
Cash Flows from Investing Activities		
Purchase of Property and Equipment	**(54,087,525)**	(43,343,045)
Cash Paid for Goodwill in Physician Practice Acquisitions	**-**	(1,534,362)
Net Decrease (Increase) in Assets Whose Use is Limited	**18,788,145**	(25,490,034)
Principal Payments under Capital Lease Obligations	**(1,293,309)**	(764,453)
Net (Increase) Decrease in Short-Term Investments	**(7,671)**	828,464
Net Cash Used in Investing Activities	**(36,600,360)**	(70,303,430)
Cash Flows from Financing Activities		
Repayment of Long-Term Debt	**(407,736)**	(51,965,137)
Proceeds from Issuance of Long-Term Debt	**3,853,182**	84,137,555
Cash Paid to Issue New Debt	**(61,485)**	(1,745,497)
Net Construtions and Equipment Loan Activity	**4,351,178**	(992,342)
Distributions to Minority Interest Partners, Net of Contributions	**(773,361)**	(907,252)
Net Cash Provided by Financing Activities	**6,961,778**	28,527,327
Change in Cash and Cash Equivalents	**(6,578,388)**	(9,732,302)
Cash and Cash Equivalents		
Beginning	**34,799,923**	44,532,225
Ending	**$ 28,221,535**	$ 34,799,923

See notes to consolidated financial statements

Note 1. Nature of Business and Significant Accounting Policies

Reporting Entity and Nature of Business:

The accompanying consolidated financial statements include the accounts of the entities detailed below, which are collectively referred to as the Organization There are no other entities whose financial statements should be consolidated and presented with these consolidated financial statements In years prior to the fiscal year ended September 30, 2011, the Organization's consolidated financial statements were titled "*Lafayette General Medical Center and Subsidiaries.*"

Lafayette General Health System, Inc. (LGHS) is a not-for-profit Louisiana corporation, organized on a non-stock basis to operate exclusively for the benefit of, perform functions of, and to carry out the purposes of Lafayette General Medical Center, Inc , Lafayette Health Ventures, Inc and St Martin Hospital, Inc

Lafayette General Medical Center, Inc. (LGMC) is a not-for-profit Louisiana corporation, organized on a non-stock basis to provide medical care to the residents of southwest Louisiana It is governed by a board of trustees The trustees are elected from the general board membership, which consists of not more than 50 members LGMC was licensed for 279 beds as of September 30, 2011 and is located in Lafayette, Louisiana Subsequent to September 30, 2011, LGMC completed its total facility renovation Post renovation the organization operates 353 beds which include 15 LDRs, 25 neonatal ICU bassinets and 26 nursery bassinets

Lafayette Health Ventures, Inc. (LHV) is a non-profit Delaware corporation, effective May 2011 It primarily operates physician practices, with specialties including family practice, internal medicine, Ob/Gyn, medical oncology, and cardiology Additional operations involve Advanced Medical Supplies, a durable medical equipment provider, and Delta Financial Services which functions as a collection business

The consolidated financial statements also include the accounts of the following entities in which **LGMC** has a controlling interest

Greater Lafayette Physicians Hospital Organization, Inc. (PHO) is a wholly-owned physician-hospital organization that currently negotiates managed care contract arrangements

Lafayette General Surgical Hospital, LLC (LGSH) operates a short-stay hospital in Lafayette, Louisiana LGMC has a 50% ownership interest in LGSH The operating agreement of LGSH provides LGMC a controlling interest

Note 1. Nature of Business and Significant Accounting Policies (Continued)

Lafayette Investment Group, LLC (LIG) was organized to operate a 60,000 square foot short-stay hospital and medical office building in Lafayette, Louisiana, that houses LGSH LGMC has a 29% ownership interest in LIG, and LGSH has a 38% ownership interest in LIG The complex is currently undergoing an expansion involving an additional 24,000 square feet of medical space Upon completion, LGMC's individual ownership interest is expected to exceed 50%

St. Martin Hospital Inc. (SMH) is a non-profit Louisiana corporation that is currently a wholly owned subsidiary of LGMC The entity was organized in 2009, and operates a 25 licensed bed critical access hospital SMH leases the hospital facilities under the terms of a twenty five year arrangement with Hospital Service District No 2 of St Martin Parish, LA The leasing arrangement commenced August 1, 2009 Under the terms of the lease, detailed more fully in Note 10, SMH assumed all operations for the Service District as of that date

Changes in Reporting Entity:

The governing board of Lafayette General Medical Center, Inc has initiated a process of a corporate reorganization to facilitate greater efficiency in the administration of the various entities above which collectively comprise the reporting entity, and to reduce any redundancies in corporate governance As of September 30, 2011, LGHS has now become the sole corporate member of LGMC, and LHV It is currently anticipated that LGHS will acquire the sole membership interest in SMH during fiscal year 2012 from LGMC

Since LGHS had no other assets or operations in years prior to the fiscal year ended September 30, 2010, there has been no impact to the previously reported consolidated financial statements as of September 30, 2010, other than to apply the name change discussed above to those statements

Significant Accounting Policies:

Principles of Consolidation The accompanying consolidated financial statements include the accounts of Lafayette General Health System, Inc , its wholly owned subsidiaries and entities in which the Organization has a controlling financial interest as indicated above All significant inter-company balances and transactions have been eliminated in consolidation

Financial Statement Presentation Net assets and revenues, expenses, gains and losses are classified based on the existence or absence of donor-imposed restrictions Accordingly, net assets of the Organization and changes therein are classified and reported as permanently restricted, temporarily restricted, or unrestricted At September 30, 2011 and 2010, and for the years then ended, all of the Organization's net assets were unrestricted

Cash Equivalents Cash equivalents include highly liquid investments with a maturity of three months or less when purchased

Note 1. Nature of Business and Significant Accounting Policies (Continued)

Short-Term Investments Short-term investments consist of highly liquid investments with a maturity of more than three months, when purchased, and a current maturity of less than one year Short-term investments are stated at fair value based on quoted market values

Inventories Inventories, which consist primarily of drugs and supplies, are stated at the lower of average cost or market

Assets Whose Use is Limited Assets whose use is limited include investments held by trustees under indenture agreements, the Organization's self-insurance program, and assets designated by the board for future capital improvements, over which the board retains control and may at its discretion subsequently use for other purposes These investments are considered to be limited as to use, however, they are not considered to be restricted Assets whose use is limited that are specifically held by the trustee to make bond principal payments are classified as current assets in the consolidated balance sheets

Physician Recruiting Agreements In order to recruit physicians to meet the needs of the facilities and the communities they serve, the Organization enters into certain minimum revenue guarantee and subsidy arrangements to assist the recruited physicians during the period they are relocating and establishing their practices The funds expended under the arrangements are considered advances until the conclusion of the defined guarantee period when a note receivable is recorded Once the notes are recorded, they bear interest at prevailing rates and are due in monthly installments (typically 36 months) The notes contain provisions that state the monthly payment will be forgiven if the physician is in compliance with the terms of the agreement All forgiveness is recognized monthly in the period incurred

Investments Investments in equity securities with readily determinable fair values are measured at fair values in the consolidated balance sheets Other investments consist primarily of money market funds, equity mutual funds, and fixed income funds of the U S government and government agencies Investments in equity mutual funds, with readily determinable fair values and all investments in fixed income funds are stated at fair value based on quoted market values Investments in equity securities, equity mutual funds and fixed income funds are classified as noncurrent due to the Organization's intent to hold the investment for long-term purposes Investments classified as long-term may be sold before their maturities to fund working capital or for other purposes

Note 1. Nature of Business and Significant Accounting Policies (Continued)

Realized and unrealized gains and losses on investments are recorded in the consolidated statements of operations and changes in net assets, unless their use is temporarily or permanently restricted by explicit donor stipulation or law Dividends, interest, and other investment income are recorded as increases in unrestricted net assets unless the use is restricted by donor Realized gains and losses are determined using the specific identification method

Investments in joint ventures and other investees are accounted for under the cost or equity method depending on the ownership percentage and the level of control exercised by the Organization

Property and Equipment Property and equipment are recorded at acquisition cost, including interest expense capitalized during construction Interest expense of approximately $1,755,000 and $570,000, was capitalized in 2011 and 2010, respectively Donated property and equipment are recorded at fair value at the date of donation, which is then treated at cost Depreciation and amortization of property and equipment is calculated using the straight-line method over the estimated useful lives of the assets ranging from 3 to 30 years

Unamortized Debt Issuance Costs Costs related to the issuance of revenue bonds are deferred and amortized over the lives of the bonds using the straight-line method, which approximates the interest method

Accrued Postretirement Benefits and Self-Insurance Reserves The liabilities for accrued postretirement benefits and self-insurance reserves, which include health insurance, workers' compensation, and medical malpractice claims, include estimates for the ultimate costs for both reported claims and claims incurred but not reported These estimates incorporate past experience, as well as other considerations including the nature of claims, industry data, relevant trends, and the use of actuarial information

Noncontrolling Interest The interest held by third parties in subsidiaries owned or controlled by the Organization is reported in the consolidated balance sheets Interest reported in the consolidated statements of operations and changes in net assets reflects the respective interest in the income or loss of subsidiaries attributable to the third parties, the effect of which is removed from the Organization's results of operations

Impairment of Long-Lived Assets When events or changes in circumstances indicate the carrying amount of property and equipment, and intangible or other long-lived assets related to specifically acquired assets may not be recoverable, an evaluation of the recoverability of currently recorded costs is performed

Note 1. Nature of Business and Significant Accounting Policies (Continued)

Fair Value of Financial Instruments The following methods and assumptions were used by LGMC in estimating the fair value of their financial instruments

Current Assets and Liabilities - LGMC considers the carrying amounts of financial instruments classified as current assets and liabilities to be a reasonable estimate of their fair values

Investments - The fair values of LGMC marketable equity securities are based on quoted market prices in an active market The carrying amounts of other investments approximate fair value

Bonds Payable - The fair values of LGMC's bonds are based on currently traded values of similar financial instruments

Long-Term Debt - LGMC considers the carrying value of its long-term debt to approximate fair value at September 30, 2011, due to the variable nature of the interest rate

Statement of Operations and Changes in Net Assets Transactions deemed to be ongoing, major, or central to the provision of health care services are included in changes in net assets from operations Peripheral or incidental transactions are reported as non-operating revenues and expenses Investment income, which includes changes in unrealized gains and losses on investments, is reported as non-operating revenue

Net Patient Service Revenues The Organization provides medical services to government program beneficiaries and has agreements with other third-party payors that provide for payments at amounts different from established rates Payment arrangements include prospectively determined rates per discharge, prospectively determined rates per procedure, reimbursed costs, discounted charges, and per diem payments Net patient service revenue is reported at the estimated net realizable amounts billed to patients, third-party payors, and others for services rendered The percentage of total net patient service revenue derived from services furnished to Medicare and Medicaid program beneficiaries was approximately 36% and 39% in 2011 and 2010, respectively

The Organization's SMH subsidiary is approved for "critical access" status under the Medicare Rural Hospital Flexibility Program" States were allowed to designate this status to rural facilities meeting the program criteria Medicare payments for inpatient/outpatient services under critical access status are determined on the basis of reasonable allowable costs Inpatient case services rendered to SMH Medicaid program beneficiaries are paid at prospectively determined rates per day Most outpatient services rendered to SMH Medicaid program beneficiaries are reimbursed under a cost reimbursement methodology subject to an outpatient adjustment determined by the LA Department of Health and Hospitals

Note 1. Nature of Business and Significant Accounting Policies (Continued)

SMH serves a disproportionate share of low-income patients and qualifies for Medicaid Disproportionate Share Reimbursements LGMC also often qualifies for similar reimbursement Total Medicaid Disproportionate Share reimbursements recognized as a component of net patient service revenue were $974,449 and $2,137,775, for the fiscal years ended September 30, 2011 and 2010, respectively

During 2011 LGMC and SMH formed collaborations with the State and a unit of state government in Louisiana, Louisiana State University Medical Center, to more fully fund the Medicaid program and ensure the availability of quality healthcare services for the low income and needy population The purpose of the collaboration is to create a vehicle to provide charity care services in the providers' communities served The provision of this care directly to low income and needy patients will result in the alleviation of the expense of public funds the governmental entities previously expended on care, thereby allowing the governmental entities to increase support for the state Medicaid program up to federal Medicaid Upper Payment Limits (UPL) Each State's UPL methodology must comply with its State plan and be approved by the Centers for Medicare & Medicaid Services (CMS)

Federal matching funds are not available for Medicaid payments that exceed UPLs LGMC and SMH received funding from the State of Louisiana during the fiscal year ended September 30, 2011, which is included on the statement of operations as a component of net patient service revenue

Retroactive settlements are provided for in some of the governmental payment programs outlined above, based on annual cost reports Such settlements are estimated and recorded as amounts due to or from third-party payors in the consolidated financial statements The differences between these estimates and final determination of amounts to be received or paid are based on audits by fiscal intermediaries and are reported as adjustments to net patient service revenue when such determinations are made As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term These adjustments resulted in an increase to net patient service revenue of $1,505,397 and $782,864 in 2011 and 2010, respectively LGMC's estimated settlements through September 30, 2006, for the Medicare and Medicaid programs have been reviewed by program representatives SMH's estimated settlements through September 30, 2008, for the Medicare and Medicaid program have been reviewed by program representatives and adjustments have been recorded to reflect any revisions to the recorded estimates required The effect of any adjustments that may be made to cost reports still subject to review at September 30, 2011, will be reported in the Organization's consolidated operations as such determinations are made

Note 1. Nature of Business and Significant Accounting Policies (Continued)

Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation The Organization believes it is in compliance with all applicable laws and regulations and is not aware of any pending or threatened investigations involving allegations of potential wrong doing While no such regulatory inquiries have been made, compliance with such laws and regulations can be subject to future government review and interpretation, as well as significant regulatory action, including fines, penalties, and exclusion from the Medicare and Medicaid programs

To ensure accurate payments to providers, the Tax Relief and Healthcare Act of 2006 mandated the Centers for Medicare & Medicaid Services (CMS) to implement a Recovery Audit Contractor (RAC) and Medicaid Integrity Contractor (MIC) programs on a permanent and nationwide basis The programs use RACs and MICs to search for potentially improper Medicare and Medicaid payments that may have been made to health care providers that were not detected through existing CMS program integrity efforts, on payments that have occurred at least one year ago but not longer than three years ago Once a RAC or MIC identifies a claim it believes to be improper, it makes a deduction from the provider's Medicare and Medicaid reimbursement in an amount estimated to equal the overpayment

The Organization will deduct from revenue amounts assessed under the RAC and MIC audits at the time a notice is received until such time that estimates of net amounts due can be reasonably estimated RAC and MIC assessments are anticipated, however, the outcome of such assessments is unknown and cannot be reasonably estimated Management has determined RAC and MIC assessments to be insignificant to date

Charity Care The Organization provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates Because the Organization does not pursue collection of amounts determined to qualify as charity care, and these amounts are not expected to result in cash flows, they are not reported as revenue Charges foregone, based on established rates, totaled approximately, $10,720,642 and $8,745,756, for the years ended September 30, 2011 and 2010, respectively

Income Taxes LGMC and SMH are exempt from federal income taxes on related income under Internal Revenue Code (IRC) Section 501(a) as organizations described in Section 501(c)(3) PHO operates as a not-for-profit organization under Louisiana statues, however, PHO is subject to federal income taxes and state franchise taxes PHO has also incurred operating losses LGSH and LIG are for-profit Louisiana limited liability corporations In 2011, LHV filed documents changing its jurisdiction of incorporation from Louisiana to Delaware In filing its certificate of incorporation with the state of Delaware, LHV presented itself as a not-for-profit, non-stock corporation as defined in the laws of the State of Delaware, however at September 30, 2011, the Internal Revenue Service still recognizes LHV as a corporation subject to income tax

Reclassifications Certain reclassifications have been made to prior year balances to conform to the current year presentation

Note 1. Nature of Business and Significant Accounting Policies (Continued)

Uncertain Tax Positions The Organization accounts for uncertain tax positions in accordance with Financial Accounting Standards Board (FASB) ACS 740 FASB ACS 740 prescribes a recognition threshold and measurement process for financial statement recognition of uncertain tax positions taken or expected to be taken in a tax return The interpretation also provides guidance on recognition, derecognition, classification, interest and penalties, accounting in interim periods, disclosure and transition

The Organization's various federal income tax and exempt organization income tax returns (IRS Forms 1065, 1120, and 990), whether filed on a calendar or fiscal year basis, are subject to examination by the IRS, generally for three years after they are filed

Accounting Estimates The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the consolidated financial statements and the reported amounts of revenues and expenses during the reporting period Of particular significance to the Organization's consolidated financial statements are estimates involving allowances for doubtful accounts and estimates of amounts to be received under government healthcare and other provider contracts Actual results could differ from those estimates

New Accounting Pronouncements adopted In January 2010, the FASB issued Accounting Standards Update (ASU) 2010-07 *Not-For-Profit Entities: Mergers and Acquisitions* ASU 2010-07 provides guidance on how a not-for-profit entity determines whether a combination is a merger or an acquisition, applies the carryover method in accounting for a merger, applies the acquisition method in accounting for an acquisition, including determining which of the combining entities is the acquirer, and determines what information to disclose to enable users of financial statements to evaluate the nature and financial effects of a merger or an acquisition ASU 2010-07 is effective prospectively for mergers that occur at or after the beginning of an initial reporting period that begins on or after December 15, 2009, and acquisitions that occur at or after the beginning of the first annual reporting period that begins on or after December 15 2009 In addition, ASU 2010-07 applied previously issued guidance regarding the periodic impairment evaluation for goodwill and the accounting for noncontrolling interests to not-for-profit entities for reporting periods beginning on or after December 15, 2009 The Organization adopted ASU 2010-07 on October 1, 2010, and as a result, goodwill and trade name were no longer amortized This resulted in a decrease in amortization expense of $591,108, in the statement of operations, for fiscal year ended September 30, 2011 The Organization will review goodwill and intangible assets for impairment at least annually See note 7 for discussion of goodwill activity subsequent to initial adoption of this standard The significant impact to the Organization's financial statements related to the adoption of the accounting for the noncontrolling interests provisions of the standard was to require those interests to be classified as a component of net assets

Note 2. Net Patient Service Revenues

Net patient service revenues for the years ended September 30, 2011 and 2010, were as follows

	2011	2010
Gross Patient Service Revenue	**$ 779,293,354**	$ 694,284,424
Provisions for Contractual and Other Adjustments	**(504,836,157)**	(439,317,160)
Charges Forgone for Charity Care	**(5,758,261)**	(6,066,011)
Net Patient Service Revenue	**$ 268,698,936**	$ 248,901,253

Note 3. Business and Credit Concentration

The Organization grants credit to patients, substantially all of whom are local residents The Organization generally does not require collateral or other security in extending credit to patients, however, it routinely obtains assignment of (or is otherwise entitled to receive) patient benefits payable under their health insurance programs, plans, or policies (e g , Medicare, Medicaid, Blue Cross, health maintenance organizations, and commercial insurance policies)

The Organization reports accounts receivable net of estimated allowances for uncollectible accounts and adjustments To provide for accounts receivable that could become uncollectible in the future, the Organization establishes an allowance for uncollectible accounts to reduce the carrying amount of such receivables to their estimated net realizable value The amount charged to the provision for doubtful accounts is based upon the Organization's assessment of historical and expected net collections, business and economic conditions, and trends in government reimbursement Uncollectible accounts are written off when the Organization has determined the account will not be collected

The approximate percentages of net patient accounts receivable by payor at September 30, 2011 and 2010, were as follows

	2011	2010
Medicare	**23 %**	28 %
Managed Care	**47**	43
Other Third-Party Payors	**5**	6
Medicaid	**4**	6
Self-Pay Patients	**21**	17
	100 %	100 %

Lastly, the Hospital maintains cash balances at several financial institutions located primarily in Louisiana Accounts at each institution are secured by the Federal Deposit Insurance Corporation up to an aggregate per depositor of $250,000

Note 3. Business and Credit Concentration (Continued)

As of September 30, 2011, LGMC and its subsidiaries reported cash and cash equivalents balances of $28,331,535 Certain deposits exceed the amount of insurance coverage The Organization's policy is to place its cash and cash equivalent deposits with high credit quality financial institutions Accordingly, management does not believe these balances expose the Organization to a significant risk of loss

The Organization has entered into a daily overnight repurchase agreement with one financial institution, which is a cash sweep service arrangement The arrangement withdraws and deposits cash balances above a specified dollar amount from one of the Organization's deposit accounts daily and invests it in short-term government securities overnight The dollar amount, associated with this repurchase agreement and included in the total cash and cash equivalents balances referenced above, was $22,164,216, as of September 30, 2011

Note 4. Short-Term Investments and Assets Limited as to Use

At September 30, 2011 and 2010, the Organization had short-term investments consisting of equity interests in a series of commingled private trusts established under the Louisiana Hospital Investment Pool program The Organization reports the value of its pro rata share of these trusts at estimated fair market value as determined by the fair value of all underlying securities, held by the trusts Short-term investments at September 30, 2011 and 2010 were primarily invested in money market funds The balance in short-term investments consisted of $765,877 and $758,206, for 2011 and 2010, respectively

Assets limited as to use at September 30, 2011 and 2010, were as follows

		2011	2010
Under Debt Agreement Held by Third Party			
Cash and Cash Equivalents	**$**	**3,530,489**	$ 25,123,415
Loan Participation Interests (Note 9)		**1,273,800**	636,900
		4,804,289	25,760,315
By Board for Property and Equipment Additions and Replacements			
Equity Mutual Funds		**28,696,899**	30,185,289
Fixed Income Funds		**34,138,161**	34,072,332
Cash and Cash Equivalents		**2,322,258**	797,387
Accrued Interest		**123,213**	133,130
		65,280,531	65,188,138
Total Assets Whose Use is Limited	**$**	**70,084,820**	$ 90,948,453

Note 5. Fair Value Measurements

The fair value measurements are based on a framework that provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements)

The three levels of the fair value hierarchy are described as follows

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Organization has the ability to access
Level 2	Inputs to the valuation methodology include • quoted prices for similar assets or liabilities in active markets, • quoted prices for identical or similar assets or liabilities in inactive markets, • inputs other than quoted prices that are observable for the asset or liability, • Inputs that are derived principally from or corroborated by observable market data by correlation or other means If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability
Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement Valuation techniques maximize the use of observable inputs and minimize the use of unobservable inputs

Following is a description of the valuation methodologies used for assets measured at fair value

- Common stocks, corporate bonds and U S government securities, when present are valued at the closing price reported on the active market on which the individual securities are traded
- Mutual Funds are valued at the net asset value (NAV) of shares held at year end
- Money Market Funds and certificates of deposit are reported at the net asset value and amount reported by the issuing financial institution, respectively
- Pooled Investment accounts are valued at the liquidation value of the underlying instruments
- Insurance Company Group Annuity Contracts are carried at contract value as reported by the insurance company, which approximates fair value

Note 5. Fair Value Measurements (Continued)

The following table sets forth by level, within the fair value hierarchy, the Organization's assets at fair value as of September 30, 2011

	Fair Value	Level 1	Level 2	Level 3
Mutual Funds				
Equity Funds	$28,868,102	$28,868,102	$ -	$ -
Fixed Income Funds	34,261,374	34,261,374	-	-
Total Mutual Funds	63,129,476	63,129,476	-	-
Money Market and Certificates of Deposit	5,852,747	5,852,747	-	-
Pooled Investment Accounts	765,877	-	765,877	-
Marketable Equity Securities	362,000	362,000	-	-
Insurance Company Group Annuity Contract	450,326	-	450,326	-
Total	$70,560,426	$69,344,223	$1,216,203	$ -

These instruments are included on the Organization's September 30, 2011, balance sheet under the following captions

Short-Term Investments	$ 765,877
Assets Limited as to Use	68,811,020
Items Included as a Component of Other Noncurrent Assets	
Marketable Equity Securities	362,000
Deferred Compensation Arrangement Assets	621,529
Total	$ 70,560,426

The following table sets forth by level, within the fair value hierarchy, the Organization's assets at fair value as of September 30, 2010

	Fair Value	Level 1	Level 2	Level 3
Mutual Funds				
Equity Funds	$30,185,289	$30,185,289	$ -	$ -
Fixed Income Funds	34,297,851	34,297,851	-	-
Total Mutual Funds	64,483,140	64,483,140	-	-
Money Market and Certificates of Deposit	25,920,802	25,920,802	-	-
Pooled Investment Accounts	758,206	-	758,206	-
Marketable Equity Securities	334,500	334,500	-	-
Insurance Company Group Annuity Contract	387,428	-	387,428	-
Total	$91,884,076	$90,738,442	$1,145,634	$ -

Note 5. Fair Value Measurements (Continued)

These instruments are included on the Organization's September 30, 2010, balance sheet under the following captions

Short-Term Investments	$ 758,206
Assets Limited as to Use	90,311,553
Items Included as a Component of Other Noncurrent Assets	
Marketable Equity Securities	334,500
Deferred Compensation Arrangement Assets	479,817
Total	$ 91,884,076

Note 6. Investments in Joint Ventures and Other Investees

The Organization holds a 50% interest in Lafayette General Endoscopy Center, Inc (GI-ASC) This Company provides ambulatory surgical services in Lafayette, Louisiana The investment in joint ventures accounted for under the equity method consist of $1,302,083 and $1,312,523, as of September 30, 2011 and 2010, respectively

Equity method goodwill arising upon the 2005 acquisition of GI-ASC by LGMC is included as a component of the carrying amount of the investment The carrying amount of the equity method goodwill component comprises the substantial portion of the investment balance as of September 30, 2011 and 2010, respectively

Summarized financial information of GI-ASC as of September 30, 2011 includes total assets of $206,716 and total liabilities of $383,701 GI-ASC operates on a calendar year basis and reported $1,253,261 of net income for the nine months ended September 30, 2011 Net income is routinely distributed to LGMC and the other IRS subchapter S-corporation shareholders each year

Investee companies not accounted for under the consolidation or the equity method of accounting are accounted for under the cost method of accounting

Under this method, the Organization's share of the earnings or losses of such Investee companies is not included in the Consolidated Balance Sheet or Statement of Operations However, impairment charges are recognized in the Consolidated Statement of Operations if applicable If circumstances suggest that the value of the investee company has subsequently recovered, such recovery is not recorded Included in Other Noncurrent Assets are $334,278 of investments accounted for under the cost method

Note 7. Goodwill

Goodwill reported on the Organization's consolidated statement of position represented the excess of the acquisition cost of other business entities, and non controlling interests in other business entities, over the fair value of the net assets acquired at dates of acquisition

Nonprofit organizations, such as the Organization, are within the scope of FASB ASC 350-10-05, but were not permitted to adopt the provisions of that standard for goodwill or intangible assets acquired in a business combination until the effective date of ASC 958 Not for Profit Entities Mergers and Acquisitions The Organization ceased amortization of Goodwill effective October 1, 2010, as the new standard required and adopted the process of impairment testing at the "reporting unit" level as defined in the standard Recorded goodwill as of September 30, 2010, net of related amortization of $546,737, was $5,411,054 During the fiscal year ended September 30, 2011, as a result of the sale and restructuring of previously acquired medical practices, the Organization determined that the implied fair value of the recorded goodwill was no longer present and derecognized, through loss on sale/disposal of assets, the net carrying amount of goodwill outstanding as of September 30, 2010 The Organization reported no remaining goodwill as of September 30, 2011

Note 8. Property and Equipment

Property and equipment consists of the following

	2011	2010
Land and Land Improvements	**$ 9,299,091**	$ 9,284,020
Buildings and Fixed Equipment	**242,279,903**	190,023,569
Major Movable Equipment	**76,888,642**	68,852,846
	328,467,636	268,160,435
Less Accumulated Depreciation	**154,394,792**	140,437,764
	174,072,844	127,722,671
Construction in Progress	**14,844,423**	22,472,407
Total	**$ 188,917,267**	$ 150,195,078

At September 30, 2011, the Organization was obligated under purchase commitments of approximately $1,640,236, related to the completion of various property improvement projects, and $941,669 related to other purchase commitments In addition, at September 30, 2011, the Organization has $2,855,226, of retainage payable, related to the completion of various construction projects, included in accounts payable and accrued expenses

Note 9. Short-Term and Long-Term Debt

The following table summarizes the Organization's outstanding debt as of September 30, 2011 and 2010

Construction and Equipment Loans		**2011**	2010
Construction Loan - LIG Interest rate of 5 625%, due on demand or upon maturity on February 15, 2012	(A)	**$ 2,174,992**	$ -
Equipment Loan - LGMC Variable interest at LIBOR plus 2 25% (2 74% at September 30, 2011), matures May 4, 2012	(B)	**2,176,186**	-
Total		**$ 4,351,178**	$ -

Long Term Debt		**2011**	2010
New Market Tax Credit Facility A Variable interest at not less than 4 00%, payable in annual installments through 2023	(C)	**$ 25,476,000**	$ 25,476,000
New Market Tax Credit Facility B Interest Rate of 1 00%, maturing on September 30, 2023	(C)	**9,524,000**	9,524,000
Revenue and Refunding Bonds, Series 2010 Interest payable semi-annually at rates ranging from 2 0% to 5 5% Principal is payable annually through 2041	(D)	**84,840,000**	84,840,000
Revenue Note Payable - LGMC Interest rate of 3 61%, payable in monthly installments of $78,760 through February 25, 2016	(E)	**3,853,182**	-
Bank Note Payable - LIG Variable interest at 5 5% - 5 875%, due in serial installments through April 23, 2014	(F)	**4,643,080**	5,050,816
		128,336,262	124,890,816
Less Unamortized original issue discount		**(675,985)**	(699,264)
		127,660,277	124,191,552
Less Current maturities of long-term debt		**(2,281,442)**	(407,736)
Total		**$ 125,378,835**	$ 123,783,816

Note 9. Short-Term and Long-Term Debt (Continued)

(A) Construction Loan - LIG On December 15, 2010, a promissory note was executed by and among Lafayette Investment Group, LLC (as borrower) and Home Bank (as Lender) The terms of the note provided for multiple advances for up to $3,210,000 of principal to be utilized to pay off construction costs The note bears interest at a rate of 5 625% The note is due upon demand, or if no demand upon maturity - February 15, 2012 Interest is payable with each draw request with any remaining amount due upon maturity As of September 30, 2011 there was $2,174,992 of outstanding borrowings under the terms of the note The note is secured by a security interest in deposit accounts with the lender, and certain real estate owned by LIG The agreement provides for conversion to a term loan with principal and interest due monthly and a balloon payment at the end of 60 months

(B) Equipment Loan - LGMC On May 4, 2011, a promissory note was executed by and among LGMC (as Borrower) and Capital One Bank (as Lender) The note evidences a non-revolving multiple advance line of credit master note The terms of the note provide for advances up to a maximum annual principal amount of $6,000,000 for the purchase of medical and technological equipment The note requires monthly interest payments at a rate of LIBOR plus 2 50% (2 74% at September 30, 2011) The line of credit matures on May 4, 2012 At September 30, 2010, the Organization had no outstanding borrowings under this line of credit At September 30, 2011, the Organization had $2,176,186 outstanding borrowings against this line of credit If no default under the terms of the note as of May 4, 2012, the outstanding principal shall be converted to a term loan, due in monthly installments, amortized over a period of 60 months Prior to May 4, 2012, LGMC may prepay the note's outstanding principal and accrued interest in full

(C) New Market Tax Credit Facility Notes A and B On September 10, 2009, LGMC issued two notes payable (Facility A and B) to MK Louisiana Charitable Healthcare Facilities Fund LLC The notes are subject to separate credit and loan agreements executed by LGMC (as Borrower), Iberia Bank as the community development entity (CDE) under the New Markets Tax Program, and MK Louisiana Charitable Healthcare Facilities Fund LLC (Lender)

The Facility A Note (senior note), issued for $25,476,000, is secured under the aforementioned credit and loan agreements The Facility A note matures on September 30, 2023 There are, however, mandatory payments under a loan participation agreement which are due serially from September 30, 2010 to September 30, 2023 LGMC may not prepay the note in full or in part prior to September 2016 Interest on this obligation is at a rate equal to the LIBOR base rate plus 2 5%, however that interest rate shall never be lower than 4%

Note 9. Short-Term and Long-Term Debt (Continued)

The Facility B Note (subordinate note) issued for $9,524,000, is also secured by the credit and loan agreements referred to above The Facility B Note includes a provision prohibiting any early payment prior to September 2016 This note bears interest at a rate of 1% per annum Interest is payable on this note quarterly in arrears beginning on December 31, 2009 The balance of all outstanding principal and accrued unpaid interest is due upon maturity

Both Facility A and Facility B are secured on a parity with LGMC's other outstanding indebtedness under its existing master trust indenture and related supplemental master trust indenture

The notes are intended to qualify as a "quality low-income community investment" for purposes of generating certain tax credits called New Market Tax Credits (NMTCs) under section 45D of the Internal Revenue Code of 1986, as amended To qualify, LGMC must comply with certain representations, warranties and covenants These include, but are not limited to, LGMC's non-profit status, and that the "portion of the business" (as defined) will operate to qualify as a qualified low-income community business Provided that compliance with these criteria is achieved, the Facility B loan shall be forgiven at maturity If, as a result of the breach of the agreement or loan documents by LGMC, the Lender is required to recapture all or any part of the New Market Tax Credits previously claimed by the Lender, LGMC agrees to pay to the Lender an amount equal to the sum of the credits recaptured

(D) Revenue and Refunding Bonds, Series 2010 - LGMC During 2010, the Louisiana Public Facilities Authority (LPFA) issued $84,840,000 of tax-exempt revenue and refunding bonds for which LGMC is obligated The 2010 series bonds are secured by a multiple indebtedness mortgage, assignment of leases and rents, and a security agreement on certain land and the improvements located and to be located thereon and certain personal property of the LGMC These bonds are due serially through November 1, 2041

(E) Revenue Note Payable - LGMC During 2011, LPFA issued this note to a supplier of medical equipment for which LGMC is obligated The proceeds were used to purchase medical equipment during the hospital renovation The balance is due in monthly installments of $78,760 through February 25, 2016 The note bears interest at a rate of 3 61%

(F) Bank Note Payable - LIG On April 23, 2009, a loan agreement was executed by and among Lafayette Investment Group, LLC (as borrower) and Home Bank (as Lender) The term loan agreement was issued for up to $5,592,055 of principal to be utilized to pay off construction costs for Lafayette Surgical Hospital The note bears interest at rates between 5 5% - 5 875% The note is due serially from May 23, 2009 to April 23, 2014

Note 9. Short-Term and Long-Term Debt (Continued)

(G) Revolving Credit Line - LGMC The Organization has an unsecured revolving line of credit from a bank that permits borrowings up to $10,000,000, at an interest rate of LIBOR plus 2 25%, with the index being subject to a minimum of 2 0% (4 25% at September 30, 2011) The line of credit matures on August 7, 2012 At September 30, 2011 and 2010, the Organization had no outstanding borrowings under this line of credit

In connection with the Series 2010 Bonds, the Organization is required to comply with covenants contained in the Amended Master Trust Indenture dated August 1, 2010 These covenants include, among other requirements, maintenance of proper debt service coverage ratio and minimum day's cash on hand For the years ended September 30, 2011 and 2010, the Organization was in compliance with these covenants

The fair values of the Series 2010 Bonds were based on actual quoted market prices for the bonds and were $88,701,124 and $87,249,098, at September 30, 2011 and 2010, respectively The fair value of the Organization's other long-term debt instruments approximate the carrying values reported above Debt service payments sufficient to meet annual principal and interest requirements under the bond indenture are required to be made by the Organization

At September 30, 2011, scheduled maturities of long-term debt for the years ending September 30th, were as follows

2012	$ 2,281,442
2013	2,388,715
2014	5,767,749
2015	913,083
2016	390,273
Thereafter	116,595,000
Total	$ 128,336,262

As noted above, the new market tax credit financing requires the Organization to make mandatory payments under a loan participation agreement with the leveraged lender during the period the note is outstanding Remaining required mandated payments as of September 30, 2011, are as follows

2012	$ 636,900
2013	636,900
2014	636,900
2015	2,547,600
2016	2,467,988
Thereafter	17,275,912
Total	$ 24,202,200

Note 9. Short-Term and Long-Term Debt (Continued)

Upon making each of the mandatory payments the Organization receives junior participation interests in the distributable proceeds (as defined in the agreement) in an amount equal to the amount of each mandatory payment The participation interests ultimately function in a similar manner as a sinking fund and are utilized to retire the principal of the note upon maturity The Organization's participation interests totaled $1,273,800 as of September 30, 2011, and are included in Assets Limited as Use on the consolidated balance sheets

The Organization paid interest related to long-term debt of $6,293,533 and $3,602,490, during the years ended September 30, 2011 and 2010, respectively See Note 1 for details of interest cost capitalized as a component of property and equipment

Note 10. Capital Leases

The Organization leases certain equipment used in its operations under agreements that are classified as capital leases The carrying amount of such equipment is not material to these financial statements and approximates the present value of the associated minimum lease payments The lease obligations are secured by the leased equipment

As mentioned in Note 1, effective August 1, 2009, SMH began leasing the physical assets of Hospital Service District No 2 of St Martin Parish, Louisiana (the Service District) Under the terms of the agreement, accounted for as a capital lease obligation, SMH became the lessee of substantially all of the land, buildings and equipment associated with the Service District SMH simultaneously became the operator of that facility and assumed responsibility for management As a result of the arrangement, all financial results of the facility during the lease term flow directly to SMH

Additionally as part of the agreement, SMH assumed certain current assets and liabilities of the Service District related to the operation of the facility The lease obligation is due in monthly installments of $23,833 over the 25 year lease term and contains a renewal term of an additional 24 year period, if exercised The recorded cost of land building and equipment associated with this lease is $1,928,696 and $1,745,786, and the recorded cost of construction in progress associated with this lease is $39,835 and $23,096 as of September 30, 2011 and 2010 Accumulated amortization of the leased assets acquired was $187,499 and $91,973, as of September 30, 2011 and 2010

Note 10. Capital Leases (Continued)

Future minimum lease payments and the present value of the minimum lease payments under all of the capital lease obligations discussed above are as follows as of September 30, 2011

Year Ending September 30:	Amount
2012	$ 773,407
2013	731,935
2014	286,000
2015	286,000
2016	286,000
2017-2021	1,430,000
2022-2026	1,430,000
2027-2031	1,430,000
2032-2036	810,333
Total Minimum Lease Payments	7,463,675
Less Amount Representing Interest	(3,555,806)
Present Value of Minimum Lease Payments	3,907,869
Less Current Maturities of Capital Lease Obligations	(518,640)
Long-Term Capital Lease Obligations	$ 3,389,229

Note 11. Retirement Benefits

The Organization sponsors two defined contribution employee pension plans, one of which was frozen in 1998 Participation in the active plan is available to substantially all of the Organization's employees upon completion of one year of service and at least 750 hours of service during the plan year Participating employees become 100% vested in the Organization's contributions to the active plan after three years of service

The active plan contains both a noncontributory and a contributory component For the noncontributory component, the Organization may contribute 1% to 5% (based on years of participation) of a participating employee's salary, but such contribution is not required For the fiscal year end September 30, 2011 and 2010, management elected to suspend this contribution For the contributory component, the Organization matches two-thirds of a participating employee's elective deferrals, up to a maximum of two-thirds of 3% of the employee's annual salary In addition, during each plan year, participants may elect to defer up to 20% of their compensation to be contributed by the employee plan

The frozen plan remains in existence and its assets are distributed to participants upon termination or retirement

Note 11. Retirement Benefits (Continued)

The Organization's policy is to fund all pension costs of the contributory component in the period earned by the employee and all pension costs of the noncontributory component annually at the end of the plan year Defined contribution plan costs charged to operations for the years ended September 30, 2011 and 2010, were $850,470 and $1,071,024, respectively

During the year ended September 30 2009, the Organization entered into a deferred compensation arrangement with a group of its key executives The arrangement was made retroactively effective as of January 1, 2008 The purpose is to provide supplemental retirement benefits which, when integrated with the Organization's retirement income sources, provides a specified target level of retirement benefits for those executives As of September 30, 2011 and 2010, the Organization had set aside $621,529 and $479,817, respectively, in a Rabbi Trust, which is included as a component of Other Noncurrent Assets on its balance sheets, in accordance with terms of the arrangement As of September 30, 2011 and 2010, the Organization had recorded accrued liabilities of $280,782 and $246,463, respectively, which represents the estimated present value of the benefits earned under this agreement

Note 12. Accrued Other Postretirement Benefits

The Organization provides certain health care benefits for retired employees Under FASB ASC 715, the Organization is required to accrue the estimated cost of retiree health care benefits over the years that the employees render service

The Organization's postretirement health care plan is contributory for retiree spouses and noncontributory for retirees The health care plan covers all retirees and their spouses who retired before January 1, 2005 The Organization's current policy is to fund the cost of the postretirement health care plan on a pay-as-you-go basis

FASB ASC 715 also requires the Organization to fully recognize and disclose as an asset or liability, the over-funded or under-funded status of its postretirement health care plan in its current year financial statements

Note 12. Accrued Other Postretirement Benefits (Continued)

The plan's funded status, along with assumptions used to calculate that status at September 30, 2011 and 2010, were as follows

	Fiscal Year Ending September 30,	
	2011	2010
Benefit Obligation Information:		
Accumulated Postretirement Benefit Obligation	**$ 3,233,800**	$ 3,199,000
Asset Information:		
Employer Contributions	**$ 269,600**	$ 277,500
Plan Participants' Contributions	**8,400**	9,500
Benefits Paid	**$ 278,000**	$ 287,000
Fair Value of Assets at End of Year	**$ -**	$ -
Funded Status at End of Year	**$ (3,233,800)**	$ (3,199,000)
Amounts Recognized in the Statement of Financial Position:		
Noncurrent Assets	**$ -**	$ -
Current Liabilities	**(258,800)**	(251,200)
Noncurrent Liabilities	**(2,975,000)**	(2,947,800)
Total	**$ (3,233,800)**	$ (3,199,000)
Amounts Recognized in Unrestricted Net Assets:		
Amount Recognized in Unrestricted Net Assets		
Transition Obligation/(Asset)	**$ -**	$ -
Prior Service Cost/(Credit)	**(86,900)**	(126,200)
Net Actuarial (Gain)/Loss	**147,200**	(27,400)
Total	**$ 60,300**	$ (153,600)
Total Amount Recognized in Unrestricted Net Assets	**$ 60,300**	$ (153,600)
Assumptions for End of Year Disclosure:		
Discount Rate	**3.97%**	4 24%
Initial Medical Trend Rate	**9.50%**	10 00%
Ultimate Medical Trend Rate	**5.00%**	5 00%
Years from Initial to Ultimate Trend	**9**	10
Measurement Date	**9/30/2011**	9/30/2010

Note 12. Accrued Other Postretirement Benefits (Continued)

The following table presents expected future benefit payments to beneficiaries

	Fiscal Year Ending September 30,	
	2011	2010
Net Periodic Benefit Cost and Other Amounts Recognized in Unrestricted Net Assets:		
Net Periodic Benefit Cost		
Net Periodic Benefit (Income)/Expense	**$ 90,500**	$ 72,400
Other Changes in Plan Assets and Benefit Obligations Recognized in Unrestricted Net Assets		
Transition Obligation/(Asset)	**$ -**	$ -
Prior Service Cost (Credit)	**-**	-
Net Loss (Gain)	**174,600**	501,600
Amortization of Transition Obligation/(Asset)	**-**	-
Amortization of Prior Service Cost	**39,300**	39,300
Amortization of Net Loss (Gain)	**-**	-
Total Change in Unrestricted Net Assets	**$ 213,900**	$ 540,900
Total Recognized in Net Periodic Benefit Cost and Unrestricted Net Assets	**$ 304,400**	$ 613,300
Assumptions for Net Periodic Benefit Cost:		
Discount Rate	**4.24%**	5 14%
Initial Medical Trend Rate	**10.00%**	8 50%
Ultimate Medical Trend Rate	**5.00%**	5 00%
Years from Initial to Ultimate Trend	**10**	7
Measurement Date	**9/30/2010**	9/30/2009
Expected Benefit Payments:		
2012 Fiscal Year	**$ 263,900**	
2013 Fiscal Year	**$ 269,500**	
2014 Fiscal Year	**$ 273,000**	
2015 Fiscal Year	**$ 274,300**	
2016 Fiscal Year	**$ 273,200**	
2017 - 2021 Fiscal Year	**$ 1,268,200**	
Expected Employer Contributions Recognized for the 2012 Fiscal Year:	**$ 263,900**	
Expected Amortization Amounts Included in Expense for the 2012 Fiscal Year:		
Transition Obligation/(Asset)	**$ -**	
Prior Service Cost	**$ (39,300)**	
Actuarial (Gain)/Loss	**$ -**	

Note 13. Functional Expenses

The Organization provides general health care services, including acute inpatient, sub acute inpatient, outpatient, ambulatory, and home care to residents within its geographic location

Expenses related to providing these services for September 30, 2011 and 2010, were as follows

	2011	2010
Health Care Services	**$ 221,197,128**	$ 202,273,478
General and Administrative	**47,595,718**	48,205,164
Total	**$ 268,792,846**	$ 250,478,642

Note 14. Income Taxes

The operations of LHV have resulted in an estimated cumulative net operating loss for federal income tax purposes at September 30, 2011 These net operating loss carry-forwards expire in varying amounts through 2030 Because of uncertainty involving LHV's ability to utilize the deferred tax benefit attributable to these losses, management has elected to establish a valuation allowance equal to the amount of the associated deferred tax asset

Note 15. Commitments and Contingencies

Insurance Programs During 1976, the state of Louisiana enacted legislation that placed a maximum limit of $500,000 for each medical professional liability claim and established the Louisiana Patient's Compensation Fund (the Fund) to provide professional liability insurance to participating health care providers The Organization participates in the Fund The Fund provides up to $400,000 coverage for settlement amounts in excess of $100,000 per claim

The Organization remains liable for $100,000 per claim The Organization also carries umbrella coverage for losses from $1,000,000 to $15,000,000 in the aggregate

The Organization has a self-insurance program with respect to general and professional liability, and employee health claims LGMC and subsidiaries are also self insured for workers' compensation claims up to the deductible of its excess workers' compensation policy of $400,000 per claim

Note 15. Commitments and Contingencies (Continued)

Litigation The Organization is involved in litigation arising in the ordinary course of business Claims asserted against the Organization are currently in various stages of litigation It is the opinion of management that estimated costs resulting from pending or threatened litigation are adequately accrued

The Organization accrues for claims losses arising from litigation or self insurance programs when it is determined that it is probable that liabilities have been incurred and the amounts of losses can be reasonably estimated Reserves have been established for all estimated known and incurred but not reported claims net of anticipated estimated insurance recoveries and are included in self-insurance reserves in the consolidated balance sheets

Operating Lease Commitments Rental expense for all operating leases totaled $6,085,218 and $5,570,569 for the years ended September 30, 2011 and 2010, respectively

The future minimum lease payments under non-cancelable operating leases for the years ending September 30th are as follows

2012	$ 4,151,997
2013	3,675,606
2014	2,602,982
2015	2,337,997
2016	1,586,467
Thereafter	7,959,597
Total	$ 22,314,646

The Organization and its affiliates lease office space and clinical facilities, generally to members of the medical staff, under operating leases whose terms range from monthly up to five years Assets held for lease, at September 30, 2011 and 2010, consist of buildings and improvements with an original cost of $64,933,491 and $63,222,009, respectively Accumulated depreciation of the leased assets totaled $29,855,413 and $27,322,204, at September 30, 2011 and 2010, respectively

The future minimum lease payments to be received from these leases for the years ending September 30th are as follows

2012	$ 3,911,127
2013	3,354,863
2014	2,732,898
2015	2,061,174
2016	1,596,523
Thereafter	1,485,401
Total	$ 15,141,986

Note 16. Subsequent Events

Management has evaluated subsequent events through the date that the financial statements were available to be issued, January 24, 2012 No subsequent events occurring after this date have been evaluated for inclusion in these financial statements Based on such evaluation, no events have occurred that, in the opinion of management, warrant recognition in the financial statements or disclosure in the notes to the financial statements as of September 30, 2011

Note 17. New and Pending Financial Accounting Standards Board (FASB) Pronouncements

The FASB has issued several authoritative pronouncements not yet implemented by the Organization The Statements which might impact the Organization in coming periods are as follows

Accounting Standards Update (ASU) No 2010-23, *Health Care Entities (Topic 954) - Measuring Charity Care for Disclosure - a consensus of the FASB Emerging Issues Task Force*. The amendments in this ASU require that the measurement of charity care for disclosure purposes be based on the direct and indirect costs of providing the charity care Various techniques will likely be used to determine how the direct and indirect costs are identified, such as obtaining the information directly from a costing system or through reasonable estimation techniques Therefore, the ASU requires disclosure of the method used to identify or determine such costs

Since health care entities do not recognize revenue when charity care is provided, the amendments in the ASU have no effect on the amounts reported on the primary financial statements However, the disclosures affected by the ASU should be applied retrospectively for all prior periods presented The amendments in the ASU are effective for fiscal years beginning after December 15, 2010

Accounting Standards Update (ASU) 2010-24, *Health Care Entities (Topic 954): Presentation of Insurance Claims and Related Insurance Recoveries - a consensus of the FASB Emerging Issues Task Force*. This ASU clarifies that a health care entity within the scope of Topic 954, *Health Care Entities*, should not net insurance recoveries against a related claim liability Additionally, the amount of the claim liability should be determined without consideration of insurance recoveries The amendments eliminate an industry exception and thus conform to the general principle of FASB Accounting Standards Codification Subtopic 210-20, *Balance Sheet – Offsetting*, which does not permit offsetting of conditional or unconditional liabilities with anticipated insurance recoveries from third parties

The amendments in the ASU are effective for fiscal years, and interim periods within those years, beginning after December 15, 2010 Any net difference between existing liabilities and insurance recoveries compared to those recorded as a result of applying the amendments should be recognized as a cumulative effect adjustment in opening retained earnings at that time

Note 17. New and Pending Financial Accounting Standards Board (FASB) Pronouncements (Continued)

Accounting Standards Update (ASU) 2010-28—*Intangibles—Goodwill and Other (Topic 350): When to Perform Step 2 of the Goodwill Impairment Test for Reporting Units with Zero or Negative Carrying Amounts - a consensus of the FASB Emerging Issues Task Force.* In December 2010, the FASB issued amended accounting guidance relating to the goodwill impairment test for reporting units with zero or negative carrying amounts For those reporting units with zero or negative carrying amounts, an entity is required to perform "Step Two" of the goodwill impairment test if it is more likely than not that a goodwill impairment exists In determining whether it is more likely than not that a goodwill impairment exists, an entity should consider whether there are any adverse qualitative factors indicating that an impairment may exist The guidance is effective for fiscal years, and interim periods within those years, beginning after December 15, 2011

Accounting Standards Update (ASU) 2011-08, *Intangibles—Goodwill and Other (Topic 350): Testing Goodwill for Impairment.* In September 2011, the FASB issued guidance to amend and simplify the rules related to testing goodwill for impairment The revised guidance allows an entity to make an initial qualitative evaluation, based on the entity's events and circumstances, to determine whether it is more likely than not that the fair value of a reporting unit is less than its carrying amount The results of this qualitative assessment determine whether it is necessary to perform the currently required two-step impairment test The amendments are effective for annual and interim goodwill impairment tests performed for fiscal years beginning after December 15, 2011

Accounting Standards Update (ASU) 2011-07, *Health Care Entities (Topic 954): Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities - a consensus of the FASB Emerging Issues Task Force.* In July 2011, the FASB issued guidance which amends the current presentation and disclosure requirements for health care entities that recognize significant amounts of patient service revenue at the time the services are rendered without assessing the patient's ability to pay This guidance requires health care entities to reclassify the provision for bad debts from an operating expense to a deduction from patient service revenues In addition, this guidance requires more disclosure on the policies for recognizing revenue, assessing bad debts, as well as quantitative and qualitative information regarding changes in the allowance for doubtful accounts This guidance is applied retrospectively to all prior periods presented and is effective during interim and annual periods beginning after December 15, 2011 This guidance is applied retrospectively to all prior periods presented and is effective for the first annual period ending after December 15, 2012

Note 17. New and Pending Financial Accounting Standards Board (FASB) Pronouncements (Continued)

Accounting Standards Update (ASU) 2011-04, *Fair Value Measurement (Topic 820): Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in U.S. GAAP and IFRSs.* In May 2011, the FASB issued updated accounting guidance related to fair value measurements and disclosures that result in common fair value measurements and disclosures between U S GAAP and International Financial Reporting Standards This guidance includes amendments that clarify the application of existing fair value measurement requirements, in addition to other amendments that change principles or requirements for measuring fair value and for disclosing information about fair value measurements This guidance is effective for annual periods beginning after December 15, 2011

LAPORTE

Independent Auditor's Report on Other Financial Information

To the Board of Trustees
Lafayette General Health System

We have audited the consolidated financial statements of Lafayette General Health System (the Organization) as of and for the years ended September 30, 2011 and 2010, and our reported thereon dated January 24, 2012, which expressed an unqualified opinion on those financial statements, appears on page 1 Our audits were conducted for the purpose of forming opinions on the consolidated financial statements as a whole The consolidating balance sheets and consolidating statements of operations and changes in unrestricted net assets as of and for the years ended September 30, 2011 and 2010 are presented for purposes of additional analysis and are not a required part of the basic financial statements Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements The information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole

LaPorte

A Professional Accounting Corporation

January 24, 2012

LAFAYETTE GENERAL HEALTH SYSTEM

Consolidating Balance Sheet
September 30, 2011
In Thousands

	Consolidated	Eliminating Entries	LGHS	LGMC	LHV	PHO	LGSH	LIG	SMH
Assets									
Current Assets									
Cash and Cash Equivalents	$ 28,222	$ -	$ -	$ 25,695	$ 1,076	$ -	$ 463	$ 202	$ 786
Short-Term Investments	766	-	-	766	-	-	-	-	-
Assets Limited as to Use, Current Portion	1,866	-	-	1,866	-	-	-	-	-
Patient Accounts Receivable, Net	41,226	-	-	35,963	1,914	-	1,055	22	2,272
Amounts Due from Third-Party Payors	698	-	-	514	-	-	-	-	184
Intercompany Receivable	-	(29,904)	-	29,730	2	-	172	-	-
Inventories	7,558	-	-	6,601	199	-	524	-	234
Other Current Assets	6,863	-	-	5,131	952	-	308	56	416
Total Current Assets	87,199	(29,904)	-	106,266	4,143	-	2,522	280	3,892
Assets Limited as to Use	68,219	-	-	68,219	-	-	-	-	-
Investments in Joint Ventures	1,302	-	-	1,302	-	-	-	-	-
Goodwill, Net	-	-	-	-	-	-	-	-	-
Property and Equipment, Net	188,917	-	-	175,517	587	-	1,054	9,979	1,780
Unamortized Debt Issuance Costs	1,795	-	-	1,795	-	-	-	-	-
Other	4,996	(181,633)	177,486	7,904	1	-	843	385	10
Total Assets	$ 352,428	$ (211,537)	$ 177,486	$ 361,003	$ 4,731	$ -	$ 4,419	$ 10,644	$ 5,682
Liabilities and Net Assets									
Current Liabilities									
Accounts Payable and Accrued Expenses	$ 19,956	$ -	$ -	$ 17,588	$ 1,251	$ -	$ 498	$ 240	$ 379
Salaries and Wages Payable	6,725	-	-	5,847	354	-	195	-	329
Amounts Due Third-Party Payors	877	-	-	838	-	-	39	-	-
Construction and Equipment Loans	4,351	-	-	2,176	-	-	-	2,175	-
Current Portion Self-Insurance Reserves	3,688	-	-	3,617	71	-	-	-	-
Current Portion of Capital Lease Obligation	519	-	-	471	-	-	-	-	48
Current Maturities of Long-Term Debt	2,281	-	-	1,849	-	-	-	432	-
Intercompany Payable	-	(29,904)	-	-	28,080	520	135	1,006	163
Total Current Liabilities	38,397	(29,904)	-	32,386	29,756	520	867	3,853	919
Self-Insurance Reserves, Less Current Portion	981	-	-	981	-	-	-	-	-
Accrued Postretirement Benefit Cost	3,515	-	-	3,515	-	-	-	-	-
Capital Lease Obligation	3,389	-	-	441	-	-	-	-	2,948
Long-Term Debt, Less Current Portion	125,379	-	-	121,168	-	-	-	4,211	-
Total Liabilities	171,661	(29,904)	-	158,491	29,756	520	867	8,064	3,867
Noncontrolling Interests in Subsidiaries	3,283	3,283	-	-	-	-	-	-	-
Unrestricted Net Assets	177,484	(184,916)	177,486	202,512	(25,025)	(520)	3,552	2,580	1,815
Total Net Assets	180,767	(181,633)	177,486	202,512	(25,025)	(520)	3,552	2,580	1,815
Total Liabilities and Net Assets	$ 352,428	$ (211,537)	$ 177,486	$ 361,003	$ 4,731	$ -	$ 4,419	$ 10,644	$ 5,682

LAFAYETTE GENERAL HEALTH SYSTEM

Consolidating Balance Sheet
September 30, 2010
In Thousands

	Consolidated	Eliminating Entries	LGHS	LGMC	LHV	PHO	LGSH	LIG	SMH
Assets									
Current Assets									
Cash and Cash Equivalents	$ 34,800	$ -	$ -	$ 32,566	$ 1,077	$ -	$ 926	$ 136	$ 95
Short-Term Investments	758	-	-	758	-	-	-	-	-
Assets Limited as to Use, Current Portion	599	-		599	-	-	-	-	-
Patient Accounts Receivable, Net	41,410	(30)	-	36,620	2,780	-	571	-	1,469
Amounts Due from Third-Party Payors	2,225	-	-	627	-	-	-	-	1,598
Intercompany Receivable	-	(26,984)	-	26,449	468	-	67	-	-
Inventories	6,713	-	-	5,838	163	-	453	-	259
Other Current Assets	3,652	-	-	2,855	636	-	102	2	57
Total Current Assets	90,157	(27,014)	-	106,312	5,124	-	2,119	138	3,478
Assets Limited as to Use	90,349	-	-	90,349	-	-	-	-	-
Investments in Joint Ventures	1,312	-	-	1,312	-	-	-	-	-
Goodwill, Net	5,412	-		71	5,341	-	-	-	-
Property and Equipment, Net	150,195	-	-	138,630	1,018	-	919	7,952	1,676
Unamortized Debt Issuance Costs	1,844	-	-	1,844	-	-	-	-	-
Other	2,264	(175,764)	173,159	3,784	1	-	738	336	10
Total Assets	$ 341,533	$ (202,778)	$ 173,159	$ 342,302	$ 11,484	$ -	$ 3,776	$ 8,426	$ 5,164
Liabilities and Net Assets									
Current Liabilities									
Accounts Payable and Accrued Expenses	$ 20,500	$ (20)	$ -	$ 18,704	$ 606	$ -	$ 551	$ 290	$ 369
Salaries and Wages Payable	6,965	-	-	6,298	102	-	248	-	317
Amounts Due Third-Party Payors	1,158	-	-	1,119	-	-	39	-	-
Current Portion Self-Insurance Reserves	3,326	-	-	3,326	-	-	-	-	-
Current Portion of Capital Lease Obligation	1,293	-	-	1,249	-	-	-	-	44
Current Maturities of Long-Term Debt	407	-	-	-	-	-	-	407	-
Intercompany Payable	-	(26,995)	-	4,324	20,458	463	327	804	619
Total Current Liabilities	33,649	(27,015)	-	35,020	21,166	463	1,165	1,501	1,349
Self-Insurance Reserves, Less Current Portion	945	-	-	945	-	-	-	-	-
Accrued Postretirement Benefit Cost	3,445	-	-	3,445	-	-	-	-	-
Capital Lease Obligation	3,908	-	-	912	-	-	-	-	2,996
Long-Term Debt, Less Current Portion	123,783	-	-	119,139	-	-	-	4,644	-
Total Liabilities	165,730	(27,015)	-	159,461	21,166	463	1,165	6,145	4,345
Noncontrolling Interests in Subsidiaries	2,645	2,645	-	-	-	-	-	-	-
Unrestricted Net Assets	173,158	(178,408)	173,159	182,841	(9,682)	(463)	2,611	2,281	819
Total Net Assets	175,803	(175,763)	173,159	182,841	(9,682)	(463)	2,611	2,281	819
Total Liabilities and Net Assets	$ 341,533	$ (202,778)	$ 173,159	$ 342,302	$ 11,484	$ -	$ 3,776	$ 8,426	$ 5,164

LAFAYETTE GENERAL HEALTH SYSTEM

Consolidating Statement of Operations and Changes in Unrestricted Net Assets
For the Year Ended September 30, 2011
In Thousands

	Consolidated	Eliminating Entries	LGHS	LGMC	LHV	PHO	LGSH	LIG	SMH
Operating Revenue									
Net Patient Service Revenues	$ 268,699	$ (1,735)	$ -	$ 231,980	$ 14,064	$ -	$ 9,996	$ -	$ 14,394
Other Operating Revenue	8,691	(4,120)	-	9,179	1,988	-	43	1,519	82
Total Operating Revenues	277,390	(5,855)	-	241,159	16,052	-	10,039	1,519	14,476
Operating Expenses									
Salaries, Wages and Benefits	106,066	(1,735)		83,375	16,122	-	3,017	-	5,287
Medical Supplies and Drugs	59,199	-		53,674	1,051	-	2,992	22	1,460
Contract Services	25,418	-		21,607	884	-	262	159	2,506
Utilities and Equipment Rentals	22,005	-		19,718	936	-	224	330	797
Depreciation and Amortization	14,686	-		13,960	166	-	232	232	96
Provision for Doubtful Accounts	25,392	-		22,324	1,248	-	(276)	-	2,096
Interest Expense	4,726	-		4,194	-	-	-	290	242
Insurance Expense	3,741	-		2,960	615	-	64	51	51
Other Expenses	7,561	(4,121)		4,732	4,306	57	1,478	164	945
Total Operating Expenses	268,794	(5,856)	-	226,544	25,328	57	7,993	1,248	13,480
Operating Income (Loss)	8,596	1	-	14,615	(9,276)	(57)	2,046	271	996
Non-Operating Revenues (Expenses)									
Interest and Dividend Income	2,879	-	-	2,871	3	-	5	-	-
Realized Gains on Investments	1,007	-	-	1,007	-	-	-	-	-
Unrealized Gains (Losses) on Investments	(2,075)	-	-	(2,075)	-	-	-	-	-
Loss on Disposal of Assets	(6,091)	-	-	(71)	(6,020)	-	-	-	-
Equity in Net Earnings of Consolidated	-	-	-	-	-	-	-	-	-
Subsidiaries	-	(6,670)	4,327	2,343	-	-	-	-	-
Loss on Refunding of Long-Term Debt	-	-	-	-	-	-	-	-	-
Other Revenue (Expense), Net	1,420	(1)	-	981	(50)	-	490	-	-
Total Non-Operating Revenues (Expenses)	(2,860)	(6,671)	4,327	5,056	(6,067)	-	495	-	-
Change in Net Assets	5,736	(6,670)	4,327	19,671	(15,343)	(57)	2,541	271	996
Attributable to Noncontrolling Interests	(1,410)	(1,410)	-	-	-	-	-	-	-
Change in Net Assets Attributable to Health System	4,326	(8,080)	4,327	19,671	(15,343)	(57)	2,541	271	996
Contributions from Noncontrolling Interests	-	(28)	-	-	-	-	-	28	-
Distributions to Noncontrolling Interests	-	1,600	-	-	-	-	(1,600)	-	-
Unrestricted Net Assets, Beginning of Year	173,158	(178,408)	173,159	182,841	(9,682)	(463)	2,611	2,281	819
Unrestricted Net Assets, End of Year	$ 177,484	$ (184,916)	$ 177,486	$ 202,512	$ (25,025)	$ (520)	$ 3,552	$ 2,580	$ 1,815

LAFAYETTE GENERAL HEALTH SYSTEM

Consolidating Statement of Operations and Changes in Unrestricted Net Assets
For the Year Ended September 30, 2010
In Thousands

	Consolidated	Eliminating Entries	LGHS	LGMC	LHV	PHO	LGSH	LIG	SMH
Operating Revenue									
Net Patient Service Revenues	$ 248,902	$ (1,017)	$ -	$ 213,062	$ 14,323	$ -	$ 10,463	$ -	$ 12,071
Other Operating Revenue	8,413	(3,406)	-	7,617	2,656	-	40	1,392	114
Total Operating Revenues	257,315	(4,423)	-	220,679	16,979	-	10,503	1,392	12,185
Operating Expenses									
Salaries, Wages and Benefits	103,707	(1,011)	-	80,455	16,750	-	2,933	-	4,580
Medical Supplies and Drugs	58,560	-	-	52,618	1,589	-	3,016	25	1,312
Contract Services	21,775	-	-	17,480	921	-	264	155	2,955
Utilities and Equipment Rentals	19,717	-	-	17,490	1,130	-	240	315	542
Depreciation and Amortization	13,443	-	-	12,128	768	-	236	232	79
Provision for Doubtful Accounts	21,013	-	-	18,852	303	-	459	-	1,399
Interest Expense	3,365	-	-	2,818	-	-	-	302	245
Insurance Expense	5,052	-	-	4,301	545	-	97	45	64
Other Expenses	3,847	(3,849)	-	2,460	3,156	57	1,384	252	387
Total Operating Expenses	250,479	(4,860)	-	208,602	25,162	57	8,629	1,326	11,563
Operating Income (Loss)	6,836	437	-	12,077	(8,183)	(57)	1,874	66	622
Non-Operating Revenues (Expenses)									
Interest and Dividend Income	2,945	-	-	2,938	1	-	6	-	-
Realized Gains on Investments	37	-	-	37	-	-	-	-	-
Unrealized Gains (Losses) on Investments	5,116	-	-	5,116	-	-	-	-	-
Equity in Net Earnings of Consolidated Subsidiaries	-	(13,959)	12,416	1,543	-	-	-	-	-
Loss on Refunding of Long-Term Debt	(1,362)	-	-	(1,362)					
Other Revenue (Expense), Net	(178)	(437)	-	432	(183)	-	8	-	2
Total Non-Operating Revenues (Expenses)	6,558	(14,396)	12,416	8,704	(182)	-	14	-	2
Change in Net Assets	13,394	(13,959)	12,416	20,781	(8,365)	(57)	1,888	66	624
Attributable to Noncontrolling Interests	(978)	(978)	-	-	-	-	-	-	-
Change in Net Assets Attributable to Health System	12,416	(14,937)	12,416	20,781	(8,365)	(57)	1,888	66	624
Contributions from Noncontrolling Interests	-	(30)	-	-	-	-	-	30	-
Distributions to Noncontrolling Interests	-	1,875	-	-	-	-	(1,875)	-	-
Unrestricted Net Assets, Beginning of Year	160,742	(165,316)	160,743	162,060	(1,317)	(406)	2,598	2,185	195
Unrestricted Net Assets, End of Year	$ 173,158	$ (178,408)	$ 173,159	$ 182,841	$ (9,682)	$ (463)	$ 2,611	$ 2,281	$ 819

Additional Data

Software ID:
Software Version:
EIN: 72-0535375
Name: LAFAYETTE GENERAL MEDICAL CENTER INC

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CLAY ALLEN CHAIRMAN	1 00	X						0	0	0
DAVID CALHOUN TREASURER	1 00	X						0	0	0
BRADLEY J CHASTANT MD TRUSTEE	1 00	X						2,000	0	0
BRADEN DESPOT SECRETARY	1 00	X						0	0	0
JULIE FALGOUT TRUSTEE	1 00	X						0	0	0
WILLIAM H FENSTERMAKER PAST CHAIRMAN	1 00	X						0	0	0
PHILIP GACHASSIN MD TRUSTEE	1 00	X						89,500	0	0
ROBERT GILES TRUSTEE	1 00	X						0	0	0
G GARY GUIDRY MD TRUSTEE	1 00	X						43,200	0	0
JOBY JOHN PHD TRUSTEE	1 00	X						0	0	0
ROSE KENNEDY MD TRUSTEE	1 00	X						5,600	0	0
EDWARD KRAMPE TRUSTEE	1 00	X						0	0	0
FLO MEADOWS TRUSTEE	1 00	X						0	0	0
RAE ROBINSON BRODNAX TRUSTEE	1 00	X						0	0	0
GARY SALMON TRUSTEE	1 00	X						0	0	0
E GREG VOORHIES TRUSTEE	1 00	X						0	0	0
DANIEL BOURQUE MD CHIEF OF STAFF	1 00	X						15,800	0	0
DONALD J REED MD TRUSTEE	1 00	X						0	0	0
BENJAMIN DOGA MD TRUSTEE	1 00	X						20,700	0	0
DAVID CALLECOD PRESIDENT/CEO	40 00			X				728,443	0	98,166
PATRICK W GANDY JR COO	40 00			X				353,592	0	37,046
ROGER MATTKE CFO	40 00			X				324,820	0	48,460
DEBRA CLARK CNO	40 00			X				242,276	0	38,575
GORDON E ROUNTREE JR GENERAL COUNSEL	40 00			X				291,816	0	38,382
KATHERINE HEBERT ADMINISTRATOR	40 00					X		225,106	0	16,835

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			
DEAN DUCOTE AVP	40 00					X		157,930	0	76
EDWINA MALLERY AVP	40 00					X		145,546	0	4,614
CORINE B JOSEPH RN	55 00					X		134,112	0	4,508
CHARISSE J CONNER NURSE PRACTITIONER	40 00					X		132,965	0	5,580