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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
WOMAN'S HOSPITAL FOUNDATION DBA WOMAN'S HOSPITAL

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
P O BOX 95009

City or town, state or country, and ZIP + 4
BATON ROUGE, LA 70895

D Employer identification number
72-0652905

E Telephone number
(225) 924-8107

G Gross receipts $ 389,517,761

F Name and address of principal officer
STEPHANIE ANDERSON
PO BOX 95009
BATON ROUGE,LA 70895

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 WOMANS ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1968 | **M** State of legal domicile LA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO IMPROVE THE HEALTH OF WOMEN AND INFANTS

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	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	7
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	2,030
6	Total number of volunteers (estimate if necessary)	6	135
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	21,607,309
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	418,165	607,825
9	Program service revenue (Part VIII, line 2g)	337,308,129	351,372,047
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	155,073	1,127,775
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,161,451	32,253,626
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	344,042,818	385,361,273
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	66,497	73,743
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)	115,322,057	116,944,534
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶643,133		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	203,730,986	215,873,400
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	319,119,540	332,891,677
19	Revenue less expenses Subtract line 18 from line 12	24,923,278	52,469,596

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	676,097,166	739,737,975
21	Total liabilities (Part X, line 26)	394,167,024	411,741,484
22	Net assets or fund balances Subtract line 21 from line 20	281,930,142	327,996,491

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

****** | 2012-08-10
Signature of officer | Date

STEPHANIE ANDERSON SR VP OF FINANCE/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

TO IMPROVE THE HEALTH OF WOMEN AND INFANTS

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 $ 265,839,272 including grants of $) (Revenue $ 329,447,479)

THE MISSION OF WOMAN'S HOSPITAL IS TO IMPROVE THE HEALTH OF WOMEN AND INFANTS WE RESPOND TO THE SPECIFIC NEEDS OF THE COMMUNITY AND SURROUNDING AREA'S NEEDS BY PROVIDING QUALITY MEDICAL AND EDUCATIONAL SERVICES WITHOUT DISTINCTION AS TO THE FINANCIAL MEANS OF THE PERSON, HIS/HER RACE, OR DOMICILE WOMAN'S PROVIDES MANY IMPORTANT HEALTH CARE SERVICES THAT ARE NOT OTHERWISE AVAILABLE IN OUR SERVICE AREA (140,444 PATIENTS)

4b (Code) (Expenses $ 5,763,000 including grants of $) (Revenue $ 69,381)

WOMAN'S HOSPITAL EDUCATES THE COMMUNITY BY SPONSORING PROGRAMS AND EVENTS, AND DISTRIBUTES LITERATURE ON HEALTH TOPICS OF INTEREST TO WOMEN INCLUDING CHILDBIRTH, MENOPAUSE, HEART HEALTH, DRUG ABUSE, AGING AND SEXUALITY (261 EDUCATION PROGRAMS) WE ALSO PROVIDE COMMUNITY SERVICE BY ABSORBING VARIOUS COSTS ESSENTIAL TO THE INDIGENT POPULATION, INCLUDING EMERGENCY AND PRENATAL CARE

4c (Code) (Expenses $ 688,184 including grants of $) (Revenue $ 185,863)

WOMAN'S HEALTH RESEARCH INSTITUTE CONCENTRATES ITS SCIENTIFIC RESEARCH ON THE UNIQUE HEALTH CONDITIONS OF VITAL IMPORTANCE TO WOMEN'S HEALTH ONGOING RESEARCH INCLUDES STUDIES ON MENOPAUSE, HORMONES, OSTEOPOROSIS, BREAST CANCER, MATERNAL-FETAL MEDICINE, NEONATAL MEDICINE, AND GENETICS (10 NEW PROTOCOLS REVIEWED AND APPROXIMATELY 41 ACTIVE STUDIES)

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ $ 272,290,456

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	Yes	
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	Yes	
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	Yes	
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	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
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**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer 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**	Yes	
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**		No
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	157		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	2,030		
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		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			7f		
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	13		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	7		
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	Yes	

Section C. Disclosure

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

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

☐ 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 ▶

APRIL F CHAISSON
9050 AIRLINE HIGHWAY
BATON ROUGE,LA 70809
(225)924-8107

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)**								5,785,883	0	868,439

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 ▶ 74

			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**	Yes	
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
JE DUNN SOUTH CENTRAL INC 3500 S GEENER 200 HOUSTON, TX 77063	PROFESSIONAL SERVICE - CONSTRUCTION	121,890,878
LILLIBRIDGE HEALTHCARE SERVICES INC 115 SOUTH LASALLE STREET 30TH FLOO CHICAGO, IL 606033801	ENGINEER/DEVELOPMENT	19,511,555
SOUTH LOUISIANA MEDICAL ASSOCIATES 1900 INDUSTRIAL BLVD HOUMA, LA 70363	MEDICAL SERVICES	4,877,160
VALLEY INNOVATIVE SERVICES INC PO BOX 5454 JACKSON, MS 392885454	FOOD SERVICE	4,339,418
VAN METER AND ASSOCIATES 1900 INDUSTRIAL BLVD HARVEY, LA 70058	MEDICAL SERVICES	1,859,273

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 ▶ 43

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns . .	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations . . .	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 607,825				
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f . . . . . ▶		607,825			
Program Service Revenue		Business Code				
	2a HOSPITAL SERVICES	541900	344,986,969	328,272,960	16,714,009	
	b FITNESS CENTER	713940	3,257,172	76,312	3,180,860	
	c CAFETERIA	722210	2,141,337	1,892,476	248,861	
	d CHILD CARE	624410	917,121	395,810	521,311	
	e PATIENT EDUCATION	611710	69,448	69,448		
	f All other program service revenue					
	g **Total.** Add lines 2a–2f . . . . . ▶		351,372,047			
	3 Investment income (including dividends, interest and other similar amounts) . . . . . ▶		2,143,679			2,143,679
	4 Income from investment of tax-exempt bond proceeds . . ▶					
	5 Royalties . . . . . ▶					

	(i) Real	(ii) Personal				
6a Gross Rents	2,054,135					
b Less rental expenses	1,883,869					
c Rental income or (loss)	170,266					
d Net rental income or (loss) . . . . . ▶			170,266			170,266

	(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory		812,741				
b Less cost or other basis and sales expenses		1,828,645				
c Gain or (loss)		-1,015,904				
d Net gain or (loss) . . . . . ▶			-1,015,904	-1,015,904		
8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a		185,189				
b Less direct expenses . . . b		97,356				
c Net income or (loss) from fundraising events . . ▶			87,833			87,833
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		675,408				
b Less cost of goods sold . . b		346,618				
c Net income or (loss) from sales of inventory . . ▶			328,790			328,790

Other Revenue	Miscellaneous Revenue	Business Code				
	11a OTHER OPERATING REVENU	900099	31,666,737		942,268	30,724,469
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d . . . . . ▶		31,666,737			
	12 **Total revenue.** See Instructions . . . ▶		385,361,273	329,691,102	21,607,309	33,455,037

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	73,743	73,743		
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,361,869	2,554,362	793,505	14,002
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	94,436,923	71,753,571	22,290,041	393,311
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	19,145,742	14,547,015	4,518,989	79,738
10 Payroll taxes				
a Fees for services (non-employees) Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services *See Part IV, line 17*				
f Investment management fees				
g Other				
12 Advertising and promotion	1,512,630	30,590	1,449,792	32,248
13 Office expenses	2,070,342	925,802	1,140,535	4,005
14 Information technology				
15 Royalties				
16 Occupancy	551,921	528,123	23,798	
17 Travel	380,946	241,307	136,901	2,738
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	495,951		495,951	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	11,764,459	3,848,755	7,915,704	
23 Insurance				
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 CONTRACTUAL ADJUSTMENTS	140,598,015	140,598,015		
b PATIENT RELATED SUPPLIE	22,987,132	22,975,357	11,775	
c OTHER EXPENSES	8,394,928	2,070,801	6,320,993	3,134
d PURCHASED SERVICES	7,747,857	2,616,305	5,024,257	107,295
e BAD DEBT EXPENSE	5,604,696	5,604,696		
f All other expenses	13,764,523	3,922,014	9,835,847	6,662
25 **Total functional expenses.** Add lines 1 through 24f	332,891,677	272,290,456	59,958,088	643,133
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		40,097,641	1	105,086,397
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		21,001,678	4	26,634,904
	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			7	
	8	Inventories for sale or use		2,973,016	8	2,911,646
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 516,541,303			
	b	Less accumulated depreciation	10b 156,744,519	191,637,762	10c	359,796,784
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		306,301,069	12	105,932,150
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		114,086,000	15	139,376,094
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		676,097,166	16	739,737,975
Liabilities	17	Accounts payable and accrued expenses		36,014,426	17	57,835,357
	18	Grants payable			18	
	19	Deferred revenue		199,800	19	199,800
	20	Tax-exempt bond liabilities			20	
	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		357,629,452	23	353,586,591
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		323,346	25	119,736
	26	**Total liabilities.** Add lines 17 through 25		394,167,024	26	411,741,484
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		280,262,526	27	326,261,193
	28	Temporarily restricted net assets		417,616	28	485,298
	29	Permanently restricted net assets		1,250,000	29	1,250,000
		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		281,930,142	33	327,996,491
	34	Total liabilities and net assets/fund balances		676,097,166	34	739,737,975

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	385,361,273
2	Total expenses (must equal Part IX, column (A), line 25)	2	332,891,677
3	Revenue less expenses Subtract line 2 from line 1	3	52,469,596
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	281,930,142
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-6,403,247
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	327,996,491

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
WOMAN'S HOSPITAL FOUNDATION DBA WOMAN'S HOSPITAL

Employer identification number
72-0652905

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
WOMAN'S HOSPITAL FOUNDATION DBA WOMAN'S HOSPITAL	72-0652905

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)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV	Yes		128,616
j	Total lines 1c through 1i			128,616
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Identifier	Return Reference	Explanation
EXPLANATION OF OTHER LOBBYING ACTIVITIES	PART II-B, LINE 1I	ALL OF THE FOLLOWING MEMBERSHIP DUES AMOUNTS RELATE TO THE LOBBYING EXPENSE PORTION OF THE DUES 1 MEMBERSHIP DUES $6,000 BATON ROUGE AREA CHAMBER 2 DONATION $725 COUNCIL FOR A BETTER LOUISIANA - IMPROVING THE QUALITY OF LIFE FOR ALL THE CITIZENS OF LOUISIANA 3 MEMBERSHIP DUES IN THE AMOUNT OF $480 TO THE LOUISIANA STATE MEDICAL SOCIETY 4 MEMBERSHIP DUES $14,713 LOUISIANA HOSPITAL ASSOCIATION 5 MEMBERSHIP DUES $9,411 AMERICAN HOSPITAL ASSOCIATION - IMPROVING MEDICARE AND MEDICAID REIMBURSEMENT, WORKFORCE DEVELOPMENT, QUALITY AND TRANSPARENCY, PATIENT SAFTETY, AND HEALTHCARE REFORM 6 $9 75 MEMBERSHIP DUES TO THE AMERICAN COLLEGE OF HEALTHCARE EXECUTIVES 7 $27 FOR MEMBERSHIP DUES TO THE CAPITAL AREA MEDICAL SOCIETY 8 $224 40 FOR MEMBERSHIP DUES TO THE HOMECARE ASSOCIATION OF LOUISIANA 9 $117 FOR MEMBERSHIP DUES TO THE MEDICAL GROUP MANAGEMENT ASSOCIATION 10 $415 80 FOR MEMBERSHIP DUES TO THE NATIONAL ASSOC FOR HOME CARE AND HOSPICE 11 $80,480 TO JUDY EWELL DAY FOR A LOBBYING CONTRACT 12 2% OF TERI FONTENOT'S (PRESIDENT/CEO) ANNUAL SALARY IS ATTRIBUTABLE TO LOBBYING ACTIVITIES THIS AMOUNTS TO $14,649 90 13 0 3% OF NANCY CRAWFORD'S (SENIOR VICE PRESIDENT MEDICAL STAFF SERVICES) SALARY IS ATTRIBUTABLE TO LOBBYING ACTIVITIES THIS AMOUNTS TO $704 14 $156 FOR MEMBERSHIP DUES TO THE AMERICAN NURSES ASSOCIATION 15 $273 FOR MEMBERSHIP DUES TO THE AMERICAN HOSPITAL ASSOCIATION 16 $12 25 FOR MEMBERSHIP DUES TO THE AMERICAN HEALTH INFORMATION MANAGEMENT ASSOCIATION 17 $177 FOR MEMBERSHIP DUES TO THE AMERICAN CONGRESS OF OBSTETRICIANS AND GYNECOLOGIST 18 $41 25 FOR MEMBERSHIP DUES TO THE AMERICAN ASSOCIATION OF DIABETES EDUCATORS

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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
WOMAN'S HOSPITAL FOUNDATION DBA WOMAN'S HOSPITAL

Employer identification number
72-0652905

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	1,250,000	1,250,000	1,250,000		
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	1,250,000	1,250,000	1,250,000		

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		14,378,596		14,378,596
b Buildings		135,502,436	84,642,040	50,860,396
c Leasehold improvements				
d Equipment		84,540,644	72,102,479	12,438,165
e Other		282,119,627		282,119,627
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				359,796,784

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		
(3) Other		
(A) BOND PRINCIPAL FUND	105,342,606	C
(B) MEMBERSHIP IN JOINT VENTURE	589,544	C
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	105,932,150	

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
(1) OTHER RECEIVABLES	3,274,434
(2) DEFERRED FINANCING CHARGES	3,584,681
(3) RESTRICTED DONATIONS - OTHERS	3,733,365
(4) RESTRICTED DONATION - B R AREA FOUNDATION	1,670,803
(5) DEPRECIATION RESERVE	116,528,836
(6) OTHER ASSETS	4,295,976
(7) ESTIMATED THIRD PARTY SETTLEMENTS	78,634
(8) UNAMORTIZED BOND DISCOUNT	6,209,365
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	139,376,094

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
OTHER LIABILITIES	119,736
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	119,736

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	385,361,273
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	332,891,677
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	52,469,596
4	Net unrealized gains (losses) on investments	4	-6,403,247
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	-6,403,247
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	46,066,349

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	240,023,949
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-6,403,247		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	1,992,729		
e	Add lines **2a** through **2d**			2e	-4,410,518
3	Subtract line **2e** from line **1**			3	244,434,467
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	140,926,806		
c	Add lines **4a** and **4b**			4c	140,926,806
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	385,361,273

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

1	Total expenses and losses per audited financial statements			1	193,957,601
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	1,992,729		
e	Add lines **2a** through **2d**			2e	1,992,729
3	Subtract line **2e** from line **1**			3	191,964,872
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	140,926,805		
c	Add lines **4a** and **4b**			4c	140,926,805
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	332,891,677

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 INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE FOUNDATION HOLDS AN ENDOWMENT FUND IN THE AMOUNT OF $1,250,000 FROM THE HELEN BARNES TRUST THIS AMOUNT IS PERMANENTLY RESTRICTED BUT THE ANNUAL EARNINGS FROM THIS ENDOWMENT IS FOR USE BY THE FOUNDATION THE INCOME IS REPORTED ON THE CORE FORM 990, BUT THE BALANCE ON THIS ENDOWMENT DOES NOT CHANGE FROM YEAR TO YEAR SINCE ONLY THE $1,250,000 IS RESTRICTED
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE HOSPITAL IS A NOT-FOR-PROFIT ORGANIZATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE INTERNAL REVENUE CODE ACCORDINGLY, NO PROVISION FOR INCOME TAXES ON RELATED INCOME HAS BEEN INCLUDED IN THE FINANCIAL STATEMENTS FOR INCOME TAX PURPOSES, WOMAN'S RETAIL VENTURES, LLC IS TREATED AS A PARTNERSHIP THE MEMBERS OF WOMAN'S RETAIL VENTURES, LLC ARE TAXED INDIVIDUALLY BASED ON THEIR PROPORTIONATE UNIT SHARE OF THE WOMAN'S RETAIL VENTURES, LLC TAXABLE INCOME AS SUCH, NO PROVISION IS MADE FOR INCOME TAXES IN THE ACCOMPANYING FINANCIAL STATEMENTS ON OCTOBER 1, 2009, THE HOSPITAL ADOPTED THE RECENT ACCOUNTING GUIDANCE RELATED TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH SETS OUT A CONSISTENT FRAMEWORK TO DETERMINE THE APPROPRIATE LEVEL OF TAX RESERVES TO MAINTAIN FOR UNCERTAIN TAX POSITIONS THE HOSPITAL RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED RECOGNIZED INCOME TAX POSITIONS ARE RECORDED AT THE LARGEST AMOUNT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED CHANGES IN THE RECOGNITION OR MEASUREMENT ARE REFLECTED IN THE PERIOD IN WHICH THE CHANGE IN JUDGEMENT OCCURS THE HOSPITAL HAS EVALUATED ITS POSITION REGARDING THE ACCOUNTING FOR UNCERTAIN INCOME TAX POSITIONS AND DOES NOT BELIEVE THAT IS HAS ANY MATERIAL UNCERTAIN TAX POSITIONS WITH FEW EXCEPTIONS, THE HOSPITAL IS NO LONGER SUBJECT TO FEDERAL, STATE, OR LOCAL TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE SEPTEMBER 30, 2007
PART XII, LINE 2D - OTHER ADJUSTMENTS		OTHER REVENUES AND EXPENSES RECLASSED 1,992,729
PART XII, LINE 4B - OTHER ADJUSTMENTS		CONTRACTUAL ADJUSTMENTS 140,598,015 COST OF SALES OF GIFT SHOP, SPA, & FITNESS CENTER INVENTORY 328,790 ROUNDING 1
PART XIII, LINE 2D - OTHER ADJUSTMENTS		OTHER REVENUES AND EXPENSES RECLASSED 1,992,729
PART XIII, LINE 4B - OTHER ADJUSTMENTS		CONTRACTUAL ADJUSTMENTS 140,598,015 COST OF SALES OF GIFT SHOP, SPA, & FITNESS CENTER INVENTORY 328,790

Additional Data

Software ID:

Software Version:

EIN: 72-0652905

Name: WOMAN'S HOSPITAL FOUNDATION DBA WOMAN'S HOSPITAL

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

(a) Description	**(b)** Book value
OTHER RECEIVABLES	3,274,434
DEFERRED FINANCING CHARGES	3,584,681
RESTRICTED DONATIONS - OTHERS	3,733,365
RESTRICTED DONATION - B R AREA FOUNDATION	1,670,803
DEPRECIATION RESERVE	116,528,836
OTHER ASSETS	4,295,976
ESTIMATED THIRD PARTY SETTLEMENTS	78,634
UNAMORTIZED BOND DISCOUNT	6,209,365

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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
WOMAN'S HOSPITAL FOUNDATION DBA WOMAN'S HOSPITAL

Employer identification number
72-0652905

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 GOLF TOURNAMENT (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	185,189			185,189
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	185,189			185,189
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes	5,678			5,678
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	91,678			91,678
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				97,356
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				87,833

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

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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
WOMAN'S HOSPITAL FOUNDATION DBA WOMAN'S HOSPITAL

Employer identification number
72-0652905

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		No
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	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)			231,000		231,000	0 070 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			17,350,000		17,350,000	5 210 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			17,581,000		17,581,000	5 280 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			423,000		423,000	0 130 %
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)			5,054,000		5,054,000	1 520 %
h Research (from Worksheet 7)			543,000		543,000	0 160 %
i Cash and in-kind contributions to community groups (from Worksheet 8)			55,000		55,000	0 020 %
j **Total** Other Benefits			6,075,000		6,075,000	1 830 %
k **Total.** Add lines 7d and 7j			23,656,000		23,656,000	7 110 %

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	5,604,696		
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	7,582		
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	3,057,223		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	4,592,340		
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-1,535,117		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used				

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a	Yes		
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			No

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	1 WOMAN'S RETAIL VENTURES LLC	HOSPITAL GIFT SHOP	74 000 %	8 000 %	18 000 %
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	WOMAN'S HOSPITAL FOUNDATION PO BOX 95009 BATON ROUGE, LA 70895	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 III, LINE 8 100% OF THE SHORTFALL IS TREATED AS COMMUNITY BENEFIT THE METHOD USED TO DETERMINE THE MEDICARE ALLOWABLE COST OF CARE IS COST TO CHARGE RATIO

Identifier	ReturnReference	Explanation
BAD DEBT EXPENSE	FORM 990, SCHEDULE H, PART III, SECTION A, QUESTIONS 2 AND 3	THE HOSPITAL MAINTAINS AN ALLOWANCE FOR DOUBTFUL ACCOUNTS BASED ON AN ASSESSMENT OF COLLECTABILITY, CURRENT ECONOMIC CONDITIONS, AND PRIOR EXPERIENCE THE HOSPITAL DETERMINES IF PATIENT ACCOUNTS RECEIVABLE ARE PAST-DUE BASED ON THE ORIGINAL BILL DATE, HOWEVER, THE HOSPITAL DOES NOT CHARGE INTEREST ON PAST-DUE ACCOUNTS THE HOSPITAL WRITES OFF PATIENT ACCOUNTS RECEIVABLE IF MANAGEMENT CONSIDERS THE COLLECTION OF THE OUTSTANDING BALANCES TO BE DOUBTFUL THIS IS ONLY AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN FOLLOWED AS OUTLINED IN OUR COLLECTION POLICY BAD DEBT EXPENSE OF $5,604,696 IS A COMBINATION OF ACTUAL ACCOUNTS WRITTEN OFF AND ADJUSTMENTS TO THE ALLOWANCE FOR DOUBTFUL ACCOUNTS BASED ON A REVIEW OF ALL ACCOUNTS IN WHICH WE WERE UNABLE TO FULLY DETERMINE ELIGIBILITY UNDER THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY (BECAUSE THE FINANCIAL ASSISTANCE APPLICATION WAS INCOMPLETE), WE IDENTIFIED $7,582 OF ACCOUNTS THAT WERE WRITTEN OFF AS BAD DEBT (AFTER ALL REASONABLE COLLECTION EFFORTS WERE FOLLOWED AS OUTLINED IN OUR COLLECTION POLICY)

Identifier	ReturnReference	Explanation
	FORM 990, SCHEDULE H, PART V, QUESTIONS 17A THROUGH 17E	WE NOTIFY PATIENTS OF OUR FINANCIAL ASSISTANCE POLICY UPON ADMISSION PATIENTS ARE REFERRED TO A FINANCIAL COUNSELOR WHO DISCUSSES OUR FINANCIAL ASSISTANCE POLICY IN DETAIL WE DOCUMENT WHEN AN APPLICATION IS PROVIDED TO A PATIENT/GUARANTOR, WHEN AN APPLICATION IS RECEIVED FROM A PATIENT/GUARANTOR (WHETHER COMPLETE OR INCOMPLETE), FURTHER COMMUNICATION WITH THE PATIENT/GUARANTOR IF THE APPLICATION IS INCOMPLETE, IF THE APPLICATION IS APPROVED OR DENIED, AND THE NOTIFICATION OF THE APPROVAL OR DENIAL TO THE PATIENT/GUARANTOR WE MAKE REASONABLE EFFORTS TO DETERMINE A PATIENT'S ELIGIBILITY BEFORE WE TAKE ANY ACTION TO COLLECT

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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
WOMAN'S HOSPITAL FOUNDATION DBA WOMAN'S HOSPITAL

Employer identification number
72-0652905

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) BATON ROUGE CHAMBER OF COMMERCE 564 LAUREL STREET BATON ROUGE,LA 70801	72-0126959	501(C)(3)	40,000				ECONOMIC DEVELOPMENT CAMPAIGN
(2) AMERICAN HEART ASSOCIATION4962 FLORIDA BLVD STE 402 BATON ROUGE,LA 70806	13-5613797	501(C)(3)		5,680	FMV	IN KIND PRINTING	IN KIND PRINTING
(3) KOMEN BATON ROUGE PO BOX 14615 BATON ROUGE,LA 70898	75-2854972	501(C)(3)	5,000	2,102	FMV	IN KIND PRINTING	IN KIND PRINTING
(4) BATON ROUGE AREA FOUNDATION402 N FOURTH STREET BATON ROUGE,LA 70802	72-6030391	501(C)(3)	10,000				2010 ROCKETCHIX SPONSORSHIP

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

3 Enter total number of other organizations . . . ▶

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

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

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

Identifier	Return Reference	Explanation

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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
WOMAN'S HOSPITAL FOUNDATION DBA WOMAN'S HOSPITAL

Employer identification number
72-0652905

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**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**	Yes	
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use 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				
See Additional Data Table							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(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	(1) WOMAN'S HOSPITAL PAID FOR FINANCIAL ADVISORY SERVICES FOR THE CEO THIS WAS INCLUDED IN THE CEO'S TAXABLE INCOME FOR THE YEAR (2) ON TWO SEPARATE OCCASIONS, WOMAN'S HOSPTIAL PROVIDED FOR TRAVEL TO A CONFERENCE FOR THE SPOUSE OF A BOARD MEMBER
	PART I, LINE 6	WOMAN'S HOSPITAL'S MANAGEMENT INCENTIVE PLAN PROVIDES FOR COMPENSATION IF CERTAIN GOALS/TARGETS ARE ACHIEVED, ONE BEING NET INCOME FROM OPERATIONS

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 72-0652905
Name: WOMAN'S HOSPITAL FOUNDATION DBA WOMAN'S HOSPITAL

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
JAN BENANTI MD	(I)	288,001	1,789	30,692	5,510	9,540	335,532	294,883
	(II)	0	0	0	0	0	0	0
TERI G FONTENOT	(I)	461,873	205,995	64,627	66,637	16,312	815,444	860,512
	(II)	0	0	0	0	0	0	0
STANLEY SHELTON	(I)	168,205	45,977	25,829	17,482	8,939	266,432	249,208
	(II)	0	0	0	0	0	0	0
PATRICIA JOHNSON	(I)	159,647	46,464	23,999	35,933	17,714	283,757	278,021
	(II)	0	0	0	0	0	0	0
STEPHANIE ANDERSON	(I)	190,115	54,947	35,078	39,860	17,711	337,711	291,441
	(II)	0	0	0	0	0	0	0
JAMIE HAEUSER	(I)	146,548	43,794	38,561	60,242	17,904	307,049	272,497
	(II)	0	0	0	0	0	0	0
NANCY CRAWFORD	(I)	154,152	45,679	34,721	48,343	5,339	288,234	279,656
	(II)	0	0	0	0	0	0	0
PAUL KIRK	(I)	153,674	33,531	15,303	26,724	17,233	246,465	231,440
	(II)	0	0	0	0	0	0	0
GREG SMITH	(I)	152,778	32,965	21,354	37,454	17,257	261,808	233,819
	(II)	0	0	0	0	0	0	0
DONNA BODIN	(I)	123,823	27,990	25,027	23,757	17,062	217,659	198,082
	(II)	0	0	0	0	0	0	0
STACI SULLIVAN	(I)	106,376	24,662	20,854	24,070	16,902	192,864	0
	(II)	0	0	0	0	0	0	0
LYNN WEILL	(I)	139,925	30,388	16,600	26,044	8,621	221,578	206,256
	(II)	0	0	0	0	0	0	0
MARSHALL ST AMANT MD	(I)	522,878	1,789	60,442	46,825	19,087	651,021	617,352
	(II)	0	0	0	0	0	0	0
CHARLES M STEDMAN MD	(I)	414,276	1,665	47,145	36,242	10,275	509,603	555,810
	(II)	0	0	0	0	0	0	0
MARK G NEWMAN MD	(I)	454,885	1,720	73,075	50,785	10,607	591,072	551,375
	(II)	0	0	0	0	0	0	0
ALBERT L DIKET MD	(I)	441,653	1,789	26,583	30,325	19,135	519,485	499,319
	(II)	0	0	0	0	0	0	0
KENNETH BROWN MD	(I)	306,867	46,888	79,485	51,963	10,605	495,808	474,761
	(II)	0	0	0	0	0	0	0
DAVID KLINE	(I)	100,000	0	0	0	0	100,000	0
	(II)	0	0	0	0	0	0	0

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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
WOMAN'S HOSPITAL FOUNDATION DBA WOMAN'S HOSPITAL

Employer identification number
72-0652905

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	LA LOCAL GOVERNMENT ENVIR FACILITIES & COMM DEVELOPMENT AUTHORITY	72-1416168	546282AK0	02-10-2010	3,545,000	FINANCE CONSTRUCTION/EQUIP ASSOC W/REPLACEMENT FACILITY/MEDICAL COMPLEX		X		X		X
B	LA LOCAL GOVERNMENT ENVIR FACILITIES & COMM DEVELOPMENT AUTHORITY	72-1416168	546282AC8	02-10-2010	3,720,000	FINANCE CONSTRUCTION/EQUIP ASSOC W/REPLACEMENT FACILITY/MEDICAL COMPLEX		X		X		X
C	LA LOCAL GOVERNMENT ENVIR FACILITIES & COMM DEVELOPMENT AUTHORITY	72-1416168	546282AD6	02-10-2010	3,915,000	FINANCE CONSTRUCTION/EQUIP ASSOC W/REPLACEMENT FACILITY/MEDICAL COMPLEX		X		X		X
D	LA LOCAL GOVERNMENT ENVIR FACILITIES & COMM DEVELOPMENT AUTHORITY	72-1416168	546282AE4	02-10-2010	4,110,000	FINANCE CONSTRUCTION/EQUIP ASSOC W/REPLACEMENT FACILITY/MEDICAL COMPLEX		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				
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrow				
7	Issuance costs from proceeds				
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion				

		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		X		X
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?		X		X		X		X
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?		X		X		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		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		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		X		X
b	Are there any research agreements that may result in private business use of bond-financed property?		X		X		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?								
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		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		X		X
2	Is the bond issue a variable rate issue?		X		X		X		X
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X		X		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		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		X		X
6	Did the bond issue qualify for an exception to rebate?		X		X		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

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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
WOMAN'S HOSPITAL FOUNDATION DBA WOMAN'S HOSPITAL

Employer identification number
72-0652905

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	LA LOCAL GOVERNMENT ENVIR FACILITIES & COMM DEVELOPMENT AUTHORITY	72-1416168	546282AF1	02-10-2010	24,380,000	FINANCE CONSTRUCTION/EQUIP ASSOC W/REPLACEMENT FACILITY/MEDICAL COMPLEX		X		X		X
B	LA LOCAL GOVERNMENT ENVIR FACILITIES & COMM DEVELOPMENT AUTHORITY	72-1416168	546282AG9	02-10-2010	32,210,000	FINANCE CONSTRUCTION/EQUIP ASSOC W/REPLACEMENT FACILITY/MEDICAL COMPLEX		X		X		X
C	LA LOCAL GOVERNMENT ENVIR FACILITIES & COMM DEVELOPMENT AUTHORITY	72-1416168	546282AH7	02-10-2010	101,095,000	FINANCE CONSTRUCTION/EQUIP ASSOC W/REPLACEMENT FACILITY/MEDICAL COMPLEX		X		X		X
D	LA LOCAL GOVERNMENT ENVIR FACILITIES & COMM DEVELOPMENT AUTHORITY	72-1416168	546282AJ3	02-10-2010	60,165,000	FINANCE CONSTRUCTION/EQUIP ASSOC W/REPLACEMENT FACILITY/MEDICAL COMPLEX		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				
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrow				
7	Issuance costs from proceeds				
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion				

		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		X		X
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?		X		X		X		X
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?		X		X		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		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		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		X		X
b	Are there any research agreements that may result in private business use of bond-financed property?		X		X		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?								
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		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		X		X
2	Is the bond issue a variable rate issue?		X		X		X		X
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X		X		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		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		X		X
6	Did the bond issue qualify for an exception to rebate?		X		X		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

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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
WOMAN'S HOSPITAL FOUNDATION DBA WOMAN'S HOSPITAL

Employer identification number
72-0652905

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	LA LOCAL GOVERNMENT ENVIR FACILITIES & COMM DEVELOPMENT AUTHORITY	72-1416168	546282AT1	02-10-2010	1,325,000	FINANCE CONSTRUCTION/EQUIP ASSOC W/REPLACEMENT FACILITY/MEDICAL COMPLEX		X		X		X
B	LA LOCAL GOVERNMENT ENVIR FACILITIES & COMM DEVELOPMENT AUTHORITY	72-1416168	546282AL8	02-10-2010	1,395,000	FINANCE CONSTRUCTION/EQUIP ASSOC W/REPLACEMENT FACILITY/MEDICAL COMPLEX		X		X		X
C	LA LOCAL GOVERNMENT ENVIR FACILITIES & COMM DEVELOPMENT AUTHORITY	72-1416168	546282AM6	02-10-2010	1,465,000	FINANCE CONSTRUCTION/EQUIP ASSOC W/REPLACEMENT FACILITY/MEDICAL COMPLEX		X		X		X
D	LA LOCAL GOVERNMENT ENVIR FACILITIES & COMM DEVELOPMENT AUTHORITY	72-1416168	546282AN4	02-10-2010	1,545,000	FINANCE CONSTRUCTION/EQUIP ASSOC W/REPLACEMENT FACILITY/MEDICAL COMPLEX		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				
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrow				
7	Issuance costs from proceeds				
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion				

		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		X		X
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?		X		X		X		X
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?		X		X		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		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		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		X		X
b	Are there any research agreements that may result in private business use of bond-financed property?		X		X		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?								
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		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		X		X
2	Is the bond issue a variable rate issue?		X		X		X		X
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X		X		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		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		X		X
6	Did the bond issue qualify for an exception to rebate?		X		X		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

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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
WOMAN'S HOSPITAL FOUNDATION DBA WOMAN'S HOSPITAL

Employer identification number
72-0652905

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	LA LOCAL GOVERNMENT ENVIR FACILITIES & COMM DEVELOPMENT AUTHORITY	72-1416168	546282AP9	02-10-2010	9,005,000	FINANCE CONSTRUCTION/EQUIP ASSOC W/REPLACEMENT FACILITY/MEDICAL COMPLEX		X		X		X
B	LA LOCAL GOVERNMENT ENVIR FACILITIES & COMM DEVELOPMENT AUTHORITY	72-1416168	546282AQ7	02-10-2010	11,930,000	FINANCE CONSTRUCTION/EQUIP ASSOC W/REPLACEMENT FACILITY/MEDICAL COMPLEX		X		X		X
C	LA LOCAL GOVERNMENT ENVIR FACILITIES & COMM DEVELOPMENT AUTHORITY	72-1416168	546282AR5	02-10-2010	37,120,000	FINANCE CONSTRUCTION/EQUIP ASSOC W/REPLACEMENT FACILITY/MEDICAL COMPLEX		X		X		X
D	LA LOCAL GOVERNMENT ENVIR FACILITIES & COMM DEVELOPMENT AUTHORITY	72-1416168	546282AS3	02-10-2010	22,595,000	FINANCE CONSTRUCTION/EQUIP ASSOC W/REPLACEMENT FACILITY/MEDICAL COMPLEX		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				
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrow				
7	Issuance costs from proceeds				
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion				

		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		X		X
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?		X		X		X		X
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?		X		X		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		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		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		X		X
b	Are there any research agreements that may result in private business use of bond-financed property?		X		X		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?								
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		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		X		X
2	Is the bond issue a variable rate issue?		X		X		X		X
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X		X		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		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		X		X
6	Did the bond issue qualify for an exception to rebate?		X		X		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

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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
WOMAN'S HOSPITAL FOUNDATION DBA WOMAN'S HOSPITAL

Employer identification number
72-0652905

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	(e) Sharing of organization's revenues? No
(1) DR FRANK BREAUX	DR FRANK BREAUX IS A DIRECTOR OF THE FOUNDATION	951,396	LWCA AND LWHA RENT OFFICE SPACE FROM THE FOUNDATION DR FRANK BREAUX IS A MEMBER OF THESE GROUPS		No
(2) DR ELLIS J SCHWARTZENBURG	DR ELLIS J SCHWARTZENBURG IS A DIRECTOR OF THE FOUNDATION	164,716	SCHWARTZENBURGS, LAFRANCA, AND GUIDRY RENTS OFFICE SPACE FROM THE FOUNDATION DR ELLIS J SCHWARTZENBURG IS A MEMBER OF THIS GROUP		No
(3) DR W DORE' BINDER	DR W DORE' BINDER IS A DIRECTOR OF THE FOUNDATION	951,396	LWCA AND LWHA RENT OFFICE SPACE FROM THE FOUNDATION DR W DORE' BINDER IS A MEMBER OF THESE GROUPS		No
(4) DR EDWARD SCHWARTZENBURG	DR EDWARD SCHWARTZENBURG BINDER IS A DIRECTOR OF THE FOUNDATION	164,716	SCHWARTZENBURGS, LAFRANCA, AND GUIDRY RENTS OFFICE SPACE FROM THE FOUNDATION DR EDWARD SCHWARTZENBURG IS A MEMBER OF THIS GROUP		No
(5) DR RENEE HARRIS	DR W RENEE HARRIS IS A DIRECTOR OF THE FOUNDATION	147,335	ASSOCIATES IN WOMEN'S HEALTH RENTS OFFICE SPACE FROM THE FOUNDATION DR RENEE HARRIS IS A MEMBER OF THIS GROUP		No
(6) DR YOLUNDA TAYLOR	DR YOLUNDA TAYLOR IS A DIRECTOR ON THE FOUNDATION	147,335	ASSOCIATES IN WOMEN'S HEALTH RENTS OFFICE SPACE FROM THE FOUNDATION DR YOLUNDA TAYLOR IS A MEMBER OF THIS GROUP		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
WOMAN'S HOSPITAL FOUNDATION DBA WOMAN'S HOSPITAL

Employer identification number
72-0652905

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		DR ELLIS J SCHWARTZENBURG AND DR EDWARD SCHWARTZENBURG ARE SIBLINGS BOTH ARE ON THE BOARD OF DIRECTORS OF THE FOUNDATION

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		THE FOUNDATION HAS ACTIVE MEMBERS

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A		MEMBERS OF THE FOUNDATION ARE ALLOWED TO ELECT ONE OR MORE MEMBERS OF THE GOVERNING BODY

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B		SOME DECISIONS MADE BY THE GOVERNING BODY ARE SUBJECT TO APPROVAL BY THE MEMBERS

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE BOARD OF DIRECTORS REVIEWED THE RETURN PRIOR TO FILING

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	A LETTER AND QUESTIONNAIRE ARE SENT TO EACH BOARD MEMBER ANNUALLY WITH A LIST OF OFFICERS, DIRECTORS, AND KEY PERSONNEL TO USE FOR REFERENCE IN REPORTING ANY POSSIBLE CONFLICTS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	A MARKET COMPARISON AND RESULTING RECOMMENDATIONS FOR TOTAL COMPENSATION AND MANAGEMENT INCENTIVE PLANS ARE CONDUCTED BY A CONSULTING FIRM AND APPROVED BY THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE FOUNDATION'S TAX DOCUMENTS ARE AVAILABLE UPON REQUEST THE FORM 990 IS ALSO UPLOADED ONTO GUIDESTAR'S WEBSITE WHERE IT CAN BE VIEWED BY THE GENERAL PUBLIC THE FOUNDATION'S ANNUAL REPORT IS AVAILABLE ON THE HOSPITAL WEBSITE THE FOUNDATION ALSO ISSUES QUARTERLY BOND DISCLOSURE REQUIREMENTS TO BONDHOLDERS AND RATING AGENCIES

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -6,403,247

Identifier	Return Reference	Explanation
	FORM 990, PART XII, LINE 2C	THE ORGANIZATION'S PROCESS HAS NOT CHANGED FROM THE FILING OF THE PREVIOUS FORM 990

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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
WOMAN'S HOSPITAL FOUNDATION DBA WOMAN'S HOSPITAL

Employer identification number
72-0652905

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

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) WOMAN'S RETAIL VENTURES LLC 9000 AIRLINE HWY STE 330 BATON ROUGE, LA70895 04-3845778	GIFT SHOP RETAIL	LA			116,835	616,931		No			No	

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

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

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

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

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) WOMAN'S RETAIL VENTURES LLC	I	72,542	CASH
(2) WOMAN'S RETAIL VENTURES LLC	R	125,653	CASH
(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

2011
Financial Statements

THE WOMAN'S HOSPITAL FOUNDATION
d/b/a WOMAN'S HOSPITAL

CONSOLIDATED FINANCIAL STATEMENTS

SEPTEMBER 30, 2011

CONTENTS

P&N Postlethwaite & Netterville

A Professional Accounting Corporation
Associated Offices in Principal Cities of the United States
www pncpa com

INDEPENDENT AUDITORS' REPORT

Board of Directors
The Woman's Hospital Foundation
d/b/a Woman's Hospital

We have audited the accompanying consolidated balance sheets of The Woman's Hospital Foundation, d/b/a Woman's Hospital (the Hospital), as of September 30, 2011 and 2010, and the related consolidated statements of operations, changes in net assets, and cash flows for the years then ended. These consolidated financial statements are the responsibility of the Hospital'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 audits to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Hospital's internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, 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 consolidated financial position of The Woman's Hospital Foundation, d/b/a Woman's Hospital, as of September 30, 2011 and 2010, and the results of its consolidated operations and its consolidated cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Postlethwaite & Netterville

Baton Rouge, Louisiana
January 18, 2012

8550 United Plaza Blvd, Suite 1001 • Baton Rouge, LA 70809 • Tel. 225 922.4600 • Fax: 225 922.4611

THE WOMAN'S HOSPITAL FOUNDATION
d/b/a WOMAN'S HOSPITAL

CONSOLIDATED BALANCE SHEETS
SEPTEMBER 30, 2011 AND 2010

A S S E T S

	2011	2010
CURRENT ASSETS		
Cash and cash equivalents	$ 105,292,546	$ 40,505,496
Assets limited as to use	9,257,166	9,257,166
Patient accounts receivable, net of allowances for doubtful accounts of $11,464,531 at 2011 and $7,170,837 at 2010	26,799,866	21,001,678
Estimated third-party payor settlements	78,634	61,634
Inventories	3,138,602	3,183,760
Other current assets	4,344,547	4,273,421
Total current assets	148,911,361	78,283,155
ASSETS LIMITED AS TO USE		
Held by trustee in accordance with bond indentures	105,342,606	305,709,018
Held by the Baton Rouge Area Foundation on behalf of the Hospital	945,803	904,149
Internally designated for Founders and Friends	2,483,265	2,455,768
Donor restricted for capital improvements	1,250,000	1,250,000
Certificates of deposit	725,100	725,100
Internally designated for funded depreciation	116,528,836	90,692,216
Total assets whose use is limited	227,275,610	401,736,251
Less amounts required to meet current liabilities	(9,257,166)	(9,257,166)
Noncurrent assets whose use is limited	218,018,444	392,479,085
PROPERTY AND EQUIPMENT, net	359,796,784	191,640,290
OTHER ASSETS		
Deferred financing costs	5,167,438	5,337,798
Other	1,722,358	2,060,789
Total other assets	6,889,796	7,398,587
TOTAL ASSETS	$ 733,616,385	$ 669,801,117

The accompanying notes are an integral part of these consolidated statements

LIABILITIES AND NET ASSETS

	2011	2010
CURRENT LIABILITIES		
Current portion of long-term debt	$ 4,180,872	$ 4,017,216
Bond interest payable	9,285,760	9,311,405
Accounts payable	3,078,114	1,689,550
Accrued expenses	19,988,263	29,275,692
Retainage payable on construction contracts	9,483,010	1,426,465
Accrued contribution for the defined contribution plan	2,527,421	2,457,149
Other current liabilities	20,228,717	129,387
Credit balances in patient accounts receivable	2,623,576	1,258,126
Total current liabilities	71,395,733	49,564,990
LONG -TERM DEBT, net of current portion		
Principal portion of long-term debt, net of current portion	340,119,959	344,300,831
Unamortized bond premium (discount)	(6,209,365)	(6,397,527)
Total long-term debt	333,910,594	337,903,304
OTHER LONG -TERM LIABILITIES		
Other long-term liabilities	106,430	193,959
	106,430	193,959
NET ASSETS		
Controlling Interest		
Unrestricted net assets	326,261,193	280,262,527
Temporarily restricted net assets	485,298	417,616
Permanently restricted net assets	1,250,000	1,250,000
Total controlling interest	327,996,491	281,930,143
Noncontrolling interest	207,137	208,721
Total net assets	328,203,628	282,138,864
TOTAL LIABILITIES AND NET ASSETS	$ 733,616,385	$ 669,801,117

THE WOMAN'S HOSPITAL FOUNDATION
d/b/a WOMAN'S HOSPITAL

CONSOLIDATED STATEMENTS OF OPERATIONS
YEARS ENDED SEPTEMBER 30, 2011 AND 2010

	2011	2010
OPERATING REVENUES		
Net patient service revenues	$ 204,401,889	$ 206,098,484
Other operating revenues	13,787,673	13,201,057
Investment income (Note 4)	872,250	(165,412)
Total operating revenues	219,061,812	219,134,129
OPERATING EXPENSES		
Salaries, wages, and FICA	98,487,157	97,794,272
Employee benefits	19,077,116	18,059,264
Medical supplies & drugs	24,751,406	24,707,384
Other	33,796,668	32,900,371
Provision for doubtful accounts	5,579,611	5,724,331
Total operating expenses before depreciation amortization, interest and early extinguishment	181,691,958	179,185,622
Depreciation and amortization	11,769,692	12,796,914
Loss on extinguishment of debt	-	2,503,357
Interest expense	495,951	890,717
Total operating expenses	193,957,601	195,376,610
INCOME FROM OPERATIONS	25,104,211	23,757,519

The accompanying notes are an integral part of these consolidated statements

THE WOMAN'S HOSPITAL FOUNDATION
d/b/a WOMAN'S HOSPITAL

CONSOLIDATED STATEMENTS OF OPERATIONS
YEARS ENDED SEPTEMBER 30, 2011 AND 2010

	2011	2010
INCOME FROM OPERATIONS	$ 25,104,211	$ 23,757,519
Philanthropy	1,721,381	474,581
Other revenues, net	25,497,908	71,298
	27,219,289	545,879
EXCESS OF REVENUES OVER EXPENSES	52,323,500	24,303,398
Change in net unrealized gains and losses on investment securities	(6,282,269)	6,466,110
INCREASE IN UNRESTRICTED NET ASSETS	46,041,231	30,769,508
Net increase in temporarily restricted net assets	67,682	397,530
INCREASE IN NET ASSETS	46,108,913	31,167,038
Increase in net assets attributable to noncontrolling interest	42,565	44,151
INCREASE IN NET ASSETS ATTRIBUTABLE TO THE WOMAN'S HOSPITAL FOUNDATION	$ 46,066,348	$ 31,122,887

The accompanying notes are an integral part of these consolidated statements

THE WOMAN'S HOSPITAL FOUNDATION
d/b/a WOMAN'S HOSPITAL

CONSOLIDATED STATEMENTS OF CHANGES IN NET ASSETS
YEARS ENDED SEPTEMBER 30, 2011 AND 2010

	Controlling Interest		
	Unrestricted Net Assets	Temporarily Restricted Net Assets	Permanently Restricted Net Assets
Balance at September 30, 2009	$ 249,537,170	$ 20,086	$ 1,250,000
Increase in net assets for the year ended September 30, 2010	30,725,357	397,530	-
Distributions to noncontrolling interest	-	-	-
Balance at September 30, 2010	280,262,527	417,616	1,250,000
Increase in net assets for the year ended September 30, 2011	45,998,666	67,682	-
Distributions to noncontrolling interest	-	-	-
Balance at September 30, 2011	$ 326,261,193	$ 485,298	$ 1,250,000

The accompanying notes are an integral part of these consolidated financial statements

Total Controlling Interest	Noncontrolling Interest	Total
$ 250,807,256	$ 216,647	$ 251,023,903
31,122,887	44,151	31,167,038
-	(52,077)	(52,077)
281,930,143	208,721	282,138,864
46,066,348	42,565	46,108,913
-	(44,149)	(44,149)
$ 327,996,491	$ 207,137	$ 328,203,628

THE WOMAN'S HOSPITAL FOUNDATION
d/b/a WOMAN'S HOSPITAL

CONSOLIDATED STATEMENTS OF CASH FLOWS
YEARS ENDED SEPTEMBER 30, 2011 AND 2010

	2011	2010
CASH FLOWS FROM OPERATING ACTIVITIES		
Increase in net assets	$ 46,108,913	$ 31,167,038
Adjustments to reconcile the increase in net assets to net cash provided by operating activities		
Depreciation	11,409,419	12,569,705
Amortization	360,273	223,305
Net unrealized gains on securities	6,282,269	(6,466,110)
Realized losses on sales of securities	997,921	1,730,386
Loss on disposals of property and equipment	3,416	130,029
Provision for doubtful accounts	5,579,611	5,724,331
Noncash portion of loss on defeasance of debt	-	(605,035)
Changes in operating assets and liabilities		
Patient accounts receivable	(10,012,349)	(1,652,153)
Inventories	45,158	(197,989)
Other current assets	(71,126)	(948,095)
Other assets	338,431	403,429
Estimated third-party payor settlements	(17,000)	(5,500)
Accounts payable	9,445,109	(26,667)
Accrued expenses	(9,217,157)	8,681,394
Other liabilities	20,010,050	(327,497)
Bond interest payable	(25,645)	8,644,922
Net cash provided by operating activities	81,237,293	59,045,493
CASH FLOWS FROM INVESTING ACTIVITIES		
Acquisitions of property and equipment	(179,569,329)	(53,385,932)
Purchases of investments whose use is limited	(51,405,771)	(343,898,764)
Proceeds from sales of investments whose use is limited	218,586,222	43,532,683
Net cash used in investing activities	(12,388,878)	(353,752,013)

The accompanying notes are an integral part of these consolidated statements

THE WOMAN'S HOSPITAL FOUNDATION
d/b/a WOMAN'S HOSPITAL

CONSOLIDATED STATEMENTS OF CASH FLOWS
YEARS ENDED SEPTEMBER 30, 2011 AND 2010

	2011	2010
CASH FLOWS FROM FINANCING ACTIVITIES		
Proceeds from the issuance of revenue bonds	$ -	$ 309,826,065
Proceeds from the issuance of note payable	-	31,068,392
Payments related to financing costs	-	(1,300,753)
Principal payments on revenue bonds	-	(30,830,000)
Principal payments on note payable	(4,017,216)	(2,270,345)
Distributions paid to noncontrolling interest	(44,149)	(52,077)
Net cash provided by (used in) financing activities	(4,061,365)	306,441,282
Net increase in cash and cash equivalents	64,787,050	11,734,762
Cash and cash equivalents at beginning of year	40,505,496	28,770,734
Cash and cash equivalents at end of year	$ 105,292,546	$ 40,505,496
Supplemental disclosure of cash flow information		
Cash paid during the year for interest (net of amount capitalized of $18,514,332 in 2011 and $11,880,029 in 2010)	$ 521,596	$ 1,059,032

The accompanying notes are an integral part of these consolidated statements

THE WOMAN'S HOSPITAL FOUNDATION
d/b/a WOMAN'S HOSPITAL

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
YEARS ENDED SEPTEMBER 30, 2011 AND 2010

1 Summary of significant accounting policies

The Woman's Hospital Foundation, d/b/a Woman's Hospital (the Hospital), is a private not-for-profit healthcare organization located in Baton Rouge, Louisiana The Hospital operates a specialized facility which provides obstetric, gynecological, pediatric, and neonatal services for women, infants, and children in Baton Rouge and surrounding areas Admitting physicians are primarily practitioners in the local area

The accounting and reporting policies of the Hospital conform to the accounting principles generally accepted in the United States and the prevailing practices within the healthcare industry The significant accounting policies used by the Hospital in preparing and presenting its financial statements are summarized as follows

Principles of consolidation

The consolidated financial statements include the accounts of the Woman's Hospital Foundation, d/b/a Woman's Hospital, its 100% owned subsidiary The Woman's Hospital Auxiliary, and Woman's Retail Ventures, LLC, which began operations on April 1, 2006 Woman's Retail Ventures, LLC is a limited liability company owned 74% by Woman's Hospital and 26% by outside investors that are primarily physicians All significant intercompany accounts and transactions have been eliminated in consolidation

Use of 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 and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period Actual results could differ from these estimates

Cash and cash equivalents

Cash and cash equivalents includes all checking accounts, savings accounts, money market funds, and certain investments in highly liquid debt instruments which had maturities of three months or less at the date of purchase

Investments and investment income

Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at their fair value in the balance sheets For those investments where quoted market prices are unavailable, management estimates fair value based on information provided by the fund managers Donated investments are recorded at their market value at the date of receipt, which is then treated as cost

Investment income or loss (including realized gains and losses on investments, interest and dividends) is included in income from operations unless the income or loss is restricted by donor or law Unrealized gains and losses on investments are excluded from income from operations unless the investments are trading securities

1 Summary of significant accounting policies (continued)

Assets limited as to use

Assets limited as to use primarily include assets held by trustees under indenture agreements, assets whose use is restricted to specific purposes by donors, and designated assets set aside by the Board of Directors for future capital improvements, over which the Board retains control and may at its discretion subsequently use for other purposes Amounts required to meet current liabilities of the Hospital have been classified as current assets in the balance sheets

Patient accounts receivable

The Hospital provides credit in the normal course of operations to patients located primarily in Baton Rouge and the surrounding areas and insurance companies conducting operations in this area

The Hospital maintains an allowance for doubtful accounts based on management's assessment of collectability, current economic conditions, and prior experience The Hospital determines if patient accounts receivable are past-due based on the original bill date, however, the Hospital does not charge interest on past-due accounts The Hospital writes off patient accounts receivable if management considers the collection of the outstanding balances to be doubtful

Inventories

Inventories consist primarily of medical supplies and drugs, and are stated at the lower of cost (first-in, first-out method) or market

Property and equipment

Property and equipment are stated at historical cost Donated property is recorded at its estimated fair value on the date of receipt, which is then treated as cost Additions, renewals, and betterments that extend the lives of assets are capitalized Maintenance and repair expenditures are expensed as incurred

Depreciation has been provided using the straight-line method over the estimated useful lives of the related assets, which range from 2 to 40 years

When assets are retired or otherwise disposed of, the costs and related accumulated depreciation are removed from the accounts, and any resulting gains and losses are recognized in the Hospital's yearly operations

Costs of borrowing

Interest cost incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets Financing costs are amortized on a straight-line basis over the period that the related obligation is outstanding

1 Summary of significant accounting policies (continued)

Temporarily and permanently restricted net assets

Temporarily restricted net assets are those whose use by the Hospital has been limited by donors to a specific time period or purpose Permanently restricted net assets have been restricted by donors to be maintained by the Hospital in perpetuity

Income from operations

The statements of operations include the subtotal income from operations Operating revenues include, but are not limited to, patient revenues, child care center revenues, dietary and cafeteria revenues, fitness center revenues, graphic services, retail revenues, rental revenues and interest, dividends and realized gains and losses Changes in unrestricted net assets, which are excluded from income from operations, include unrealized gains and losses on investments from other than trading securities, UPL revenues, contributions, other non-operating activities, and restricted investment income

Net patient service revenue

The Hospital has agreements with third-party payors that provide for payments to the Hospital at amounts different from its established rates Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges, and per diem payments Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered including estimated retroactive adjustments under reimbursement agreements with third-party payors Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined Discounts are available to uninsured patients

Charity care

The Hospital provides care to patients who meet certain criteria established under its charity care policy without charge or at rates substantially lower than its prevailing rates (see note 17)

Donor-restricted gifts

Unconditional promises to give cash and other assets to the Hospital are reported at their fair values at the date the promises are received Conditional promises to give and indications of intentions to give are reported at their fair values at the date the gifts are received The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets When a donor restriction expires, that is, when a stipulated time restriction ends or purpose of the restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the statements of operations as net assets released from restrictions Donor-restricted contributions whose restrictions are met within the same year as received, are reported as unrestricted contributions in the accompanying financial statements

1 Summary of significant accounting policies (continued)

Professional liability claims

Through the Louisiana Hospital Association Trust Fund, the Hospital maintains insurance for protection from losses resulting from professional liability claims Except for a $9,500,000 umbrella policy, which is written on a claims made basis, all other policies are on an occurrence basis

The provision for estimated malpractice claims includes estimates of the ultimate cost for both reported claims and claims incurred but not reported The Hospital has not experienced material losses from professional liability claims in the past

Advertising

The Hospital expenses the cost of advertising as incurred Total advertising expenses for the years ended September 30, 2011 and 2010 were $1,330,000 and $1,593,000 respectively

Income taxes

The Hospital is a not-for-profit organization as described in Section 501(c)(3) of the Internal Revenue Code and is exempt from federal and state income taxes on related income pursuant to Section 501(a) of the Internal Revenue Code Accordingly, no provision for income taxes on related income has been included in the financial statements

For income tax purposes, Woman's Retail Ventures, LLC is treated as a partnership The members of Woman's Retail Ventures, LLC are taxed individually based on their proportionate unit share of the Woman's Retail Ventures, LLC taxable income As such, no provision is made for income taxes in the accompanying financial statements

On October 1, 2009, the Hospital adopted the accounting guidance related to accounting for uncertainty in income taxes, which sets out a consistent framework to determine the appropriate level of tax reserves to maintain for uncertain tax positions The Hospital recognizes the effect of income tax positions only if the positions are more likely than not of being sustained Recognized income tax positions are recorded at the largest amount that is greater than 50% likely of being realized Changes in the recognition or measurement are reflected in the period in which the change in judgment occurs The Hospital has evaluated its position regarding the accounting for uncertain income tax positions and does not believe that it has any material uncertain tax positions With few exceptions, the Hospital is no longer subject to federal, state, or local tax examinations by tax authorities for years before September 30, 2008

Reclassifications

Certain reclassifications have been made to the 2010 financial statements to conform with the 2011 presentation

2 Net patient service revenue

The Hospital has agreements with governmental payors, other third-party payors, and self-pay payors for payments to the Hospital at amounts different from its established rates Contractual adjustments represent the differences between the Hospital's billings at established rates for services and amounts reimbursed by third-party payors and self-pay payors A summary of the basis of reimbursement follows

- *Medicare* - inpatient acute care services, outpatient services, and home health services rendered to Medicare program beneficiaries are paid at prospectively determined rates-per-discharge that include defined capital costs These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors

- *Medicaid* - inpatient services rendered to Medicaid program beneficiaries are reimbursed at a prospectively determined rate-per-diem These rates vary according to a patient classification system that is based on level of care and other factors Certain extraordinary inpatient costs for children under the age of six are eligible for additional reimbursement Due to the Hospital being affected by the hurricanes, it received supplemental payments from Medicaid in the amount of $1,178,240 during the year ended September 30, 2010, for the period from July 1, 2009 through December 31, 2010 The Hospital had deferred revenues of approximately $163,000 that related to these supplemental payments at September 30, 2010 The Hospital did not receive these supplemental payments during the year ended September 30, 2011 Disproportionate share payments to hospitals with high Medicaid utilization and unrecovered costs approximated $910,000 and $2,362,000, for the years ended September 30, 2011 and 2010 respectively

  Outpatient services are reimbursed at a prospectively determined fee schedule For the small number of outpatient services where no fee schedule has been developed, outpatient services are paid based on a cost reimbursement methodology The Hospital is paid for cost reimbursable items at a tentative rate, with final settlement determined after submission of an annual cost report by the Hospital and an audit thereof by the Medicaid fiscal intermediary

- *Commercial and HMO* - the Hospital has entered into agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations The payment methodology under these agreements is a percentage of billed charges

- *Self-Pay* - the Hospital provides financial assistance to qualified applicants at, or below, poverty guidelines Uninsured patients who do not qualify for financial assistance are eligible to receive a prepay discount

Amounts receivable or payable under reimbursement agreements with the Medicare and Medicaid programs are subject to examination and retroactive adjustments Provisions for estimated retroactive adjustments under such programs are provided for in the period the related services are rendered and adjusted in future periods as final settlements are determined The Hospital had estimated receivables of $78,634 and $61,634 at September 30, 2011 and 2010, respectively As of September 30, 2011, final settlements subject to audit had been made by the Medicaid program for all years ended through September 30, 2007, and final settlements had been made by the Medicare program for all years ended through September 30, 2008

2 Net patient service revenue (continued)

Since the laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term

Presented below is a summary of net patient service revenue for the years ended September 30, 2011 and 2010

	2011	2010
Gross patient service revenue	$ 344,999,762	$ 331,318,206
Total deductions	(140,597,873)	(125,219,722)
Net patient service revenue	$ 204,401,889	$ 206,098,484

3 Patient accounts receivable

A summary of the patient accounts at September 30, 2011 and 2010 is as follows

	2011	2010
Patient accounts receivable	$ 55,146,620	$ 37,465,087
Estimated allowance for doubtful accounts	(11,464,531)	(7,170,837)
Estimated allowance for contractual adjustments	(16,882,223)	(9,292,572)
Net patient accounts receivable	$ 26,799,866	$ 21,001,678

4 Investments

The composition of assets limited as to use at September 30, 2011 and 2010, is set forth in the following table

	2011	2010
Assets held by the trustee in accordance with bond indenture agreements		
Cash and cash equivalents	$ 16,078,978	$ 66,723,351
U S Government agencies	89,263,628	238,985,667
Less amount classified as current	(9,257,166)	(9,257,166)
	$ 96,085,440	$ 296,451,852
Assets held by the Baton Rouge Area Foundation on behalf of the Hospital	$ 945,803	$ 904,149

4 Investments (continued)

	2011	2010
Assets internally designated by the Board of Directors for funded depreciation, future capital improvements, and Founders and Friends		
Cash and cash equivalents	$ 75,736	$ 131,276
Bond funds	32,699,429	25,029,427
International bonds	109,840	32,295
Structured investments	42,302	399,431
Other fixed income	221,117	152,490
Equity funds	2,482,552	2,455,057
US large cap equities	14,056,879	8,920,655
US mid/small cap equities	7,625,556	5,281,254
Non US equities	16,051,598	14,159,679
Emerging market equities	4,810,121	3,580,786
Commodities	11,573,378	9,438,234
Hedge funds	29,263,593	23,567,400
	$ 119,012,101	$ 93,147,984
Assets restricted by donors for future capital improvements		
Cash and cash equivalents	$ 34,145	$ 53,371
Bond funds	459,192	507,830
International bonds	49,988	13,201
Structured investments	19,252	163,272
Other fixed income	100,630	62,332
US large cap equities	283,086	210,193
US mid/small cap equities	60,915	88,226
Non US equities	196,761	142,827
Emerging market equities	46,031	8,748
	$ 1,250,000	$ 1,250,000

Investment income and gains for assets limited as to use, other investments, cash, and cash equivalents were comprised of the following during the years ended September 30, 2011 and 2010

	2011	2010
Dividends and interest	$ 1,928,788	$ 1,666,283
Net realized (losses) on sales of securities	(997,921)	(1,730,386)
Unrealized gains (losses) on securities	(6,282,269)	6,466,110
Total investment income (loss)	($ 5,351,402)	$ 6,402,007

4 Investments (continued)

Provided below is a summary of investments which were in an unrealized loss position and the length of time that individual securities have been in a continuous loss position at September 30, 2011 and 2010 Management believes that none of the impairments are other than temporary since the Hospital has the ability to hold these securities until such time as the values recover or until these securities mature

	Less than Twelve Months		Over Twelve Months	
	Gross Unrealized Losses	Fair Value	Gross Unrealized Losses	Fair Value
As of September 30, 2011				
Fixed income	$ 21,000	$ 939,000	$ -	$ -
Securities	1,635,000	25,835,000	422,000	2,764,000
International	1,444,000	15,763,000	-	-
Alternative investments	42,000	11,052,000	1,166,000	774,000
Total	$ 3,142,000	$ 53,589,000	$ 1,588,000	$ 3,538,000
As of September 30, 2010				
Securities	$ -	$ -	$ 378,000	$ 2,797,000
Total	$ -	$ -	$ 378,000	$ 2,797,000

5 Property and equipment

Property and equipment consisted of the following at September 30, 2011 and 2010

	2011	2010
Land and land improvements	$ 14,378,597	$ 15,179,138
Buildings	135,502,436	135,488,726
Fixed equipment	1,374,151	1,374,151
Movable and other equipment	83,222,981	79,726,390
	234,478,165	231,768,405
Less accumulated depreciation	(156,801,009)	(146,631,169)
	77,677,156	85,137,236
Construction-in-progress	282,119,628	106,503,054
Property and equipment, net	$ 359,796,784	$ 191,640,290

5 Property and equipment (continued)

Depreciation expense amounted to $11,409,419 and $12,569,705 during the years ended September 30, 2011 and 2010, respectively

Additions to property and equipment included $15,442,602 and $8,895,038 of capitalized interest during the years ended September 30, 2011 and 2010, respectively Total interest costs incurred before recognition of these capitalized amounts were $19,010,283 and $11,876,125 during the years ended September 30, 2011 and 2010, respectively

6 Long-term debt

During February of 2010, the Hospital completed an offering of $319,520,000 of hospital revenue bonds - $233,140,000 in Series 2010A and $86,380,000 in Series 2010B The Series 2010 bonds are fixed rate serial bonds with rates ranging from 4 50% to 6 00% and are scheduled to mature on various dates from October 1, 2017, through October 1, 2044

Under the terms of the revenue bond indenture, the Hospital is required to maintain certain deposits with a trustee Such deposits are included with assets limited as to use The revenue bond indenture also places limits on the incurrence of additional borrowings and requires that the Hospital satisfy certain measures of financial performance as long as the bonds are outstanding The Hospital was in compliance with these covenants at September 30, 2011

The proceeds of the Series 2010 Bonds were used, along with other available funds, (i) to finance the cost of designing, constructing, and equipping a replacement hospital facility/medical complex and replacement medical office building, (ii) to fund a deposit to the debt service reserve fund, (iii) to fund interest on the Series 2010 Bonds, and (iv) to pay the costs of issuance of the bonds

During February of 2010, the Hospital also executed a taxable note with Capital One, National Association to borrow $31,068,392 for the purpose of refunding the outstanding revenue and refunding Series 2005 Bonds issued Interest on the note was payable at a variable interest rate equal to LIBOR plus two percent (2 35% at September 30, 2010) and was scheduled to mature on February 9, 2017

During December of 2010, the taxable note was replaced with a tax-exempt note with Capital One, National Association in the amount of $27,793,743 Interest on the tax-exempt note is payable at a variable interest rate equal to SIFMA plus one and a half percent (1 66% as of September 30, 2011) and is scheduled to mature on February 9, 2017

6 Long-term debt (continued)

A summary of long-term debt at September 30, 2011 and 2010 is as follows

	2011	2010
Louisiana Local Government Environmental Facilities and Community Development Authority (LCDA) Hospital Revenue Bonds (Series 2010A and 2010B), due in annual installments through October 1, 2044, at interest rates ranging from 4 50% to 6 00%, secured by gross receipts and investments held by bond issuer	$ 319,520,000	$ 319,520,000
Capital One, National Association Taxable Note, due in installments through February 9, 2017, at a variable interest rate equal to LIBOR plus two percent (2 35% at September 30, 2010)	-	28,798,047
Capital One, National Association Tax-Exempt Note, due in installments through February 9, 2017, at a variable interest rate equal to SIFMA plus one and a half percent (1 66% as of September 30, 2011)	24,780,831	-
	344,300,831	348,318,047
Less current portion of long-term debt	(4,180,872)	(4,017,216)
Less unamortized bond discount (premium)	(6,209,365)	(6,397,527)
Long-term debt, net of current maturities	$ 333,910,594	$ 337,903,304

The long-term debt is scheduled to mature as follows

Year ending September 30	Amount
2012	$ 4,180,872
2013	4,351,200
2014	4,528,488
2015	4,712,988
2016	4,905,000
Thereafter	321,622,283
	344,300,831
Less current portion of long-term debt	(4,180,872)
Less unamortized bond discount	(6,209,365)
Total long-term debt, net	$ 333,910,594

7 Insurance programs

Any exposure under $100,000 for professional liability is covered by the Louisiana Hospital Association Trust Fund Additional professional liability coverage is provided by the Louisiana Patient's Compensation Fund up to the present statutory maximum of $500,000 per claim (exclusive of additional amounts for future medical expenses provided by law) The preceding policies are on an occurrence basis A commercial umbrella policy for an additional $9,500,000 per claim with an aggregate of $9,500,000 (claims-made), has been obtained by the Hospital

Any exposure under $500,000 for general liability is covered by the Louisiana Hospital Association Trust Fund

The Hospital is self-insured for group health insurance and workers' compensation insurance The liability for workers` compensation exposure is limited to the deductible of its excess workers' compensation policy of $300,000 per claim The Hospital has reflected its estimate of the ultimate liability for known and incurred but not reported claims in the accompanying financial statements

8 Pension plans

The Hospital has a defined contribution retirement plan which covers substantially all employees The Hospital contributes a percentage of participant`s annual income based on years of credited service Employees who have completed three years of service with 1,000 eligible hours per year are 100% vested in the Employer Contribution Plan Contributions will be deposited in participants` accounts after the end of each plan year Expenses related to this plan totaled $3,051,086 and $3,124,678 for the years ended September 30, 2011 and 2010, respectively

The Hospital`s plan also allows for contributions to a tax deferred annuity to be matched by the Hospital on a percentage of compensation that an eligible employee elects to contribute Eligible participants receive a matching percentage on the first ten percent of the salary they contribute to the 403(b), based on years of service The Hospital`s matching contributions for this plan totaled $2,386,224 and $2,420,049 for the years ended September 30, 2011 and 2010, respectively

The Hospital also has a 457(b) Deferred Compensation Plan Eligible participants are allowed to make pre-tax salary deferral contributions, up to the statutory limits

9 Business and credit concentrations

Financial instruments which potentially subject the Hospital to concentrations of credit risk consist principally of unsecured accounts receivable and temporary cash investments The Hospital maintains several accounts at local financial institutions The balances, at times, may exceed the Federal Deposit Insurance Corporation (FDIC) insured limits Management believes the credit risk associated with these deposits is minimal

9 Business and credit concentrations (continued)

The Hospital grants credit to patients, substantially all of whom are regional residents The Hospital 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) patients' benefits payable under their health insurance programs, plans, or policies (e g , Medicare, Medicaid, and commercial insurance policies)

The mix of receivables from patients and third-party payors at September 30, 2011 and 2010, was as follows

	2011	2010
Medicare	8 36%	6 53%
Medicaid	22 01%	21 21%
Commercial insurance and managed care organizations	55 09%	70 23%
Self-pay patients and other	14 54%	2 03%
	100 00%	100 00%

10 Leases

The Hospital leases various pieces of equipment and operating facilities under operating leases which expire at various dates through September 2015, as well as several leases that are month to month Rental expenses totaled $572,970 and $613,500 during the years ended September 30, 2011 and 2010, respectively

The following is a schedule, by year, of future minimum lease payments required under all of these operating leases which have initial or remaining non-cancelable lease terms in excess of one year

Year ending September 30th	Amount
2012	$ 376,638
2013	326,782
2014	314,324
2015	306,789
	$ 1,324,533

The Hospital leases office space and clinical facilities, generally to members of its medical staff, under operating leases whose terms range from one to five years Assets held for lease consisted of buildings and improvements with original costs totaling approximately $19,550,000 and fixed equipment with original costs totaling approximately $3,222,000 Accumulated depreciation of the leased assets totaled $11,463,832 and $10,654,676 at September 30, 2011 and 2010, respectively

10 Leases (continued)

The approximate future minimum lease payments to be received from these leases during the next three years are as follows

Year ending September 30th	Amount
2012	$ 975,000
2013	129,000
2014	23,000
	$ 1,127,000

The Hospital has reached agreements with multiple parties to lease approximately 138,000 square feet of the medical office building being constructed on the new campus The rates under these agreements range from approximately $20 33 to $22 89 per square foot per month for the terms of the leases which are typically five years

11 Classification of expenses

The following table approximates the classification of operating expenses incurred during the years ended September 30, 2011 and 2010

	2011	2010
Patient related services	$ 123,687,000	$ 128,538,000
General and administrative expenses	70,271,000	66,838,000
Total operating expenses	$ 193,958,000	$ 195,376,000

12 Disclosures about the fair value of financial instruments

The Fair Value Measurements and Disclosures topic of FASB ASC establishes a framework for measuring fair value That framework 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 1measurements) and the lowest priority to unobservable inputs (level 3 measurements) The three levels of the fair value are described as follows

- Level 1 - inputs are based upon unadjusted quoted prices for identical instruments traded in active markets

- Level 2 - inputs are based upon quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active, and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data for substantially the full term of assets or liabilities

12 Disclosures about the fair value of financial instruments (continued)

- Level 3 - inputs are generally unobservable and typically reflect management's estimate of assumptions that market participants would use in pricing the asset or liability The fair values are therefore determined using model-based techniques that include option pricing models, discounted cash flow models, and similar techniques

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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values Furthermore, although the Hospital believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date

The following is a description of the valuation methodologies used for assets measured at fair value There have been no changes in the methodologies used at September 30, 2011 and 2010

Cash and cash equivalents, net patient accounts receivable, other receivables, other assets, accounts payable, accrued interest payable, other accrued expenses, and estimated third-party payor settlements - the carrying amounts approximate fair value because of the short maturity of these instruments

Assets limited as to use - the carrying amounts reported on the balance sheets are based on fair value which are estimated using quoted prices for similar issues If quoted market prices are not available, fair values are estimated using pricing models and discounted cash flows that consider standard input factors such as observable market data benchmark yields, interest rate volatilities, broker/ dealer quotes, and credit spreads

Long-term debt - the fair value of the Hospital's long-term debt is estimated based on current rates offered to the Hospital for borrowings with similar maturities

The Hospital's financial instruments whose estimated fair value differs from its carrying amount are summarized as follows at September 30

	2011		2010	
	Carrying Amount	Estimated Fair Value	Carrying Amount	Estimated Fair Value
Long-term debt	$ 338,091,466	$ 349,207,660	$ 341,920,520	$ 358,618,022

12 Disclosures about the fair value of financial instruments (continued)

The following table presents the fair value at September 30, 2011, for each of the fair-value hierarchy levels, of the Hospital's financial assets that are measured at fair value on a recurring basis

	Level 1	Level 2	Level 3
Money market	$ 16,188,859	$ -	$ -
Government/Agency	89,263,628	-	-
Bond funds	33,158,621	-	-
International bonds	159,828	-	-
Structured investments	-	61,554	-
Other fixed income	321,747	-	-
Equity funds	2,482,552	945,803	-
US large cap equities	14,339,965	-	-
US mid/small cap equities	7,686,471	-	-
Non US equities	16,248,359	-	-
Emerging market equities	4,856,152	-	-
Commodities	11,573,378	-	-
Hedge funds	-	-	29,263,593
	$ 196,279,560	$ 1,007,357	$ 29,263,593

The following table presents the fair value at September 30, 2010, for each of the fair-value hierarchy levels, of the Hospital's financial assets that are measured at fair value on a recurring basis

	Level 1	Level 2	Level 3
Money market	$ 66,907,998	$ -	$ -
Government/Agency	238,985,667	-	-
Bond funds	25,537,255	-	-
International bonds	45,496	-	-
Structured investments	-	562,703	-
Other fixed income	214,822	-	-
Equity funds	2,455,059	904,149	-
US large cap equities	9,130,848	-	-
US mid/small cap equities	5,369,480	-	-
Non US equities	14,302,506	-	-
Emerging market equities	3,589,534	-	-
Commodities	9,438,234	-	-
Hedge funds	-	-	23,567,400
	$ 375,976,899	$ 1,466,852	$ 23,567,400

12 Disclosures about the fair value of financial instruments (continued)

The following table presents the changes in fair value for the years ended September 30, 2011 and 2010, in Level 3 instruments that are measured at fair value on a recurring basis

	Hedge Funds
Balance, September 30, 2009	$ 7,840,670
Purchases	21,200,000
Sales	(6,980,450)
Realized and unrealized gains	1,507,180
Balance, September 30, 2010	23,567,400
Purchases	6,375,000
Sales	(133,580)
Realized and unrealized gains	(545,227)
Balance, September 30, 2011	$ 29,263,593

Fair Value of Assets Measured on a Nonrecurring Basis

Certain assets and liabilities are measured at fair value on a nonrecurring basis and therefore are not included in the tables above

Limitations - fair value estimates are made at a specific point in time, based on relevant market information about the financial instruments These estimates are subjective in nature and involve uncertainties and matters of significant judgment and, therefore, cannot be determined with precision Changes in assumptions could significantly affect the estimates

13 Endowment disclosure

The Hospital holds one endowment which is held in trust at a national financial institution No funds have been drawn from the endowment over the last two fiscal years Appropriation of endowment assets for spending must be requested in writing to the trustee The trustee has a committee to review all requests

Changes in endowed net assets for the two year period ended September 30, 2011

Endowment net assets, September 30, 2009	$ 1,250,000
Investment Return	
Investment income	26,584
Net appreciation	75,448
Transfer to unrestricted net assets	(102,032)
Endowment net assets, September 30, 2010	1,250,000
Investment Return	
Investment income	34,529
Net appreciation	(61,202)
Transfer from unrestricted net assets	26,673
Endowment net assets, September 30, 2011	$ 1,250,000

14 Commitments and contingencies

The Hospital is involved in various legal actions and claims that arose as a result of events that occurred in the normal course of operations The ultimate resolution of these matters is not ascertainable at this time, however, management is of the opinion that any liability or loss in excess of insurance coverage resulting from such litigation will not have a material effect upon the financial position of the Hospital However, a small provision has been made in the financial statements related to these claims

Construction of the replacement hospital and the medical office building resumed in February 2010 The anticipated cost of the replacement hospital is approximately $287,000,000 and the medical office building is $41,000,000 The total remaining balance of project-related contracts, as of September 30, 2011, is approximately $92,000,000

15 Net assets

Temporarily restricted net assets at September 30, 2011 and 2010 were available to support the following programs and research grants

	2011	2010
Employee emergency fund	$ 31,870	$ 1,256
Metabolic clinic	10,000	10,000
Breast cancer outreach and education	10,000	10,000
Neurodevelopmental clinic	10,000	25,026
Care for victims of sexual assault	11,923	10,000
Woman's home care	10,000	99,638
Mother-to-child HIV transmission	67,247	42,139
Lactation program	177,588	129,388
Gynecologic oncology services	21,697	14,062
Post-treatment cancer care and support	16,353	14,062
Comprehensive postpartum screening strategies for women with prior gestational diabetes	-	17,222
Pelvic mass study	-	8,025
Bayer	41,358	-
Managed Care	-	15,026
Home Health	-	15,026
Hurricane disaster relief	70,516	-
Medical staff training	6,746	6,746
	$ 485,298	$ 417,616

16 Government sponsored insurance plans (unaudited)

The Hospital participates in government programs including Medicaid and Medicare Under these programs, the Hospital provides care to patients at payment rates which are determined by the federal and state governments, regardless of actual cost These programs pay the Hospital at amounts which are less than its cost of providing these services

The table presented below summarizes the amount of charges foregone (i e , contractual adjustments) and the estimated losses incurred by the Hospital due to inadequate payments by these programs provided

	2011		2010	
	Charges Foregone	Estimated Losses	Charges Foregone	Estimated Losses
Medicaid	$ 76,810,000	$ 17,350,000	$ 65,814,000	$ 11,769,000
Medicare	12,867,000	3,738,000	10,628,000	1,610,000
	$ 89,677,000	$ 21,088,000	$ 76,442,000	$ 13,379,000

17 Service to the community (unaudited)

The Hospital is an active, caring member of the communities it serves In carrying out its mission of improving the health of women and infants, the Board of Directors has established a policy under which the Hospital provides care to needy members of its communities Following that policy, the Hospital provided health care services costing approximately $231,000 and $292,000 without charge during the years ended September 30, 2011 and 2010, respectively Charges foregone, based on established rates, totaled approximately $380,000 and $570,000 during the years ended September 30, 2011 and 2010, respectively

The table presented below summarizes the amount of charges foregone (i e , contractual adjustments), the estimated losses incurred by the Hospital due to inadequate payments by this program, and charity care provided

	2011		2010	
	Charges Foregone	Estimated Losses	Charges Foregone	Estimated Losses
Charity	$ 380,000	$ 231,000	$ 570,000	$ 292,000
Medicaid	76,810,000	17,350,000	65,814,000	11,769,000
	$ 77,190,000	$ 17,581,000	$ 66,384,000	$ 12,061,000

In addition to community services directly associated with providing hospital-based care, the Hospital serves the community in numerous other ways For example

- The Hospital provided specialist and subspecialist physician call coverage for medical emergencies and clinical consultation for all patients at estimated costs to the Hospital of $1,739,000 and $1,530,000 during the years ended September 30, 2011 and 2010, respectively

- The Hospital employs certified lactation specialists to provide new mothers with the knowledge and skills necessary to give their babies the best possible start Estimated costs associated with this program were approximately $516,000 and $528,000 during the years ended September 30, 2011 and 2010, respectively

- The Hospital's HIV Case Management program includes patient education, awareness of local community organizations, patient monitoring to ensure appointments are scheduled and prescriptions are filled, and documentation of outcomes Estimated costs associated with this program were approximately $94,000 and $115,000 during the years ended September 30, 2011 and 2010, respectively

- To further enhance health services in our community, the Hospital provides subspecialty clinics for children, which includes cardiology, gastroenterology, genetics, nephrology, neurodevelopmental, scoliosis, spina bifida, and urology services, as well as a diabetic clinic for adults The unreimbursed costs for these clinics were $120,000 and $178,000 during the years ended September 30, 2011 and 2010, respectively

17 Service to the community (unaudited) - continued

- The Hospital employed hospitalists to care for patients in the Assessment Center They perform medical screenings for patients and provide treatment for medical emergencies The unreimbursed costs of the hospitalists were approximately $2,585,000 and $2,200,000 during the years ended September 30, 2011 and 2010, respectively

- To assist in educating the community regarding health related issues, the Hospital sponsored approximately 261 and 317 education programs during 2011 and 2010, respectively, in a variety of formats, including ongoing classes, health fairs, and outreach presentations Estimated costs absorbed by the Hospital for these community programs were $387,000 and $458,000 during the years ended September 30, 2011 and 2010, respectively

- The Hospital contributed over $5,000 for both 2011 and 2010 to the Susan G Komen Breast Cancer Foundation This organization raises money to support breast cancer research

- The Hospital provided discounted printing services to several not-for-profit organizations in the community Discounts to these organizations were approximately $27,000 and $31,000 during the years ended September 30, 2011 and 2010 respectively

- The Hospital contributed $23,000 and $63,000 during the years ended September 30, 2011 and 2010, respectively, to support community service organizations

- The Hospital provided other services at no charge to rape victims costing approximately $36,000 and $30,000 during the years ended September 30, 2011 and 2010 The charges foregone for these services, based on established rates, totaled approximately $64,000 and $56,000 during the years ended September 30, 2011 and 2010, respectively

- The Hospital supported research programs to improve the health of women and infants and contributed to the body of scientific knowledge at large Estimated costs to support these programs were approximately $543,000 and $447,000 during the years ended September 30, 2011 and 2010, respectively

17 Service to the community (unaudited) - continued

The following table summarizes the community service costs from the preceding page

	2011	2010
Providing Benefits for Persons Living in the Community and State and Living in Poverty		
Charity care	$ 231,000	$ 292,000
Unreimbursed costs of Medicaid program	17,350,000	11,769,000
Subsidized health services		
Emergency services and clinical consultation	1,739,000	1,530,000
Lactation services	516,000	528,000
HIV case management	94,000	115,000
Subspecialty clinics	120,000	178,000
Unreimbursed hospitalists	2,585,000	2,200,000
Community education of health issues	387,000	458,000
Support of community service organizations		
Susan G Komen breast cancer foundation	5,000	5,000
Printing Services	27,000	31,000
Other grants and awards to service organizations	23,000	63,000
Subsidized health care		
Care for rape victims	36,000	30,000
Unsponsored research	543,000	447,000
Total financial commitment	**$ 23,656,000**	**$ 17,646,000**

18 Subsequent events

Management has evaluated subsequent events through the date that the financial statements were available to be issued, January 18, 2012, and determined that no events occurred that require additional disclosure No events occurring after this date have been considered for inclusion in these financial statements

Additional Data

Software ID:
Software Version:
EIN: 72-0652905
Name: WOMAN'S HOSPITAL FOUNDATION DBA WOMAN'S HOSPITAL

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
W DORE' BINDER DIRECTOR	4 00	X						0	0	0
MARKHAM R MCKNIGHT DIRECTOR	4 00	X						0	0	0
FRANCIS H HENDERSON MD DIRECTOR	4 00	X						0	0	0
SUSAN F PUYAU MD DIRECTOR	4 00	X						0	0	0
EDWARD SCHWARTZENBURG MD DIRECTOR	4 00	X						6,250	0	0
AMY W PHILLIPS DIRECTOR	4 00	X						0	0	0
ELLIS J SCHWARTZENBURG MD DIRECTOR	4 00	X						0	0	0
MIKE POLITO DIRECTOR	4 00	X						0	0	0
MIKE WAMPOLD DIRECTOR	4 00	X						0	0	0
MATT MCKAY DIRECTOR	4 00	X						0	0	0
JAN BENANTI MD 2010 CHIEF OF STAFF (NON-V	4 00	X						320,482	0	15,050
FRANK BREAUX MD DIRECTOR	4 00	X						1,550	0	0
RENEE HARRIS MD DIRECTOR	4 00	X						0	0	0
YOLUNDA TAYLOR MD 2011 CHIEF OF STAFF (NON-V	4 00	X						5,000	0	0
ROBERT S GREER JR SECRETARY/TREASURER	4 00			X				0	0	0
JAMAR A MELTON MD CHAIR-ELECT	4 00			X				0	0	0
ROBERT M STUART JR CHAIR	4 00			X				0	0	0
TERI G FONTENOT PRESIDENT/CEO	65 00				X			732,495	0	82,949
STANLEY SHELTON SR VP, NEW CAMPUS DEVELOPM	65 00				X			240,011	0	26,421
PATRICIA JOHNSON SR VP,NURSING SERVICES	65 00				X			230,110	0	53,647
STEPHANIE ANDERSON SR VP,DIVERSIFIED SERVICES	65 00				X			280,140	0	57,571
JAMIE HAEUSER SR VP,OPERATIONS	65 00				X			228,903	0	78,146
NANCY CRAWFORD SR VP,MEDICAL STAFF SVCS	65 00				X			234,552	0	53,682
PAUL KIRK VP,INFORMATION SYSTEMS	65 00				X			202,508	0	43,957
GREG SMITH VP, SUPPORT SERVICES	65 00				X			207,097	0	54,711

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			
DONNA BODIN VP, EMPLOYEE SERVICES	65 00				X			176,840	0	40,819
STACI SULLIVAN VP, INFANT/PEDIATRIC SVC	65 00				X			151,892	0	40,972
LYNN WEILL VP CHIEF DEVELOPMENT OFFI	65 00				X			186,913	0	34,665
MARSHALL ST AMANT MD PHYSICIAN	40 00					X		585,109	0	65,912
CHARLES M STEDMAN MD PHYSICIAN	40 00					X		463,086	0	46,517
MARK G NEWMAN MD PHYSICIAN	40 00					X		529,680	0	61,392
ALBERT L DIKET MD PHYSICIAN	40 00					X		470,025	0	49,460
KENNETH BROWN MD PHYSICIAN	40 00					X		433,240	0	62,568
DAVID KLINE FORMER CEO							X	100,000	0	0
JULIA LIVELY VP,FINANCE (FORMER)	65 00						X	0	0	8,243