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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 10-01-2011 and ending 09-30-2012

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

C Name of organization
WILLIS-KNIGHTON MEDICAL CENTER

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite
POST OFFICE BOX 32600

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

D Employer identification number
72-0400933

E Telephone number
(318) 212-4000

G Gross receipts $ 852,398,397

F Name and address of principal officer
JAMES K ELROD
POST OFFICE BOX 32600
SHREVEPORT, LA 711302600

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

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

H(c) Group exemption number ▶

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

J **Website:** ▶ WWW WKHS COM

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1949

M State of legal domicile LA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
THE MEDICAL CENTER PROVIDES A FULL-RANGE OF HEALTH CARE SERVICES TO THE GENERAL PUBLIC

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	6,751
6	Total number of volunteers (estimate if necessary)	6	249
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,507,769
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	4,944	26,840
	9	Program service revenue (Part VIII, line 2g)	801,935,730	847,199,480
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,730,606	1,641,187
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,673,880	947,805
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	807,345,160	849,815,312
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,797,776	2,340,463
	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)	333,959,691	351,641,743
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	395,476,199	412,207,323
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	731,233,666	766,189,529
	19	Revenue less expenses Subtract line 18 from line 12	76,111,494	83,625,783

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	888,515,990	950,515,940
	21	Total liabilities (Part X, line 26)	364,310,630	370,437,103
	22	Net assets or fund balances Subtract line 21 from line 20	524,205,360	580,078,837

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date 2013-05-07

▶ JAMES K ELROD PRESIDENT
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ C WILLIAM GERARDY JR

Date

Check if self-employed ▶ ☐

Preparer's taxpayer identification number (see instructions)
P00024591

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ COLE EVANS & PETERSON
POST OFFICE DRAWER 1768
SHREVEPORT, LA 711661768

EIN ▶ 72-0506596

Phone no ▶ (318) 222-8367

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

TO CONTINUOUSLY IMPROVE THE HEALTH AND WELL-BEING OF THE PEOPLE WE SERVE

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured 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 $ 634,839,264 including grants of $ 2,279,352) (Revenue $ 842,997,991)

WILLIS-KNIGHTON MEDICAL CENTER STRIVES TO PROVIDE HIGH QUALITY, COST-EFFECTIVE MEDICAL CARE TO THE COMMUNITIES OF NORTHWEST LOUISIANA, NORTHEAST TEXAS, AND SOUTHWEST ARKANSAS THE MEDICAL CENTER OFFERS SOPHISTICATED TECHNOLOGY AND PROCEDURES THAT MAKE IT A TERTIARY CARE REFERRAL CENTER GENERAL THE MEDICAL CENTER PROVIDES 24-HOUR EMERGENCY CARE, REGARDLESS OF THE PATIENT'S ABILITY TO PAY, AT ITS FOUR HOSPITALS THE MEDICAL CENTER PROVIDES AN ORGAN TRANSPLANT PROGRAM, FERTILITY AND REPRODUCTIVE HEALTH CLINIC, OBSTETRICS, COMPREHENSIVE HEART AND CANCER PROGRAMS, EXTENSIVE SURGICAL OPTIONS, LEADING-EDGE DIAGNOSTICS AS WELL AS A BROAD NETWORK OF PHYSICIANS ENCOMPASSING MOST SPECIALTIES AND SUBSPECIALTIES THE MEDICAL CENTER PROVIDES THESE SERVICES REGARDLESS OF RACE, COLOR, CREED, RELIGION, GENDER, NATIONAL ORIGIN, DISABILITY OR AGE THE MEDICAL CENTER HAD 51,343 ADMITTANCES DURING THE YEAR ENDED SEPTEMBER 30, 2012 WITH A TOTAL OF 203,603 PATIENT DAYS AND 3,897 BIRTHS THE MEDICAL CENTER PARTICIPATES IN THE MEDICAID PROGRAM AND ADMINISTERS A CHARITY CARE POLICY WHEREBY FREE OR DISCOUNTED SERVICES ARE AVAILABLE TO QUALIFIED INDIVIDUALS WITH LIMITED FINANCIAL MEANS DURING THE YEAR ENDED SEPTEMBER 30, 2012, THE MEDICAL CENTER PROVIDED AN ESTIMATED $12,500,000 IN UNREIMBURSED COSTS ATTRIBUTABLE TO CHARITY CARE (EXCLUDING PROJECT NEIGHBORHEALTH) AND AN ESTIMATED $31,800,000 IN UNREIMBURSED COSTS ATTRIBUTABLE TO MEDICAID PATIENTS THESE ESTIMATES ARE BASED ON THE MEDICAL CENTER'S OVERALL COST-TO-CHARGE RATIO IN ADDITION TO THESE SERVICES, WILLIS-KNIGHTON PROJECT NEIGHBORHEALTH OPERATES FOUR CLINICS IN COMMUNITIES THAT ARE ECONOMICALLY DISTRESSED AND/OR DESIGNATED AS MEDICALLY UNDER-SERVED AREAS WITH HEALTH PROFESSIONAL SHORTAGES SEE SCHEDULE H FOR DETAILED INFORMATION REGARDING PROJECT NEIGHBORHEALTH REGIONAL TRANSPLANT CENTER THE MEDICAL CENTER, IN CONJUNCTION WITH LSU HEALTH SCIENCES CENTER (A PUBLIC TEACHING AND INDIGENT CARE FACILITY), OPERATES A REGIONAL TRANSPLANT CENTER (WILLIS-KNIGHTON/LSUHSC REGIONAL TRANSPLANT CENTER) AT WILLIS-KNIGHTON MEDICAL CENTER ALL TRANSPLANT PATIENTS RECEIVE TRANSPLANTS WITHOUT REGARD TO THEIR ECONOMIC STATUS THE REGIONAL TRANSPLANT CENTER PROVIDES KIDNEY, PANCREAS, AND LIVER TRANSPLANTS SUBSTANTIALLY ALL THE COSTS OF OPERATING THE REGIONAL TRANSPLANT CENTER ARE BORNE BY WILLIS-KNIGHTON MEDICAL CENTER DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2012, 47 PATIENTS RECEIVED ORGAN TRANSPLANTS, CONSISTING OF 32 KIDNEYS (2 OF THOSE PATIENTS ALSO HAD A PANCREAS TRANSPLANT, AND 1 OF THOSE PATIENTS ALSO HAD A LIVER TRANSPLANT), 1 PANCREAS AND 14 LIVERS OF THE 47 TRANSPLANT SURGERIES PERFORMED AT THE MEDICAL CENTER DURING THE YEAR ENDED SEPTEMBER 30, 2012, 28 PATIENTS WERE BENEFICIARIES OF THE MEDICARE PROGRAM AND 2 PATIENTS WERE BENEFICIARIES OF THE MEDICAID PROGRAM AS SUCH, THESE TRANSPLANTS WERE PERFORMED AT VERY LITTLE, IF ANY, COST TO THE PATIENTS EMERGENCY CARE THE MEDICAL CENTER PROVIDES EMERGENCY SERVICES AT FOUR LOCATIONS ON A 24-HOUR BASIS STAFFED BY FULL-TIME EMERGENCY ROOM PHYSICIANS EMERGENCY PATIENTS ARE TREATED REGARDLESS OF THEIR ABILITY TO PAY DURING THE YEAR ENDED SEPTEMBER 30, 2012, THE MEDICAL CENTER'S EMERGENCY ROOMS WERE VISITED BY 154,282 PATIENTS, OF WHOM 26,027 WERE ADMITTED TO THE HOSPITAL FOR FURTHER TREATMENT WOMEN AND CHILDREN'S HEALTH SERVICES THE MEDICAL CENTER PROVIDES A VARIETY OF MEDICAL SERVICES FOR WOMEN AND CHILDREN, INCLUDING OBSTETRICS, GYNECOLOGY, AND NEONATOLOGY THESE SERVICES INCLUDE BOTH HIGH-RISK AND LOW-RISK OBSTETRICS MATERNAL TRANSPORTS ARE ACCEPTED THE LABOR AND DELIVERY (L&D) UNITS ARE DIRECTED BY BOARD CERTIFIED OB-GYN PHYSICIANS AND THE MAJORITY OF THE NURSES ARE CERTIFIED BY THE ASSOCIATION OF WOMEN'S HEALTH, OBSTETRIC & NEONATAL NURSES (AWHON) THERE WERE 3,897 BIRTHS, 8,783 OBSTETRICAL VISITS TO THE L&D UNITS, AND 6,586 OBSTETRICAL AND GYNECOLOGICAL INPATIENTS DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2012 HEALTH AND WELLNESS CENTERS THE MEDICAL CENTER HAS SIX MEDICALLY-SUPERVISED HEALTH AND WELLNESS CENTERS DEDICATED TO THE PREVENTION OF HEALTH PROBLEMS, FOUR IN SHREVEPORT, ONE IN BOSSIER CITY, AND ONE IN HOMER WITH A TOTAL MEMBER ENROLLMENT AT SEPTEMBER 30, 2012 OF 6,324 THE CENTERS ARE LOCATED ON EACH OF THE FOUR HOSPITAL CAMPUSES, IN THE WK PIERRE AVENUE COMMUNITY CENTER, AND IN THE WK CLAIBORNE REGIONAL HEALTH CENTER A MEDICAL EVALUATION, INCLUDING A BLOOD CHEMISTRY WORK-UP, IS REQUIRED FOR MEMBERSHIP THE CENTERS SERVE PULMONARY AND CARDIAC REHABILITATION PATIENTS AND PROVIDE HEALTH AND WELLNESS SERVICES TO THE COMMUNITIES IN WHICH THEY ARE LOCATED NEONATAL INTENSIVE CARE UNIT WILLIS-KNIGHTON'S CENTER FOR WOMEN'S HEALTH HOUSES A 42-BED LEVEL III NICU THIS UNIT ACCEPTS REFERRALS FROM THE ARK-LA-TEX AREA AND IS SERVICED BY BOTH AIR AND GROUND EMERGENCY TRANSPORT ON A 24-HOUR BASIS THIS UNIT IS DIRECTED BY A BOARD CERTIFIED NEONATOLOGIST THE MAJORITY OF THE NURSING STAFF IS CERTIFIED BY AWHON THE AVERAGE LENGTH OF STAY PER ADMIT IS 19 4 DAYS HOSPICE HOSPICE OF LOUISIANA IS A DEPARTMENT OF WILLIS-KNIGHTON MEDICAL CENTER THAT PROVIDES COMPREHENSIVE END-OF-LIFE CARE INCLUDING SKILLED AND SUPPORTIVE SERVICES TO TERMINALLY ILL PATIENTS AND THEIR FAMILIES THE HOSPICE TEAM, UNDER THE GUIDANCE OF THE ATTENDING PHYSICIAN, FOCUSES ON THE ALLEVIATION OF THE PAIN AND DISCOMFORT CONNECTED WITH LIFE-ENDING ILLNESS QUALITY OF LIFE, EMOTIONAL AND SPIRITUAL BALANCE, SYMPTOM MANAGEMENT, AND PAIN CONTROL ARE THE GOALS THAT TEAM MEMBERS STRIVE FOR AS THEY ASSIST DYING PATIENTS AND THEIR FAMILIES BEREAVEMENT SUPPORT FOR THE IMMEDIATE FAMILY AND COMPANIONS IS PROVIDED FOR AT LEAST ONE YEAR FOLLOWING THE PATIENT'S DEATH FOR THE YEAR ENDED SEPTEMBER 30, 2012, HOSPICE OF LOUISIANA SERVED 208 PATIENTS AND THEIR FAMILIES AS DIRECT ADMITS, NOT INCLUDING VISITATION AND COUNSELING PROVIDED THROUGH PRE-ADMIT AND/OR BEREAVEMENT SERVICES THE TEAM INCLUDES REGISTERED NURSES, CERTIFIED NURSING ASSISTANTS, SOCIAL WORKERS, CHAPLAINS, VOLUNTEERS, ATTENDING PHYSICIANS, AND MEDICAL DIRECTOR BEHAVIORAL MEDICINE CENTER THE BEHAVIORAL MEDICINE CENTER AT WILLIS-KNIGHTON MEDICAL CENTER OFFERS INPATIENT AND OUTPATIENT SERVICES TO INDIVIDUALS IN NEED OF MENTAL HEALTH CARE DURING THE YEAR ENDED SEPTEMBER 30, 2012, THE BEHAVIORAL MEDICINE CENTER SPONSORED NUMEROUS INFORMATION SESSIONS FOR VARIOUS GROUPS IN THE SHREVEPORT/BOSSIER AND NORTHWEST LOUISIANA AREAS SUCH SESSIONS AMOUNTED TO APPROXIMATELY 460 HOURS AND WERE ATTENDED BY APPROXIMATELY 3,800 PEOPLE TOPICS INCLUDED MARRIAGE/FAMILY - DEVELOPMENT OF SKILLS TO ENRICH MARRIAGE AND FAMILY LIFE SELF-ESTEEM - CONCENTRATES ON HOW GOOD SELF-ESTEEM CAN ENHANCE AN INDIVIDUAL'S QUALITY OF LIFE PARENTING - FOCUSES ON APPROPRIATE PARENTING SKILLS AT VARIOUS DEVELOPMENTAL STAGES STRESS MANAGEMENT - DEVELOPING SKILLS TO COPE WITH EVERYDAY STRESSES IN LIFE PERSONAL ENRICHMENT - EMPOWERING OURSELVES TO REACH MAXIMUM POTENTIAL MOTIVATION/ATTITUDE - HOW ATTITUDE AFFECTS OUR MENTAL AND PHYSICAL HEALTH COUNSELING ISSUES/TECHNIQUES - ISSUES CONCERNING PROFESSIONAL DEVELOPMENT FOR COUNSELORS/THERAPISTS AGING - DEVELOPMENT OF A POSITIVE ATTITUDE TO DEAL WITH ISSUES OF AGING DEPRESSION/SUICIDE - ASSESSMENT OF DEPRESSION AND SUICIDE, AND LEGAL AND ETHICAL ISSUES SURROUNDING SUICIDE

4b (Code) (Expenses $ 9,620,280 including grants of $) (Revenue $ 3,584,440)

THE MEDICAL CENTER PROVIDES HOUSING, HEALTHCARE, AND RELATED SERVICES TO THE ELDERLY THROUGH THE OAKS OF LOUISIANA THE OAKS OF LOUISIANA IS A RESIDENTIAL COMMUNITY DESIGNED SPECIFICALLY FOR ADULTS AGED 55 AND OVER THIS RESIDENTIAL COMMUNITY PROVIDES SECURE, MAINTENANCE-FREE LIVING AND PROMOTES AN ACTIVE, HEALTHY LIFESTYLE THE CAMPUS OF THE OAKS OF LOUISIANA INCLUDES THE TOWER AT THE OAKS, A RESIDENTIAL COMMUNITY AND SAVANNAH AT THE OAKS, AN ASSISTED LIVING FACILITY

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

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶$ 644,459,544

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 instructions)?	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 for which 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 temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f		No
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	Yes	
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, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II and IV*	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III 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*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	28c	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b	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*	35b	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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	439			
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	6,751			
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 or securities account)?			4a		No
b	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		No
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
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.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			13a		
b	Enter the aggregate 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 aggregate 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 11		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	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	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete 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 the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		No

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made 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 made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

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

ROBERT D HUIE
2611 GREENWOOD ROAD
SHREVEPORT, LA 711033908
(318) 212-4000

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

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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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 (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
See Additional Data Table										

		(D)	(E)	(F)
1b	**Sub-Total** . . . . ▶			
c	**Total from continuation sheets to Part VII, Section A** . . . . ▶			
d	**Total (add lines 1b and 1c)** . . . . ▶	13,849,398	6,000	351,939

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶460

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
LSU HEALTH SCIENCES CENTER PO BOX 33932 SHREVEPORT, LA 71130	MEDICAL STAFFING	5,252,441
RED RIVER CARDIOVASCULAR SURGEONS 2751 ALBERT BICKNELL DR SUITE 5C SHREVEPORT, LA 71103	PHYSICIAN SERVICES	2,573,333
ESTOPINAL GROUP 903 SPRING STREET JEFFERSONVILLE, IN 47130	ARCHITECTURAL FEES	2,326,324
MAYO COLLABORATIVE SERVICES INC PO BOX 9146 MINNEAPOLIS, MN 55480	LABORATORY TESTING SERVICES	2,325,392
COLE EVANS & PETERSON 624 TRAVIS STREET SHREVEPORT, LA 71101	PAYROLL EE BENEFIT, ACCT/CONSULTANT SVCS	1,845,094

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶106

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations . . .	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 26,840				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . ▶		26,840			
Program Service Revenue			Business Code				
	2a	HOSPITAL SERVICES	900099	843,615,040	843,588,889	26,151	
	b	RESIDENTIAL COMMUNITY	900099	3,584,440	3,584,440		
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . ▶		847,199,480			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶		1,698,272			1,698,272
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . ▶					
			(i) Real / (ii) Personal				
	6a	Gross rents	(i) 1,667,648 / (ii)				
	b	Less rental expenses	(i) 2,038,374 / (ii)				
	c	Rental income or (loss)	(i) -370,726 / (ii)				
	d	Net rental income or (loss) . . . . ▶		-370,726	-370,726		
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	(i) 460,127 / (ii) 27,499				
	b	Less cost or other basis and sales expenses	(i) 459,443 / (ii) 85,268				
	c	Gain or (loss)	(i) 684 / (ii) -57,769				
	d	Net gain or (loss) . . . . ▶		-57,085	-57,085		
	8a	Gross income from fundraising events (not including $ of contributions reported on line 1c) See Part IV, line 18 . . .	a				
	b	Less direct expenses . . .	b				
	c	Net income or (loss) from fundraising events . . ▶					
	9a	Gross income from gaming activities See Part IV, line 19 . . .	a				
	b	Less direct expenses . . .	b				
	c	Net income or (loss) from gaming activities . . . ▶					
	10a	Gross sales of inventory, less returns and allowances .	a				
	b	Less cost of goods sold . .	b				
	c	Net income or (loss) from sales of inventory . . ▶					
		Miscellaneous Revenue	Business Code				
	11a	LABORATORY REVENUE	621500	652,592		652,592	
	b	INCOME(LOSS) FROM SUBS	524114	272,314	272,314		
	c	(LOSS) FROM SUBSIDIARY	623000	-250,564	-250,564		
	d	All other revenue		644,189	-184,837	829,026	
	e	**Total.** Add lines 11a–11d . . . . . . ▶		1,318,531			
	12	**Total revenue.** See Instructions . . . ▶		849,815,312	846,582,431	1,507,769	1,698,272

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)
Check if Schedule O contains a response to any question in this Part IX . . . . ☐

	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 United States See Part IV, line 21	2,279,352	2,279,352		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	61,111	61,111		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	6,200,350		6,200,350	
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	257,392,729	225,477,403	31,915,326	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	17,364,381	14,853,484	2,510,897	
9	Other employee benefits	48,801,952	41,745,168	7,056,784	
10	Payroll taxes	21,882,331	18,718,136	3,164,195	
11	Fees for services (non-employees)				
a	Management				
b	Legal	2,594,368		2,594,368	
c	Accounting	1,725,013		1,725,013	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees				
g	Other				
12	Advertising and promotion	2,846,315	1,115,733	1,730,582	
13	Office expenses				
14	Information technology	7,201,032		7,201,032	
15	Royalties . .				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	1,053,718		1,053,718	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	44,396,146	21,650,532	22,745,614	
23	Insurance	5,936,442		5,936,442	
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	DIRECT DEPARTMENTAL EXP	316,537,807	316,537,807		
b	TAXES & LICENSES	7,709,109		7,709,109	
c	BUSINESS OFFICE	4,607,772		4,607,772	
d					
e					
f	All other expenses	17,599,601	2,020,818	15,578,783	
25	**Total functional expenses.** Add lines 1 through 24f	766,189,529	644,459,544	121,729,985	0
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	23,704,709	1	
	2	Savings and temporary cash investments	98,199,847	2	156,688,418
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	113,588,257	4	126,115,486
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net	8,723,990	7	11,401,086
	8	Inventories for sale or use	21,265,155	8	20,574,027
	9	Prepaid expenses and deferred charges	2,964,420	9	3,385,510
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D* — 10a: 1,013,861,864			
	b	Less accumulated depreciation — 10b: 503,468,272	488,482,781	10c	510,393,592
	11	Investments—publicly traded securities	110,549,292	11	102,365,990
	12	Investments—other securities See Part IV, line 11	18,291,146	12	16,882,615
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets	1,864,249	14	1,648,502
	15	Other assets See Part IV, line 11	882,144	15	1,060,714
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	888,515,990	16	950,515,940
Liabilities	17	Accounts payable and accrued expenses	78,546,392	17	90,271,313
	18	Grants payable		18	
	19	Deferred revenue	0	19	
	20	Tax-exempt bond liabilities	184,320,743	20	177,443,951
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	101,443,495	25	102,721,839
	26	**Total liabilities.** Add lines 17 through 25	364,310,630	26	370,437,103
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	524,205,360	27	580,078,837
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	524,205,360	33	580,078,837
	34	Total liabilities and net assets/fund balances	888,515,990	34	950,515,940

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	849,815,312
2	Total expenses (must equal Part IX, column (A), line 25)	2	766,189,529
3	Revenue less expenses Subtract line 2 from line 1	3	83,625,783
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	524,205,360
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-27,752,306
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	580,078,837

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		

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

2011

Open to Public Inspection

Name of the organization
WILLIS-KNIGHTON MEDICAL CENTER

Employer identification number
72-0400933

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I 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)** 2007	**(b)** 2008	**(c)** 2009	**(d)** 2010	**(e)** 2011	**(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)** 2007	**(b)** 2008	**(c)** 2009	**(d)** 2010	**(e)** 2011	**(f)** Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

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

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) | **14** |

15 Public Support Percentage for 2010 Schedule A, Part II, line 14 | **15** |

16a **33 1/3% support test—2011.** 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—2010.** 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—2011.** 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—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ►☐

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

Part III **Support Schedule for Organizations Described in IRC 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I 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)** 2007	**(b)** 2008	**(c)** 2009	**(d)** 2010	**(e)** 2011	**(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)** 2007	**(b)** 2008	**(c)** 2009	**(d)** 2010	**(e)** 2011	**(f)** Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

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

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	**15**	
16 Public support percentage from 2010 Schedule A, Part III, line 15	**16**	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	**17**	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	**18**	

19a **33 1/3% support tests—2011.** 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—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

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

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

Facts And Circumstances Test

Explanation

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

2011

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, line 35c (Proxy Tax), then

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

Name of the organization	Employer identification number
WILLIS-KNIGHTON MEDICAL CENTER	72-0400933

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

1 Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office 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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

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		

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

	(a)	**(b)**
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **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)** 2008	**(b)** 2009	**(c)** 2010	**(d)** 2011	**(e)** Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	0
d	Mailings to members, legislators, or the public?		No	0
e	Publications, or published or broadcast statements?		No	0
f	Grants to other organizations for lobbying purposes?		No	0
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	0
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	0
i	Other activities? If "Yes," describe in Part IV	Yes		61,714
j	Total lines 1c through 1i			61,714
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			0
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			0
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 LOBBYING ACTIVITIES	PART II-B, LINE 1	DURING THE YEAR ENDED SEPTEMBER 30, 2012, THE MEDICAL CENTER PAID DUES TOTALING $32,000 TO THE LOUISIANA STATE MEDICAL SOCIETY ON BEHALF OF DOCTORS IN THE MEDICAL CENTER'S PHYSICIAN NETWORK, WHICH CONSISTS OF PHYSICIANS EMPLOYED BY OR UNDER CONTRACT WITH THE MEDICAL CENTER A PORTION OF THE DUES, $6,720 WAS RELATED TO LOBBYING ACTIVITIES DURING THE YEAR ENDED SEPTEMBER 30, 2012, THE MEDICAL CENTER PAID DUES TOTALING $7,105 TO THE AMERICAN MEDICAL ASSOCIATION ON BEHALF OF DOCTORS IN THE MEDICAL CENTER'S PHYSICIAN NETWORK, WHICH CONSISTS OF PHYSICIANS EMPLOYED BY OR UNDER CONTRACT WITH THE MEDICAL CENTER A PORTION OF THE DUES, $3,908 WAS RELATED TO LOBBYING ACTIVITIES DURING THE YEAR ENDED SEPTEMBER 30, 2012, THE MEDICAL CENTER PAID DUES TOTALING $243,269 TO THE LOUISIANA HOSPITAL ASSOCIATION FOR THE MEDICAL CENTER'S MEMBERSHIP IN THE ASSOCIATION AND ON BEHALF OF DOCTORS IN THE MEDICAL CENTER'S PHYSICIAN NETWORK, WHICH CONSISTS OF PHYSICIANS EMPLOYED BY OR UNDER CONTRACT WITH THE MEDICAL CENTER A PORTION OF THE DUES, $51,086 WAS RELATED TO LOBBYING ACTIVITIES HEALTHCARE POLICY IS CRITICAL TO THE MISSION OF THE MEDICAL CENTER, AND ITS MANAGEMENT BELIEVES THAT HEALTHCARE PROVIDERS SHOULD PARTICIPATE IN FORMING HEALTHCARE POLICY BY INTERACTING WITH NATIONAL, STATE, AND LOCAL REPRESENTATIVES AND THEIR STAFFS, WHEN POSSIBLE, TO HELP THEM BETTER UNDERSTAND THE COMPLEXITIES AND RAMIFICATIONS OF KEY HEALTHCARE ISSUES THE MEDICAL CENTER'S MANAGEMENT IS AVAILABLE TO LAWMAKERS, GOVERNMENT OFFICIALS, AND THEIR STAFF MEMBERS, FOR INFORMATION AND OCCASIONALLY RESPONDS TO QUESTIONS AND INITIATES COMMUNICATIONS ABOUT HOW PROPOSED LAWS, POLICIES, REGULATIONS, ETC MIGHT AFFECT THE MEDICAL CENTER'S ABILITY TO DELIVER COST-EFFECTIVE, QUALITY HEALTHCARE THE AMOUNT OF TIME AND MONEY RESOURCES INVOLVED IN THESE ACTIVITIES IS INSUBSTANTIAL THE MEDICAL CENTER HAS NOT AND DOES NOT INTERVENE IN ANY POLITICAL CAMPAIGN

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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047
2011
Open to Public Inspection

Name of the organization
WILLIS-KNIGHTON MEDICAL CENTER

Employer identification number
72-0400933

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Board designated or quasi-endowment ▶

b Permanent endowment ▶

c Term endowment ▶

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	1,266,950	47,891,470		49,158,420
b Buildings	9,312,521	583,459,551	271,395,694	321,376,378
c Leasehold improvements		1,903,870	1,167,512	736,358
d Equipment		296,311,678	217,188,033	79,123,645
e Other		73,715,824	13,717,033	59,998,791
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				510,393,592

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

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

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

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

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

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

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
CAPITAL LEASE OBLIGATIONS	1,529,967
INVESTMENT IN SUB - VIRGINIA HALL, INC	3,709,474
LIABILITY FOR PENSION BENEFITS	97,482,398
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	102,721,839

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	849,815,312
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	766,189,529
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	83,625,783
4	Net unrealized gains (losses) on investments	4	-569,941
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-27,182,365
9	Total adjustments (net) Add lines 4 - 8	9	-27,752,306
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	55,873,477

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	863,232,747
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-569,941		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	-569,941
3	Subtract line **2e** from line **1**			3	863,802,688
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	-13,987,376		
c	Add lines **4a** and **4b**			4c	-13,987,376
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	849,815,312

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

1	Total expenses and losses per audited financial statements			1	807,359,270
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	41,169,741		
e	Add lines **2a** through **2d**			2e	41,169,741
3	Subtract line **2e** from line **1**			3	766,189,529
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	766,189,529

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
PART XI, LINE 8 - OTHER ADJUSTMENTS		FASB ASC 715-30 PENSION -27,182,365
		PART XII, LINE 4B UNRELATED BUSINESS INCOME 790,446 SUBSIDIARIES EXPENSES (14,777,822) TOTAL (13,987,376) PART XIII, LINE 2D UNRELATED BUSINESS INCOME (790,446) SUBSIDIARIES EXPENSES 14,777,822 PENSION RELATED CHANGES 27,182,365 TOTAL 41,169,741 PART XI, LINE 8 PENSION-RELATED CHANGES OTHER THAN NET PERIODIC PENSION COSTS - THIS COST IS PRIMARILY ATTRIBUTABLE TO THE EFFECTS OF CHANGES IN FINANCIAL MARKETS ON BOTH INVESTED PLAN ASSETS AND ASSUMED DISCOUNT RATES USED IN THE CALCULATION OF THE PLAN'S FUNDED STATUS

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
WILLIS-KNIGHTON MEDICAL CENTER

Employer identification number
72-0400933

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

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

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Part V if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
3a Sub-total	0	0			0
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			0

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		RUSSIA & THE NEWLY INDEPENDENT STATES -	PROVIDE MEDICAL SUPPLIES AND DOCTORS' TRAVEL EXPENSES FOR MEDICAL MISSION TRIP TO THE UKRAINE			61,111	MEDICAL SUPPLIES AND TRAVEL EXPENSES	BOOK

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

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

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

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

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*	☐ Yes	☑ No

Additional Data

Software ID:
Software Version:
EIN: 72-0400933
Name: WILLIS-KNIGHTON MEDICAL CENTER

Part V **Supplemental Information**

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

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493127016623

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

2011

Open to Public Inspection

Name of the organization
WILLIS-KNIGHTON MEDICAL CENTER

Employer identification number
72-0400933

Part I Charity Care and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization had multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☑ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care? If "Yes," indicate which of the following is the FPG family income limit for eligibility for free care	3a	Yes	
	☐ 100% ☑ 150% ☐ 200% ☐ Other ____ %			
b	Did the organization use FPG to determine eligibility for providing *discounted* care? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care	3b	Yes	
	☐ 200% ☑ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other ____ %			
c	If the organization did 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 policy provide 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 charity care expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit reportduring the tax year?	6a		No
6b	If "Yes," did the organization make it available to the public?	6b		
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheet 1)			12,474,895		12,474,895	1 630 %
b Medicaid (from Worksheet 3, column a)			70,841,568	39,033,962	31,807,606	4 150 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Charity Care and Means-Tested Government Programs			83,316,463	39,033,962	44,282,501	5 780 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			2,228,683		2,228,683	0 290 %
f Health professions education (from Worksheet 5)			5,391,803		5,391,803	0 700 %
g Subsidized health services (from Worksheet 6)			2,163,732	686,963	1,476,769	0 190 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			2,995,443		2,995,443	0 390 %
j **Total** Other Benefits			12,779,661	686,963	12,092,698	1 570 %
k **Total.** Add lines 7d and 7j			96,096,124	39,720,925	56,375,199	7 350 %

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1		No
2	Enter the amount of the organization's bad debt expense	2	21,398,113		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's charity care policy	3	0		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	206,727,655
6	Enter Medicare allowable costs of care relating to payments on line 5	6	216,115,299
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-9,387,644

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

			Yes	No
9a	Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes	

Part IV Management Companies and Joint Ventures (see instructions)

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

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 4

	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	WILLIS-KNIGHTON MEDICAL CENTER 2600 GREENWOOD ROAD SHREVEPORT, LA 71103	X	X		X			X		REHAB CTR, SNF, PHYSICIAN CLINICS
2	WK PIERREMONT HEALTH CENTER 8001 YOUREE DRIVE SHREVEPORT, LA 71115	X	X		X			X		PHYSICIAN CLINICS
3	WK BOSSIER HEALTH CENTER 2400 HOSPITAL DRIVE BOSSIER CITY, LA 71111	X	X					X		PHYSICIAN CLINICS
4	WILLIS-KNIGHTON SOUTH 2510 BERT KOUNS INDUSTRIAL LOOP SHREVEPORT, LA 71118	X	X		X			X		PHYSICIAN CLINICS

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: WILLIS-KNIGHTON MEDICAL CENTER

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

			Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)				
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
	If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a	☐ A definition of the community served by the hospital facility			
b	☐ Demographics of the community			
c	☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☐ How data was obtained			
e	☐ The health needs of the community			
f	☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☐ The process for identifying and prioritizing community health needs and services to meet those needs			
h	☐ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a	☐ Hospital facility's website			
b	☐ Available upon request from the hospital facility			
c	☐ Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a	☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b	☐ Execution of the implementation strategy			
c	☐ Development of a community-wide community benefit plan for the facility			
d	☐ Participation in community-wide community benefit plan			
e	☐ Inclusion of a community benefit section in operational plans			
f	☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g	☐ Prioritization of health needs in the community			
h	☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i	☐ Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy				
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
8	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for free care 150 000000000000% If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 250 000000000000% If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	11	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply) a ☑ Income level b ☑ Asset level c ☑ Medical indigency d ☑ Insurance status e ☑ Uninsured discount f ☑ Medicaid/Medicare g ☐ State regulation h ☐ Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply) a ☑ The policy was posted at all times on the hospital facility's web site b ☐ The policy was attached to all billing invoices c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms d ☐ The policy was posted in the hospital facility's admissions offices e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility f ☑ The policy was available upon request g ☐ Other (describe in Part VI)			
	Billing and Collections			
14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP a ☑ Reporting to credit agency b ☐ Lawsuits c ☐ Liens on residences d ☐ Body attachments or arrests e ☐ Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16	Yes	
	If "Yes," check all actions in which the hospital facility or a third party engaged a ☑ Reporting to credit agency b ☐ Lawsuits c ☐ Liens on residences d ☐ Body attachments e ☐ Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply) a ☑ Notified patients of the financial assistance policy upon admission b ☑ Notified patients of the financial assistance policy prior to discharge c ☑ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills d ☑ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Individuals Eligible for Financial Assistance

		Yes	No
19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☑ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		No
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: WK PIERREMONT HEALTH CENTER

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 2

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8 . . .	**1**		
If "Yes," indicate what the Needs Assessment describes (check all that apply) **a** ☐ A definition of the community served by the hospital facility **b** ☐ Demographics of the community **c** ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community **d** ☐ How data was obtained **e** ☐ The health needs of the community **f** ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups **g** ☐ The process for identifying and prioritizing community health needs and services to meet those needs **h** ☐ The process for consulting with persons representing the community's interests **i** ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs **j** ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**3**		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI . . .	**4**		
5 Did the hospital facility make its Needs Assessment widely available to the public? . . .	**5**		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply) **a** ☐ Hospital facility's website **b** ☐ Available upon request from the hospital facility **c** ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply) **a** ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community **b** ☐ Execution of the implementation strategy **c** ☐ Development of a community-wide community benefit plan for the facility **d** ☐ Participation in community-wide community benefit plan **e** ☐ Inclusion of a community benefit section in operational plans **f** ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA **g** ☐ Prioritization of health needs in the community **h** ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community **i** ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	**7**		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	**8**	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care? . . .	**9**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 150 000000000000% If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 250 000000000000%			
	If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	11	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a ☑ Income level			
	b ☑ Asset level			
	c ☑ Medical indigency			
	d ☑ Insurance status			
	e ☑ Uninsured discount			
	f ☑ Medicaid/Medicare			
	g ☐ State regulation			
	h ☐ Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☑ The policy was posted at all times on the hospital facility's web site			
	b ☐ The policy was attached to all billing invoices			
	c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d ☐ The policy was posted in the hospital facility's admissions offices			
	e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility			
	f ☑ The policy was available upon request			
	g ☐ Other (describe in Part VI)			
	Billing and Collections			
14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a ☑ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments or arrests			
	e ☐ Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16	Yes	
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a ☑ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments			
	e ☐ Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a ☑ Notified patients of the financial assistance policy upon admission			
	b ☑ Notified patients of the financial assistance policy prior to discharge			
	c ☑ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
	d ☑ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
	e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Individuals Eligible for Financial Assistance

		Yes	No
19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☑ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		No
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: WK BOSSIER HEALTH CENTER

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 3

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		

If "Yes," indicate what the Needs Assessment describes (check all that apply)

- a ☐ A definition of the community served by the hospital facility
- b ☐ Demographics of the community
- c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community
- d ☐ How data was obtained
- e ☐ The health needs of the community
- f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups
- g ☐ The process for identifying and prioritizing community health needs and services to meet those needs
- h ☐ The process for consulting with persons representing the community's interests
- i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs
- j ☐ Other (describe in Part VI)

2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___

		Yes	No
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		

If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)

- a ☐ Hospital facility's website
- b ☐ Available upon request from the hospital facility
- c ☐ Other (describe in Part VI)

6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)

- a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community
- b ☐ Execution of the implementation strategy
- c ☐ Development of a community-wide community benefit plan for the facility
- d ☐ Participation in community-wide community benefit plan
- e ☐ Inclusion of a community benefit section in operational plans
- f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA
- g ☐ Prioritization of health needs in the community
- h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community
- i ☐ Other (describe in Part VI)

		Yes	No
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	

If "Yes," indicate the FPG family income limit for eligibility for free care 150 000000000000%
If "No," explain in Part VI the criteria the hospital facility used

Part V Facility Information *(continued)*

			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 250 000000000000% If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	11	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a ☑ Income level			
	b ☑ Asset level			
	c ☑ Medical indigency			
	d ☑ Insurance status			
	e ☑ Uninsured discount			
	f ☑ Medicaid/Medicare			
	g ☐ State regulation			
	h ☐ Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☑ The policy was posted at all times on the hospital facility's web site			
	b ☐ The policy was attached to all billing invoices			
	c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d ☐ The policy was posted in the hospital facility's admissions offices			
	e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility			
	f ☑ The policy was available upon request			
	g ☐ Other (describe in Part VI)			

Billing and Collections

			Yes	No
14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a ☑ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments or arrests			
	e ☐ Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16	Yes	
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a ☑ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments			
	e ☐ Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a ☑ Notified patients of the financial assistance policy upon admission			
	b ☑ Notified patients of the financial assistance policy prior to discharge			
	c ☑ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
	d ☑ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
	e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Individuals Eligible for Financial Assistance

		Yes	No
19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☑ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		No
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: WILLIS-KNIGHTON SOUTH

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 4

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	**1**		
If "Yes," indicate what the Needs Assessment describes (check all that apply) **a** ☐ A definition of the community served by the hospital facility **b** ☐ Demographics of the community **c** ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community **d** ☐ How data was obtained **e** ☐ The health needs of the community **f** ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups **g** ☐ The process for identifying and prioritizing community health needs and services to meet those needs **h** ☐ The process for consulting with persons representing the community's interests **i** ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs **j** ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**3**		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	**4**		
5 Did the hospital facility make its Needs Assessment widely available to the public?	**5**		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply) **a** ☐ Hospital facility's website **b** ☐ Available upon request from the hospital facility **c** ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply) **a** ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community **b** ☐ Execution of the implementation strategy **c** ☐ Development of a community-wide community benefit plan for the facility **d** ☐ Participation in community-wide community benefit plan **e** ☐ Inclusion of a community benefit section in operational plans **f** ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA **g** ☐ Prioritization of health needs in the community **h** ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community **i** ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	**7**		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	**8**	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	**9**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 150 000000000000% If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 250 000000000000% If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	11	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply) a ☑ Income level b ☑ Asset level c ☑ Medical indigency d ☑ Insurance status e ☑ Uninsured discount f ☑ Medicaid/Medicare g ☐ State regulation h ☐ Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply) a ☑ The policy was posted at all times on the hospital facility's web site b ☐ The policy was attached to all billing invoices c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms d ☐ The policy was posted in the hospital facility's admissions offices e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility f ☑ The policy was available upon request g ☐ Other (describe in Part VI)			
	Billing and Collections			
14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP a ☑ Reporting to credit agency b ☐ Lawsuits c ☐ Liens on residences d ☐ Body attachments or arrests e ☐ Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16	Yes	
	If "Yes," check all actions in which the hospital facility or a third party engaged a ☑ Reporting to credit agency b ☐ Lawsuits c ☐ Liens on residences d ☐ Body attachments e ☐ Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply) a ☑ Notified patients of the financial assistance policy upon admission b ☑ Notified patients of the financial assistance policy prior to discharge c ☑ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills d ☑ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**	Yes	

If "No," indicate why

- **a** ☐ The hospital facility did not provide care for any emergency medical conditions
- **b** ☐ The hospital facility's policy was not in writing
- **c** ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- **d** ☐ Other (describe in Part VI)

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- **a** ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- **b** ☑ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- **c** ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- **d** ☐ Other (describe in Part VI)

		Yes	No
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		No

If "Yes," explain in Part VI

		Yes	No
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**		No

If "Yes," explain in Part VI

Part V Facility Information *(continued)*

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size 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		
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 descriptions 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, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21

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

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

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

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

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

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

Identifier	ReturnReference	Explanation
		PART I, LINE 7 ALL ITEMS IN THE TABLE, EXCEPT FOR LINE 7G, USE THE COST-TO-CHARGE RATIO COSTING METHOD PROJECT NEIGHBORHEALTH, WHICH IS INCLUDED ON LINE 7G, USES THE ACTUAL COST METHOD

Identifier	ReturnReference	Explanation
		PART III, LINE 4 THE MEDICAL CENTER MAINTAINS AN ALLOWANCE FOR DOUBTFUL PATIENT ACCOUNTS RECEIVABLE BASED ON MANAGEMENTS ASSESSMENT OF COLLECTABILITY, CURRENT ECONOMIC CONDITIONS, AND PRIOR EXPERIENCE AS MANAGEMENT DETERMINES THE COLLECTION OF SPECIFIC PATIENT ACCOUNTS TO BE DOUBTFUL, SUCH ACCOUNTS ARE WRITTEN OFF AGAINST THE ALLOWANCE BASED ON THIS ANALYSIS, BAD DEBT EXPENSE AS A PERCENTAGE OF GROSS PATIENT BILLINGS (EXCLUDING MEDICARE CHARGES, MEDICAID CHARGES, AND CHARITY CARE) WAS 6 9 PERCENT AND 6 2 PERCENT FOR THE YEARS ENDED SEPTEMBER 30, 2012 AND SEPTEMBER 30, 2011, RESPECTIVELY

Identifier	ReturnReference	Explanation
		PART III, LINE 8 THE COSTING METHODOLOGY USED TO DETERMINE THE MEDICARE ALLOWABLE COSTS REPORTED IN THE MEDICARE COST REPORT IS BASED ON REGULATORY REQUIREMENTS AND GUIDELINES

Identifier	ReturnReference	Explanation
		PART III, LINE 9B MONTHLY STATEMENTS ARE GENERATED AND MAILED BY THE MEDICAL CENTER TO KEEP PATIENTS/GUARANTORS INFORMED OF OUTSTANDING ACCOUNT BALANCES STATEMENT MESSAGES ARE GENERATED FOR EACH ACCOUNT THAT LET THE PATIENT/GUARANTOR KNOW IF THE BALANCE IS PENDING PAYMENT FROM THEIR INSURANCE CARRIER OR DEEMED TO BE THE PATIENT'S RESPONSIBILITY THE IN-HOUSE COLLECTIONS DEPARTMENT IS RESPONSIBLE FOR SELF-PAY COLLECTIONS THIS INCLUDES COLLECTION OF BALANCES AFTER ALL INSURANCE HAS PAID AND COLLECTION OF BALANCES FROM PATIENTS WHO HAVE NO INSURANCE THE MEDICAL CENTER UTILIZES SELF PAY COMPASS (A COMPANY THAT SPECIALIZES IN ESTIMATING INDIVIDUAL'S INCOME AND FINANCIAL RESOURCES) TO IDENTIFY ACCOUNTS THAT HAVE A HIGH PROBABILITY FOR PAYMENT THE PROBABILITY OF PAYMENT REPORT GENERATED BY SELF PAY COMPASS IS BASED ON OUTSIDE INFORMATION SOURCES THAT PROVIDE A PERSON'S CREDIT HISTORY, ESTIMATED HOUSEHOLD INCOME, MEDICAL BILL PAYMENT HISTORY, ETC REPORTS ARE GENERATED FROM SELF PAY COMPASS ON A WEEKLY BASIS FOR ALL ACCOUNTS WITH A SELF-PAY BALANCE AND CALCULATED PROBABILITY OF PAYMENT GREATER THAN 70% ACCOUNTS FROM THESE REPORTS ARE THEN PROCESSED BY MEDITECH (THE MEDICAL CENTER'S CORE SOFTWARE) TO DETERMINE IF THE GUARANTOR HAS ADDITIONAL SELF-PAY BALANCES IF THE GUARANTOR IS CURRENTLY PAYING ON ANOTHER ACCOUNT(S), THE ACCOUNT FROM THE REPORT IS COMBINED WITH THE OTHER ACCOUNT(S) SO THE GUARANTOR RECEIVES ONE STATEMENT OR COLLECTION LETTER EACH MONTH IF THE GUARANTOR HAS NO OTHER ACCOUNTS ON WHICH THEY ARE PAYING, A PHONE CALL IS MADE A REPORT IS GENERATED FROM SELF PAY COMPASS ON A MONTHLY BASIS TO DETERMINE ACCOUNTS WITH BALANCES LESS THAN $100 THAT ARE DELINQUENT THESE ACCOUNTS ARE IMPORTED INTO MEDITECH TO RECEIVE A COLLECTION LETTER WHEN APPROPRIATE A REPORT IS GENERATED FROM MEDITECH ON A MONTHLY BASIS TO IDENTIFY ACCOUNTS WITH BALANCES OVER $10,000 THE IN-HOUSE COLLECTOR REVIEWS THE COLLECTION ACTIVITY AND FOLLOWS UP WITH THE APPROPRIATE ACTION WHICH MAY INCLUDE PHONE CALLS, ASSISTING THE PATIENT WITH APPLYING FOR CHARITY CARE, ESTABLISHING A PAYMENT ARRANGEMENT OR RECOMMENDING THAT THE ACCOUNT BE REFERRED FOR OUTSIDE COLLECTIONS OTHER REPORTS ARE GENERATED FROM MEDITECH AND SELF PAY COMPASS ON AN AS-NEEDED BASIS TO IDENTIFY OTHER ACCOUNTS REQUIRING COLLECTION ACTIVITY

Identifier	ReturnReference	Explanation
		PART VI, LINE 2 WILLIS-KNIGHTON MEDICAL CENTER OPERATES THROUGHOUT SHREVEPORT, BOSSIER CITY AND NEARBY PARISHES AND PROVIDES FOUR HOSPITALS, NUMEROUS SATELLITE CLINICS, A SKILLED NURSING FACILITY, A RETIREMENT COMMUNITY, AND AN ASSISTED LIVING FACILITY THE ORGANIZATION ASSESSES THE HEALTH CARE NEEDS OF THE COMMUNITIES THAT IT SERVES BY STAYING INFORMED ABOUT THE RELEVANT TRENDS OCCURRING IN THE AREAS IN WHICH IT OPERATES

Identifier	ReturnReference	Explanation
		PART VI, LINE 3 WILLIS-KNIGHTON HEALTH SYSTEM IS COMMITTED TO PROVIDING CHARITY CARE TO PERSONS WHO HAVE HEALTHCARE NEEDS AND ARE UNINSURED, UNDERINSURED, INELIGIBLE FOR A GOVERNMENT PROGRAM, OR OTHERWISE UNABLE TO PAY FOR MEDICALLY NECESSARY CARE CONSISTENT WITH ITS MISSION TO DELIVER COMPASSIONATE, HIGH QUALITY, AFFORDABLE HEALTHCARE SERVICES AND TO BE AN ADVOCATE FOR THOSE WHO ARE MOST IN NEED, WILLIS-KNIGHTON HEALTH SYSTEM STRIVES TO ENSURE THAT THE FINANCIAL CAPACITY OF PEOPLE WHO NEED HEALTH CARE SERVICES DOES NOT PREVENT THEM FROM SEEKING OR RECEIVING CARE PATIENTS ARE EXPECTED TO COOPERATE WITH WILLIS-KNIGHTON HEALTH SYSTEM'S PROCEDURES FOR OBTAINING CHARITY OR OTHER FORMS OF PAYMENT OR FINANCIAL ASSISTANCE, AND TO CONTRIBUTE TO THE COST OF THEIR CARE BASED ON THEIR INDIVIDUAL ABILITY TO PAY PATIENTS OF THE MEDICAL CENTER ARE INFORMED OF THEIR ELIGIBILITY FOR ASSISTANCE UNDER GOVERNMENT PROGRAMS AND THE ORGANIZATION'S CHARITY CARE POLICY IN THE FOLLOWING MANNERS 1)IF THE PATIENT DOES NOT HAVE INSURANCE, THEN THE MEDICAL CENTER WILL ASSIST THEM IN DETERMINING WHETHER OR NOT THEY QUALIFY FOR MEDICAID 2)INFORMATION CONCERNING THE MEDICAL CENTER'S CHARITY CARE PROGRAM IS AVAILABLE ON THE MEDICAL CENTER'S WESITE, WWW WKHS COM 3)ONCE A PATIENT HAS BEEN ADMITTED INTO THE HOSPITAL, AND IT IS DETERMINED THAT THEY DO NOT HAVE INSURANCE, THEN A MEDICAL CENTER EMPLOYEE IS RESPONSIBLE FOR REQUESTING A DEPOSIT FROM THE PATIENT IF THE PATIENT IS NOT ABLE TO PAY, THEN THE PATIENT IS GIVEN AN APPLICATION FOR THE CHARITY CARE PROGRAM AT THAT TIME 4)IN THE EVENT THERE IS NO WRITTEN DOCUMENTATION TO SUPPORT A PATIENT'S ELIGIBILITY FOR CHARITY CARE, THE MEDICAL CENTER UTILIZES SELF PAY COMPASS (A COMPANY THAT SPECIALIZES IN ESTIMATING AN INDIVIDUAL'S INCOME AND FINANCIAL RESOURCES) TO DETERMINE CHARITY CARE ELIGIBILITY THE MEDICAL CENTER RELIES ON SELF PAY COMPASS TO ESTIMATE INCOME AND FINANCIAL RESOURCES ONLY FOR THOSE INDIVIDUALS WHOSE INCOME IS ESTIMATED TO BE 150% OR LESS OF THE FEDERAL POVERTY LEVEL REPORTS ARE GENERATED ON A QUARTERLY BASIS TO IDENTIFY ACCOUNTS THAT MEET THIS CRITERION, AND CHARITY CARE ADJUSTMENTS ARE APPLIED, IF APPLICABLE

Identifier	ReturnReference	Explanation
		PART VI, LINE 4 WILLIS-KNIGHTON'S PRIMARY SERVICE AREA COVERS AN APPROXIMATE 35 MILE RADIUS OF SHREVEPORT, COVERING THE LOUISIANA PARISHES OF CADDO, BOSSIER, WEBSTER, CLAIBORNE, RED RIVER, DESOTO AND BIENVILLE, AND WHICH HAD A 2011 ESTIMATED POPULATION OF APPROXIMATELY 485,023 PERSONS THE MEDIAN HOUSEHOLD INCOME ACCORDING TO THE 2010 U S CENSUS DATA FOR SHREVEPORT IS $39,086 THE MEDIAN HOUSEHOLD INCOME ACCORDING TO THE 2010 U S CENSUS DATA FOR BOSSIER PARISH IS $46,518

Identifier	ReturnReference	Explanation
		PART VI, LINE 5 OTHER COMMUNITY BENEFITS PROJECT NEIGHBORHEALTH - OVERVIEWDURING 1995, TH E MEDICAL CENTER BEGAN A PROGRAM KNOWN AS "PROJECT NEIGHBORHEALTH " THE PROGRAM'S PURPOSE IS TO PROMOTE HEALTH AND WELL-BEING IN COMMUNITIES THAT ARE ECONOMICALLY DISTRESSED AND/OR DESIGNATED AS MEDICALLY UNDER-SERVED, HEALTH-PROFESSIONAL-SHORTAGE AREAS THE PROGRAM PRO VIDES FREE COMMUNITY PROGRAMS INCLUDING ANTI-DRUG/GANG PROGRAMS, LIFE SKILLS TRAINING, MEN TORING PROGRAMS, NUTRITIONAL COUNSELING, POLICE COMMUNITY FORUMS, AND OTHER COMMUNITY-RELA TED PROGRAMS AS PART OF PROJECT NEIGHBORHEALTH, THE MEDICAL CENTER OPERATES THE FOLLOWING CLINICS WK COMMUNITY HEALTH AND EDUCATION CENTER - MLK CLINIC, WK PIERRE AVENUE HEALTH & WELLNESS CENTER, WK BRADLEY MEDICAL CLINIC, AND THE CHILDREN'S DENTAL CLINIC AND WK COMMU NITY EDUCATION CENTER WK COMMUNITY HEALTH AND EDUCATION CENTER - MLK CLINICPROJECT NEIGHBO RHEALTH ON SEPTEMBER 1, 1995, AT A COST OF APPROXIMATELY $1,300,000, THE MEDICAL CENTER O PENED A 6,463 SQUARE FOOT, FEDERALLY DESIGNATED INDIGENT CARE MEDICAL CLINIC AND A 3,914 S QUARE FOOT COMMUNITY EDUCATION BUILDING ON SHREVEPORT-BLANCHARD ROAD AT DR MARTIN LUTHER KING DRIVE IN SHREVEPORT, LOUISIANA LOCATED IN AN ECONOMICALLY DISTRESSED COMMUNITY, THES E FACILITIES ARE CONVENIENT TO AND PRIMARILY FOR THE BENEFIT OF THE PEOPLE IN THAT COMMUNI TY SERVICES ARE PROVIDED WITHOUT REGARD TO THE PATIENTS' ABILITY TO PAY THE LOCATION OF THE CLINIC (CENSUS TRACT 246 IN THE MARTIN LUTHER KING DRIVE AREA IN CADDO PARISH) WAS DES IGNATED BY THE DEPARTMENT OF HEALTH AND HOSPITALS AS A HEALTH-PROFESSIONAL-SHORTAGE AREA A ND AS A MEDICALLY UNDER-SERVED AREA PRIOR TO THE CLINIC'S OPENING, THIS AREA WAS THE SECO ND LARGEST CONTIGUOUS POPULATION OF MEDICALLY UNDER-SERVED PEOPLE IN THE UNITED STATES TH E CLINIC HAS AN EMERGENCY AND SPECIAL PROCEDURES ROOM, AN X-RAY DEPARTMENT, AND A FULLY EQ UIPPED LABORATORY AND DENTAL FACILITY PREVENTATIVE CARE PROGRAMS INCLUDE BLOOD PRESSURE C HECKS, HEALTH SCREENINGS, IMMUNIZATIONS, AND DIABETES COUNSELING THE CLINIC'S STAFF INCLU DES 1 FAMILY PRACTICE PHYSICIAN, A PART-TIME NURSE PRACTITIONER, AND SUPPORT STAFF THE CL INIC HAD 3,580 MEDICAL PATIENT VISITS DURING THE YEAR ENDED SEPTEMBER 30, 2012 THE EDUCAT ION FACILITY HOUSES CLASSROOMS, AN AUDITORIUM, A NURSERY, A CONFERENCE ROOM, AND A LIBRARY WITH STUDY AREAS WK PIERRE AVENUE COMMUNITY HEALTH & WELLNESS CENTERPROJECT NEIGHBORHEALT H ON AUGUST 1, 1998, THE MEDICAL CENTER OPENED A 15,062 SQUARE FOOT MEDICAL CLINIC KNOWN AS THE "WK PIERRE AVENUE COMMUNITY CENTER" ON PIERRE AVENUE IN SHREVEPORT AT A COST OF APP ROXIMATELY $1,375,000 LOCATED IN AN ECONOMICALLY DISTRESSED COMMUNITY, THIS FACILITY IS C ONVENIENT TO AND PRIMARILY FOR THE BENEFIT OF THE PEOPLE IN THAT COMMUNITY THIS FACILITY ALSO CONTAINS A HEALTH AND FITNESS CENTER THE MEDICAL CENTER PROVIDES EQUIPMENT AND MEDIC AL STAFF FOR THE CLINIC THE CLINIC'S STAFF INCLUDES A FAMILY PRACTICE PHYSICIAN, A PART-T IME NURSE PRACTITIONER, AND SUPPORT STAFF THE CLINIC HAD 8,964 MEDICAL PATIENTS DURING TH E YEAR ENDED SEPTEMBER 30, 2012 WK BRADLEY MEDICAL CLINIC ON AUGUST 24, 1998, THE MEDICAL CENTER OPENED A 3,915 SQUARE FOOT MEDICAL CLINIC KNOWN AS THE "WK BRADLEY MEDICAL CLINIC" IN BRADLEY, ARKANSAS AT A COST OF APPROXIMATELY $140,000 LOCATED IN AN ECONOMICALLY DIST RESSED COMMUNITY, THIS FACILITY IS CONVENIENT TO AND PRIMARILY FOR THE BENEFIT OF THE PEOP LE IN THAT COMMUNITY THE MEDICAL CENTER PROVIDES EQUIPMENT AND MEDICAL STAFF FOR THE CLIN IC THE CLINIC'S STAFF INCLUDES A NURSE PRACTITIONER AND VARIOUS SUPPORT STAFF THE CLINIC HAD 1,939 MEDICAL PATIENTS DURING THE YEAR ENDED SEPTEMBER 30, 2012 THE CHILDREN'S DENTA L CLINIC AND WK COMMUNITY EDUCATION CENTERPROJECT NEIGHBORHEALTH ON OCTOBER 15, 2001, THE MEDICAL CENTER OPENED A 3,049 SQUARE FOOT MEDICAL CLINIC KNOWN AS THE "THE CHILDREN'S DEN TAL CLINIC AND WK COMMUNITY EDUCATION CENTER" ON SOUTHERN AVENUE IN SHREVEPORT THE MEDICA L CLINIC IS HOUSED IN A DONATED BUILDING THAT THE MEDICAL CENTER RENOVATED AT A COST OF AP PROXIMATELY $162,000 LOCATED IN AN ECONOMICALLY DISTRESSED COMMUNITY, THIS FACILITY IS CO NVENIENT TO AND PRIMARILY FOR THE BENEFIT OF THE PEOPLE IN THAT COMMUNITY THE MEDICAL CEN TER PROVIDES EQUIPMENT AND MEDICAL STAFF FOR THE CLINIC THE CLINIC'S STAFF INCLUDES A FUL L-TIME OFFICE MANAGER AND 45 DENTISTS FROM THE NORTHWEST LOUISIANA DENTAL VOLUNTEERS, WHO EACH DONATE ONE-THIRD DAY PER MONTH TO THE CLINIC THE CLINIC HAD APPROXIMATELY 750 PATIEN TS DURING THE YEAR ENDED SEPTEMBER 30, 2012 DURING THE YEAR ENDED SEPTEMBER 30, 2012, UND ER PROJECT NEIGHBORHEALTH, THE MEDICAL CENTER PROVIDED OVER 15,000 HOURS TO COMMUNITY SERV ICES/PROJECTS AT NO COST TO THE RECIPIENTS BY 3 FULL-TIME EMPLOYEES, 2 PART-TIME EMPLOYEES , AND VOLUNTEERS IN ADDITION TO HOURS PROVIDED BY VARIOUS DEPARTMENTS WITHIN THE MEDICAL C ENTER OTHER COMMUNITY SERVICESTHE MEDICAL CENTER MAKES AVAILABLE, FREE-OF-CHARGE, MEETING SPACE TO OUTSIDE COMMUNITY OUTREACH ORGANIZATIONS

Identifier	ReturnReference	Explanation
		SUCH AS QUEENSBOROUGH NEIGHBORHOOD ASSOCIATION, ALLIANCE FOR EDUCATION, BOSSIER MEDICAL SO CIETY, CADDO-BOSSIER CANCER FOUNDATION LEAGUE, CADDO PARISH SHERIFF'S OFFICE, ICE (INNER C ITY ENTREPRENEUR), NORTH LOUISIANA AHEC, LIFESHARE BLOOD CENTER, LSU PSYCHIATRY PROGRAM, T EXAS WESLEYAN UNIVERSITY CRNA PROGRAM, NORTHWEST LOUISIANA COALITION FOR WOMEN AND CHILDRE N, NORTHWEST LOUISIANA INTERFAITH PHARMACY, VOLUNTEERS FOR YOUTH JUSTICE AND OTHER CHARITA BLE AND GOVERNMENTAL ORGANIZATIONS ROOMS ARE ALSO PROVIDED FOR OFF CAMPUS CLASSES TAUGHT BY BOSSIER PARISH COMMUNITY COLLEGE AT THE WK CAREER INSTITUTE THE MEDICAL CENTER OFFERS E XTENSIVE ONLINE HEALTH INFORMATION ON ITS WEB SITE FREE HEALTH INFORMATION IS AVAILABLE, TARGETED TO BOTH ADULTS AND CHILDREN INFORMATION FOR ADULTS INCLUDES A HEALTH LIBRARY, DR UG INTERACTION CHECKER, NUTRITION AND WELLNESS INFORMATION AND DESCRIPTION OF PROCEDURES, WRITTEN BY HEALTH PROFESSIONALS AND REVIEWED AND UPDATED REGULARLY THE MEDICAL CENTER ALS O PARTNERS WITH THE NEMOURS FOUNDATION TO OFFER KIDSHEALTH, A HEALTH AND WELLNESS INFORMAT ION SITE TARGETED TO CHILDREN, TEENS AND THEIR PARENTS THE WILLIS-KNIGHTON CANCER CENTER WEB SITE OFFERS INFORMATION ON VARIOUS TYPES OF CANCER AND TREATMENTS AS WELL AS AN UPDATE D LIST OF CLINICAL TRIALS DURING THE PAST YEAR THE MEDICAL CENTER'S ON-LINE HEALTH LIBRAR Y ATTRACTED 317,000 VISITORS KIDSHEALTH ATTRACTED OVER 205,000 VISITORS IMMUNIZATIONS FOR CHILDREN WILLIS-KNIGHTON PROVIDES A MOBILE UNIT THAT OFFERS "SHOTS FOR TOTS" USING ITS M OBILE VAN AND STAFF, VACCINES ARE TAKEN TO VARIOUS NEIGHBORHOODS TO MAKE THEM CONVENIENT F OR PARENTS UNDER THIS PROGRAM, ANY CHILD MAY RECEIVE IMMUNIZATION SHOTS, FREE OF CHARGE, FOR MEASLES, MUMPS, RUBELLA, DIPHTHERIA, PERTUSSIS, TETANUS, HEPATITIS B, POLIO, MENINGITI S, FLU, AND CHICKEN POX THE MEDICAL CENTER SUBSIDIZES ALL EXPENSES OF THE PROGRAM EXCEPT THE VACCINE, WHICH IS PROVIDED BY THE LOUISIANA DEPARTMENT OF PUBLIC HEALTH DURING THE YE AR ENDED SEPTEMBER 30, 2012, THE MEDICAL CENTER IMMUNIZED 3,043 PATIENTS UNDER THIS PROGRA M HEALTH PROFESSIONS EDUCATIONTHE MEDICAL CENTER PROVIDES VARIOUS EDUCATION PROGRAMS THAT RESULT IN HEALTH CARE PROFESSIONALS RECEIVING DEGREES, CERTIFICATES OR TRAINING THAT IS NE CESSARY TO BE LICENSED TO PRACTICE AS HEALTH CARE PROFESSIONALS WHILE THE MEDICAL CENTER ALSO PROVIDES A VARIETY OF EDUCATION, TRAINING AND STIPEND PROGRAMS THAT ARE EXCLUSIVE TO THE MEDICAL CENTER'S EMPLOYEES AND MEDICAL STAFF, THOSE COSTS ARE NOT INCLUDED IN THIS CAT EGORY THE MEDICAL CENTER MAINTAINS AN ASSOCIATION WITH LSU HEALTH SCIENCES CENTER (A PUBL IC TEACHING, RESEARCH, AND INDIGENT CARE FACILITY) BY PROVIDING GRANTS, ASSISTANCE WITH RE SIDENTS AND FELLOWS, ALONG WITH UNDERWRITING THE COST OF CLINICAL SETTINGS FOR TRAINING AN D INTERSHIPS FOR A VARIETY OF OTHER HEALTH PROFESSIONALS SPORTS MEDICINESPORTS MEDICINE EX PERTS AT WILLIS-KNIGHTON SPORTS MEDICINE WORK WITH ATHLETES ON THE PREVENTION AND TREATMEN T OF SPORTS-RELATED INJURIES, HELPING THEM TO MAINTAIN A HEALTHY LIFESTYLE THIS SERVICE I S OFFERED TO VARIOUS SCHOOLS AND PROGRAMS THROUGHOUT THE LOCAL AREA

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

2011

Open to Public Inspection

Name of the organization
WILLIS-KNIGHTON MEDICAL CENTER

Employer identification number
72-0400933

Part I General Information on Grants and Assistance

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

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

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

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

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 40

3 Enter total number of other organizations listed in the line 1 table ▶ 9

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

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

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

Identifier	**Return Reference**	**Explanation**
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE MEDICAL CENTER HAS A CONTRIBUTION COMMITTEE THAT APPROVES SUBSTANTIALLY ALL CONTRIBUTIONS THE CONTRIBUTION COMMITTEE REQUESTS THAT THE ORGANIZATION REQUESTING THE DONATION COMPLETE A CONTRIBUTION REQUEST FORM THAT IS AVAILABLE ON THE MEDICAL CENTER'S WEBSITE BEFORE THE MEDICAL CENTER'S CONTRIBUTION COMMITTEE WILL APPROVE THE CONTRIBUTIONS THE PURPOSE OF THE CONTRIBUTION MUST BE STATED ON THE CONTRIBUTION REQUEST FORM

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 72-0400933
Name: WILLIS-KNIGHTON MEDICAL CENTER

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AIRLINE HIGH SCHOOL2801 AIRLINE DRIVE BOSSIER CITY,LA 71111	72-6000185	GOVERNMENT	6,000				SPONSOR FOR BASKETBALL TOURNAMENT
ALLIANCE FOR EDUCATION820 JORDAN STREET SHREVEPORT,LA 71101	72-1466587	501(C)(3)	25,000				DONATION FOR PATHWAY TO EXCELLENCE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN CANCER SOCIETY920 PIERREMONT SUITE 300 SHREVEPORT,LA 71106	23-7040934	501(C)(3)	15,000				DONATION - BARON'S BALL, SPONSOR CADDO AND BOSSIER RELAY FOR LIFE
AMERICAN HEART ASSOCIATIONPO BOX 37388 SHREVEPORT,LA 71133	13-5613797	501(C)(3)	40,000				DONATION FOR OPERATIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLUEPRINT LOUISIANA9331 BLUEBONNET BLVD BATON ROUGE,LA 70810	20-5591232	501(C)(6)	10,000				DONATION FOR OPERATIONS
BOOKER T WASHINGTON HIGH SCHOOL204 MILAM STREET SHREVEPORT,LA 71103	72-6000224	GOVERNMENT	5,049				PURCHASED SCHOOL SIGN

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CADDO BOSSIER SOCCER ASSOCIATION1780 EAST BERT KOUNS SUITE 901 SHREVEPORT,LA 71105	58-1652966	501(C)(3)	21,570				SPONSORSHIP
CADDO BOSSIER CANCER FOUNDATION LEAGUE INC2900 WHEELESS SHREVEPORT,LA 71104	45-3188641	501(C)(3)	10,000				DONATION FOR OPERATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CADDO PARISH SHERIFF'S DEPARTMENT505 TRAVIS STREET 7TH FLOOR SHREVEPORT,LA 71101	72-6000179	GOVERNMENT	14,163				DONATION FOR EQUIPMENT
CALVARY ACADEMY9333 LINWOOD AVENUE SHREVEPORT,LA 71106	72-0482882	501(C)(3)	6,000				DONATION FOR OPERATIONS

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

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CE BYRD HIGH SCHOOL3201 LINE AVENUE SHREVEPORT,LA 71103	72-6000224	GOVERNMENT	8,462				SPONSORSHIP
CHILDREN AND ARTHRITIS2751 ALBERT BICKNELL DRIVE SUITE 2E 2E SHREVEPORT,LA 71103	72-1170530	501(C)(3)	15,000				DONATION FOR OPERATIONS

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

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CITY OF SHREVEPORT263 N COMMON STREET SHREVEPORT,LA 71101	72-6001326	GOVERNMENT	333,767				DONATION OF 3 SPRINT VEHICLES - FIRE DEPARTMENT
COMMUNITY FOUNDATION OF NORTH LOUISIANA401 EDWARDS STREET NO 105 SHREVEPORT,LA 71101	72-6022365	501(C)(3)	10,000				DONATION FOR OPERATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DESOTO REGIONAL HEALTH SYSTEMPO BOX 1636 MANSFIELD,LA 71052	72-1491325	501(C)(3)	62,751				DONATION FOR OPERATIONS
EVERGREEN FOUNDATION2101 HIGHWAY 80 HAUGHTON,LA 71037	23-7089068	501(C)(3)	25,000				DONATION TO BETTER HEALTH BETTER LIVES CAMPAIGN FOR THE HANDICAPPED

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FORENSIC NURSE EXAMINERSPO BOX 44466 SHREVEPORT,LA 71134	35-2262163	501(C)(3)	20,000				DONATION FOR OPERATIONS
GRAMBLING STATE UNIVERSITYPO BOX 913 GRAMBLING,LA 71245	58-1736948	GOVERNMENT	207,000				ENDOWED PROFESSORSHIPS, SPONSORSHIP

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HEART OF HOPE MINISTRIES INCPO BOX 18776 SHREVEPORT,LA 71138	41-2187038	501(C)(3)	10,000				DONATIONS FOR COMPUTERS
HOLY ANGELS RESIDENTIAL FACILITY INC 10450 ELLERBE ROAD SHREVEPORT,LA 71106	72-0628035	501(C)(3)	60,000				DONATION FOR OPERATIONS

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

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INDEPENDENCE BOWL FOUNDATION PO BOX 1723 SHREVEPORT,LA 71166	72-0297228	501(C)(3)	40,000				SPONSORSHIP
INNER CITY ENTREPRENEUR INSTITUTE820 JORDAN STREET SUITE 360 SHREVEPORT,LA 71101	72-1418314	501(C)(3)	20,000				BIZCAMP SPONSOR

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
JUNIOR ACHIEVEMENT3003 KNIGHT STREET SHREVEPORT,LA 71105	72-0595081	501(C)(3)	27,600				DONATION FOR OPERATIONS
NORTHWEST LOUISIANA LIONS EYE BANK721 BOULEVARD SHREVEPORT,LA 71104	72-0928468	501(C)(3)	20,000				DONATION FOR OPERATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LOUISIANA TECH UNIVERSITY FOUNDATIONPO BOX 3046 RUSTON,LA 71272	72-6021176	501(C)(3)	54,250				SPONSORSHIP
LSUHSCPO BOX 31650 SHREVEPORT,LA 71115	72-1402222	GOVERNMENT	240,000				DONATION FOR OPERATIONS

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

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LSU-SHREVEPORT FOUNDATIONONE UNIVERSITY PLACE SHREVEPORT,LA 71105	72-1031108	501(C)(3)	25,000				DONATION FOR OPERATIONS
MARCH OF DIMES FOUNDATION1120 SOUTH POINTE PARKWAY BLDG D SHREVEPORT,LA 71105	13-1846366	501(C)(3)	41,500				DONATION FOR OPERATIONS

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

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NORTH AMERICA IAPB INC137 HAMPTON ROAD SOUTHAMPTON,NY 11968	04-3796216	501(C)(3)	27,500				DONATION FOR OPERATIONS
NORTH LOUISIANA CRIME LAB BENEFIT PO BOX 7957 SHREVEPORT,LA 711377957	72-0707474	501(C)(3)	10,000				SPONSORSHIP

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NORTHWEST LOUISIANA FOOD BANK2307 TEXAS AVENUE SHREVEPORT,LA 71103	72-1328890	501(C)(3)	30,000				DONATION FOR OPERATIONS
THE ODYSSEY FOUNDATION401 TEXAS STREET SHREVEPORT,LA 71101	33-1055253	501(C)(6)	10,000				DONATION TO WALKING THE WALK FUNDRAISER

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PROVIDENCE HOUSE814 COTTON STREET SHREVEPORT,LA 71101	72-1205164	501(C)(3)	25,000				DONATION FOR OPERATIONS
PUBLIC AFFAIRS RESEARCH COUNCIL OF LAPO BOX 14776 BATON ROUGE,LA 70898	72-0436118	501(C)(3)	25,000				DONATION TO CAPITAL CAMPAIGN

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
RED RIVER RADIO PUBLIC BROADCASTINGPO BOX 5250 SHREVEPORT,LA 71135	72-0702001	501(C)(3)	23,000				DONATION FOR OPERATIONS
RED RIVER REVEL ARTS FESTIVAL101 CROCKET STREET SUITE C SHREVEPORT,LA 71101	72-0953274	501(C)(3)	25,000				SPONSORSHIP OF REGIONAL CULTURAL EVENT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ROBINSON FILM CENTERPO BOX 155 SHREVEPORT,LA 71161	42-1562125	501(C)(3)	15,000				DONATION FOR OPERATIONS
AFRICAN-AMERICAN CHAMBER OF COMMERCE1315 MILAM STREET SHREVEPORT,LA 71101	72-6028366	501(C)(3)	7,500				SPONSORSHIP

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SHREVEPORT-BOSSIER RESCUE MISSION2033 TEXAS AVENUE SHREVEPORT,LA 71103	23-7050551	501(C)(3)	138,711				HEALTH INSURANCE FOR RESCUE MISSION EMPLOYEES AND DONATION FOR OPERATIONS
SHREVEPORT OPERA212 TEXAS STREET NO 1 SHREVEPORT,LA 71101	72-6021455	501(C)(3)	9,000				DONATION FOR OPERATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SHREVEPORT POLICE DEPARTMENT712 MILAM STREET SUITE 101 SHREVEPORT,LA 71101	72-6001326	GOVERNMENT	13,352				DONATION FOR OPERATIONS
SHREVEPORT SYMPHONY619 LOUISIANA AVENUE SHREVEPORT,LA 71101	72-6001334	501(C)(3)	80,882				CONCERT SPONSOR AND DONATION FOR OPERATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SHRINER'S HOSPITAL FOR CHILDREN3100 SAMFORD AVENEUE SHREVEPORT,LA 71103	36-2192608	501(C)(3)	100,000				DONATION FOR SURGICAL EQUIPMENT
SOUTH LOUISIANA CLINICAL RESEARCH225 DUNN STREET HOUMA,LA 70360	72-1430540	501(C)(3)	7,500				SPONSOR FOR PERIPHERAL ARTERY DISEASE CONFERENCE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SOUTHERN HILLS ELEMENTARY SCHOOL9075 KINGSTON ROAD SHREVEPORT,LA 71118	72-6000224	GOVERNMENT	5,049				REFURBISH SCHOOL SIGN AND ADDED TRACK FOR LIGHTING
SOUTHERN UNIVERSITY610 TEXAS STREET SUITE 400 SHREVEPORT,LA 71101	72-1454141	501(C)(3)	10,000				DONATION FOR ALLIED HEALTH AND NURSING SCHOLARSHIPS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
VOLUNTEERS OF AMERICA360 JORDAN STREET SHREVEPORT,LA 71101	72-0506820	501(C)(3)	20,000				DONATION FOR OPERATIONS
WASKOM VOLUNTEER FIRE DEPARTMENTPO BOX 1757 WASKOM,TX 75692	75-2340733	501(C)(3)	28,000				DONATION TO UPGRADE FIRE FIGHTING EQUIPMENT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
YMCA400 MCNEIL SHREVEPORT,LA 71101	72-0408997	501(C)(3)	40,800				SPONSORSHIP

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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

2011

Open to Public Inspection

Name of the organization
WILLIS-KNIGHTON MEDICAL CENTER

Employer identification number
72-0400933

Part I Questions Regarding Compensation

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

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

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

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	PART I, LINE 1A	THE VALUE OF EACH PERSON'S FREE MEMBERSHIP IN THE MEDICAL CENTER'S HEALTH & WELLNESS CENTERS IS ADDED TO THE EMPLOYEE'S W-2 WAGES
	PART I, LINE 3	THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES DETERMINES THE COMPENSATION OF THE TOP TWO EXECUTIVES (CEO AND CFO) OF THE MEDICAL CENTER A SECOND COMPENSATION COMMITTEE, CONSISTING OF THE CEO AND CFO, DETERMINES THE COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES THE COMPENSATION COMMITTEES STUDY DATA FROM INDEPENDENT SALARY SURVEYS OFFICERS AND OTHER KEY EMPLOYEES ARE PROVIDED WITH A WRITTEN EMPLOYMENT CONTRACT BEFORE EMPLOYMENT COMMENCES
	PART I, LINE 4B	CERTAIN OFFICERS INCLUDED IN FORM 990, PART VII, SECTION A, LINE 1A, PARTICIPATE IN A SECTION 457(B) DEFERRED COMPENSATION PLAN
	PART I, LINE 5	PHYSICIANS INCLUDED IN FORM 990, PART VII, SECTION A, LINE 1A, ARE COMPENSATED BASED ON THEIR OWN PERSONAL PRODUCTIVITY THE PHYSICIANS ARE PAID A PERCENTAGE OF THEIR INDIVIDUAL COLLECTIONS BASED ON THE CONDITIONS OF EACH PHYSICIAN CONTACT
SUPPLEMENTAL INFORMATION	PART III	EXPLANATION OF PART II, COLUMN (B)(III) OTHER COMPENSATION JAMES K ELROD UNUSED VACATION PAY-$165,322 UNUSED SICK PAY-$24,996 VALUE ADDED FOR COMPUTER USAGE-$200 VALUE ADDED FOR CELL PHONE USAGE-$3,988 COST OF GROUP TERM LIFE INSURANCE IN EXCESS OF $50,000-$24,026 SECTION 457(B) DEFERRED COMPENSATION PLAN-$16,500 EMPLOYEE CAFETERIA PLAN CONTRIBUTIONS-$(1,030) CABLE/INTERNET-$873 PERSONAL USE OF EMPLOYER VEHICLES-$3,619 SEVERANCE PAY-$154,739** TOTAL--$393,233 **THE INCREASE IN GROSS SEVERANCE BENEFIT, TO BE PAID TO MR ELROD AND MR HUIE ON TERMINATION OF EMPLOYMENT (AS ADDITIONAL COMPENSATION FOR EACH OF THEIR YEARS OF SERVICE TO WILLIS-KNIGHTON MEDICAL CENTER), WAS TAXABLE DURING 2011, AND, ACCORDINGLY, WAS INCLUDED IN EACH OF THEIR 2011 FORMS W-2 WILLIS-KNIGHTON DISBURSED TO THE INTERNAL REVENUE SERVICE AND TO THE LOUISIANA DEPARTMENT OF REVENUE THE REQUIRED TAX WITHHOLDING WILLIS-KNIGHTON DID NOT PAY MR ELROD OR MR HUIE THE NET-OF-TAX AMOUNT OF THIS COMPENSATION, BUT, UNDER THE TERMS OF THE AGREEMENT, THE MEDICAL CENTER IS RETAINING THE NET-OF-TAX AMOUNT UNTIL EACH OF THEIR RESPECTIVE EMPLOYMENT TERMINATES ACCORDINGLY, THERE WAS NO CURRENT DISBURSEMENT TO MR ELROD OR MR HUIE FOR SEVERANCE PAY ROBERT D HUIE NONQUALIFIED DEFERRED COMPENSATION PLAN-$466,985 (PLEASE SEE EXPLANATION FOLLOWING) UNUSED VACATION PAY-$35,200 UNUSED SICK PAY-$13,589 VALUE ADDED FOR HEALTH & FITNESS USAGE-$1,200 VALUE ADDED FOR COMPUTER USAGE-$200 VALUE ADDED FOR CELL PHONE USAGE-$2,082 COST OF GROUP TERM LIFE INSURANCE IN EXCESS OF $50,000-$5,200 SECTION 457(B) DEFERRED COMPENSATION PLAN-$16,500 EMPLOYEE CAFETERIA PLAN CONTRIBUTIONS-$(4,944) GIFT CERTIFICATE-$125 SEVERANCE PAY-$84,124** TOTAL--$620,261 NILA C WILLHOITE UNUSED SICK PAY-$5,097 VALUE ADDED FOR HEALTH & FITNESS USAGE-$1,200 VALUE ADDED FOR CELL PHONE USAGE-$2,073 COST OF GROUP TERM LIFE INSURANCE IN EXCESS OF $50,000-$6,007 SECTION 457(B) DEFERRED COMPENSATION PLAN-$16,500 EMPLOYEE CAFETERIA PLAN CONTRIBUTIONS-$(2,813) GIFT CERTIFICATE-$125 PERSONAL USE OF EMPLOYER VEHICLES-$187 TOTAL--$28,376 CHARLES D DAIGLE UNUSED SICK PAY-$9,515 VALUE ADDED FOR HEALTH & FITNESS USAGE-$1,200 VALUE ADDED FOR CELL PHONE USAGE-$1,230 COST OF GROUP TERM LIFE INSURANCE IN EXCESS OF $50,000-$558 SECTION 457(B) DEFERRED COMPENSATION PLAN-$16,500 EMPLOYEE CAFETERIA PLAN CONTRIBUTIONS-$(5,558) GIFT CERTIFICATE-$125 TOTAL--$23,570 STEPHEN R RANDALL UNUSED SICK PAY-$6,566 VALUE ADDED FOR HEALTH & FITNESS USAGE-$1,200 VALUE ADDED FOR CELL PHONE USAGE-$1,234 COST OF GROUP TERM LIFE INSURANCE IN EXCESS OF $50,000-$560 SECTION 457(B) DEFERRED COMPENSATION PLAN-$16,500 EMPLOYEE CAFETERIA PLAN CONTRIBUTIONS-$(5,557) GIFT CERTIFICATE-$125 TOTAL--$20,628 MARGARET G ELROD UNUSED SICK PAY-$3,418 VALUE ADDED FOR CELL PHONE USAGE-$3,504 COST OF GROUP TERM LIFE INSURANCE IN EXCESS OF $50,000-$2,400 SECTION 457(B) DEFERRED COMPENSATION PLAN-$16,500 EMPLOYEE CAFETERIA PLAN CONTRIBUTIONS-$(1,030) GIFT CERTIFICATE-$125 PERSONAL USE OF EMPLOYER VEHICLES-$1,488 TOTAL--$26,405 JERRY A FIELDER,II UNUSED SICK PAY-$3,682 VALUE ADDED FOR HEALTH & FITNESS USAGE-$660 VALUE ADDED FOR CELL PHONE USAGE-$1,699 COST OF GROUP TERM LIFE INSURANCE IN EXCESS OF $50,000-$417 EMPLOYEE CAFETERIA PLAN CONTRIBUTIONS-$(4,658) VALUE ADDED FOR CABLE/INTERNET- $953 GIFT CERTIFICATE-$125 TOTAL--$2,878 CLIFFORD M BROUSSARD UNUSED SICK PAY-$3,887 VALUE ADDED FOR HEALTH & FITNESS USAGE-$660 VALUE ADDED FOR CELL PHONE USAGE-$940 COST OF GROUP TERM LIFE INSURANCE IN EXCESS OF $50,000-$1,868 EMPLOYEE CAFETERIA PLAN CONTRIBUTIONS-$(3,024) GIFT CERTIFICATE-$125 TOTAL--$4,456 JANET K ELROD UNUSED SICK PAY-$3,456 VALUE ADDED FOR HEALTH & FITNESS USAGE-$660 VALUE ADDED FOR CELL PHONE USAGE-$1,977 COST OF GROUP TERM LIFE INSURANCE IN EXCESS OF $50,000-$368 SECTION 457(B) DEFERRED COMPENSATION PLAN-$16,500 EMPLOYEE CAFETERIA PLAN CONTRIBUTIONS-$(2,030) GIFT CERTIFICATE-$125 PERSONAL USE OF EMPLOYER VEHICLES-$66 TOTAL--$21,122 IRA L MOSS UNUSED SICK PAY-$4,086 VALUE ADDED FOR HEALTH & FITNESS USAGE-$1,200 VALUE ADDED FOR CELL PHONE USAGE-$1,597 COST OF GROUP TERM LIFE INSURANCE IN EXCESS OF $50,000-$3,025 SECTION 457(B) DEFERRED COMPENSATION PLAN-$16,500 EMPLOYEE CAFETERIA PLAN CONTRIBUTIONS-$(5,195) GIFT CERTIFICATE-$125 PERSONAL USE OF EMPLOYER VEHICLES-$1,497 TOTAL--$22,835 JILL K ELROD UNUSED SICK PAY-$4,564 VALUE ADDED FOR HEALTH & FITNESS USAGE-$660 VALUE ADDED FOR CELL PHONE USAGE-$2,168 COST OF GROUP TERM LIFE INSURANCE IN EXCESS OF $50,000-$759 SECTION 457(B) DEFERRED COMPENSATION PLAN-$16,500 EMPLOYEE CAFETERIA PLAN CONTRIBUTIONS-$(6,030) GIFT CERTIFICATE-$125 VALUE ADDED FOR CABLE/INTERNET- $953 PERSONAL USE OF EMPLOYER VEHICLES-$3,100 TOTAL--$22,799 PEGGY J GAVIN UNUSED SICK PAY-$3,403 VALUE ADDED FOR HEALTH & FITNESS USAGE-$1,200 VALUE ADDED FOR CELL PHONE USAGE-$3,614 COST OF GROUP TERM LIFE INSURANCE IN EXCESS OF $50,000-$2,392 SECTION 457 (B) DEFERRED COMPENSATION PLAN-$16,500 EMPLOYEE CAFETERIA PLAN CONTRIBUTIONS-$(1,530) GIFT CERTIFICATE-$125 PERSONAL USE OF EMPLOYER VEHICLES-$3,972 TOTAL--$29,676 RAMONA D FRYER UNUSED SICK PAY-$3,719 VALUE ADDED FOR HEALTH & FITNESS USAGE-$660 VALUE ADDED FOR CELL PHONE USAGE-$1,063 COST OF GROUP TERM LIFE INSURANCE IN EXCESS OF $50,000-$619 SECTION 457(B) DEFERRED COMPENSATION PLAN-$16,500 EMPLOYEE CAFETERIA PLAN CONTRIBUTIONS-$(5,424) GIFT CERTIFICATE-$125 TOTAL--$17,262 DANIEL J MOLLER, JR , M D VALUE ADDED FOR HEALTH & FITNESS USAGE-$660 VALUE ADDED FOR CELL PHONE USAGE-$1,568 COST OF GROUP TERM LIFE INSURANCE IN EXCESS OF $50,000-$5,227 SECTION 457(B) DEFERRED COMPENSATION PLAN-$16,500 EMPLOYEE CAFETERIA PLAN CONTRIBUTIONS-$(2,195) GIFT CERTIFICATE-$125 TOTAL--$21,885 CHARLES A POWERS, M D VALUE ADDED FOR HEALTH & FITNESS USAGE-$1,200 VALUE ADDED FOR CELL PHONE USAGE-$1,808 COST OF GROUP TERM LIFE INSURANCE IN EXCESS OF $50,000-$4,039 SECTION 457(B) DEFERRED COMPENSATION PLAN-$16,500 EMPLOYEE CAFETERIA PLAN CONTRIBUTIONS-$(3,024) TOTAL--$20,523 PIERRE V BLANCHARD,IV, M D COST OF GROUP TERM LIFE INSURANCE IN EXCESS OF $50,000-$11,273 EMPLOYEE CAFETERIA PLAN CONTRIBUTIONS-$(1,030) TOTAL--$10,243 RANDALL P BREWER, M D VALUE ADDED FOR HEALTH & FITNESS USAGE-$660 COST OF GROUP TERM LIFE INSURANCE IN EXCESS OF $50,000-$564 EMPLOYEE CAFETERIA PLAN CONTRIBUTIONS-$(4,059) TOTAL--($2,835) MATTHEW S MOSURA, M D COST OF GROUP TERM LIFE INSURANCE IN EXCESS OF $50,000-$503 EMPLOYEE CAFETERIA PLAN CONTRIBUTIONS-$(4,059) TOTAL--($3,556) MILAN G MODY, M D VALUE ADDED FOR HEALTH & FITNESS USAGE-$1,200 COST OF GROUP TERM LIFE INSURANCE IN EXCESS OF $50,000-$499 EMPLOYEE CAFETERIA PLAN CONTRIBUTIONS-$(4,058) TOTAL--($2,359) CHRISTIAN M BRIERY, M D VALUE ADDED FOR HEALTH & FITNESS USAGE-$660 COST OF GROUP TERM LIFE INSURANCE IN EXCESS OF $50,000-$506 EMPLOYEE CAFETERIA PLAN CONTRIBUTIONS-$(3,847) TOTAL--($2,681) CLINT M CORMIER, M D COST OF GROUP TERM LIFE INSURANCE IN EXCESS OF $50,000-$461 EMPLOYEE CAFETERIA PLAN CONTRIBUTIONS-$(3,229) TOTAL--($2,768) EXPLANATION OF PART II, COLUMN (B)(III) OTHER COMPENSATION THE AMOUNT CONTRIBUTED FOR THE CALENDAR YEAR 2011 FOR MR HUIE'S SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN IS INCLUDED IN THE DETAILS FOR PART II, COLUMN (B)(III) EXPLANATION OF PART II, COLUMN (C) DEFERRED COMPENSATION THIS EMPLOYEE PARTICIPATES IN A DEFINED BENEFIT PENSION PLAN, THE CONTRIBUTIONS TO WHICH ARE ACTUARIALLY DETERMINED THE AMOUNT SHOWN IS THE INCREASE IN THE ANNUAL VESTED BENEFIT AT NORMAL RETIREMENT FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2011 (NOT DISCOUNTED TO PRESENT VALUE) (NORMAL RETIREMENT IS AGE 65 WITH 5 YEARS OF PARTICIPATION) MR ELROD HAS REACHED THE MAXIMUM BENEFIT UNDER THE PLAN EXPLANATION OF PART II, COLUMN (D) NONTAXABLE BENEFITS INCLUDED IN THIS COLUMN IS THE COST OF THE FOLLOWING NONTAXABLE BENEFITS LONG-TERM DISABILITY INCOME INSURANCE PLAN, GROUP TERM-LIFE INSURANCE, AND THE ESTIMATED COST OF SELF-FUNDED HEALTH INSURANCE PLAN

Additional Data Return to Form

Software ID:
Software Version:
EIN: 72-0400933
Name: WILLIS-KNIGHTON MEDICAL CENTER

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other 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
JAMES K ELROD	(i)	1,078,709	0	393,233	0	9,602	1,481,544	0
	(ii)	6,000	0	0	0	0	6,000	0
PIERRE V BLANCHARDIV MD	(i)	200,000	0	10,243	1,953	5,273	217,469	0
	(ii)	0	0	0	0	0	0	0
ROBERT D HUIE	(i)	584,193	0	620,261	2,441	15,285	1,222,180	0
	(ii)	0	0	0	0	0	0	0
NILA C WILLHOITE	(i)	219,131	0	28,376	2,606	12,708	262,821	0
	(ii)	0	0	0	0	0	0	0
CHARLES D DAIGLE	(i)	400,881	0	23,570	1,685	19,923	446,059	0
	(ii)	0	0	0	0	0	0	0
STEPHEN R RANDALL	(i)	282,270	0	20,628	1,688	19,923	324,509	0
	(ii)	0	0	0	0	0	0	0
MARGARET G ELROD	(i)	146,926	0	26,405	3,360	5,101	181,792	0
	(ii)	0	0	0	0	0	0	0
JERRY A FIELDER II	(i)	158,296	0	2,878	4,949	18,893	185,016	0
	(ii)	0	0	0	0	0	0	0
CLIFFORD M BROUSSARD	(i)	167,109	0	4,456	1,839	13,043	186,447	0
	(ii)	0	0	0	0	0	0	0
JANET K ELROD	(i)	148,558	0	21,122	3,065	6,106	178,851	0
	(ii)	0	0	0	0	0	0	0
IRA L MOSS	(i)	175,675	0	22,835	2,757	15,236	216,503	0
	(ii)	0	0	0	0	0	0	0
JILL K ELROD	(i)	196,217	0	22,799	1,728	10,229	230,973	0
	(ii)	0	0	0	0	0	0	0
PEGGY J GAVIN	(i)	146,283	0	29,676	4,146	5,600	185,705	0
	(ii)	0	0	0	0	0	0	0
RAMONA D FRYER	(i)	159,890	0	17,262	2,277	15,424	194,853	0
	(ii)	0	0	0	0	0	0	0
DANIEL J MOLLER JR MD	(i)	296,685	0	21,885	1,875	12,536	332,981	0
	(ii)	0	0	0	0	0	0	0
CHARLES A POWERS MD	(i)	295,000	0	20,523	1,875	13,203	330,601	0
	(ii)	0	0	0	0	0	0	0
RANDALL P BREWER MD	(i)	2,053,148	0	-2,835	1,695	18,423	2,070,431	0
	(ii)	0	0	0	0	0	0	0
MILAN G MODY MD	(i)	1,491,793	0	-2,359	1,682	18,423	1,509,539	0
	(ii)	0	0	0	0	0	0	0

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				
CHRISTIAN M BRIERY MD	(i)	1,531,772	0	-2,681	1,680	18,213	1,548,984	0
	(ii)	0	0	0	0	0	0	0
MATTHEW S MOSURA MD	(i)	1,314,112	0	-3,556	1,676	18,423	1,330,655	0
	(ii)	0	0	0	0	0	0	0
CLINT M CORMIER MD	(i)	1,399,382	0	-2,768	1,678	17,594	1,415,886	0
	(ii)	0	0	0	0	0	0	0

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Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶See separate instructions.

OMB No 1545-0047
2011
Open to Public Inspection

Name of the organization
WILLIS-KNIGHTON MEDICAL CENTER

Employer identification number
72-0400933

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

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

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	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	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
Total . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

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

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

Part IV **Business Transactions Involving Interested Persons.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

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

Part V **Supplemental Information**

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

Identifier	**Return Reference**	**Explanation**

Additional Data

Software ID:
Software Version:
EIN: 72-0400933
Name: WILLIS-KNIGHTON MEDICAL CENTER

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction $	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
FRANK B HUGHES MD	TRUSTEE	124,616	RENT-BUILDING		No
PHILLIP A ROZEMAN MD	TRUSTEE	84,209	RENT-BUILDING		No
TIMOTHY B WILLHOITE	FAMILY MEMBER OF NILA WILLHOITE, OFFICER	46,926	EMPLOYMENT		No
GREGORY J GAVIN	FAMILY MEMBER OF PEGGY GAVIN, OFFICER	186,921	EMPLOYMENT		No
KIMBERLY M MULLINS	FAMILY MEMBER OF PEGGY GAVIN, OFFICER	52,884	EMPLOYMENT		No
CHARLES E MULLINS	FAMILY MEMBER OF PEGGY GAVIN, OFFICER	71,258	EMPLOYMENT		No
SHARLENE ANN BROUSSARD	FAMILY MEMBER OF CLIFFORD BROUSSARD, OFFICER	43,137	EMPLOYMENT		No
WINSTON E MOORE III	FAMILY MEMBER OF MARGARET ELROD, OFFICER	20,088	EMPLOYMENT		No
TODD JUSTIN BLANCHARD	FAMILY MEMBER OF PIERRE BLANCHARD, M D , TRUSTEE	130,432	EMPLOYMENT		No
PIERRE V BLANCHARD MD	TRUSTEE	5,386,045	RENT-BUILDING, PURCHASED SERVICE AGREEMENT WITH LIFECARE HOSPITALS, INC , FOR WHICH PIERRE BLANCHARD, M D IS THE MEDICAL DIRECTOR		No

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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

2011

Open to Public Inspection

Name of the organization
WILLIS-KNIGHTON MEDICAL CENTER

Employer identification number
72-0400933

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	1 FAMILY RELATIONSHIPS WITH JAMES K ELROD - PRESIDENT, CEO, AND TRUSTEE MARGARET ELROD, SPOUSE - VP-MARKETING, LIVE OAK RETIREMENT COMMUNITY, QUICK CARE, OCCUPATIONAL MEDICINE, AND WELLNESS CENTERS JILL K ELROD, DAUGHTER - VP OF LEGAL AFFAIRS JANET K ELROD, DAUGHTER - VP AND ADMINISTRATOR OF WK SOUTH HOSPITAL
	FORM 990, PART VI, SECTION B, LINE 11	THE MEDICAL CENTER'S CPA FIRM PREPARES THE FORM 990 WITH THE ASSISTANCE OF SEVERAL OF THE MEDICAL CENTER'S EMPLOYEES THE FORM 990 IS THEN REVIEWED BY THE MEDICAL CENTER'S PRESIDENT AFTER THIS REVIEW, A COMPLETE COPY OF THE FORM 990 IS PROVIDED TO EACH MEMBER OF THE BOARD OF TRUSTEES, AND THE PRESIDENT, VICE-PRESIDENT AND CPA FIRM REVIEW AND DISCUSS THE FORM 990 WITH THE TRUSTEES BEFORE THE FORM 990 IS FILED
	FORM 990, PART VI, SECTION B, LINE 12C	THE CONFLICTS OF INTEREST POLICY COVERS ALL "INTERESTED PERSONS " AN "INTERESTED PERSON" IS DEFINED AS ANY TRUSTEE, PRINCIPAL OFFICER, OR MEMBER OF A COMMITTEE WITH BOARD DESIGNATED POWERS WHO HAS A DIRECT OR INDIRECT FINANCIAL INTEREST IN AN ENTITY WITH WHICH THE MEDICAL CENTER HAS A TRANSACTION OR ARRANGEMENT, OR A COMPENSATION ARRANGEMENT WITH THE MEDICAL CENTER OR WITH ANY ENTITY OR INDIVIDUAL WITH WHICH THE MEDICAL CENTER HAS A TRANSACTION OR ARRANGEMENT, OR A POTENTIAL OWNERSHIP OR INVESTMENT INTEREST IN, OR COMPENSATION ARRANGEMENT WITH, ANY ENTITY OR INDIVIDUAL WITH WHICH THE MEDICAL CENTER IS NEGOTIATING A TRANSACTION OR ARRANGEMENT INTERESTED PERSONS HAVE A DUTY TO DISCLOSE ANY ACTUAL OR POSSIBLE CONFLICTS OF INTEREST AND ALL MATERIAL FACTS RELATED TO THE PROPOSED TRANSACTION OR ARRANGEMENT TO THE TRUSTEES AND MEMBERS OF COMMITTEES WITH BOARD DESIGNATED POWERS THE INTERESTED PERSON IS ALLOWED TO MAKE A PRESENTATION AT THE BOARD OR COMMITTEE MEETING, BUT AFTER SUCH PRESENTATION THE INTERESTED PERSON SHALL LEAVE THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR ARRANGEMENT THAT RESULTS IN THE CONFLICT OF INTEREST IF THE BOARD OR COMMITTEE BELIEVES A MEMBER HAS VIOLATED THE CONFLICTS OF INTEREST POLICY, IT SHALL INFORM THE MEMBER OF THE BASIS FOR SUCH BELIEF AND AFFORD THE MEMBER AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE. IF THE BOARD OR COMMITTEE DETERMINES THAT THE MEMBER HAS, IN FACT, FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT SHALL TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION PERIODIC REVIEWS ARE CONDUCTED WHICH, AT A MINIMUM, INCLUDE THE FOLLOWING SUBJECTS 1 WHETHER COMPENSATION ARRANGEMENTS AND BENEFITS ARE REASONABLE AND ARE THE RESULT OF ARM'S-LENGTH BARGAINING 2 WHETHER ACQUISITIONS OF GOODS OR SERVICES RESULT IN INUREMENT OR IMPERMISSIBLE PRIVATE BENEFIT 3 WHETHER PARTNERSHIP AND JOINT VENTURE ARRANGEMENTS AND ARRANGEMENTS WITH MANAGEMENT SERVICE ORGANIZATIONS AND PHYSICIAN HOSPITAL ORGANIZATIONS CONFORM TO WRITTEN POLICIES, ARE PROPERLY RECORDED, REFLECT REASONABLE PAYMENTS FOR GOODS AND SERVICES, FURTHER THE CORPORATION'S CHARITABLE PURPOSES AND DO NOT RESULT IN INUREMENT OR IMPERMISSIBLE PRIVATE BENEFIT 4 WHETHER AGREEMENTS TO PROVIDE HEALTH CARE AND AGREEMENTS WITH OTHER HEALTH CARE PROVIDERS, EMPLOYEES, AND THIRD PARTY PAYORS FURTHER THE CORPORATION'S CHARITABLE PURPOSES AND DO NOT RESULT IN INUREMENT OR IMPERMISSIBLE PRIVATE BENEFIT
	FORM 990, PART VI, SECTION B, LINE 15	THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES DETERMINES THE COMPENSATION OF THE TOP TWO EXECUTIVES (CEO AND CFO) OF THE MEDICAL CENTER A SECOND COMPENSATION COMMITTEE, CONSISTING OF THE CEO AND CFO, DETERMINES THE COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES THE COMPENSATION COMMITTEES STUDY DATA FROM INDEPENDENT SALARY SURVEYS (SUCH AS "MANAGER AND EXECUTIVE COMPENSATION IN HOSPITALS AND HEALTH SYSTEMS," WHICH IS AN ANNUAL SURVEY PREPARED BY SULLIVAN COTTER) TO UNDERSTAND COMPENSATION PAID TO SIMILARLY QUALIFIED INDIVIDUALS IN COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS THE COMPENSATION COMMITTEES ALSO COMPILE DATA FROM OTHER TAX-EXEMPT HEALTH SYSTEMS OF SIMILAR SIZE AND COMPLEXITY AND USE THAT INFORMATION AS COMPARATIVE COMPENSATION THE COMMITTEES USE THE INFORMATION FROM THESE SOURCES AS BENCHMARKS IN DETERMINING OFFICER AND KEY EMPLOYEE COMPENSATION THE COMMITTEES ALSO CONSIDER OTHER FACTORS IN DETERMINING OFFICER AND KEY EMPLOYEE COMPENSATION, SUCH AS LENGTH OF EMPLOYMENT AND THEIR RESPONSIBILITIES THE EXECUTIVE COMPENSATION COMMITTEE PERIODICALLY HIRES INDEPENDENT CONSULTANTS FOR ANALYSIS OF THE COMPENSATION OF THE MEDICAL CENTER'S TOP TWO EXECUTIVES (CEO AND CFO) THE COMMITTEES MAINTAIN CONTEMPORANEOUS DOCUMENTATION OF THE BASIS FOR THEIR DECISIONS REGARDING COMPENSATION ARRANGEMENTS
	FORM 990, PART VI, SECTION C, LINE 19	WILLIS-KNIGHTON MEDICAL CENTER'S GOVERNING DOCUMENTS AND ITS CONFLICT OF INTEREST POLICY ARE AVAILABLE ON ITS WEBSITE. WWW WKHS COM THE FINANCIAL STATEMENTS ARE AVAILABLE ON THE FOLLOWING WEBSITE. HTTP //WWW EMMA MSRB ORG
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -569,941 FASB ASC 715-30 PENSION -27,182,365 TOTAL TO FORM 990, PART XI, LINE 5 -27,752,306
	FORM 990, PART XII, LINE 2C	WILLIS-KNIGHTON MEDICAL CENTER DID NOT CHANGE ITS OVERSIGHT PROCESS OR SELECTION PROCESS DUING THE YEAR ENDED 9/30/12

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

2011

Open to Public Inspection

Name of the organization
WILLIS-KNIGHTON MEDICAL CENTER

Employer identification number
72-0400933

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization Yes	No
(1) VIRGINIA HALL NURSING HOME DBA PROGRESSIVE CARE CENTER 2715 ALBERT BICKNELL DRIVE SHREVEPORT, LA 711033925 72-1047744	NURSING CARE-SKILLED NURSING FACILITY FOR THE ELDERLY AND DISABLED	LA	501(C)(3)	9	N/A		No
(2) MULTI-FAITH RETIREMENT SERVICES DBA LIVE OAK RETIREMENT 600 E FLOURNOY LUCAS ROAD SHREVEPORT, LA 711153855 72-0809402	PROVIDE HOUSING, HEALTHCARE AND RELATED SERVICES TO THE ELDERLY	LA	501(C)(3)	9	N/A		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) Disproprtionate 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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) SOUTH SHREVEPORT PHARMACY INC PO BOX 1768 SHREVEPORT, LA 711661768 72-1131182	INACTIVE	LA	N/A	C		182,432	100 000 %
(2) CLAIMS & BENEFITS ADMINISTRATORS OF LOUISIANA INC PO BOX 32600 SHREVEPORT, LA 711302600 72-1296277	INACTIVE	LA	N/A	C			100 000 %
(3) WILLIS-KNIGHTON LAB AND X-RAY SERVICES INC PO BOX 32600 SHREVEPORT, LA 711302600 72-1137503	INACTIVE	LA	N/A	C			100 000 %
(4) HEALTH PLUS OF LOUISIANA INC 2219 LINE AVENUE SHREVEPORT, LA 711042128 72-1264135	THIRD-PARTY ADMINISTRATOR	LA	N/A	C	3,445,203	6,290,749	100 000 %
(5) HPL INSURANCE AGENCY INC PO BOX 32625 SHREVEPORT, LA 711302625 20-2199735	HEALTH INSURANCE AGENT	LA	HEALTH PLUS OF LOUISIANA INC	C	1,560	39,857	100 000 %

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

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

			Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a	Yes	
b	Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c	Gift, grant, or capital contribution from related organization(s)	1c		No
d	Loans or loan guarantees to or for related organization(s)	1d	Yes	
e	Loans or loan guarantees by related organization(s)	1e		No
f	Sale of assets to related organization(s)	1f		No
g	Purchase of assets from related organization(s)	1g		No
h	Exchange of assets with related organization(s)	1h		No
i	Lease of facilities, equipment, or other assets to related organization(s)	1i	Yes	
j	Lease of facilities, equipment, or other assets from related organization(s)	1j	Yes	
k	Performance of services or membership or fundraising solicitations for related organization(s)	1k	Yes	
l	Performance of services or membership or fundraising solicitations by related organization(s)	1l	Yes	
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m		No
n	Sharing of paid employees with related organization(s)	1n	Yes	
o	Reimbursement paid to related organization(s) for expenses	1o	Yes	
p	Reimbursement paid by related organization(s) for expenses	1p		No
q	Other transfer of cash or property to related organization(s)	1q		No
r	Other transfer of cash or property from related 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) See Additional Data Table			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII **Supplemental Information**

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

Identifier	Return Reference	Explanation

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 72-0400933
Name: WILLIS-KNIGHTON MEDICAL CENTER

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(1) VIRGINIA HALL NURSING HOME DBA PROGRESSIVE CARE CENTER	A	213,112	FAIR MARKET VALUE
(2) VIRGINIA HALL NURSING HOME DBA PROGRESSIVE CARE CENTER	J	291,500	FAIR MARKET VALUE
(3) VIRGINIA HALL NURSING HOME DBA PROGRESSIVE CARE CENTER	B	176,022	FAIR MARKET VALUE
(4) VIRGINIA HALL NURSING HOME DBA PROGRESSIVE CARE CENTER	N	1,119,221	FAIR MARKET VALUE
(5) VIRGINIA HALL NURSING HOME DBA PROGRESSIVE CARE CENTER	K	1,202,831	FAIR MARKET VALUE
(6) VIRGINIA HALL NURSING HOME DBA PROGRESSIVE CARE CENTER	I	213,112	FAIR MARKET VALUE
(7) HEALTH PLUS OF LOUISIANA INC	A	65,000	FAIR MARKET VALUE
(8) HEALTH PLUS OF LOUISIANA INC	K	1,324	FAIR MARKET VALUE
(9) HEALTH PLUS OF LOUISIANA INC	R	1,500,000	FAIR MARKET VALUE
(10) HEALTH PLUS OF LOUISIANA INC	O	10,251,207	FAIR MARKET VALUE
(11) HEALTH PLUS OF LOUISIANA INC	I	65,000	FAIR MARKET VALUE
(12) HEALTH PLUS OF LOUISIANA INC	L	71,663	FAIR MARKET VALUE
(13) MULTI-FAITH RETIREMENT SERVICES DBA LIVE OAK RETIREMENT COMMUNITY	D	2,400,000	FAIR MARKET VALUE
(14) MULTI-FAITH RETIREMENT SERVICES DBA LIVE OAK RETIREMENT COMMUNITY	J	132,000	FAIR MARKET VALUE

WILLIS-KNIGHTON MEDICAL CENTER AND SUBSIDIARIES

SHREVEPORT, LOUISIANA

FINANCIAL STATEMENTS

SEPTEMBER 30, 2012

WILLIS-KNIGHTON MEDICAL CENTER AND SUBSIDIARIES

INDEX

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

INDEPENDENT AUDITORS' REPORT

Board of Trustees
Willis-Knighton Medical Center
Shreveport, Louisiana

We have audited the accompanying consolidated statements of financial position of the Willis-Knighton Medical Center and Subsidiaries (the Medical Center) as of September 30, 2012 and 2011, and the related consolidated statements of operations and changes in net assets and cash flows for the years then ended. These financial statements are the responsibility of the Medical Center's management. Our responsibility is to express an opinion on these 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 Medical Center'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 Willis-Knighton Medical Center and Subsidiaries as of September 30, 2012 and 2011, and the results of their operations and their 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 25, 2013

8550 United Plaza Blvd, Suite 1001 • Baton Rouge, LA 70809 • Tel: 225.922.4600 • Fax: 225.922.4611

WILLIS-KNIGHTON MEDICAL CENTER AND SUBSIDIARIES

CONSOLIDATED STATEMENTS OF FINANCIAL POSITION

AT SEPTEMBER 30, 2012 AND SEPTEMBER 30, 2011

	September 30	
ASSETS	2012	2011
Current Assets:		
Cash and Cash Equivalents (Note 29)	42,062,409	52,285,247
Certificates of Deposit (Note 29)	1,987,603	1,183,114
Investments in Debt Securities (Notes 4 and 31)	150,116,253	118,793,513
Accounts Receivable from Patient Services-Net of Estimated Allowances and Uncollectible Accounts (Notes 3 and 13)	116,239,327	104,036,493
Estimated Third-Party Payor Settlements (Note 3)	18,640	1,371,490
Accounts Receivable-Other-Net (Note 3)	3,287,557	3,072,169
Arbitrage Rebate Recovery (Note 13)	250,152	
Notes Receivable-Current Portion (Note 5)	708,698	93,987
Insurance Recoveries Receivable-Current Portion (Note 27)	1,000,000	
Inventories-Drugs and Supplies	20,586,049	21,275,772
Prepaid Expenses	3,307,129	2,901,228
Assets Whose Use is Limited-Current Portion	15,065,341	9,215,827
Total Current Assets	354,629,158	314,228,840
Fixed Assets: (Notes 18, 21, 22 and 34)		
Land	50,643,222	48,217,165
Parking Lot Improvements	35,103,021	29,751,510
Buildings and Improvements	622,340,927	599,456,981
Equipment	303,773,603	286,959,965
	1,011,860,773	964,385,621
Less-Accumulated Depreciation	522,860,881	482,495,880
Net Fixed Assets	488,999,892	481,889,741
Assets Whose Use is Limited: (Notes 14 and 31)		
Depreciation Fund (Note 6)	22,085,493	22,021,637
Development Fund (Note 7)	1,836,627	1,830,688
Malpractice and General Liability Claims Fund (Note 27)	11,540,549	11,279,311
Bond Funds (Note 8)	24,485,026	22,804,423
HMO Security Fund (Note 9)		1,000,000
	59,947,695	58,936,059
Less-Portion Required for Current Liabilities	15,065,341	9,215,827
Noncurrent Assets Whose Use is Limited	44,882,354	49,720,232
Other Assets:		
Notes Receivable (Note 5)	1,292,388	1,630,003
Insurance Recoveries Receivable (Note 27)	5,189,000	
Assets Not in Service (Note 10)	41,980,999	25,035,860
Sundry Assets (Notes 11 and 31)	2,531,964	2,750,218
Total Other Assets	50,994,351	29,416,081
Total Assets	939,505,755	875,254,894

The Accompanying Notes Are An Integral Part Of These Financial Statements

WILLIS-KNIGHTON MEDICAL CENTER AND SUBSIDIARIES

CONSOLIDATED STATEMENTS OF FINANCIAL POSITION

AT SEPTEMBER 30, 2012 AND SEPTEMBER 30, 2011

LIABILITIES AND NET ASSETS	September 30 2012	2011
Current Liabilities:		
Accounts Payable	30,397,388	27,453,400
Accrued Salaries and Withholdings	12,274,638	9,338,523
Accrued Employee Vacation Benefits	14,365,639	13,105,480
Accrued Employee Health Benefit Claims (Note 26)	5,200,000	5,400,000
Accrued Worker's Compensation Claims (Note 28)	1,170,000	1,060,000
Accrued Malpractice and General Liability Claims (Note 27)	2,806,000	2,250,000
Accrued Interest Payable	59,341	65,827
Capital Lease Obligations-Current Portion (Note 21)	589,158	1,226,425
Bonds Payable-Current Portion (Note 13)	13,200,000	6,900,000
Deposits Payable	57,596	7,000
Total Current Liabilities	80,119,760	66,806,655
Long-Term Liabilities:		
Bonds Payable (Notes 13 and 31)	177,600,000	184,500,000
Less-Unamortized Discount	156,049	179,257
Less-Current Portion	13,200,000	6,900,000
Long-Term Portion of Bonds Payable	164,243,951	177,420,743
Accrued Worker's Compensation Claims (Note 28)	2,605,000	2,240,000
Accrued Malpractice and General Liability Claims (Note 27)	14,035,000	8,000,000
Liability for Pension Benefits (Note 15)	97,482,398	94,006,284
Capital Lease Obligations (Note 21)	940,809	2,575,854
Total Long-Term Liabilities	279,307,158	284,242,881
Commitments and Contingent Liabilities (Note 25)		
Total Liabilities	359,426,918	351,049,536
Net Assets:		
Donor-Restricted:		
Temporarily	- 0 -	- 0 -
Unrestricted: (Note 14)		
Board Designated	29,024,492	27,034,420
Legally or Contractually Designated	30,923,203	31,901,639
Undesignated	520,131,142	465,269,299
Total Unrestricted	580,078,837	524,205,358
Total Net Assets	580,078,837	524,205,358
Total Liabilities and Net Assets	939,505,755	875,254,894

The Accompanying Notes Are An Integral Part Of These Financial Statements

WILLIS-KNIGHTON MEDICAL CENTER AND SUBSIDIARIES

CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS

FOR THE YEARS ENDED SEPTEMBER 30, 2012 AND SEPTEMBER 30, 2011

	Year Ended September 30 2012	2011
Changes in Unrestricted Net Assets:		
Operating Revenues and Expenses:		
Direct Patient Health Care:		
Medical Care-Net Patient Revenues (Note 3) (Schedule 1)	932,676,871	876,407,637
Medical Care-Direct Departmental Expenses (Schedule 1)	(562,793,364)	(541,105,575)
HMO-Contracted Medical Services-Net (Note 9)	224,628	1,386,422
Net Direct Patient Health Care	370,108,135	336,688,484
Other Operating Revenues (Losses):		
HMO Administrative Services Income	4,636	13,376
Resident Services-Net (Note 34)	(5,115,750)	(5,507,757)
Total Other Operating Revenues (Losses)	(5,111,114)	(5,494,381)
General and Administrative:		
Housekeeping	5,000,166	5,621,761
Maintenance	11,935,024	11,469,748
Bad Debts (Note 17)	67,120,805	56,886,737
Other General and Administrative (Notes 15, 19, 20, 26, 27, 28 and 32)	199,619,259	183,392,474
Total General and Administrative	283,675,254	257,370,720
Operating Revenue	81,321,767	73,823,383
Nonoperating Revenues and Expenses:		
Rental Income-Net (Note 22)	1,159,087	1,599,845
Gain (Loss) on Disposal of Assets	(57,085)	129,787
Interest Income (Note 23)	1,705,949	1,642,751
Interest Expense (Note 16)	(1,053,718)	(1,272,893)
Contributions Received-Unrestricted	26,840	4,944
Other Income-Net	522,945	183,586
Nonoperating Revenue	2,304,018	2,288,020
Excess of Revenues over Expenses	83,625,785	76,111,403

The Accompanying Notes Are An Integral Part Of These Financial Statements

WILLIS-KNIGHTON MEDICAL CENTER AND SUBSIDIARIES

CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS

FOR THE YEARS ENDED SEPTEMBER 30, 2012 AND SEPTEMBER 30, 2011

	Year Ended September 30 2012	2011
Changes in Unrestricted Net Assets: (Continued)		
Other Changes in Unrestricted Net Assets:		
Pension-Related Changes Other than Net Periodic Pension Cost (Note 15)	(27,182,365)	(27,257,252)
Change in Net Unrealized Gains on Investment Securities	(569,941)	(176,754)
Other Changes in Unrestricted Net Assets	(27,752,306)	(27,434,006)
Increase in Unrestricted Net Assets	55,873,479	48,677,397
Changes in Donor-Restricted Net Assets:		
Temporarily	- 0 -	- 0 -
Permanently	- 0 -	- 0 -
Increase in Net Assets	55,873,479	48,677,397
Net Assets at Beginning of Period	524,205,358	475,527,961
Net Assets at End of Period	580,078,837	524,205,358

The Accompanying Notes Are An Integral Part Of These Financial Statements

WILLIS-KNIGHTON MEDICAL CENTER AND SUBSIDIARIES

CONSOLIDATED STATEMENTS OF CASH FLOWS

FOR THE YEARS ENDED SEPTEMBER 30, 2012 AND SEPTEMBER 30, 2011

	Year Ended September 30 2012	2011
Cash Flows from Operating Activities:		
Increase in Net Assets (Exhibit B)	55,873,479	48,677,397
Adjustments to Reconcile Increase in Net Assets to Cash Flows from Operating Activities:		
Depreciation (Note 18)	48,779,047	48,160,415
Amortization	1,014,489	1,107,434
Provision for Bad Debts	67,120,805	56,886,737
(Gain) Loss on Disposition of Assets	57,085	(129,787)
Fair Value Adjustments to Carrying Amounts of Securities	790,853	331,631
(Increase) Decrease in Operating Assets:		
Accounts Receivable	(84,635,318)	(60,832,843)
Inventories	689,723	(194,291)
Prepaid Expenses	(405,901)	507,789
Increase (Decrease) in Operating Liabilities:		
Accounts Payable	(1,400,098)	3,492,746
Accrued Expenses	11,106,384	(406,133)
Liability for Pension Benefits	3,476,114	29,161,886
Deferred Revenue-Prepaid Rent		(583,333)
Net Cash Flows Provided by Operating Activities	102,466,662	126,179,648
Cash Flows from Investing Activities: (Note 33)		
Acquisition of Fixed Assets	(68,575,518)	(72,848,902)
Transfers to Assets Whose Use is Limited	(12,019,994)	(12,210,674)
Transfers from Assets Whose Use is Limited	10,009,035	9,885,470
Loans to Physicians and Students	(641,630)	(821,849)
Loan to Springhill Medical Center	(500,000)	
Proceeds from Sale of Assets	27,498	564,656
Collections on Notes Receivable	101,503	118,169
Purchase of Certificates of Deposit	(328,659)	(326,183)
Redemption of Certificates of Deposit	524,170	1,500,000
Proceeds from Redemption of Debt Securities	33,600,000	46,304,453
Purchase of Debt Securities	(65,713,593)	(75,194,285)
Net Cash Flows (Used) by Investing Activities	(103,517,188)	(103,029,145)
Cash Flows from Financing Activities: (Note 33)		
Payments on Capital Lease Obligations	(2,272,312)	(1,383,365)
Principal Payments on Bonds	(6,900,000)	(6,200,000)
Net Cash Flows (Used) by Financing Activities	(9,172,312)	(7,583,365)

The Accompanying Notes Are An Integral Part Of These Financial Statements

WILLIS-KNIGHTON MEDICAL CENTER AND SUBSIDIARIES

CONSOLIDATED STATEMENTS OF CASH FLOWS

FOR THE YEARS ENDED SEPTEMBER 30, 2012 AND SEPTEMBER 30, 2011

	Year Ended September 30 2012	2011
Increase (Decrease) in Cash and Cash Equivalents	(10,222,838)	15,567,138
Cash and Cash Equivalents at Beginning of Period	52,285,247	36,718,109
Cash and Cash Equivalents at End of Period	42,062,409	52,285,247
Additional Cash Flows Information:		
Interest Paid in Cash	1,117,966	1,320,732
Income Taxes Paid in Cash	- 0 -	399,915

The Accompanying Notes Are An Integral Part Of These Financial Statements

WILLIS-KNIGHTON MEDICAL CENTER AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Note 1 - Summary of Significant Accounting Policies

Use of Estimates

The accompanying financial statements are prepared in conformity with generally accepted accounting principles. Application of those principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities, and the reported revenues and expenses. Actual results could differ from those estimates. See Note 30 concerning significant estimates.

Consolidation

These financial statements include the accounts of Willis-Knighton Medical Center and its wholly-owned subsidiaries, Virginia Hall Nursing Home, South Shreveport Pharmacy, Inc., Health Plus of Louisiana, Inc., and Multi-Faith Retirement Services. See Note 2. Intercompany transactions and balances have been eliminated in consolidation to the extent practicable.

Statement of Operations Classifications

Revenues and expenses deemed by management to be ongoing, major, or central to the provision of health care services, including health awareness promotion through specially designed senior living facilities and other means, are reported as components of operating income. Transactions that are peripheral or incidental to providing health care services are reported as nonoperating.

Performance Indicator

The Medical Center's performance indicator, "excess of revenues over expenses," includes operating and nonoperating revenues and expenses and excludes, consistent with industry practice, unrealized gains and losses on investment securities and pension-related changes other than net periodic pension cost. See Note 15.

Patient Revenue

Patient revenues are reported net of free services and contractual adjustments, including estimated retroactive adjustments under payment agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period in which the related services are rendered and adjusted in future periods as settlements are determined. See Notes 3 and 30.

Net patient revenues for services to Medical Center employees and their families who participate in the Medical Center's group health care plan are measured using a discount schedule that is comparable to those included in payment agreements with third-party insurers. These foregone net patient revenues are recorded as an employee benefit and included in general and administrative expense. See Note 26.

Advertising

Costs of advertising and marketing are expensed as incurred. See Note 20.

WILLIS-KNIGHTON MEDICAL CENTER AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Note 1 - Summary of Significant Accounting Policies (Continued)

Accounts Receivable

Charges to accounts receivable are recorded contemporaneously with the services provided based on the established rates for those services. Reductions to accounts receivable result from cash collections, discounts under contractual agreements, bad debts, and charity care (free services) adjustments. The Medical Center does not make its accounts receivable available for sale. Interest on unpaid balances is generally not charged. The Medical Center maintains an allowance for doubtful accounts based on management's assessment of collectability, current economic conditions, and prior experience. Allowances for bad debts are based on estimated percentages applied to the various age groups of account balances that are not receivable from Medicare, Medicaid, and certain other large third-party payors. Allowances for discounts on accounts receivable from Medicare, Medicaid and certain other large third-party payors are based primarily on the latest discount percentages experienced with each payor. See Notes 3 and 17.

For most charges to insured patients, the Medical Center files claims with those patients' insurance companies and abstains from billing those patients until all insurance benefits have been collected or established. Once billed, the patient's charges are due within 30 days of the billing and are considered delinquent after 90 days. Patient account balances are charged against the allowance for bad debts when all internal collection efforts have failed and the account is referred to a collection agency or when the debtor is found to be bankrupt.

Charges to nonpatient accounts receivable are due within 30 days of the billing date and are considered delinquent after that time period.

Notes Receivable

Notes receivable are recorded in the amount of cash expended or, in the case of property sales, in the amount of the portion of the sales price financed by the Medical Center. The Medical Center does not make its notes receivable available for sale. Allowances for bad debts are periodically evaluated based on each note's payment performance and underlying security. Interest earned on notes receivable is determined in accordance with each note's terms and recorded on the accrual basis. Past due status is based on the note's contractual terms and the decision to suspend or resume interest accruals on past due notes is made on a case-by-case basis. Note balances are charged off as uncollectible after all foreclosure recoveries have been received, and it is determined that no other productive collection efforts are available. See Note 5.

Interest Income

Interest income, including that earned on assets whose use is limited, is reported as nonoperating revenue. See Note 23.

Interest Expense

Interest expense is considered peripheral to the provision of health care services and, as such, is reported as a nonoperating item. See Note 16.

WILLIS-KNIGHTON MEDICAL CENTER AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Note 1 - Summary of Significant Accounting Policies (Continued)

Recognition of Donor-Restricted Contributions

Support that is restricted by the donor is reported as an increase in unrestricted net assets if the restriction expires or is satisfied during the reporting period in which the support is recognized. All other donor-restricted support is reported as an increase in either temporarily or permanently restricted net assets, depending on the nature of the restriction. When a restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets.

Fixed Assets and Depreciation

Fixed assets, other than those held under capital leases, are included at cost or, if donated, at fair value on the date of receipt. Depreciation is computed using the straight-line method over the assets' estimated useful lives. See Note 18. Significant 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. See Note 16.

Gains and losses on the disposal of fixed assets are considered incidental to the provision of health care services and, as such, are reported as nonoperating.

Capital Leases and Amortization

Assets and liabilities under capital leases are recorded at the present value of the minimum lease payments. The assets are amortized over their related lease terms, which approximate their estimated productive lives. Amortization of assets under capital leases is included in depreciation. See Notes 18 and 21.

Inventories

Inventories are reported principally at cost using a first-in, first-out cost flow assumption.

Income Taxes

The Internal Revenue Service has determined that the Medical Center and its subsidiaries, Virginia Hall Nursing Home and Multi-Faith Retirement Services, are exempt from federal income tax under the provisions of Section 501(c)(3) of the Internal Revenue Code.

Full provision is made for income taxes on any unrelated business income of the exempt entities and on taxable income generated by the non-tax-exempt subsidiaries, South Shreveport Pharmacy, Inc. and Health Plus of Louisiana, Inc. Deferred income taxes are provided on temporary differences between taxable income and income for financial reporting purposes. See Note 19.

WILLIS-KNIGHTON MEDICAL CENTER AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Note 1 - Summary of Significant Accounting Policies (Continued)

Assets Whose Use is Limited

Assets whose use is limited include assets designated by the Board of Trustees for future capital expenditures and/or debt service, over which the Board retains control and may at its discretion subsequently use for other purposes; assets designated and held by a trustee in accordance with indenture agreements; assets legally designated in accordance with state insurance laws; and assets specifically identified as having donor-imposed use restrictions. Amounts required to meet current liabilities are reclassified as current assets in the statements of financial position. See Notes 6, 7, 8, 9, 14 and 27.

Investments in Debt Securities

Investments in debt securities are reported at fair value. Fair values are based on active market quotes. See Notes 4 and 31.

Amortization of Intangibles

Bond discounts are included at the difference between the face amount of the bonds and cash received from their issuance. Bond issuance costs are included at cost. Amortization of the discounts and costs of issuance is computed using the interest method over the life of the bonds.

Cash Equivalents

Cash and cash equivalents include investments in highly liquid debt instruments acquired with maturities of three months or less, excluding assets whose use is limited by board designation, arrangements under trust agreements, or donor restrictions. However, to provide a more complete view of the Medical Center's cash flows, cash inflows received directly by and cash outflows disbursed directly from assets whose use is limited are treated as constructively received or disbursed in cash by the Medical Center and are included in the cash activities presented in the statement of cash flows.

Administrative Service Only Contracts

The Medical Center's subsidiary, Health Plus, provides administration services only (ASO) for certain contracted groups. The ASO groups retain all the health care service risks, while Health Plus assumes the administrative risk. See Note 2.

Accrued Employee Health Benefit Claims

The Medical Center makes provision for accrued and unpaid medical claims and related expenses of its employees who participate in a group health care benefit plan. See Note 26. Such provisions are actuarially determined and include amounts for claims filed and not paid and an estimate of claims incurred but not filed at the balance sheet date.

Stop-Loss Insurance (Reinsurance)

Stop-loss insurance premiums are paid by the Medical Center to limit loss exposure on worker's compensation, professional liability, general liability and health care claims of the employees who participate in the Medical Center's group health care benefit plan. Recoveries from the stop-loss insurance are reported as reductions to claims expense. See Notes 27 and 28.

WILLIS-KNIGHTON MEDICAL CENTER AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Note 1 - Summary of Significant Accounting Policies (Continued)

Change in Accounting Principle

See Note 35 concerning a change in account principle.

Note 2 - Organization and Operations

Willis-Knighton Medical Center is organized and operated as a not-for-profit corporation under Louisiana law and is the parent of several wholly-owned subsidiaries. The principal activity of the Medical Center and its subsidiaries, which accounts for substantially all of its consolidated operating revenues, is providing a full-range of health care services to the general public, including Medicare and Medicaid recipients, in the northwest Louisiana vicinity. The Medical Center owns and operates the following hospital facilities:

Facility	Location	Number of Licensed Acute Care Beds	Number of Acute Care Beds Available
Willis-Knighton Medical Center	2600 Greenwood Road Shreveport, Louisiana	344	233
Willis-Knighton South	2510 Bert Kouns Industrial Loop Shreveport, Louisiana	152	152
WK Bossier Health Center	2400 Hospital Drive Bossier City, Louisiana	166	152
WK Pierremont Health Center	8001 Youree Drive Shreveport, Louisiana	206	193
		868	730

The Medical Center also operates a 24-bed skilled nursing facility on its Greenwood Road campus.

In November 2010, the Medical Center opened The Oaks of Louisiana, an independent-living facility. See Note 34.

In July 2011, the Medical Center opened Savannah at The Oaks, an assisted-living facility.

Following are brief descriptions of the Medical Center's wholly-owned subsidiaries and their operations:

Virginia Hall Nursing Home, d/b/a Progressive Care Center, is a skilled nursing facility adjacent to the Medical Center's Greenwood Road location and provides 131 patient beds.

Multi-Faith Retirement Services, d/b/a Live Oak Retirement Community, is a retirement complex in southeast Shreveport that provides housing, health care, and other related services to elderly residents.

Health Plus of Louisiana, Inc. provides third-party administrator services, primarily processing medical benefit claims of participants in the Medical Center's group health care benefits plan. See Notes 9 and 26.

WILLIS-KNIGHTON MEDICAL CENTER AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Note 3 - Patient Revenues and Accounts Receivable

The Medical Center has agreements with third-party payors that provide for payments to the Medical Center at amounts different from its established rates. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges, and per diem payments. A summary of the payment arrangements with major third-party payors follows:

Medicare. Under the Medicare program, inpatient acute care services and outpatient services rendered to Medicare program beneficiaries are paid at prospectively determined rates per discharge. These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors. Inpatient nonacute services and defined capital and medical education costs related to Medicare beneficiaries are paid based upon a cost reimbursement method under which the Medical Center is reimbursed for cost-reimbursable items at a tentative rate with final settlement determined after submission of annual cost reports by the Medical Center and audits by the Medicare fiscal intermediary. These rates vary according to an ambulatory classification system.

For the years ended September 30, 2012 and September 30, 2011, the Medical Center received approximately 47 percent each year of its gross patient revenue (43 percent each year of its net patient revenue) from the Medicare program. These revenues are subject to health insurance program fiscal intermediary review and retroactive adjustment. Cost reports for the years ended September 30, 2010, 2011, and 2012 are subject to examination. Provisions have been made for estimated settlements and adjustments.

Medicaid. Under the Louisiana Medicaid program, inpatient services, excluding those for organ transplant patients, are paid at a set per diem rate and outpatient services and organ transplant services are paid under a cost reimbursement method. Under the cost reimbursement method, the Medical Center is reimbursed at a tentative rate with final settlement determined after submission of its cost reports to and audits by the Medicaid fiscal intermediary. Under the per diem method, one established rate is used for all patient stays, regardless of the magnitude or complexity of the services provided. The Medical Center's Medicaid cost reports for the years ended September 30, 2010, 2011, and 2012 are subject to examination by the Medicaid fiscal intermediary. Provisions have been made for estimated settlements and adjustments.

Other Payors. The Medical Center has also entered into payment agreements with certain commercial insurance carriers, health maintenance organizations, preferred provider organizations, and employers, which result in contractual adjustments from established rates. Payments to the Medical Center under these agreements are based primarily on agreed-upon discounts from established charges and rates prescribed for each service.

WILLIS-KNIGHTON MEDICAL CENTER AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Note 3 - Patient Revenues and Accounts Receivable (Continued)

A summary of patient revenues for the years ended September 30, 2012 and September 30, 2011 follows:

	Year Ended September 30 2012	2011
Patient Revenues at Established Rates	$ 2,368,224,052	$ 2,249,877,183
Less-Free Services (Charity Care)	39,251,302	38,475,010
	2,328,972,750	2,211,402,173
Less-Provisions for Contractual Adjustments (Note 30):		
Current Provisions	1,396,837,314	1,337,785,513
Changes in Prior Estimates of Cost Report Settlements	(541,435)	(2,790,977)
Total Provisions for Contractual Adjustments	1,396,295,879	1,334,994,536
Net Patient Revenues	$ 932,676,871	$ 876,407,637

The Medical Center participates in the Medicaid program and administers a charity care policy whereby free or discounted services are available to qualified individuals with limited financial means. During the years ended September 30, 2012 and September 30, 2011, unreimbursed costs for charity care and Medicaid patients provided by the Medical Center are estimated to be $44,335,000 and $28,105,000, respectively. These estimates are based on the Medical Center's cost-to-charge ratio calculated using gross charges.

The Medical Center grants credit without collateral to its patients, most of whom are from the northwest Louisiana vicinity. The mix of receivables from patients and third-party payors at September 30, 2012 and September 30, 2011 is as follows:

	At September 30 2012	2011
Medicare	37.6%	38.5%
Medicaid	7.7	7.5
Blue Cross	15.0	16.0
Other Third-Party Payors	28.6	28.1
Patients (Uninsured)	11.1	9.9
	100.0%	100.0%

Net accounts receivable from patient services is comprised as follows:

	At September 30 2012	2011
Gross Patient Accounts Receivable	$ 319,936,719	$ 305,417,165
Less-Estimated Allowances for Bad Debts and Contractual Adjustments (Note 30)	203,697,392	201,380,672
Net Accounts Receivable from Patient Services	$ 116,239,327	$ 104,036,493

WILLIS-KNIGHTON MEDICAL CENTER AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Note 3 - Patient Revenues and Accounts Receivable (Continued)

"Accounts Receivable-Other-Net" on the statements of financial position result from the Medical Center providing certain services to physicians and other health care organizations. Accounts Receivable-Other is net of an allowance for doubtful accounts at September 30, 2012 and September 30, 2011 of $236,026 and $640,163, respectively. See Note 24 concerning amounts receivable from a related party.

Note 4 - Investments in Debt Securities

A summary of investments in debt securities at September 30, 2012 follows:

	Amortized Cost	Fair Value
Undesignated		
Treasury Notes, $149,485,000 Face	$149,916,148	$150,116,253
Depreciation Fund (Note 6)		
Treasury Notes, $18,149,000 Face	18,156,455	18,188,685
Development Fund (Note 7)		
Treasury Notes, $1,605,000 Face	1,607,235	1,612,653
Bond Funds (Note 8)		
Treasury Notes, $18,521,000 Face	18,892,077	19,031,068
Malpractice and General Liability Claims Fund (Note 27)		
Treasury Notes, $10,725,000 Face	10,941,798	11,272,034
Total of All Categories	$199,513,713	$200,220,693

A summary of investments in debt securities at September 30, 2011 follows:

	Amortized Cost	Fair Value
Undesignated		
Treasury Notes, $117,785,000 Face	$118,306,411	$118,793,513
Depreciation Fund (Note 6)		
Treasury Notes, $21,795,000 Face	21,835,901	21,933,074
Development Fund (Note 7)		
Treasury Notes, $1,605,000 Face	1,610,178	1,619,296
Bond Funds (Note 8)		
Treasury Notes, $18,630,000 Face	18,960,365	19,193,939
Malpractice and General Liability Claims Fund (Note 27)		
Treasury Notes, $10,125,000 Face	10,293,109	10,743,063
Total of All Categories	$171,005,964	$172,282,885

WILLIS-KNIGHTON MEDICAL CENTER AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Note 5 - Notes Receivable

Notes receivable at September 30, 2012 and September 30, 2011 are summarized below:

	At September 30 2012	2011
Notes Receivable:		
North Caddo Medical Center (Note 24)	$ 95,956	$ 95,956
Springhill Medical Center	500,000	
Other Loans	68,698	87,340
Education Loans	1,336,432	1,540,694
Totals	2,001,086	1,723,990
Less-Current Portion	708,698	93,987
Notes Receivable - Long-Term Portion	$ 1,292,388	$ 1,630,003

Education loans are unsecured loans to physicians in certain residency programs and to students in nursing programs. The loan agreements call for the physician or nurse, upon completion of the residency or nursing program, to join the staff of the Medical Center for a specified period of time. Once the physician's or nurse's obligation is fulfilled, the loan is discharged. To best match cost with the services acquired, the Medical Center recognizes its expense of discharged loans ratably over the period that the debtors' obligations are fulfilled.

The loan to Springhill Medical Center is an interest-free, unsecured loan that was repaid in November 2012.

"Other Loans" listed above are unsecured, bear interest at rates ranging from 7 to 9.5 percent and are due over periods ranging from 1 to 5 years.

Note 6 - Depreciation Fund

Effective September 30, 1975, by resolution of the Board of Trustees, the Medical Center created a depreciation fund.

Composition of the fund at September 30, 2012 and 2011 is as follows:

	At September 30 2012	2011
Cash	$ 3,878,864	$ 18,530
U.S. Government Securities (Note 4)	18,188,685	21,933,074
Accrued Interest	17,944	70,033
	$22,085,493	$22,021,637

Withdrawals from this fund are for replacement of depreciated assets or for capital asset acquisition. There were no withdrawals from the fund for the years ended September 30, 2012 and September 30, 2011.

WILLIS-KNIGHTON MEDICAL CENTER AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Note 7 - Development Fund

Certain contributions received by the Medical Center have been Board-designated to a development fund consisting of the following segregated assets:

	At September 30 2012	2011
Cash	$ 51,542	$ 38,955
U.S. Government Securities (Note 4)	1,612,653	1,619,296
Accrued Interest	2,432	2,437
Land	170,000	170,000
	$ 1,836,627	$ 1,830,688

Note 8 - Bond Funds

Bond funds are those assets held by a trustee in accordance with indenture agreements for the bond issues (Note 13) or as agent at the request of the Medical Center's Board. Such funds at September 30, 2012 and September 30, 2011 are presented as follows:

Funds	At September 30 2012	2011
Board-Designated General Reserve Fund (Agency)	$ 5,102,372	$ 3,182,095
Series 1993 Bonds:		
Debt Service Reserve Fund (Trust)	4,371,147	4,361,284
Interest Fund (Trust)		63,518
Rebate Fund (Trust)	184	184
Series 1995 Bonds:		
Debt Service Reserve Fund (Trust)	5,963,698	5,956,895
Interest Fund (Trust)		86,736
Rebate Fund (Trust)	50,750	50,750
Series 1997 Bonds:		
Debt Service Reserve Fund (Trust)	8,945,357	8,921,836
Interest Fund (Trust)	433	130,040
Rebate Fund (Trust)	51,085	51,085
	$24,485,026	$22,804,423
Holdings		
U.S. Government Securities (Note 4)	$19,031,068	$19,193,939
Cash and Money Market Accounts (Note 29)	5,418,786	3,564,408
Accrued Interest	35,172	46,076
	$24,485,026	$22,804,423

The portion of these funds that is required for specific obligations classified as current liabilities is reported in current assets.

WILLIS-KNIGHTON MEDICAL CENTER AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Note 9 - HMO Subsidiary

Health Plus of Louisiana, Inc. previously operated as a health maintenance organization (HMO). As an HMO, state laws required Health Plus to pledge various bank certificates of deposit totaling $1,000,000 in favor of the Louisiana Insurance Commissioner to indemnify claims payments by the HMO to those it insures. Interest earned on these certificates is unrestricted.

Note 10- Assets Not In Service

Assets in this category consist of the following:

	At September 30 2012	At September 30 2011
Projects Under Development: (Note 25)		
WK Hybrid OR	$ 1,877,609	$
WK South Suite Addition	722,130	
Portico MRI	361,097	
WK South Fourth Floor Renovations		1,262,669
WK Bossier MOB Suite 420		633,316
WK Pierremont Emergency Room	3,869,637	289,436
Live Oak Skilled Nursing Addition		6,135,186
Proton Beam Therapy Addition	18,097,578	7,534,302
Savannah at The Oaks	3,040,309	
WK Health Plaza Bossier Facility	1,516,263	
WKHS Clinical Software	11,448,690	8,426,038
Various Other Projects	283,949	216,083
Total Projects Under Development	41,217,262	24,497,030
Other Assets Not in Service:		
WK Bossier 1513-B Doctors Drive Building	236,479	236,479
Greenwood Road Building	80,039	67,479
Various Other Equipment	447,219	234,872
Total Other Assets Not in Service	763,737	538,830
Total Assets Not in Service	$41,980,999	$25,035,860

Note 11- Sundry Assets

Sundry assets consist of the following:

	At September 30 2012	At September 30 2011
Equity Investments (Note 12)	$ 14,781	$ 14,781
Trust Funds	14,766	14,759
Museum Assets	662,578	662,578
Unamortized Bond Issuance Costs	1,625,815	1,840,436
Unamortized Cost of Virginia Hall Certificate of Need and Trade Name	164,476	176,980
Other Assets	49,548	40,684
	$2,531,964	$2,750,218

WILLIS-KNIGHTON MEDICAL CENTER AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Note 12- Equity Investments

The Medical Center has a 50 percent ownership in Willis-Knighton Physician/Hospital Organization, Inc. that is accounted for on the equity method, under which the investment in the entity is increased or decreased based on the net income or loss of the entity. Willis-Knighton Physician/Hospital Organization, Inc. is inactive and has no liabilities. Its only asset is cash which totals approximately $30,000.

Note 13- Bonds Payable

The Louisiana Public Facilities Authority (LPFA) has made the following loans to the Medical Center totaling $260,000,000:

Series 1993 Bonds

$60,000,000 on September 1, 1993 from the proceeds of the "Louisiana Public Facilities Authority Hospital Revenue and Refunding Bonds (Willis-Knighton Medical Center Project) Series 1993" issued in the aggregate principal amount of $60,000,000 under a Trust Indenture dated September 1, 1993 from LPFA to The Bank of New York Trust Company, N.A., as Trustee thereunder. The bonds were issued for the purpose of (i) financing the costs of acquisition, construction, renovation, installation, and equipping of the Medical Center complex, (ii) refunding the remaining debt of the Willis-Knighton Medical Center Series 1985A hospital revenue bonds, (iii) funding the debt service reserve fund (Note 8), and (iv) paying certain costs associated with the issuance, liquidity for, and insurance on the bonds. In a loan agreement with the LPFA, the Medical Center has agreed to make all principal and interest payments on the bonds.

Series 1995 Bonds

$75,000,000 on December 19, 1995 from the proceeds of the "Louisiana Public Facilities Authority Hospital Revenue Bonds (Willis-Knighton Medical Center Project) Series 1995" issued in the aggregate principal amount of $75,000,000 under a Trust Indenture dated December 1, 1995 from LPFA to The Bank of New York Trust Company, N.A., as Trustee thereunder. The bonds were issued for the purpose of (i) financing the costs of acquisition, construction, installation, and renovation of certain additions and improvements to the existing facilities, located in Shreveport, Louisiana and the construction and equipping of WK Bossier Health Center, located in Bossier City, Louisiana, (ii) funding the debt service reserve fund (Note 8), and (iii) paying certain costs associated with the issuance, liquidity for, and insurance on the bonds. In a loan agreement with the LPFA, the Medical Center has agreed to make all principal and interest payments on the bonds.

Series 1997 Bonds

$125,000,000 on December 23, 1997 from the proceeds of the "Louisiana Public Facilities Authority Hospital Revenue Bonds (Willis-Knighton Medical Center Project) Series 1997" issued in the aggregate principal amount of $125,000,000 under a Trust Indenture dated December 1, 1997 from LPFA to The Bank of New York Trust Company, N.A., as Trustee thereunder. The bonds were issued to (a) finance or reimburse a portion of the costs of (i) constructing and equipping WK Pierremont Health Center, (ii) expanding, renovating, and equipping the emergency room at the existing Willis-Knighton Medical Center facility, (iii) constructing and equipping a Cardiology Institute, and (iv) acquiring and installing various equipment, including medical, diagnostic, and related equipment at each health care facility operated by the Medical Center; (b) fund a debt service reserve fund (Note 8), and (c) pay the necessary costs in connection with the issuance of the Bonds. In a loan agreement with the LPFA, the Medical Center has agreed to make all principal and interest payments on the bonds.

WILLIS-KNIGHTON MEDICAL CENTER AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Note 13- Bonds Payable (Continued)

Payments under each of the loan agreements described above are secured equally and ratably by the Medical Center's assignment unto the Trustee for the bonds a first lien on all its present and future gross receipts and its pledge of its interest in the funds held in trust in accordance with indenture agreements (Note 8). The Medical Center has made certain covenants in connection with the above-described LPFA loans that are contained in the Loan Agreements and Tax Regulatory Agreements with the LPFA and Trustee. Among those covenants are requirements that certain measures of financial performance be satisfied, that no action be permitted that could cause the bonds to be arbitrage bonds or that could cause the interest on the bonds to be taxable to the owners of the bonds, that the debt service reserve funds held by the Trustee be kept at balances not less than as required by the Trust Indenture, and that additional debt be incurred only in accordance with certain rules described in the Loan Agreements. Payments of principal and interest on the Series 1993, Series 1995, and Series 1997 bonds are insured under municipal bond insurance policies.

Stated maturity dates are September 1, 2023 for the Series 1993 Bonds, September 1, 2025 for the Series 1995 Bonds, and September 1, 2027 for the Series 1997 Bonds. However, provided certain conditions are met, the bonds are subject to optional redemption, in whole or in part, at the direction of the Medical Center. The remaining mandatory redemptions prior to the stated maturity dates are required as follows:

Redemption Date (September 1 or Next Interest Payment Date)	Principal Amount			
	Series 1993 Bonds	Series 1995 Bonds	Series 1997 Bonds	Total
2013	$ 2,400,000	$ 2,800,000	$ 8,000,000	$ 13,200,000
2014	2,500,000	2,900,000	4,300,000	9,700,000
2015	2,600,000	3,100,000	4,550,000	10,250,000
2016	2,800,000	3,200,000	4,800,000	10,800,000
2017	2,900,000	3,300,000	5,050,000	11,250,000
2018	3,100,000	3,500,000	5,300,000	11,900,000
2019	3,300,000	3,700,000	5,600,000	12,600,000
2020	3,400,000	3,900,000	5,900,000	13,200,000
2021	3,650,000	4,000,000	6,200,000	13,850,000
2022	3,850,000	4,200,000	6,500,000	14,550,000
2023	4,050,000	4,400,000	6,900,000	15,350,000
2024		4,700,000	7,250,000	11,950,000
2025		4,900,000	7,650,000	12,550,000
2026			8,050,000	8,050,000
2027			8,400,000	8,400,000
	$ 34,550,000	$ 48,600,000	$ 94,450,000	$177,600,000

WILLIS-KNIGHTON MEDICAL CENTER AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Note 13- Bonds Payable (Continued)

On March 6, 2002, the Medical Center converted the interest rate mode for the Bonds from a weekly rate to an auction rate. The initial auction rate interest periods began April 9, 2002 for the Series 1993 Bonds, April 16, 2002 for the Series 1995 Bonds, and April 23, 2002 for the Series 1997 Bonds. Interest on the bonds is payable every 35 days at an auctioned rate that is subject to a maximum of 12 percent per annum. If the auction does not produce sufficient bids, the auction is considered to have failed and the default rate of interest is implemented. The default rate of interest is the lesser of (i) an applicable percentage (175 percent when the prevailing credit rating on the bonds is A or better) of the Kenny Index or (ii) 12 percent. Alternate interest rate modes, including fixed rate, may be elected by the Medical Center in accordance with the Trust Indenture. The effective interest rate during the years ended September 30, 2012 and September 30, 2011 is 0.54 percent and 0.67 percent, respectively.

The bonds described above are designed to yield tax-exempt (for Federal income tax purposes) interest income to their holders. The bonds would lose their tax-exempt nature if they were allowed to become "arbitrage bonds." Generally, an arbitrage bond is any bond that is part of an issue where any portion of the proceeds of that issue are invested to yield earnings in excess of the interest paid on those bonds. Section 148 of the Internal Revenue Code allows certain excess earnings (i.e. arbitrage) to occur without consequences to the bonds' nature if such arbitrage is rebated to the federal government. A rebate installment payment is due every five years. At September 30, 2012 and September 30, 2011, there is no estimated arbitrage rebate liability. Due to recent "negative" arbitrage which has offset earlier arbitrage rebate payments, the Medical Center is entitled to a recovery of a portion of these payments which, at September 30, 2012, totals $250,152.

Long-term borrowings at September 30, 2012, mature as follows:

For the Year Ended September 30	Bonds (All Series)	Capital Leases	Total
2013	$ 13,200,000	$ 589,158	$ 13,789,158
2014	9,700,000	511,947	10,211,947
2015	10,250,000	428,862	10,678,862
2016	7,600,000		7,600,000
2017	14,450,000		14,450,000
Thereafter	122,400,000		122,400,000
	$177,600,000	$ 1,529,967	$179,129,967

WILLIS-KNIGHTON MEDICAL CENTER AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Note 14- Unrestricted Net Assets

Unrestricted net assets are those net assets on which there are no donor-imposed restrictions and include assets whose use is limited. Changes in unrestricted net assets for the years ended September 30, 2012 and September 30, 2011 are summarized as follows:

	Unrestricted Net Assets			
	Board Designated	Legally or Contractually Designated	Undesignated	Total
Balances at October 1, 2011	$ 27,034,420	$ 31,901,639	$ 465,269,299	$ 524,205,358
Increase (Decrease) in Unrestricted Net Assets for the Period (Exhibit B)	(463,338)	(2,365,715)	58,702,532	55,873,479
Bond Principal Payments	(6,900,000)		6,900,000	- 0 -
Transfer to Malpractice and General Liability Claims Fund (Note 27)		1,740,689	(1,740,689)	- 0 -
Transfers to Bond Funds (Note 8)	10,000,000		(10,000,000)	- 0 -
Other Transfers	(646,590)	(353,410)	1,000,000	- 0 -
Balances at September 30, 2012	$ 29,024,492	$ 30,923,203	$ 520,131,142	$ 580,078,837
Specific Asset Groups Comprising Designated Net Assets at September 30, 2012:				
Depreciation Fund (Note 6)	$ 22,085,493	$		
Development Fund (Note 7)	1,836,627			
HMO Security Fund (Note 9)				
Bond Funds (Note 8)	5,102,372	19,382,654		
Malpractice and General Liability Claims Fund (Note 27)		11,540,549		
	$ 29,024,492	$ 30,923,203		

WILLIS-KNIGHTON MEDICAL CENTER AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Note 14- Unrestricted Net Assets (Continued)

	Unrestricted Net Assets			
	Board Designated	Legally or Contractually Designated	Undesignated	Total
Balances at October 1, 2010	$ 23,746,642	$ 32,851,054	$ 418,930,265	$ 475,527,961
Increase (Decrease) in Unrestricted Net Assets for the Period (Exhibit B)	(380,375)	(2,691,608)	51,749,380	48,677,397
Bond Principal Payments	(6,200,000)		6,200,000	- 0 -
Transfer to Malpractice and General Liability Claims Fund (Note 27)		610,346	(610,346)	- 0 -
Transfers to Bond Funds (Note 8)	11,000,000		(11,000,000)	- 0 -
Other Transfers between Funds	(1,131,847)	1,131,847		- 0 -
Balances at September 30, 2011	$ 27,034,420	$ 31,901,639	$ 465,269,299	$ 524,205,358
Specific Asset Groups Comprising Designated Net Assets at September 30, 2011:				
Depreciation Fund (Note 6)	$ 22,021,637	$		
Development Fund (Note 7)	1,830,688			
HMO Security Fund (Note 9)		1,000,000		
Bond Funds (Note 8)	3,182,095	19,622,328		
Malpractice and General Liability Claims Fund (Note 27)		11,279,311		
	$ 27,034,420	$ 31,901,639		

Note 15- Pension Plan

General

During the fiscal year ended September 30, 1973, the Medical Center established a defined benefit pension plan that covers all full-time employees with at least one year of service. The benefits are based on years of service and the employees' compensation during the last five years of participation.

Pension expense for the years ended September 30, 2012 and September 30, 2011 is $21,693,749 and $16,891,356, respectively.

WILLIS-KNIGHTON MEDICAL CENTER AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Note 15- Pension Plan (Continued)

Liability for Pension Costs

The following table sets forth the plan's funded status at September 30, 2012 and September 30, 2011:

	Fiscal Year Ended September 30 2012	2011
Fair Value of Plan Assets at Beginning of Year	$ 148,210,933	$ 135,750,186
Investment Return on Plan Assets	16,709,538	1,271,372
Employer Contribution	45,400,000	14,986,722
Benefits Paid	(4,247,098)	(3,797,347)
Fair Value of Plan Assets at End of Year	206,073,373	148,210,933
Projected Benefit Obligation at End of Year	303,555,771	242,217,217
Net (Liability) for Pension Benefits	$(97,482,398)	$(94,006,284)

Accounting standards require the Medical Center to recognize the underfunded status of its defined benefit pension plan as a liability on its statement of financial position. Changes in the liability for pension benefits at September 30, 2012 and September 30, 2011 are as follow:

	At September 30 2012	2011
Liability for Pension Benefits at Beginning of Year	$ 94,006,284	$ 64,844,398
Cash Contribution to the Plan During the Year	(45,400,000)	(14,986,722)
Net Periodic Pension Cost	21,693,749	16,891,356
Pension-Related Changes Other than Net Periodic Pension Cost	27,182,365	27,257,252
Liability for Pension Benefits Included in the Statements of Financial Position	$ 97,482,398	$ 94,006,284

The Pension-Related Changes Other than Net Periodic Pension Cost are primarily attributable to the effects of changes in financial markets on both invested plan assets and assumed discount rates used in the calculation of the plan's funded status.

WILLIS-KNIGHTON MEDICAL CENTER AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Note 15- Pension Plan (Continued)

Actuary Computation of Net Periodic Pension Cost

The actuarially computed components of net pension cost for the years ended September 30, 2012 and September 30, 2011 are estimated as follows:

	Year Ended September 30 2012	2011
Service Cost-Benefits Earned During the Period	$ 13,164,426	$ 10,855,047
Interest Cost on the Projected Benefit Obligation	12,089,932	11,052,161
Return on Plan Assets (assumed at 6.25 percent)	(9,462,944)	(8,655,427)
Amortization of Prior Service Costs	(1,767,465)	(1,767,465)
Amortization of Unrecognized Loss	7,669,800	5,407,040
Net Periodic Pension Cost	$ 21,693,749	$ 16,891,356

	Year Ended September 30 2012	2011
Weighted-Average Assumptions Used to Determine Benefit Obligations are as follows:		
Discount Rate	4.25%	5.00%
Rate of Increase in Future Compensation Levels	3.50%	3.50%
Weighted-Average Assumptions Used in Calculating Funded Status and Net Pension Cost are as follows:		
Discount Rate	5.00%	5.50%
Expected Long-Term Rate of Return on Assets	6.25%	6.25%
Rate of Increase in Future Compensation Levels	3.50%	3.50%

The overall expected long-term rate of return on assets is based on the actual average annual rate of return on plan assets for the 24-year period beginning October 1, 1987 and ending September 30, 2011.

The Medical Center's pension plan asset allocations at September 30, 2012 and September 30, 2011, are as follows:

	Plan Assets at September 30			
	2012		2011	
Asset Category	Amount	Percent	Amount	Percent
Equity Securities	$ 76,973,830	37%	$ 48,739,782	33%
Debt Securities	117,042,672	57%	82,670,721	56%
Other-Cash and Accrued Income	12,056,871	6%	16,800,430	11%
Total	$ 206,073,373	100%	$ 148,210,933	100%

WILLIS-KNIGHTON MEDICAL CENTER AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Note 15- Pension Plan (Continued)

The Medical Center's investment policy targets 50 percent of the plan assets to equity securities and 50 percent to debt securities. With regards to debt securities, the Medical Center typically purchases U.S. Treasury securities with maturities ranging from one to seven years so that approximately 15 percent of the holdings will mature each year.

The Medical Center expects to make at least the minimum contribution, estimated to be approximately $17,200,000, to its pension plan on or about June 15, 2013.

The expected future pension benefit payments, which reflect expected future service, as appropriate, are as follows:

Year Ending September 30	Pension Benefits
2013	$ 5,424,000
2014	6,266,000
2015	7,229,000
2016	8,372,000
2017	9,764,000
Years 2018-2022	69,283,000

Note 16- Interest Expense

Interest expense included in the statements of operations is summarized below:

	Year Ended September 30 2012	2011
Interest Incurred on Bonds (Note 13)	$ 976,695	$ 1,272,929
Other Interest Incurred	134,785	82,029
Total Interest Incurred	1,111,480	1,354,958
Less-Amount Capitalized to Fixed Assets Constructed	57,762	82,065
Interest Expense	$ 1,053,718	$ 1,272,893

Note 17- Bad Debts

The Medical Center maintains an allowance for doubtful patient accounts receivable based on management's assessment of collectability, current economic conditions, and prior experience. As management determines the collection of specific patient accounts to be doubtful, such accounts are written off against the allowance. Based on this analysis, bad debts as a percentage of gross patient billings (excluding Medicare charges, Medicaid charges, and charity care) are 6.9 percent and 6.2 percent for the years ended September 30, 2012 and September 30, 2011, respectively. See Note 30.

WILLIS-KNIGHTON MEDICAL CENTER AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Note 18- Depreciation

Depreciation expense and the estimated useful lives of the major categories of fixed assets are as follows:

	Year Ended September 30 2012	2011
Parking Lots, Buildings and Improvements (10 - 47 Years) (Including Leased Property, Note 22)	$26,732,987	$26,035,911
Equipment and Furniture (3 - 15 Years)	22,046,060	22,124,504
	$48,779,047	$48,160,415

Note 19- Income Taxes

Income tax provisions on unrelated business income are zero for the year ended September 30, 2012 and $136,040 for the year ended September 30, 2011.

The net deferred tax assets are comprised as follows:

	At September 30 2012	2011
Deferred Tax Assets	$ 2,191,295	$ 2,237,906
Deferred Tax Liabilities	(1,990)	(4,245)
Valuation Allowance	(2,189,305)	(2,233,661)
	$ - 0 -	$ - 0 -

The deferred tax asset balances are primarily the result of Health Plus of Louisiana, Inc.'s (Health Plus) unused operating loss carryforwards for income tax purposes. The operating loss carryforwards of approximately $13,310,000 will begin to expire in the year ended December 31, 2022 if not used. The deferred tax liabilities are primarily the result of temporary differences in Health Plus' depreciation for financial reporting and tax purposes.

At September 30, 2012 and September 30, 2011, it is considered more likely than not that future tax benefits from net deferred tax assets will not be realized. Accordingly, a valuation allowance has been recorded against net deferred tax assets at September 30, 2012 and September 30, 2011.

At September 30, 2012, Health Plus has an Alternative Minimum Tax credit carryforward of $209,816 that is available to reduce future regular taxes for an indefinite period.

See Note 25 concerning income tax returns that are subject to examination by the taxing authorities.

Note 20- Advertising

Advertising costs for the years ended September 30, 2012 and September 30, 2011 are approximately $2,651,000 and $2,471,000, respectively.

WILLIS-KNIGHTON MEDICAL CENTER AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Note 21- Leases

Operating Leases

The Medical Center leases approximately 270 medstations and supply stations from Pyxis Corporation under various leases with five-year terms expiring at various dates through May 31, 2016. Lease payments range from $21 to $898 per month.

The Medical Center leases office space for several of its health care clinics under leases with terms ranging from month-to-month to 10 years that expire at various times through July 31, 2016. Lease payments range from $61 to $24,689 per month.

Minimum future rental payments under these noncancelable operating leases are as follows:

	Year Ending September 30			
	2013	2014	2015	2016
Medstation and Supply Station Leases	$ 784,452	$ 239,760	$ 239,760	$ 159,840
Health Care Clinic Leases	488,578	301,434	296,270	222,202
Total	$1,273,030	$ 541,194	$ 536,030	$ 382,042

Total rental expense on all operating leases for the years ended September 30, 2012 and September 30, 2011 is approximately $2,960,000 and $3,185,000, respectively.

Capital Leases

A summary of the Medical Center's capital lease arrangements follows:

Year Ending September 30	Lab Equipment	Cardiology Equipment	Other	Total
2013	$ 539,904	$ 61,666	$ 25,011	$ 626,581
2014	539,904			539,904
2015	436,736			436,736
Less-Amount Representing Interest	73,254	- 0 -	- 0 -	73,254
Net Present Value of Minimum Lease Payments	$1,443,290	$ 61,666	$ 25,011	$1,529,967
Imputed Rate of Interest	2.82%	0.00%	0.00%	

WILLIS-KNIGHTON MEDICAL CENTER AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Note 21- Leases (Continued)

Following is a summary of the property held under capital leases at September 30, 2012 and September 30, 2011:

	Year Ended September 30 2012	2011
Computer Equipment	$	$1,773,278
Lab Equipment	1,994,591	1,994,591
Cardiology Equipment	370,074	370,004
Other	130,000	130,000
	2,494,665	4,267,873
Less-Accumulated Depreciation	876,298	564,254
	$1,618,367	$3,703,619

Note 22- Rental Income

See Note 33 concerning apartment rentals included in resident services activities.

The Medical Center leases medical office space to physicians and office and retail space and equipment to other businesses under commercial operating leases with terms ranging from month-to-month to 15 years. A summary of rental income for the years ended September 30, 2012 and September 30, 2011 follows:

	Year Ended September 30 2012	2011
Commercial Rental Income	$ 5,310,432	$ 5,532,120
Commercial Rental Expenses:		
Depreciation	(2,136,356)	(1,974,759)
Other	(2,014,989)	(1,957,516)
Net Rental Income	$ 1,159,087	$ 1,599,845

Following is a summary of property leased to commercial users:

	At September 30 2012	2011
Land, Buildings and Improvements, and Equipment	$ 44,092,911	$ 40,917,304
Less-Accumulated Depreciation	19,314,858	17,185,592
	$ 24,778,053	$ 23,731,712

See Note 24 concerning commercial leases with related parties.

WILLIS-KNIGHTON MEDICAL CENTER AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Note 22- Rental Income (Continued)

Minimum future rentals from noncancelable commercial leases by building are as follows:

	Year Ending September 30				
	2013	2014	2015	2016	2017
WK Medical Arts Building	$ 112,024	$ 5,348	$	$	$
820 Jordan Building	339,180	192,338	113,707	57,143	
Diagnostic & Surgical Building	103,056	23,433	20,862	15,646	
Bicknell Fair Building	15,272				
Healthpark West	12,100				
2915 Missouri Avenue	84,000	84,000	84,000	84,000	38,500
Extended Care Building (Note 24)	596,472				
Claiborne Parish Regional Health Center	49,438				
WK Heart Institute	211,120	211,120	211,120	211,120	211,120
6821 Pines Road Building	11,326				
Physicians' Plaza	3,027				
Canterbury Square Shopping Center	146,925	111,963	74,154		
WK Physicians Center	85,791	4,739			
WK Bossier Medical Office Building	189,824				
WK Bossier Medical Office Building II	144,294	13,546			
WK Bossier Medical Pavilion	58,416	58,416	58,416	58,416	53,548
WK Pierremont Medical Office Building	987,057	3,446			
Youree Center	93,787	2,228			
Portico Shopping Center	436,665	264,931	247,431	64,977	
Total	$ 3,679,774	$ 975,508	$ 809,690	$ 491,302	$ 303,168

Note 23- Interest Income

Interest income for the years ended September 30, 2012 and September 30, 2011 is comprised as follows:

	Year Ended September 30	
	2012	2011
Interest Income from Assets Whose Use is Limited:		
Board-Designated General Reserve Bond Funds (Note 8)	$ 11	$ 206
Contractually Designated Bond Funds (Note 8)	191,502	178,943
Contractually Designated Malpractice and General Liability Claims Funds (Note 27)	232,169	278,769
Legally-Designated HMO Security Fund (Note 9)	3,838	14,907
Board-Designated Depreciation Fund (Note 6)	128,886	203,107
Board-Designated Development Fund (Note 7)	9,674	13,268
Interest Income from Other Sources (Note 5)	889,717	953,551
Total	1,455,797	1,642,751
Increase in Arbitrage Rebate Recovery	250,152	
Total Interest Income	$1,705,949	$1,642,751

The effective yield on investments for the years ended September 30, 2012 and September 30, 2011 is 0.67 percent and 0.97 percent, respectively.

WILLIS-KNIGHTON MEDICAL CENTER AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Note 24- Related Party Transactions

The Medical Center entered into a purchased services agreement in May 1999 with LifeCare Hospitals, Inc. (LifeCare). A physician who serves on the Medical Center's Board of Trustees is the Medical Director of LifeCare. Under this agreement the Medical Center has agreed to provide certain ancillary and other services to LifeCare at varying rates. Net revenues under this purchased services agreement for the years ended September 30, 2012 and September 30, 2011 total approximately $3,993,000 and $3,709,000, respectively. At September 30, 2012 and September 30, 2011, LifeCare owes the Medical Center $695,955 and $1,312,986, respectively, for the above services.

The Medical Center leases approximately 15,000 square feet and furnishings for 20 patient rooms in WK Pierremont Health Center to LifeCare. The lease terms provide for month-to-month rentals of $60,788. Rental income under this leasing arrangement for each of the years ended September 30, 2012 and September 30, 2011 totaled $729,450.

The Medical Center also leases to LifeCare approximately 17,140 square feet of the WK Extended Care Center (Center). Rental income under this leasing arrangement for the years ended September 30, 2012 and September 30, 2011 is $596,472 and $633,040, respectively.

On April 24, 2000, the Medical Center entered into a management contract with North Caddo Medical Center (NCMC). NCMC is a 25-bed hospital located in Vivian, Louisiana. Under this contract, the Medical Center has agreed to manage the operation of NCMC and to provide NCMC with a qualified administrator. The administrator is an employee of the Medical Center and acts on behalf of the Medical Center in NCMC's best interest. The contract is on a month-to-month term and requires NCMC to reimburse the Medical Center for the salary and benefits of the administrator. Additionally, NCMC incurs telephone charges, laundry services and various patient services, all of which are reimbursable to the Medical Center. During the years ended September 30, 2012 and September 30, 2011, NCMC incurred $294,403 and $228,333, respectively, for these charges.

On February 21, 2008, the Medical Center sold the Vivian, Louisiana Medical and Surgical Clinic (excluding the clinic building) to NCMC. The transaction involved NCMC's purchasing the clinic's receivables for $248,891 and NCMC issuing a $95,956 promissory note to the Medical Center for the purchase of the clinic's equipment and furnishings. The equipment and furnishings note is secured by the equipment and furnishings purchased, bears interest at 8 percent per annum, and is payable monthly over a seven-year period ending February 25, 2015. See Note 5.

The Medical Center leases the Vivian, Louisiana Medical and Surgical Clinic building to NCMC under an operating lease. The lease terms provide for monthly rentals of $6,420 for five years through January 31, 2013 with an automatic one-year renewal. Rental expense under this lease for each of the years ended September 30, 2012 and September 30, 2011 totals $77,038.

At September 30, 2012 and September 30, 2011, NCMC owes the Medical Center $380,723 and $210,017, respectively, for the administrator's salary and benefits, and various services and charges all of which are included in Accounts Receivable-Other.

WILLIS-KNIGHTON MEDICAL CENTER AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Note 25- Commitments and Contingent Liabilities

At September 30, 2012 the following amounts are committed for the purchase, construction or completion of the named projects:

Project	Approximate Amount
Proton Beam Therapy Addition	$ 6,450,000
WK Innovation Center Renovation	5,114,000
Various Equipment	6,651,000
	$18,215,000

The Medical Center and its subsidiaries annual information returns, unrelated business income tax returns, and income tax returns for the years ended September 30, 2009 through September 30, 2012, which are subject to examination by the taxing authorities, have not been examined.

The healthcare industry is subject to numerous laws and regulations which include, among other things, matters such as government healthcare participation requirements, various licensure and accreditations, reimbursement for patient services, and Medicare and Medicaid fraud and abuse. Government action has increased with respect to investigations and/or allegations concerning possible violations of fraud and abuse and false claims statutes and/or regulations by healthcare providers. Providers that are found to have violated these laws and regulations might be excluded from participating in government healthcare programs, subjected to fines or penalties, or required to repay amounts received from the government for previously billed patient services. While the management of the Medical Center believes that its policies, procedures, and practices comply with governmental regulations, no assurance can be given that the Medical Center will not be subjected to governmental inquiries or actions.

The Medical Center is a defendant in a lawsuit filed by former patients of the Medical Center who allege that they were charged unreasonable fees for services rendered. The plaintiffs contend that the Medical Center acted unreasonably in filing hospital liens pursuant to Louisiana Revised Statute 9:4752 et seq. against insurance settlement proceeds received by the plaintiffs from third-party liability insurers. The plaintiffs allege that the Medical Center is seeking to recover from the plaintiffs full charges for medical services, which are in excess of the rates charged to some managed care health plans for those same services. The named plaintiffs are attempting to certify a class action, in which they would represent the interests of all similarly situated individuals against whose settlements the Medical Center has filed hospital liens. The trial court has not yet ruled on this issue. The Medical Center believes that it has good defenses to these lawsuits and intends to vigorously defend its position. At this stage of litigation, it is not possible to estimate an amount or range of the amount of judgment, if any, that might ultimately result.

At September 30, 2012 there are approximately 590 professional and general liability claims pending against the Medical Center. Management believes that the liabilities that have been accrued for malpractice and general liability claims (Note 27), together with its excess liability insurance coverage, are adequate to cover any liabilities that might result from these pending claims.

See Note 3 regarding contingencies concerning the Medical Center's Medicare and Medicaid cost reports.

See Note 13 regarding the variable interest rate on the bonds payable.

See Note 15 regarding contributions to the employee pension plan.

WILLIS-KNIGHTON MEDICAL CENTER AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Note 25- Commitments and Contingent Liabilities (Continued)

See Note 21 regarding lease commitments.

See Note 26 regarding self-funded employee health benefit claims.

See Note 27 regarding self-funded medical malpractice and general liability claims.

See Note 28 regarding self-funded worker's compensation claims.

See Note 32 regarding self-funded unemployment claims.

Note 26- Employees' Health Benefits

The Medical Center provides its employees the opportunity to participate in a group health care benefits plan. The Medical Center self-funds its employees' health benefit claims, which are processed by its subsidiary, Health Plus. Management estimates its liability under the self-funded plan for unpaid asserted and unasserted claims at September 30, 2012 and September 30, 2011 to be $5,200,000 and $5,400,000, respectively. See Note 30. The Medical Center measures its cost of health care services provided in its own facilities to participating employees based on the net foregone revenues from those services using a discount schedule that is comparable to those included in payment agreements with third-party insurers. The cost of providing this plan is included in general and administrative expenses and for the years ended September 30, 2012 and September 30, 2011 is as follows:

	Year Ended September 30	
	2012	2011
Net Foregone Revenues for Services Provided to the Medical Center's Employee Participants in its Facilities	$ 26,965,515	$ 30,108,425
Costs of Medical Services Incurred by Employee Participants with Outside Providers and and Other Expenses	20,982,286	14,006,098
Amount Paid by Employee Participants for Plan Coverage	(9,034,977)	(8,004,661)
Net Cost	$ 38,912,824	$ 36,109,862

Note 27- Malpractice and General Liability

The Medical Center self-funds the first $100,000 of each non-physician medical malpractice claim and the first $2,000,000 per occurrence for general liability claims. Current Louisiana law limits damages payable under a medical malpractice suit to $500,000 plus future medical costs per claimant. The Medical Center has purchased insurance to cover the remaining $400,000 of non-physician medical malpractice exposure. The Medical Center has also purchased $10,000,000 of insurance to cover general liability claims in excess of $2,000,000. At September 30, 2012 and September 30, 2011, management estimates its liability claims for unpaid asserted or unasserted general liability claims to be $932,000 and $1,050,000, respectively, portions of which are classified as current liabilities. See Note 30. The provision for general liability claims expense for the years ended September 30, 2012 and September 30, 2011 is $23,332 and $57,894, respectively.

WILLIS-KNIGHTON MEDICAL CENTER AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Note 27- Malpractice and General Liability (Continued)

As more fully described at Note 35, effective for the fiscal year beginning October 1, 2011, generally accepted accounting principles requires the Medical Center to report its liability for the ultimate costs of medical malpractice claims, including costs associated with litigating or settling those claims, without regard to insurance recoveries. At September 30, 2012, management estimates its gross liability for claims losses for unpaid asserted or unasserted medical malpractice claims to be $15,909,000 and its receivable from related insurance recoveries to be $6,189,000. At September 30, 2011, management estimates its net liability for unpaid asserted or unasserted medical malpractice claims to be $9,200,000. The provision for medical malpractice claims expense for the years ended September 30, 2012 and September 30, 2011 is $1,683,567 and $2,058,836, respectively. See Note 30.

As required by the Loan Agreements for the Series 1995 and 1997 Bonds (Note 13), the Medical Center has deposited with a trustee funds to pay actuarially estimated medical malpractice and general liability claims. Composition of the fund at September 30, 2012 and September 30, 2011 is as follows:

	At September 30	
	2012	2011
Cash and Money Market Accounts (Note 29)	$ 190,845	$ 449,987
U.S. Government Securities (Note 4)	11,272,034	10,743,063
Accrued Interest	77,670	86,261
	$11,540,549	$11,279,311

The estimated portion of these funds that will be used to pay current claims is reported in current assets.

Note 28- Self-Funded Worker's Compensation Claims

The Medical Center self-funds its worker's compensation claims. Stop-loss insurance purchased by the Medical Center limits its loss exposure to $350,000 per claim and to $1,000,000 in the aggregate. At September 30, 2012 and September 30, 2011, management estimates its liability under the self-funded plan for unpaid asserted and unasserted claims to be $3,775,000 and $3,300,000, respectively, portions of which are classified as current liabilities. The provision for worker's compensation claims expense for the years ended September 30, 2012 and September 30, 2011 is $1,648,110 and $1,816,015, respectively.

Note 29- Concentrations of Credit Risk

At September 30, 2012, cash in banks, excluding the repo accounts described below, is in excess of FDIC insurance limits by approximately $4,046,000.

At September 30, 2011, there is no cash in banks in excess of FDIC insurance limits.

WILLIS-KNIGHTON MEDICAL CENTER AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Note 29- Concentrations of Credit Risk (Continued)

The Medical Center has entered into contracts with various banks under which the bank account balances, based on what the banks consider to be the "collected balance," are transferred each day to overnight repurchase agreement accounts (repo account). The funds that are held in a repo account are not bank deposits and are not insured by the FDIC. However, the bank collateralizes the repo account balances with assignments of U.S. Government Securities. The repo account balances at September 30, 2012 and September 30, 2011 are $36,992,828 and $23,110,000, respectively. The repo account balances are included in cash on the statements of financial position.

At September 30, 2012 and September 30, 2011, $5,418,786 and $3,564,408, respectively, of the Medical Center's bond funds (Note 8) are invested in JPM U.S. Treasury Plus Money Market Fund. This fund invests in a diversified portfolio of U.S. Treasury instruments. The investment in this money market fund is not insured or guaranteed by the U.S. Government.

At September 30, 2012 and September 30, 2011, $228,593 and $411,003, respectively, of the Medical Center's malpractice and liability claims funds (Note 27) are invested in the Fidelity Institutional Money Market Treasury Portfolio Class I. This fund invests in a diversified portfolio of U.S. Treasury instruments. The balance in this money market fund is not insured or guaranteed by the U.S. Government.

See Note 3 concerning patient accounts receivable concentrations.

See Note 5 concerning notes receivable concentrations.

Note 30- Significant Estimates

As described at Note 3, estimated allowances from accounts receivable for bad debts and contractual discounts and settlements have been provided as well as estimates for settlements with third party payors. Due to uncertainties inherent in the estimation of such amounts, it is at least reasonably possible that actual bad debts and contractual discounts and settlements that materialize in the near term could differ materially from the estimates.

Due to the uncertainties inherent in estimation of the following assets and liabilities, it is at least reasonably possible that actual amounts that materialize in the near term could differ materially from the estimates at September 30, 2012 and September 30, 2011:

	Estimates At September 30	
	2012	2011
Accrued Employee Health Benefit Claims	$ 5,200,000	$ 5,400,000
Accrued Worker's Compensation Claims	3,775,000	3,300,000
Accrued General Liability Claims	932,000	1,050,000
Accrued Medical Malpractice Claims	15,909,000	9,200,000
Liability for Pension Benefits	97,482,398	94,006,284
Insurance Recoveries Receivable	6,189,000	

WILLIS-KNIGHTON MEDICAL CENTER AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Note 31- Fair Values of Financial Instruments

Accounting standards establish a framework for measuring fair values reported in financial statements. 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 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Medical Center has the ability to access (observe).

Level 2 Inputs to the valuation methodology include:
- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The fair values of assets and liabilities measured on a recurring basis are estimated as described in the preceding section and are summarized as follows:

Financial Instruments Included in These Statements of Financial Position Items	At September 30 2012 Carrying Amount	2012 Fair Value	2011 Carrying Amount	2011 Fair Value
Assets				
Level 1 Valuation Inputs				
Cash and Cash Equivalents	$ 42,062,409	$ 42,062,409	$ 52,285,247	$ 52,285,247
Certificates of Deposit	1,987,603	1,987,603	1,183,114	1,183,114
Investments in Debt Securities	150,116,253	150,116,253	118,793,513	118,793,513
Assets Whose Use is Limited	59,777,695	59,777,695	58,766,059	58,766,059
	253,943,960	253,943,960	231,027,933	231,027,933
(Not Practicable to Estimate Fair Value)				
Notes Receivable	2,001,086		1,723,990	
Sundry Assets-Nonmarketable Equity Investments	14,781		14,781	
Liabilities				
Level 2 Valuation Inputs				
Bonds Payable	177,443,951	177,443,951	184,320,743	184,320,743

WILLIS-KNIGHTON MEDICAL CENTER AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Note 31- Fair Values of Financial Instruments (Continued)

The following methods and assumptions were used by the Medical Center to estimate the fair value of its financial instruments:

Cash and Cash Equivalents:
The carrying amounts reported in the statement of financial position for cash and cash equivalents approximate fair value because these assets are highly liquid.

Certificates of Deposit:
The carrying amounts reported in the statements of financial position for certificates of deposit approximate fair value because these assets are highly liquid.

Investments in Debt Securities:
The fair values are estimated based on quoted market prices for those investments in an active market. See Notes 1 and 4.

Assets Whose Use is Limited:
This category is comprised of investments in debt securities whose fair values are estimated based on quoted market prices for those investments in an active market. See Notes 1, 6, 7, 8, 9 and 27.

Notes Receivable:
A reasonable estimate of fair value for notes receivable could not be made without incurring excessive costs. See Note 5.

Nonmarketable Equity Investments:
A reasonable estimate of the fair value of nonmarketable equity investments could not be made without incurring excessive costs. See Note 12.

Bonds Payable:
The carrying amounts reported in the statements of financial position for the Medical Center's bonds approximate fair value because the bonds bear interest at rates adjusted every 35 days to market. See Note 13.

Note 32- Self-Funded Unemployment Claims

The Medical Center is self-funded with respect to unemployment claims. As a self-funded employer, the Medical Center must reimburse the Louisiana Department of Labor on a dollar-for-dollar basis for unemployment benefits paid to former employees. For the years ended September 30, 2012 and September 30, 2011, the Medical Center reimbursed the Louisiana Department of Labor $158,129 and $133,814, respectively, for claims paid on behalf of the Medical Center.

Management does not believe that any significant contingent liabilities exist under this arrangement at September 30, 2012 and September 30, 2011.

WILLIS-KNIGHTON MEDICAL CENTER AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Note 33- Noncash Investing and Financing Transactions

During the year ended September 30, 2011, the Medical Center entered into separate capital leases for data storage computer equipment and cardiology equipment. The amount capitalized under theses leases totals $1,883,278.

Note 34- Resident Services-Net Income (Loss)

The Medical Center operates two independent-living complexes, one at The Oaks of Louisiana and one at Live Oak Retirement Community (Note 2) and an assisted living facility at Savannah at The Oaks. A summary of the operations of these complexes for the years ended September 30, 2012 and September 30, 2011 follows:

	Years Ended September 30	
	2012	2011
Resident Services Income (Primarily Rentals)	$ 5,891,681	$ 3,571,209
Resident Services Expenses:		
Depreciation	(4,234,182)	(4,078,112)
Other	(6,773,249)	(5,000,854)
Net Income (Loss)	$(5,115,750)	$(5,507,757)

A summary of property leased is as follows:

	September 30	
	2012	2011
Land, Buildings, Improvements and Equipment	$ 72,758,079	$ 70,338,171
Less-Accumulated Depreciation	8,935,525	4,635,520
	$ 63,822,554	$ 65,702,651

Note 35- Change in Account Principle

As required by a change in accounting principles generally accepted in the United States of America, effective October 1, 2011, the Medical Center reports its liability for the ultimate costs of medical malpractice claims, including costs associated with litigating or settling those claims, without regard to insurance recoveries. Accordingly, whereas prior to this change expected insurance recoveries were netted against the liability for medical malpractice claims, expected insurance recoveries are now reported separately as an asset receivable and not netted against the malpractice claims liability.

This change in accounting had no effect on the change in net assets for the year ended September 30, 2012 nor did it have any cumulative effect on net assets prior to its effective date.

Note 36- Subsequent Events

Management has evaluated subsequent events through January 25, 2013, the date the financial statements were available to be issued, and determined that no events occurred subsequent to September 30, 2012 that would require adjustment to, or disclosure in, the financial statements.

P&N Postlethwaite & Netterville

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INDEPENDENT AUDITORS' REPORT

Board of Trustees
Willis-Knighton Medical Center
Shreveport, Louisiana

We have audited the consolidated financial statements of the Willis-Knighton Medical Center and Subsidiaries as of and for the years ended September 30, 2012 and 2011, and have issued our report thereon dated January 25, 2013, which contained an unqualified opinion on those financial statements. Our audit was performed for the purpose of forming an opinion on the financial statements as a whole. The supplementary information included on pages 40 through 42 is presented for the purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Postlethwaite & Netterville

Baton Rouge, Louisiana
January 25, 2013

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WILLIS-KNIGHTON MEDICAL CENTER AND SUBSIDIARIES

CONSOLIDATED STATEMENTS OF PATIENT REVENUES AND DIRECT DEPARTMENTAL EXPENSES

FOR THE YEARS ENDED SEPTEMBER 30, 2012 AND SEPTEMBER 30, 2011

	Year Ended September 30, 2012			Year Ended September 30, 2011		
Function	Patient Revenues	Direct Departmental Expenses	Net Departmental Income	Patient Revenues	Direct Departmental Expenses	Net Departmental Income
Anesthesiology	68,769,055	11,454,057	57,314,998	67,438,958	11,175,774	56,263,184
Behavioral Medicine	10,955,990	3,325,409	7,630,581	11,568,724	3,563,401	8,005,323
Cancer Treatment Center	39,414,465	5,953,423	33,461,042	37,327,208	4,800,827	32,526,381
Cardiology	150,988,553	35,047,889	115,940,664	144,029,782	34,595,321	109,434,461
Central Supply	25,295,471	2,485,687	22,809,784	31,545,677	3,049,268	28,496,409
Chemical Dependency Unit	556,084	262,951	293,133	543,979	266,583	277,396
Coronary Care	3,752,986	1,592,948	2,160,038	3,597,438	1,585,111	2,012,327
CT Scanner	114,829,798	4,608,475	110,221,323	98,778,380	4,824,693	93,953,687
Delivery Room	19,867,557	6,127,211	13,740,346	18,607,054	6,268,349	12,338,705
Dialysis	11,649,897	3,077,035	8,572,862	11,826,878	3,199,118	8,627,760
Dietary	16,046,108	16,499,646	(453,538)	15,748,145	15,496,207	251,938
EEG-ENG	17,841,661	1,315,940	16,525,721	17,921,807	1,471,102	16,450,705
Emergency Room	135,132,105	33,058,376	102,073,729	119,185,371	29,985,182	89,200,189
Emergency Transportation	548,669	972,130	(423,461)	549,631	1,066,250	(516,619)
Eye Surgery	10,193,174	2,588,262	7,604,912	7,710,797	2,040,438	5,670,359
Gastroenterology	24,080,004	4,647,108	19,432,896	23,043,253	4,614,241	18,429,012
Health Care Clinics	253,370,332	133,633,167	119,737,165	232,299,786	123,645,103	108,654,683
Home Health Services	5,833,349	3,774,472	2,058,877	5,297,082	3,625,164	1,671,918
Hyperbaric Chamber	4,856,500	684,563	4,171,937	5,413,652	672,236	4,741,416
Inpatient Routine Care	104,979,317	59,091,460	45,887,857	105,619,123	56,536,087	49,083,036
Intensive Care	32,418,664	13,179,773	19,238,891	30,350,994	12,592,803	17,758,191
Lab	285,719,941	30,833,579	254,886,362	279,244,440	31,810,064	247,434,376
MRI	37,581,121	1,984,579	35,596,542	34,088,241	2,016,776	32,071,465
NCV-EMG	641,951	83,055	558,896	456,840	106,646	350,194
Nuclear Medicine	42,810,981	5,026,703	37,784,278	38,817,383	4,821,357	33,996,026
Nursery	18,089,034	6,651,650	11,437,384	18,390,216	6,629,579	11,760,637
Operating Room	224,418,481	63,631,024	160,787,457	215,741,267	65,435,685	150,305,582
Organ Transplant	1,975,959	4,487,342	(2,511,383)	316,178	3,334,925	(3,018,747)
Pharmacy	381,658,277	44,690,928	336,967,349	360,872,814	43,924,462	316,948,352
Physical Therapy	29,086,473	7,839,761	21,246,712	25,347,078	7,326,681	18,020,397
Radiology	111,556,319	14,727,460	96,828,859	110,100,315	13,641,716	96,458,599
Recovery Room	23,654,644	5,039,313	18,615,331	21,965,011	4,929,493	17,035,518
Rehabilitation Therapy	13,807,618	4,784,711	9,022,907	13,522,709	5,083,625	8,439,084
Respiratory Therapy	118,544,482	7,498,147	111,046,335	117,608,982	7,307,255	110,301,727
Skilled Nursing-ECC	8,197,268	2,079,326	6,117,942	7,217,360	2,136,178	5,081,182
Skilled Nursing-PCC	5,967,631	5,617,364	350,267	5,819,023	5,115,025	703,998
Skilled Nursing-Live Oak	8,469,091	9,717,070	(1,247,979)	6,931,124	7,597,512	(666,388)
Other Functions	4,665,042	4,721,370	(56,328)	5,034,483	4,815,338	219,145
Medicare Discounts	(711,934,349)		(711,934,349)	(692,686,423)		(692,686,423)
Medicaid Discounts	(183,179,238)		(183,179,238)	(163,317,123)		(163,317,123)
Other Discounts and Allowances	(501,182,292)		(501,182,292)	(478,990,990)		(478,990,990)
Free Services	(39,251,302)		(39,251,302)	(38,475,010)		(38,475,010)
Totals	932,676,871	562,793,364	369,883,507	876,407,637	541,105,575	335,302,062

WILLIS-KNIGHTON MEDICAL CENTER AND SUBSIDIARIES

RESULTS OF OPERATIONS-NATURAL CLASSIFICATIONS

FOR THE YEARS ENDED SEPTEMBER 30, 2012 AND SEPTEMBER 30, 2011

	Year Ended September 30, 2012			Year Ended September 30, 2011		
	Revenues and Expenses	Percent of Net Patient Revenues	Percent of Total Operating Expenses**	Revenues and Expenses	Percent of Net Patient Revenues	Percent of Total Operating Expenses**
Patient Revenues:						
Inpatient Revenues	1,152,450,795	48.96*		1,144,731,416	51.17*	
Outpatient Revenues	1,201,335,689	51.04*		1,092,395,129	48.83*	
Total Patient Revenues	2,353,786,484	100.00*		2,237,126,545	100.00*	
Deductions from Revenues:						
Medicare Contractual Discounts	711,442,631	30.23*		692,314,633	30.95*	
Medicaid Contractual Discounts	183,179,238	7.78*		163,317,124	7.30*	
Other Discounts	501,182,292	21.29*		478,990,989	21.41*	
Bad Debts	67,120,805	2.85*		56,886,737	2.54*	
Free Services	39,251,302	1.67*		38,475,011	1.72*	
Total Deductions from Revenues	1,502,176,268	63.82*		1,429,984,494	63.92	
Net Patient Revenues	851,610,216	100.00		807,142,051	100.00	
Other Revenues						
Interest Income	1,698,272	0.20		1,600,817	0.20	
Miscellaneous	9,085,775	1.07		7,046,665	0.87	
Total Other Revenues	10,784,047	1.27		8,647,482	1.07	
Total Revenues	862,394,263	101.27		815,789,533	101.07	
Expenses (Excluding Depreciation and Interest Expense):						
Physician Salaries and Fees	99,038,178	11.63	13.54	92,015,157	11.40	13.25
Other Salaries and Benefits	354,077,797	41.58	48.39	334,480,633	41.44	48.17
Insurance	12,124,718	1.42	1.66	12,533,128	1.55	1.80
Utilities	11,108,465	1.30	1.52	10,788,098	1.34	1.55
Other Expenses	255,209,177	29.97	34.89	244,556,626	30.30	35.23
Total	731,558,335	85.90	100.00	694,373,642	86.03	100.00
Excess Revenues Over Expenses Before Depreciation, Interest Expense, Pension-Related Changes Other than Net Periodic Pension Cost, and Income (Loss) of Subsidiaries	130,835,928	15.37		121,415,891	15.04	
Depreciation, Interest Expense and Pension-Related Changes Other than Net Periodic Pension Cost.						
Depreciation	46,564,128	5.47		46,420,557	5.75	
Pension Related Changes	27,182,365	3.19		27,257,252	3.38	
Interest Expense	1,053,718	0.12		1,272,893	0.16	
Total Contribution of Entity, Depreciation and Interest Expense	74,800,211	8.78		74,950,702	9.29	

WILLIS-KNIGHTON MEDICAL CENTER AND SUBSIDIARIES

RESULTS OF OPERATIONS-NATURAL CLASSIFICATIONS

FOR THE YEARS ENDED SEPTEMBER 30, 2012 AND SEPTEMBER 30, 2011

	Year Ended September 30, 2012			Year Ended September 30, 2011		
	Revenues and Expenses	Percent of Net Patient Revenues	Percent of Total Operating Expenses**	Revenues and Expenses	Percent of Net Patient Revenues	Percent of Total Operating Expenses**
Excess Revenues Before Income (Loss) of Subsidiaries	56,035,717	6 59		46,465,189	5.75	
Income (Loss) of Subsidiaries.						
Virginia Hall Nursing Home-Net	(250,564)	(0.03)		223,097	0.03	
South Shreveport Pharmacy, Inc -Net	846			492		
Health Plus of Louisiana, Inc.-Net	272,314	0 03		1,387,815	0.17	
Live Oak-Net	(184,834)	(0 02)		600,804	0 07	
Total Income (Loss) of Subsidiaries	(162,238)	(0 02)		2,212,208	0 27	
Increase in Net Assets	55,873,479	6.57		48,677,397	6.02	

* Percent to Total Patient Revenues
** Excluding Depreciation and Interest Expense

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INDEPENDENT AUDITORS' REPORT

Board of Trustees
Willis-Knighton Medical Center
Shreveport, Louisiana

We have audited the consolidated financial statements of the Willis-Knighton Medical Center and Subsidiaries as of and for the years ended September 30, 2012 and 2011, and our report thereon dated January 25, 2013, which expressed an unqualified opinion on those financial statements, appears on page 1. Those audits were conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The nonaccounting statistical data included on page 44, which is the responsibility of management, is presented for purposes of additional analysis and is not a required part of the basic financial statements. Such information has not been subjected to the auditing procedures applied in the audits of the basic financial statements and, accordingly, we express no opinion on it.

Postlethwaite & Netterville

Baton Rouge, Louisiana
January 25, 2013

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WILLIS-KNIGHTON MEDICAL CENTER AND SUBSIDIARIES

SUMMARY OF OPERATING RESULTS

	Fiscal Year Ended September 30				
	2012	2011	2010	2009	2008
Patient Revenue at Established Rates	2,353,786,484	2,237,126,545	2,110,376,950	1,999,962,265	1,893,035,309
Deductions from Revenues	1,502,176,268	(1,429,984,494)	(1,346,793,713)	(1,277,083,335)	(1,221,450,060)
Net Patient Revenues	851,610,216	807,142,051	763,583,237	722,878,930	671,585,249
Other Revenues	10,784,047	8,647,482	6,075,401	4,870,646	8,710,470
Costs and Expenses	(779,176,181)	(742,067,092)	(716,204,156)	(679,491,405)[1]	(643,076,592)
Income Excluding Subsidiaries, Rescission of Contribution for Children's Hospital and Pension-Related Changes Other than Net Periodic Pension Cost	83,218,082	73,722,441	53,454,482	48,258,171	37,219,127
Income (Loss) of Subsidiaries	(162,238)	2,212,208	(5,038,722)	(7,176,571)	1,028,706
	83,055,844	75,934,649	48,415,760	41,081,600	38,247,833
Rescission of Contribution for Children's Hospital				5,000,000	
Increase in Net Assets Before Pension-Related Changes Other than Net Periodic Pension Cost	83,055,844	75,934,649	48,415,760	46,081,600	38,247,833
Pension-Related Changes Other than Net Periodic Pension Cost	(27,182,365)	(27,257,252)	(2,520,050)	(41,101,517)	(3,673,476)
Increase in Net Assets	55,873,479	48,677,397	45,895,710	4,980,083	34,574,357
Increase in Net Assets Before Depreciation, Interest Expense, and Pension-Related Changes Other than Net Periodic Pension Cost	132,888,609	125,367,957	94,998,518	95,174,262	89,314,686
Total Hospital Patient Days (Including Observations)	203,603	206,940	207,552	205,821	208,081
Admissions and Observation Stays	51,343	51,109	50,417	50,274	49,061
Births	3,897	3,962	3,952	4,056	4,403
Inpatient Revenue:					
per Admission[2]	28,077	27,131	26,571	25,255	24,552
per Patient Day[2]	5,962	5,781	5,766	5,599	5,340
as a Percent of Total Patient Revenue	48.96%	51.17%	54.81%	55.95%	57.33%
Increase in Net Assets per Patient Day	274	235	221	24	166
Increase in Net Assets as a Percent of Net Patient Revenues	6.56%	6.03%	6.00%	0.69%	5.16%
Number of Days Net Patient Revenues (Before Bad Debts) in Net Patient Receivables	44 99	43.04	44 59	45.96	50.40
Net Bad Debts as a Percent of Patient Revenues (Excluding Medicare, Medicaid and Free Services)	6.88%	6.16%	6.13%	5.48%	6.36%
Average Length of Patient Stay in Days[2]	4.71	4 69	4 61	4 51	4.60

[1] Excludes the effects of the $5,000,000 contribution rescission for children's hospital
[2] Excludes Observations

Additional Data

Software ID:
Software Version:
EIN: 72-0400933
Name: WILLIS-KNIGHTON MEDICAL CENTER

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JAMES K ELROD PRESIDENT/CEO/TRUSTEE	53 00	X		X				1,471,942	6,000	9,602
PIERRE V BLANCHARDIV MD TRUSTEE/PHYSICIAN	40 00	X						210,243	0	7,226
RAY P ODEN JR TRUSTEE/CHAIRMAN	4 00	X						0	0	0
PHILLIP A ROZEMAN MD TRUSTEE	4 00	X						0	0	0
TIGNER A WALKER TRUSTEE	4 00	X						0	0	0
FRANK B HUGHES MD TRUSTEE	4 00	X						0	0	0
RAND H FALBAUM TRUSTEE	4 00	X						0	0	0
TWAIN K GIDDENS TRUSTEE	4 00	X						0	0	0
WILLIS L MEADOWS JR TRUSTEE	4 00	X						0	0	0
JESSE C DEEN TRUSTEE	4 00	X						0	0	0
SAM J TALBOT TRUSTEE	4 00	X						0	0	0
BENDEL JOHNSON MD TRUSTEE	4 00	X						0	0	0
ROBERT D HUIE EXECUTIVE VP & CFO	52 00			X				1,204,454	0	17,726
NILA C WILLHOITE SR VP OF ADMINISTRATION	40 00			X				247,507	0	15,314
CHARLES D DAIGLE SR VP OF OPERATIONS & COO	40 00			X				424,451	0	21,608
STEPHEN R RANDALL SR VP-SPECIAL OPERATIONS	40 00			X				302,898	0	21,611
MARGARET G ELROD VP/IND WELLNESS/COMMUNITY	40 00			X				173,331	0	8,461
JERRY A FIELDER II VP/ADMINISTRATOR WKMC	40 00			X				161,174	0	23,842
CLIFFORD M BROUSSARD VP/ADMIN WK BOSSIER	40 00			X				171,565	0	14,882
JANET K ELROD VP/ADMIN WK SOUTH	40 00			X				169,680	0	9,171
IRA L MOSS VP/ADMIN WK PIERREMONT	40 00			X				198,510	0	17,993
JILL K ELROD VP OF LEGAL AFFAIRS	40 00			X				219,016	0	11,957
PEGGY J GAVIN VP OF PHYSICIAN SERVICES	40 00			X				175,959	0	9,746
DEBORAH D OLDS VP OF NURSING	40 00			X				131,415	0	16,123
RAMONA D FRYER VP OF REV/QUALITY/COMPLIAN	40 00			X				177,152	0	17,701

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DANIEL J MOLLER JR MD CHIEF-MEDICAL AFFAIRS-WKMC	40 00			X				318,570	0	14,411
CHARLES A POWERS MD CHIEF-MED AFFAIRS-WKB	40 00			X				315,523	0	15,078
RANDALL P BREWER MD PHYSICIAN	40 00					X		2,050,313	0	20,118
MILAN G MODY MD PHYSICIAN	40 00					X		1,489,434	0	20,105
CHRISTIAN M BRIERY MD PHYSICIAN	40 00					X		1,529,091	0	19,893
MATTHEW S MOSURA MD PHYSICIAN	40 00					X		1,310,556	0	20,099
CLINT M CORMIER MD PHYSICIAN	40 00					X		1,396,614	0	19,272