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Form 990

Department of the Treasury  
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 12-01-2011 and ending 11-30-2012

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

Jennings American Legion Hospital Inc

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

Room/suite

1634 Elton Road

City or town, state or country, and ZIP + 4

Jennings, LA 70546

F Name and address of principal officer

D Employer identification number

72-0445607

E Telephone number

(337) 616-7100

G Gross receipts \$ 38,454,426

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) ( ) ☐ (Insert no ) ☐ 4947(a)(1) or ☐ 527

J Website:

N/A

K Form of organization ☐ Corporation ☐ Trust ☐ Association ☒ Other

L Year of formation 1952

M State of legal domicile LA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities Healthcare services		
Revenue	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	537
	6 Total number of volunteers (estimate if necessary)	6	52
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	7b Net unrelated business taxable income from Form 990-T, line 34	7b	
Expenses	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	10,002	11,000
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	39,283,955	38,240,744
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	175,014	202,682
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0
		39,468,971	38,454,426
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	17,456,548	18,149,994
Net Assets or Fund Balances	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) 0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	19,144,321	18,585,076
	19 Revenue less expenses Subtract line 18 from line 12	36,600,869	36,735,070
		2,868,102	1,719,356
Signature Block			

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

2013-07-15

Date

Dana D Williams CEO

Type or print name and title

Paid Preparer's Use Only

Preparer's signature

Robert G Miller

Date

Check if self-employed

☐

Preparer's taxpayer identification number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4

Lester Miller & Wells

3600 Bayou Rapides

Alexandria, LA 71303

EIN

Phone no (318) 487-1450

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2011)

Part IIISTatement 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

Healthcare services

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 \$ 16,352,893 including grants of \$ ) (Revenue \$ 38,454,426 )

Jennings AMERICAN LEGION HOSPITALS (JALH) OPERATES A 60 BED ACUTE CARE HOSPITAL JALH PROVIDES INPATIENT AND OUTPATIENT SERVICES, AND OPERATES A 24-HOUR EMERGENCY ROOM JALH PROVIDES THESE SERVICES REGARDLESS OF RACE, COLOR, CREED, RELIGION, GENDER, NATIONAL ORIGION, DISABILITY, AGE, OR ABILITY TO PAY THE HOSPITAL PROVIDED THE FOLLOWING INPATIENT DAYS OF CARE DURING FY 2012 MEDICARE MEDICAID TOTALACUTE 6,091 1,799 12,638JALH IS VERY ACTIVE IN THE COMMUNITY JALH HOSTS A NUMBER OF HEALTH FAIRS FOR THE COMMUNITY THE HEALTH FAIRS OFFER THE COMMUNITY ACCESS TO A NUMBER OF FREE HEALTH SCREENINGS AND ACCESS TO VENDORS FOR THEIR HEALTH JALH DISTRIBUTES A QUARTERLY COMMUNITY NEWSLETTER THIS NEWSLETTER INCLUDES TIMELY HEALTHCARE TOPICS INCLUDING SMOKING CESSATION, DIABETIC AWARENESS, CONTROLLING BLOOD PRESSURE, ETC JALH PARTICIPATES IN THE MEDICAID PROGRAM AND ADMINISTERS A CHARITY CARE POLICY WHEREBY FREE OR DISCOUNTED SERVICES ARE AVAILABLE TO QUALIFIED FINANCIALLY TROUBLED INDIVIDUALS JALH FOREGONE \$1,807,075 OF CHARGES FOR THE YEAR ENDED NOVEMBER 30, 2012

4b

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

4c

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

4d

Other program services (Describe in Schedule O )


















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

4e

Total program service expenses \$ 16,352,893

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 	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	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		No
4	<b>Section 501(c)(3) organizations.</b> 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		No
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		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 		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 	Yes	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 		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 		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 		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, line 10? If "Yes," complete Schedule D, Part VI. 	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. 		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. 		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. 	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	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. 		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 	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 		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		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		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		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV		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		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		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		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H 	Yes	
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements 	Yes	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . .</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25 . . . . .</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		No
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . . .</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II . . . . .</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III . . . . .</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 . . . . .</i>	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
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)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	35b		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38		No

<div>Part V</div> <div>Statements Regarding Other IRS Filings and Tax Compliance</div>			
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>			
		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	1a68	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	No
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. .	2a537	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2bYes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	No
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	No
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	No
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	No
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.	7d0	
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	No
9 Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a	No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	No
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	No
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	No
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	No

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	19	
b	Enter the number of voting members included in line 1a, above, who are independent . . . . .	1b	16	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	2		No
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	Yes	
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		No
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	11a		No
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		No
	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		No
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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input type="checkbox"/> 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 ▶ Pam Primeaux CFO 1634 Elton Road Jennings, LA 705463614 (337) 616-7032	

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			
(1) RONNIE PETREE Director	0 00							2,000	0	0
(2) DR JAMES MCNALLY Director	0 00							5,800	0	0
(3) KEVIN BERKEN Director	0 00							2,000	0	0
(4) CARL BENOIT Director	0 00							2,000	0	0
(5) JULIE BERRY Director	0 00							6,000	0	0
(6) GORDON HAYES Director	0 00							6,000	0	0
(7) LARRY BENOIT Director	0 00							6,100	0	0
(8) JOHN LOUVIERE JR Director	0 00							6,000	0	0
(9) ARTHUR D MATTE CPA Director	0 00							11,550	0	0
(10) RICHARD ARCENEUX Director	0 00							8,750	0	0
(11) JAMES RICHERT JR Director	0 00							6,100	0	0
(12) DARRELL LANDRY Director	0 00							5,900	0	0
(13) ALLEN MEDUS Director	0 00							12,600	0	0
(14) ELLA DARTEZ Director	0 00							6,000	0	0
(15) JOHNNIE LANDRY Director	0 00							3,650	0	0
(16) DALE LANDRY Director	0 00							5,900	0	0
(17) DOUGLAS DAIGLE Director	0 00							7,450	0	0



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)						(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			
(18) TED COX Director	0 00							4,250	0	0
(19) G VINCENT BAILEY MD Director	0 00							4,700	0	0
(20) Richard Oustalet Director	0 00							5,900	0	0
(21) LAM NGUYEN DOCTOR	40 00					X		178,329	0	0
(22) DANA D WILLIAMS CEO	40 00					X		253,351	0	0
(23) PAMELA PRIMEAUX CFO	40 00					X		184,491	0	0
(24) KEITH SIMPSON COO	40 00					X		133,651	0	0
(25) THERESA WOODS CNO	40 00					X		132,351	0	0
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								1,000,823		

2Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization5

		Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1Complete 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
SIEMENS HEALTHCARE PO BOX 121102 DALLAS, TX 753121102	MEDICAL SUPPLIES	380,188
OWENS & MINOR INC PO BOX 841420 DALLAS, TX 75284	MEDICAL SUPPLIES	1,264,175
DUPUY ORTHOPAEDICS INC PO BOX 406663 ATLANTA, GA 303846663	MEDICAL SUPPLIES	501,859
CPSI 6600 WALL STREET MOBILE, AL 36685	COMPUTER SERVICES	378,383
CPS Inc PO Box 116474 ATLANTA, GA 303686474	PHARMACY MGMT FEE	2,221,496

2Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 32

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	11,000				
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f . . . . .		11,000				
Program Service Revenue			Business Code					
	2a	OTHER OPERATING REVENUE		3,621,687	3,621,687			
	b	NET PATIENT SERVICE REV		34,619,057	34,619,057			
	c	COMPREHENSIVE INCOME						
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f . . . . .		38,240,744				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .		202,682	202,682			
	4	Income from investment of tax-exempt bond proceeds . .		0				
	5	Royalties . . . . .		0				
	6a	Gross rents	(i) Real	(ii) Personal				
		b	Less rental expenses					
		c	Rental income or (loss)					
		d	Net rental income or (loss) . . . . .		0			
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b	Less cost or other basis and sales expenses					
		c	Gain or (loss)					
		d	Net gain or (loss) . . . . .		0			
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .						
		b	Less direct expenses . . . . .					
		c	Net income or (loss) from fundraising events . .		0			
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .						
		b	Less direct expenses . . . . .					
		c	Net income or (loss) from gaming activities . .		0			
	10a	Gross sales of inventory, less returns and allowances . . . . .						
		b	Less cost of goods sold . . . . .					
		c	Net income or (loss) from sales of inventory . .		0			
	Miscellaneous Revenue		Business Code					
	11a							
	b							
c								
d	All other revenue . . . . .							
e	Total. Add lines 11a-11d . . . . .			0				
12	Total revenue. See Instructions . . . . .			38,454,426	38,443,426			

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	0			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees . . . . .	118,650		118,650	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
7	Other salaries and wages	14,846,728	6,630,549	8,216,179	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	348,177	155,496	192,681	
9	Other employee benefits . . . . .	1,789,694	799,277	990,417	
10	Payroll taxes . . . . .	1,046,745	467,476	579,269	
11	Fees for services (non-employees)				
a	Management . . . . .	0			
b	Legal . . . . .	0			
c	Accounting . . . . .	0			
d	Lobbying . . . . .	0			
e	Professional fundraising See Part IV, line 17 . . . . .	0			
f	Investment management fees . . . . .	0			
g	Other . . . . .	0			
12	Advertising and promotion . . . . .	40,513	18,093	22,420	
13	Office expenses . . . . .	0			
14	Information technology . . . . .	0			
15	Royalties . . . . .	0			
16	Occupancy . . . . .	0			
17	Travel . . . . .	42,290	18,887	23,403	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19	Conferences, conventions, and meetings . . . . .	21,737	9,708	12,029	
20	Interest . . . . .	241,529	107,867	133,662	
21	Payments to affiliates . . . . .	0			
22	Depreciation, depletion, and amortization . . . . .	2,168,255	968,343	1,199,912	
23	Insurance . . . . .	545,433	243,590	301,843	
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	REPAIRS AND MAINTENANCE	1,099,327	490,959	608,368	
b	BAD DEBTS	2,987,418	1,334,181	1,653,237	
c	PURCHASED SERVICES	4,574,624	2,043,027	2,531,597	
d	SUPPLIES	4,995,642	2,231,054	2,764,588	
e					
f	All other expenses	1,868,308	834,386	1,033,922	
25	Total functional expenses. Add lines 1 through 24f	36,735,070	16,352,893	20,382,177	0
26	Joint costs. Check here <input type="checkbox"/> 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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .				1	0
	2	Savings and temporary cash investments . . . . .			875,432	2	1,276,334
	3	Pledges and grants receivable, net . . . . .				3	0
	4	Accounts receivable, net . . . . .			5,256,649	4	6,348,777
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .				5	0
	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	0
	7	Notes and loans receivable, net . . . . .				7	0
	8	Inventories for sale or use . . . . .			1,078,092	8	1,138,849
	9	Prepaid expenses and deferred charges . . . . .			682,263	9	740,873
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	42,663,381	18,388,026	10c	16,984,335
	b	Less accumulated depreciation . . . . .	10b	25,679,046			
	11	Investments—publicly traded securities . . . . .				11	0
	12	Investments—other securities See Part IV, line 11 . . . . .				12	0
	13	Investments—program-related See Part IV, line 11 . . . . .				13	0
	14	Intangible assets . . . . .				14	0
	15	Other assets See Part IV, line 11 . . . . .			13,308,424	15	12,803,305
16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			39,588,886	16	39,292,473	
Liabilities	17	Accounts payable and accrued expenses . . . . .			2,620,880	17	2,257,023
	18	Grants payable . . . . .				18	
	19	Deferred revenue . . . . .				19	
	20	Tax-exempt bond liabilities . . . . .				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D . . . . .				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .				22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .			10,115,305	23	9,139,509
	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 . . . . .			706,016	25	29,900
	26	Total liabilities. Add lines 17 through 25 . . . . .			13,442,201	26	11,426,432
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets . . . . .				27	
	28	Temporarily restricted net assets . . . . .				28	
	29	Permanently restricted net assets . . . . .				29	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds . . . . .				30	
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .				31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .			26,146,685	32	27,866,041
	33	Total net assets or fund balances . . . . .			26,146,685	33	27,866,041
	34	Total liabilities and net assets/fund balances . . . . .			39,588,886	34	39,292,473

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	38,454,426
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	36,735,070
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	1,719,356
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	26,146,685
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>5</b>	
<b>6</b>	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	<b>6</b>	27,866,041

**Part XII Financial Statements and Reporting**

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

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

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 Jennings American Legion Hospital Inc	Employer identification number 72-0445607
---	--

Part I

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

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

1

☐

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

2

☐

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

3

☒

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

4

☐

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

5

☐

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

6

☐

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

7

☐

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

8

☐

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

9

☐

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

10

☐

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

11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

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

f

☐

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

g

☐

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

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

Part II

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

<b>Facts And Circumstances Test</b>

<b>Explanation</b>

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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.

Name of the organization Jennings American Legion Hospital Inc	Employer identification number 72-0445607
---	--

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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> 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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

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

▶

\_\_\_\_\_

4

Number of states where property subject to conservation easement is located 

▶

\_\_\_\_\_

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ 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

▶

\$

\_\_\_\_\_

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2011

Part III

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

3

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

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

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

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

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

(i) unrelated organizations . . . . .

3a(i)

Yes

No

(ii) related organizations . . . . .

3a(ii)

Yes

No

b

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

3b

Yes

No

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 . . . . .		1,391,339		1,391,339
b Buildings . . . . .		26,944,122	15,621,555	11,322,567
c Leasehold improvements . . . . .		683,095	463,870	219,225
d Equipment . . . . .		13,585,658	9,593,621	3,992,037
e Other . . . . .		59,167		59,167
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶				16,984,335

Schedule D (Form 990) 2011



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)	138,454,426
2	Total expenses (Form 990, Part IX, column (A), line 25)	236,735,070
3	Excess or (deficit) for the year Subtract line 2 from line 1	31,719,356
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net) Add lines 4 - 8	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	1,719,356

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements . . . . .	138,454,426
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments . . . . .2a	
b	Donated services and use of facilities . . . . .2b	
c	Recoveries of prior year grants . . . . .2c	
d	Other (Describe in Part XIV) . . . . .2d	
e	Add lines 2a through 2d . . . . .2e	
3	Subtract line 2e from line 1 . . . . .3	38,454,426
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .4a	
b	Other (Describe in Part XIV) . . . . .4b	
c	Add lines 4a and 4b . . . . .4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .5	38,454,426

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements . . . . .	136,735,070
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities . . . . .2a	
b	Prior year adjustments . . . . .2b	
c	Other losses . . . . .2c	
d	Other (Describe in Part XIV) . . . . .2d	
e	Add lines 2a through 2d . . . . .2e	
3	Subtract line 2e from line 1 . . . . .3	36,735,070
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .4a	
b	Other (Describe in Part XIV) . . . . .4b	
c	Add lines 4a and 4b . . . . .4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .5	36,735,070

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

SCHEDULE H  
(Form 990)

Hospitals

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**

▶ **Attach to Form 990. ▶ See separate instructions.**

**Name of the organization**  
Jennings American Legion Hospital Inc

**Employer identification number**  
72-0445607

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 <div><input type="checkbox"/> Applied uniformly to all hospitals</div> <div><input type="checkbox"/> Applied uniformly to most hospitals</div> <div><input type="checkbox"/> Generally tailored to individual hospitals</div>			
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 <i>free</i> care? If "Yes," indicate which of the following is the FPG family income limit for eligibility for free care <div><input type="checkbox"/> 100%</div> <div><input type="checkbox"/> 150%</div> <div><input checked="" type="checkbox"/> 200%</div> <div><input type="checkbox"/> Other _____%</div>	3a	Yes	
b	Did the organization use FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care . . . . . <div><input type="checkbox"/> 200%</div> <div><input type="checkbox"/> 250%</div> <div><input checked="" type="checkbox"/> 300%</div> <div><input type="checkbox"/> 350%</div> <div><input type="checkbox"/> 400%</div> <div><input type="checkbox"/> Other _____%</div>	3b	Yes	
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 eligible for free or discounted care? . . . . .	5c		No
6a	Did the organization prepare a community benefit report during the tax year? . . . . .	6a		No
6b	If "Yes," did the organization make it available to the public? . . . . .	6b		No
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.				

7

Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheet 1) . . . . .			1,580,994	1,476,293	104,701	0 290 %
b Medicaid (from Worksheet 3, column a) . . . . .			4,947,863	4,698,789	249,074	0 680 %
c Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .						
d <b>Total</b> Charity Care and Means-Tested Government Programs . . . . .			6,528,857	6,175,082	353,775	0 970 %
<b>Other Benefits</b>						
e Community health improvement services and community benefit operations (from Worksheet 4) . . . . .			12,079		12,079	0 030 %
f Health professions education (from Worksheet 5) . . . . .			300,703		300,703	0 820 %
g Subsidized health services (from Worksheet 6) . . . . .			991,612	384,002	607,610	1 650 %
h Research (from Worksheet 7) . . . . .						
i Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .			3,556		3,556	0 010 %
j <b>Total</b> Other Benefits . . . . .			1,307,950	384,002	923,948	2 510 %
k <b>Total.</b> Add lines 7d and 7j . . . . .			7,836,807	6,559,084	1,277,723	3 480 %

Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities.

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

Part IIIBad 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	2,987,418
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's charity care policy	3	1,045,596
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	13,905,378
6	Enter Medicare allowable costs of care relating to payments on line 5	6	14,413,203
7	Subtract line 6 from line 5. This is the surplus or (shortfall)	7	-507,825
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a	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	No

Part IVManagement 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				

## Section A. Hospital Facilities

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

## Name and address

[illegible]



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.)

jennings american legion

Name of Hospital Facility:

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 . . . . . If "Yes," indicate what the Needs Assessment describes (check all that apply) a <input type="checkbox"/> A definition of the community served by the hospital facility b <input type="checkbox"/> Demographics of the community c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community d <input type="checkbox"/> How data was obtained e <input type="checkbox"/> The health needs of the community f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet those needs h <input type="checkbox"/> The process for consulting with persons representing the community's interests i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs j <input type="checkbox"/> Other (describe in Part VI)	1	No
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? . . . . . If "Yes," indicate how the Needs Assessment was made widely available (check all that apply) a <input type="checkbox"/> Hospital facility's website b <input type="checkbox"/> Available upon request from the hospital facility c <input type="checkbox"/> Other (describe in Part VI)	5	
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply) a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community b <input type="checkbox"/> Execution of the implementation strategy c <input type="checkbox"/> Development of a community-wide community benefit plan for the facility d <input type="checkbox"/> Participation in community-wide community benefit plan e <input type="checkbox"/> Inclusion of a community benefit section in operational plans f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA g <input type="checkbox"/> Prioritization of health needs in the community h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community i <input type="checkbox"/> 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		
8 Did the hospital facility have in place during the tax year a written financial assistance policy that 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? . . . . . If "Yes," indicate the FPG family income limit for eligibility for free care <u>200 0000</u> % If "No," explain in Part VI the criteria the hospital facility used	9	Yes

Part V

Facility Information (continued)

		Yes	No	
10	Used FPG to determine eligibility for providing discounted care? . . . . . If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>300 0000</u> % If "No," explain in Part VI the criteria the hospital facility used	10	Yes	
11	Explained the basis for calculating amounts charged to patients? . . . . . If "Yes," indicate the factors used in determining such amounts (check all that apply) a <input checked="" type="checkbox"/> Income level b <input checked="" type="checkbox"/> Asset level c <input checked="" type="checkbox"/> Medical indigency d <input checked="" type="checkbox"/> Insurance status e <input checked="" type="checkbox"/> Uninsured discount f <input checked="" type="checkbox"/> Medicaid/Medicare g <input type="checkbox"/> State regulation h <input type="checkbox"/> Other (describe in Part VI)	11	Yes	
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? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply) a <input type="checkbox"/> The policy was posted at all times on the hospital facility's web site b <input type="checkbox"/> The policy was attached to all billing invoices c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms d <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices e <input checked="" type="checkbox"/> The policy was provided, in writing, to patients upon admission to the hospital facility f <input checked="" type="checkbox"/> The policy was available upon request g <input checked="" type="checkbox"/> Other (describe in Part VI)	13	Yes	

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 <input checked="" type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments or arrests e <input checked="" type="checkbox"/> 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? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged a <input checked="" type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other similar actions (describe in Part VI)	16	Yes	
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply) a <input checked="" type="checkbox"/> Notified patients of the financial assistance policy upon admission b <input checked="" type="checkbox"/> Notified patients of the financial assistance policy prior to discharge c <input checked="" type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills d <input checked="" type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy e <input type="checkbox"/> 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? . . . . . If "No," indicate why	Yes	
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	<input type="checkbox"/> 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	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input type="checkbox"/> 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	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input type="checkbox"/> 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? . . . . . If "Yes," explain in Part VI		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? . . . . . If "Yes," explain in Part VI		No

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 VI - Community Information	Jennings American Legion Hospital is currently licensed to operate 60 beds and is accredited by The Joint Commission For fiscal year 2012, patient volumes included more then 3,471 admission and 15,027 emergency department visits JENNINGS, is a small town of approximately 10,986 located on Interstate 10 about halfway between two major cities in Louisiana, Lafayette and Lake Charles It is also halfway between Houston Texas and New Orleans Louisiana Jennings is the seat of Jefferson Davis Parish Jennings American Legion Hospital services all of Jefferson Davis Parish, parts of Allen Parish, Acadia Parish, Calcasieu Parish and Evangeline Parish Jefferson Davis Parish population was 31,097 in 2009 The average income in 2008 in Jefferson Davis Parish was \$38,577 The percentage of Jefferson Davis Parish residents living in poverty in 2008 was 16 7% In the city of Jennings the percentage of residents living in poverty in 2009 was 22 8% (15 4% for White Non-hispanic, 37 0% for black residents, 73 9% for Hispanic or Latino, 50 6% for other race residents, and 43 0% for two or more race residents) Jennings American Legion Hospital is the only hospital to serve Jefferson Davis Parish The number of people in Jefferson Davis Parish with a disability is 6,539 The percentage of the population who were female in 2009 was 51 6% The population classified as white was 80 8%, black 17 2%, Asian 3%, two or more races 1 2% and Hispanic or Latino 1 5% In 2009 35 1% of the population is less than eighteen years old and 13 7% of the residents were over the age of sixty-five

Identifier	ReturnReference	Explanation
	Part VI - Patient Education of Eligibility for Assistance	Jennings American Legion Hospital is committed to patients first As part of this commitment, Jennings American Legion Hospital's vision is to provide the highest quality healthcare at the lowest possible cost to all people in the hospital's service area The hospital's charity care program supports patients who have demonstrated financial need and require medically necessary medical services Jennings American Legion's Financial Counselor visits with all physicians on staff and keeps her business cards in their offices for patients that need assistance On a daily basis the Financial Counselor runs reports of all private pay patients She then visits all the private pay patients that are Inpatient to screen for assistance For the patients that have been through outpatient departments, including the ER the Financial Counselor mails a financial assistance package Follow-up phone calls are also made by the financial counselor to aide in return packets The Financial Counselor obtains the following information to determine a patient's need for charity care household income, family size, assets, and availability of alternative sources of payments Finally, a thorough review is completed and the following services are provided - Assist patients with a governmental assistance application when applicable - Help patients determine if a third party is liable - Provide medical services at reduced rates or at no cost - Provide individualized plans based on the patient's ability to pay - Use fair and consistent collection practices

Identifier	ReturnReference	Explanation
Number of Hospital Facility - 0	Part V, Line 19d - Other Billing Determination of Individuals Without Insurance	BY FEDERAL POVERTY GUIDELINES

Identifier	ReturnReference	Explanation
Number of Hospital Facility - 0	Part V, Line 15e - Other Collection Actions Against a Patient	LIENS FILED ON THIRD-PARTY AUTO LIABILITY PLANS ONLY



Identifier	ReturnReference	Explanation
Number of Hospital Faciltiy - 0	Part V, Line 13g - Other Means Hospital Facility Publicized the Policy	MAILED LETTER AND APPLICATION TO OUTPATIENT ER PRIVATE PAY PATIENTS

Identifier	ReturnReference	Explanation
	Part III, Line 8 - Explanation Of Shortfall As Community Benefit	THE HOSPITAL CONTENDS THAT THE MAJORITY, IF NOT ALL, OF THE SHORTFALL SHOULD BE CONSIDERED A COMMUNITY BENEFIT THE HOSPITAL OFFERS QUALITY HEALTHCARE TO ALL PATIENTS REGARDLESS OF PAYMENT OR REIMBURSEMENT EXPECTATION RESOURCES FOR MEDICARE PATIENTS VERSUS ALL OTHER PATIENTS ARE IDENTICAL BASED ON TREATMENT

Identifier	ReturnReference	Explanation
	Part III, Line 4 - Bad Debt Expense	THE HOSPITAL ESTIMATES APPROXIMATELY 35% OF THE AMOUNTS WRITTEN OFF TO BAD DEBTS ARE RELATED TO PATIENTS WHO COULD QUALIFY FOR FINANCIAL ASSISTANCE UNDER THE HOSPITAL'S CHARITY CARE POLICY THIS ESTIAMTE IS BASED ON A REVIEW MADE MONTHLY ON THE LIST OF PATIENTS TURNED OVER TO COLLECTIONS THE HOSPITAL DETERMINES THIS BASED ON THE PATIENT'S BILLING ADDRESS, SUCH AS A PATIENT LIVING IN A LOW INCOME HOUSING LOCATION OR PATIENT PROVIDING A FALSE ADDRESS ANOTHER DETERMINING FACTOR IS WHETHER A PATIENT EVENTUALLY QUALIFIES FOR MEDICAID COVERAGE UNDER THE MEDICAID SPEND DOWN PROGRAM DUE TO LARGE MEDICAL BILLS

Identifier	ReturnReference	Explanation
	Part I, Line 3c - Charity Care Eligibility Criteria (FPG Is Not Used)	DISCOUNTED CARE IS DETERMINED BY 300% OF FPG - FREE CARE IS AT 200%

Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization Jennings American Legion Hospital Inc	Employer identification number 72-0445607
---	--

Part I

Questions Regarding Compensation

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

**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				
(1) PAMELA PRIMEAUX	(i) (ii)	184,491					184,491	
(2) LAM NGUYEN	(i) (ii)	178,329					178,329	
(3) DANA D WILLIAMS	(i) (ii)	253,351					253,351	

**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
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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	Employer identification number
Jennings American Legion Hospital Inc	72-0445607

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	No documents available to the public
Form 990, Part VI, Line 12c	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	BOARD MEMBERS ARE REQUIRED TO ANNUALLY COMPLETE CONFLICT OF INTEREST STATEMENTS WHICH ARE REVIEWED BY THE BOARD WHENEVER CONFLICT EXISTS, THE BOARDMEMBER MUST ABSTAIN FROM VOTING ON ANY MATTERS AFFECTED BY THE CONFLICT
Form 990, Part VI, Line 11	Form 990, Part VI, Line 11 Form 990 Review Process	No review was or will be conducted



**FINANCIAL STATEMENTS**  
**OF THE**  
**JENNINGS AMERICAN LEGION HOSPITAL, INC.**  
**JENNINGS, LOUISIANA**  
**AS OF NOVEMBER 30, 2012 AND NOVEMBER 30, 2011**

**RICHARD BULLER CPA SERVICES, LLC**  
**742 East Plaquemine Street**  
**Jennings, Louisiana 70546**

## **TABLE OF CONTENTS**

<b>INDEPENDENT AUDITORS' REPORT.....</b>	<b>1</b>
<b>STATEMENT OF FINANCIAL POSITION .....</b>	<b>2</b>
<b>STATEMENT OF ACTIVITIES .....</b>	<b>3</b>
<b>STATEMENT OF CHANGES IN COMPREHENSIVE NET INCOME .....</b>	<b>4</b>
<b>STATEMENT OF CASH FLOWS .....</b>	<b>5</b>
<b>NOTES TO THE FINANCIAL STATEMENTS.....</b>	<b>6</b>
<b>ADDITIONAL REPORTS.....</b>	<b>12</b>
<b>REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH <i>GOVERNMENT AUDITING STANDARDS</i>.....</b>	<b>13</b>
<b>SCHEDULE OF ESTIMATED THIRD-PARTY SETTLEMENTS.....</b>	<b>15</b>
<b>SCHEDULE OF ASSETS WHOSE USE IS LIMITED .....</b>	<b>16</b>
<b>SCHEDULE OF PATIENT SERVICES REVENUES BY PATIENT TYPE AND PAYOR.....</b>	<b>17</b>
<b>SCHEDULE OF OTHER OPERATING REVENUES .....</b>	<b>19</b>
<b>SCHEDULE OF OPERATING EXPENSES BY DEPARTMENT AND CATEGORY .....</b>	<b>20</b>
<b>SCHEDULE OF OPERATING EXPENSES BY DEPARTMENT AND CATEGORY ERROR! BOOKMARK NOT DEFINED.</b>	
<b>SCHEDULE OF OPERATING EXPENSES BY CATEGORY ..... ERROR! BOOKMARK NOT DEFINED.</b>	
<b>SCHEDULE OF FINDINGS .....</b>	<b>23</b>
<b>SCHEDULE OF PRIOR YEAR FINDINGS.....</b>	<b>24</b>



## **RICHARD BULLER CPA SERVICES, LLC**

CERTIFIED PUBLIC ACCOUNTANTS

*Richard A. Buller Jr., CPA/PFS, CFA*

*David A. Edgar, CPA*

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**Member:**

*American Institute of Certified Public Accountants  
Louisiana Society of Certified Public Accountants  
Chartered Financial Analyst Institute*

### **INDEPENDENT AUDITORS' REPORT**

The Board of Directors  
Jennings American Legion Hospital, Inc.  
Jennings, Louisiana

Ladies and Gentlemen:

We have audited the accompanying statement of financial position of Jennings American Legion Hospital, Inc. (a nonprofit organization) as of November 30, 2012 and 2011, and the related statements of activities, changes in net assets, and cash flows for the years then ended. These financial statements are the responsibility of the Jennings American Legion Hospital, Inc.'s management. Our responsibility is to express an opinion on these financial statements based on our audit.

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

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Jennings American Legion Hospital, Inc. as of November 30, 2012 and 2011, and the changes in its net assets and its cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

In accordance with Government Auditing Standards, we have also issued our report dated March 1, 2013, on our consideration of Jennings American Legion Hospital, Inc. internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with Government Auditing Standards and should be considered in assessing the results of our audit.

Richard Buller CPA Services, LLC  
Jennings, LA  
March 1, 2013

JENNINGS AMERICAN LEGION HOSPITAL, INC.  
Jennings, Louisiana

## STATEMENT OF FINANCIAL POSITION

### AS OF NOVEMBER 30, 2012 AND 2011

	<u>ASSETS</u>	
	2012	2011
<b>CURRENT ASSETS:</b>		
Cash	\$ 1,276,334	\$ 875,432
Patient Accounts Receivable (net of estimated uncollectibles of \$7,247,573 in 2012 and \$5,571,248 in 2011)	6,348,777	5,256,649
Estimated Third-Party Payor Settlements - Medicare & Medicaid	828,902	14,268
Other Receivables	486,080	139,616
Inventories	1,138,849	1,078,092
Prepaid Expenses	740,873	682,263
Total Current Assets	<u>10,819,815</u>	<u>8,046,320</u>
<b>ASSETS WHOSE USE IS LIMITED:</b>		
Deferred Charges	1,769,023	1,647,081
By Board of Trustees for Capital Improvements and Expansion	10,500,357	11,521,726
By Board for Key Employee Retention	47,845	-0-
Total Asset Whowe Use is Limited	<u>12,317,225</u>	<u>13,168,807</u>
<b>PROPERTY, PLANT AND EQUIPMENT:</b>		
Land and Improvements	2,074,434	2,066,900
Buildings and Improvements	26,944,122	26,830,253
Moveable Equipment	13,585,658	13,014,798
Construction in Progress	59,167	27,268
Total Cost	<u>42,663,381</u>	<u>41,939,219</u>
Less: Accumulated Depreciation	<u>(25,679,046)</u>	<u>(23,551,192)</u>
Total Property, Plant and Equipment	<u>16,984,335</u>	<u>18,388,027</u>
<b>TOTAL ASSETS</b>	<u><u>\$ 40,121,375</u></u>	<u><u>\$ 39,603,154</u></u>
 <u>LIABILITIES AND COMPREHENSIVE NET ASSETS</u>		
<b>CURRENT LIABILITIES:</b>		
Current Portion of Long-Term Debt	\$ 1,017,500	\$ 962,500
Bank Overdraft	-0-	-0-
Estimated Third-Party Payor Settlements - Medicare & Medicaid	-0-	-0-
Accounts Payable	1,652,288	1,969,399
Accrued Liabilities	604,735	615,075
Total Current Liabilities	<u>3,274,523</u>	<u>3,546,974</u>
<b>LONG TERM DEBT</b>	<u>8,122,009</u>	<u>9,152,805</u>
<b>OTHER LIABILITIES AND CONTINGENCIES</b>		
Comprehensive Loss Liability	-0-	-0-
Provision For Possible Overpayments	858,802	720,284
Total Other Liabilities and Contingencies	<u>858,802</u>	<u>720,284</u>
<b>TOTAL LIABILITIES AND CONTINGENCIES</b>	<u>12,255,334</u>	<u>13,420,063</u>
<b>COMPREHENSIVE NET ASSETS – UNRESTRICTED</b>	<u>27,866,041</u>	<u>26,183,091</u>
<b>TOTAL LIABILITIES &amp; COMPREHENSIVE NET ASSETS</b>	<u><u>\$ 40,121,375</u></u>	<u><u>\$ 39,603,154</u></u>

JENNINGS AMERICAN LEGION HOSPITAL, INC.  
Jennings, Louisiana

**STATEMENT OF ACTIVITIES**  
**FOR THE YEARS ENDED NOVEMBER 30, 2012 AND 2011**

	2012	2011
UNRESTRICTED REVENUES, GAINS and OTHER SUPPORT:		
Net Patient Service Revenue	\$ 34,619,057	\$ 34,457,192
Other Revenue	3,621,687	4,639,699
Total Revenues, Gains and Other Support	<u>38,240,744</u>	<u>39,096,891</u>
EXPENSES:		
Salaries and Wages	14,846,728	14,278,668
Employee Benefits	3,184,616	3,019,974
Supplies	4,995,642	5,014,782
Purchased Services	4,574,624	3,979,232
Bad Debt Expense	2,987,418	3,863,329
Depreciation Expense	2,168,255	2,251,736
Interest Expense	241,529	436,077
Insurance Expense	545,433	524,770
Other Expenses	3,190,825	3,195,894
Total Expenses	<u>36,735,070</u>	<u>36,564,462</u>
Operating Income	<u>1,505,674</u>	<u>2,532,429</u>
OTHER INCOME (EXPENSE):		
Unrestricted Donated Income	11,000	10,002
Other Miscellaneous Income	-0-	-0-
Income on Investments Whose Use is Limited by Board:		
For Capital Improvements and Expansions	<u>202,682</u>	<u>175,014</u>
Non-Operating Gains	213,682	185,016
INCREASE IN UNRESTRICTED ASSETS BEFORE COMPREHENSIVE INCOME	1,719,356	2,717,445
COMPREHENSIVE INCOME (LOSS)	<u>-</u>	<u>187,063</u>
INCREASE IN COMPREHENSIVE UNRESTRICTED ASSETS	<u>\$ 1,719,356</u>	<u>\$ 2,904,508</u>

JENNINGS AMERICAN LEGION HOSPITAL, INC.  
Jennings, Louisiana

## STATEMENT OF CHANGES IN COMPREHENSIVE NET INCOME FOR THE YEARS ENDED NOVEMBER 30, 2012 AND 2011

	UNRESTRICTED NET ASSETS	ACCUMULATED COMPREHENSIVE INCOME (LOSS)	TOTAL UNRESTRICTED COMPREHENSIVE NET ASSETS
BALANCE AT NOVEMBER 30, 2010	\$ 23,320,553	\$ (41,970)	\$ 23,278,583
Excess of Revenues Over Expenses	2,717,445	-0-	2,717,445
Comprehensive Income (Loss)	<u>-0-</u>	<u>187,063</u>	<u>187,063</u>
BALANCE AT NOVEMBER 30, 2011	26,037,998	145,093	26,183,091
Excess of Revenues Over Expenses	(36,405)	-0-	(36,405)
Comprehensive Income (Loss)	<u>-0-</u>	<u>1,719,356</u>	<u>1,719,356</u>
BALANCE AT NOVEMBER 30, 2012	<u>\$ 26,001,593</u>	<u>\$ 1,864,449</u>	<u>\$ 27,866,042</u>

JENNINGS AMERICAN LEGION HOSPITAL, INC.  
Jennings, Louisiana

## STATEMENT OF CASH FLOWS

### FOR THE YEARS ENDED NOVEMBER 30, 2012 AND 2011

	2012	2011
CASH FLOWS FROM OPERATING ACTIVITIES:		
Change in Net Assets	\$ 1,719,356	\$ 2,904,508
Adjustments to Reconcile Change in Net Assets to Net Cash Provided by Operating Activities:	(36,405)	-0-
Depreciation	2,127,854	2,080,433
(Increase) Decrease in Patient Accounts Receivable	(1,092,128)	(456,310)
(Increase) Decrease in Net Amounts Due from Third-Party Payors	(814,634)	(51,841)
(Increase) Decrease in Inventory and Other Current Assets	(465,831)	1,038,884
Increase (Decrease) in Other Liabilities and Contingencies	193,518	(408,489)
Increase (Decrease) in Accounts Payable and Accrued Liabilities	(327,452)	578,006
Net Cash Provided By Operating Activities and Gains and Losses	<u>1,304,278</u>	<u>5,685,191</u>
CASH FLOWS FROM INVESTING ACTIVITIES:		
Purchases of Property and Equipment	(724,162)	(1,007,779)
Cash Invested in Assets Whose Use is Limited	<u>851,582</u>	<u>(3,509,651)</u>
Net Cash Used by Investing Activities	<u>127,420</u>	<u>(4,517,430)</u>
CASH FLOWS FROM FINANCING ACTIVITIES:		
Repayment of Long-Term Debt	(1,030,796)	(964,556)
Proceeds From New Debt	<u>-0-</u>	<u>-0-</u>
Net Cash Used By Financing Activities	<u>(1,030,796)</u>	<u>(964,556)</u>
Net Increase (Decrease) in Cash and Cash Equivalents	400,902	203,205
CASH AND CASH EQUIVALENTS AT BEGINNING OF YEAR	875,432	672,227
CASH AND CASH EQUIVALENTS AT END OF YEAR	<u>\$ 1,276,334</u>	<u>\$ 875,432</u>

**SUPPLEMENTAL DISCLOSURES:**

1. Accounting Policies: Cash Equivalents - the Hospital considers only unrestricted cash deposits to be cash and cash equivalents.
2. Interest Paid: During 2012 and 2011 the Hospital paid interest of \$ 241,529 and \$ 436,077 respectively.
3. Income Taxes: The Hospital is a Tax Exempt Organization under the rules of Section 501 (c)3 of the 1954 IRC.
4. Acquisitions: During 2012 and 2011 the Hospital invested in property and equipment.

## **NOTES TO THE FINANCIAL STATEMENTS**



JENNINGS AMERICAN LEGION HOSPITAL, INC.  
Jennings, Louisiana

NOTES TO THE FINANCIAL STATEMENTS

NATURE OF OPERATIONS:

Jennings American Legion Hospital, Inc. is a not for profit hospital which provides inpatient, outpatient, and emergency care services to the general public. The Hospital is located in Jennings, Louisiana and provides services primarily for residents of Southwestern Louisiana. Admitting physicians are primarily practitioners in the local area.

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

- A. Basis of Accounting - The records of the hospital are maintained on the accrual basis of accounting in accordance with American Hospital Association recommendations.
- B. Allowance for uncollectibles - Estimated uncollectible patient accounts receivable are based on the hospitals prior experience with bad debts and estimated contractual allowances and managed care discounts in account receivable balances.
- C. Inventories - Inventories are valued at the lower of cost or market (on the first-in, first out method).
- D. Property, Plant and Equipment - These assets are stated at cost. The plant and equipment are depreciated on the straight-line method over their estimated useful lives. Capital expenditures above \$ 1,000 are capitalized. The following is a schedule of activity in the major classifications:

	<u>11-30-11</u>	<u>Additions</u>	<u>Deletions</u>	<u>11-30-12</u>
Land	\$ 1,391,339	\$ -0-	\$ -0-	\$ 1,391,339
Land Improvements	675,561	7,534	-0-	683,095
Buildings & Improvements	26,830,253	113,869	-0-	26,944,122
Equipment	13,014,798	632,204	61,344	13,585,658
Construction in progress	27,268	49,367	17,468	59,167

- E. Use of estimates - The preparation of Jennings American Legion Hospital's financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.
- F. Investments are carried at fair market value.

2. RECEIVABLES

- A. Patient Accounts Receivable - Patient accounts receivable reflect total amounts due from individuals and third parties.  
Trade receivables are normally written off when they are commercial insurance accounts over 120 days or are considered non active private pay status and over 120 days old.
- B. Estimated third-party payor settlements (Medicare and Medicaid) - During the billing cycle Medicare and Medicaid patients are billed at normal rates. Each month an estimate is made as to the actual amounts due from the third party based on expected Medicare and Medicaid reimbursements. As payments are received patient accounts are credited and adjustments to amounts in allowance for uncollectibles are recorded. After current cost reports are completed and pay schedules updated, differences in estimates are settled. Amounts in this asset account reflect estimated settlement due to the hospital.

JENNINGS AMERICAN LEGION HOSPITAL, INC.  
Jennings, Louisiana

NOTES TO THE FINANCIAL STATEMENTS

3. NOTES PAYABLE

Notes payable due Argent Trust Company consist of the following at November 30, 2012 and 2011:

	2012	2011
Notes 1 dated 6-1-00 is payable monthly at variable rates maturing 6-1-20	4,368,119	4,820,618
Note 2 dated 3-22-07 is payable monthly at 5.4% maturing 6-1-17	1,788,615	2,133,617
Note 3 dated 4-09-09 is payable monthly at 4.19% maturing 6-1-24	2,894,991	3,079,993
Retirement Annuity	50,625	58,125
Life Insurance	37,159	22,952
Less: Current portion	(1,017,500)	(962,500)
Notes are collateralized by all assets and assigned revenues	<u>\$ 8,122,009</u>	<u>\$ 9,152,805</u>

Aggregate principal payments are as follows:

	<u>YEAR</u>	<u>Note 1</u>	<u>Note 2</u>	<u>Note 3</u>	<u>Annuity</u>
<u>ANNUAL MATURITIES</u>	2012	452,500	335,000	180,000	7,500
	2013	480,000	355,000	190,000	7,500
	2014	510,000	375,000	195,000	7,500
	2015	540,000	395,000	205,000	7,500
<u>5 YEAR MATURITIES</u>	2016-2020	2,838,118	673,617	1,185,000	28,125
	2021-2024	-0-	-0-	1,124,993	

4. CAPITAL

The hospital is a non-profit corporation, organized under the laws of the State of Louisiana, without any capital stock.

5. INCOME TAXES

The hospital is exempt from Federal Income Tax under Section 501(c) 3 of the 1954 Internal Revenue Code.

6. CUSTODIAL RISK

Deposits and investments that are uninsured and unregistered, with securities held by the counterparty, or by its trust department or agent, but not in the Hospital's name are considered to have custodial risk.

<u>At November 30, 2012</u>	All Investments And Deposits	Subject to Custodial Risk	Fair Value
Deposits and Certificates of Deposit	\$ 6,553,271	\$ -0-	\$ 6,553,271
U.S. Instrumentality Securities	5,178,020	5,178,020	5,178,020
Jeff Davis Bank Stock	44,400	-0-	44,400
Cash Value	47,845	-0-	47,845
Total	<u>\$ 11,823,536</u>	<u>\$ 5,178,020</u>	<u>\$ 11,823,536</u>

<u>At November 30, 2011</u>	All Investments And Deposits	Subject to Custodial Risk	Fair Value
Deposits and Certificates of Deposit	\$ 6,011,175	\$ -0-	\$ 6,011,175
U.S. Instrumentality Securities	5,792,099	5,792,099	5,792,099
Jeff Davis Bank Stock	44,400	-0-	44,400
Repurchase agreements	32,561	-0-	32,561
Total	<u>\$ 11,880,235</u>	<u>\$ 5,792,099</u>	<u>\$ 11,880,235</u>

The Hospital also had deposits in excess of FDIC insurance limits in the amount of \$ 2,300,364 at November 30, 2012 and \$ 1,825,226 at November 30, 2011.

JENNINGS AMERICAN LEGION HOSPITAL, INC.  
Jennings, Louisiana

NOTES TO THE FINANCIAL STATEMENTS

7. COMPENSATED ABSENCES

Vested paid time off time is accrued at current pay rates. The amount accrued at November 30, 2012 and November 30, 2011 respectively was \$ 604,734 and \$ 615,075.

8. NET PATIENT REVENUE

Patient revenues on the financial statements at November 30, 2012 and November 30, 2011 are stated net of estimated third party contractual adjustments and other discounts and allowances.

9. EMPLOYEE BENEFITS

The hospital offers its employees a cafeteria plan under IRC section 125 and purchased annuities under reduced salary agreements under IRC section 403(b). The Hospital has a safe harbor 401K plan for which it matches 100% of the first 3 % of deferred compensation plus 50% of the next 2% of deferred compensation. The 401k matching contribution expense for the year ended November 30, 2012 and November 30, 2011 respectively was \$ 348,177 and \$ 330,536.

10. ESTIMATED THIRD-PARTY PAYOR SETTLEMENTS

MEDICARE & MEDICAID

Estimated third-party payor settlements (Medicare and Medicaid) - During the billing cycle Medicare and Medicaid patients are billed at normal rates. Each month an estimate is made as to the actual amounts due from the third party based on expected Medicare and Medicaid reimbursements. As payments are received patient accounts are credited and adjustments to amounts in allowance for uncollectibles are recorded. After current cost reports are completed and pay schedules updated, differences in estimates are settled. Amounts in the resulting asset or liability account reflect estimated settlement due to/from the hospital. The amounts of these estimates are significant and it is possible that actual results could differ from those estimated in the near future.

11. CONCENTRATIONS OF CREDIT RISK

The Hospital is located in Jennings, Louisiana. The Hospital grants credit without collateral to its patients, most of who are local residents and are insured under third-party payor agreements.

As disclosed in note 6 the Hospital had deposits in major financial institutions that exceeded Federal Depository Insurance limits. These financial institutions have a strong credit rating and management believes that credit risk related to these deposits is minimal.

12. CONTINGENCIES

Provision For Possible Overpayments – During the year ended November 30, 2012 and November 30, 2011 the Hospital received Disproportionate Share Payments for unreimbursed cost based on the States fiscal year, which does not coincide with the Hospital's fiscal year. These disbursements are normally based on prior year cost reports. The Hospital has set this provision for possible future refund demands due to the method prescribe for the allocation of such funds.

13. SCHOLARSHIPS

At November 30, 2012 the hospital projected its scholarship commitment for future years as follows:

<u>Year Ended</u> <u>November 30</u>	
2012	\$ 48,250
2013	\$ 34,500

JENNINGS AMERICAN LEGION HOSPITAL, INC.  
Jennings, Louisiana

NOTES TO THE FINANCIAL STATEMENTS

14. FUTURE INCOME GUARANTEES

As part of its physician recruiting practice, the hospital sometimes offers certain physicians incentives in the form of guaranteed minimum income for such physicians for a period of time. The amounts of such payments are not determinable because they are directly affected by the physicians medical practice receipts. The maximum amount which may be paid in the future under such contracts was calculated at November 30, 2012 to be:

<u>Year Ended November 30</u>	<u>Amount</u>
2013	\$ 625,000
2014	625,000
2015	625,000
2016	563,000
2017	440,000
2018	440,000
2019	440,000
2020	73,000

15. RELATED PARTY TRANSACTIONS

During the fiscal year ended 11/30/12 there were no Related Party Transactions.

16. LEASES

Operating equipment lease expense for the year ended November 30, 2012 and 2011 was \$ 457,531 and \$ 504,960. Future minimum lease payments on non-cancelable equipment leases are as follows:

For the Fiscal Year Ended November 30, 2013      \$ 402,319

17. ASSETS WHOSE USE IS LIMITED

	<u>2012</u>	<u>2011</u>
Cash Accounts	\$ 4,712,938	\$ 5,652,667
Cash Surrender Value of Life Insurance	47,845	32,561
Repurchase Agreements	-0-	-0-
Common Stock	44,400	44,400
U.S. Instrumentality Securities	5,743,019	5,792,098
Deferred Charges	1,769,023	1,647,081
Total	<u>\$ 12,317,225</u>	<u>\$ 13,168,807</u>

18. FUNCTIONAL EXPENSES

	<u>2012</u>	<u>2011</u>
Health care services	\$ 21,420,235	\$ 20,502,265
General and administrative	15,314,835	16,098,603
Total	<u>\$ 36,735,070</u>	<u>\$ 36,600,868</u>

19. OTHER OFF BALANCE SHEET RISK

The hospital purchases commercial insurance to reduce the risk of loss due to liability claims and loss due to physical damage to fixed assets should they occur.

JENNINGS AMERICAN LEGION HOSPITAL, INC.  
Jennings, Louisiana

NOTES TO THE FINANCIAL STATEMENTS

20. LITIGATION

Jennings American Legion Hospital, Inc. has been named in several medical malpractice claims. Management believes that these claims, if found to be valid, will fall completely under the coverage of their insurance.

21. SFAS NO. 133, "ACCOUNTING FOR DERIVATIVE INSTRUMENTS AND HEDGING ACTIVITIES"

Effective December 1, 2000, Jennings American Legion Hospital, Inc. adopted SFAS 133, and its corresponding amendments under SFAS 138. SFAS 133 requires the Hospital to measure all derivatives, including certain derivatives embedded in other contracts, at fair value and to recognize them in the Balance Sheet as an asset or liability, depending on the Hospital's rights or obligations under the applicable derivative contract. For derivatives designated as fair value hedges, the changes in the fair value of both the derivative instrument and the hedged item are recorded in the appropriate expense or income account (net). For derivatives designated as cash flow hedges, the effective portions of changes in fair value of the derivative are reported in other comprehensive income (loss) and are subsequently reclassified into the appropriate expense or income account when the hedged item affects such account. Changes in fair value of derivative instruments not designated as hedging instruments and ineffective portions of hedges are recognized in other income (expense)-net in the period incurred.

During the year ended November 30, 2001 the Hospital designated an interest rate swap as a cash flow hedge. The swap was entered into to fix rates on a variable rate loan at 5.78%. The hedge was active until June 1, 2011.

22. CHARITY CARE

Jennings American Legion Hospital, Inc. provides services to patients who meet the criteria of its charity care policy at amounts less than its established rates. The criteria for charity care consider family income, family size, and other sources of expected payments. Patient accounts were reduced by \$ 1,807,075 in 2012 and \$ 844,759 in 2011 for charges for services identified as charity care. Current policy requires patients to apply and provide information to enable the Hospital to determine charity status, or they may qualify if they are eligible for the Medicaid spend down program. In this case they will automatically be moved to the charity program.

23. KEY EMPLOYEE INSURANCE

The Hospital maintains key employee insurance on executive officers in the approximate amount of \$ 500,000. The cash surrender values of this policy is reported as dedicated funds.

25. DEFERRED CHARGES

The deferred charges included in Assets Whose Use Is Limited are expenses for retaining physicians which are associated future hospital revenues. They will be amortized over the applicable contract periods.

25. SUBSEQUENT EVENTS

The Hospital evaluated its records as of March 1, 2013 for subsequent events through this date and the Hospital is not aware of any subsequent events which would require recognition or disclosure in the financial statements.

## **ADDITIONAL REPORTS**



**RICHARD BULLER  
CPA SERVICES, LLC**

CERTIFIED PUBLIC ACCOUNTANTS

*Richard A. Buller Jr., CPA/PFS, CFA*

*David A. Edgar, CPA*

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Louisiana Society of Certified Public Accountants  
Chartered Financial Analyst Institute*

**Report On Internal Control Over Financial Reporting And On Compliance  
And Other Matters Based On An Audit Of Financial Statements Performed In  
Accordance With *Government Auditing Standards***

To the Board of Directors of  
Jennings American Legion Hospital

We have audited the financial statements of Jennings American Legion Hospital (a nonprofit organization) as of and for the years ended November 30, 2012 and 2011, and have issued our report thereon dated March 1, 2013. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States.

**Internal Control over Financial Reporting**

In planning and performing our audit, we considered Jennings American Legion Hospital's internal control over financial reporting as a basis for designing our auditing procedures for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Jennings American Legion Hospital's internal control over financial reporting. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control over financial reporting.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent or detect and correct misstatements on a timely basis. A material weakness is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis

JENNINGS AMERICAN LEGION HOSPITAL, INC.  
Jennings, Louisiana

Our consideration of internal control over financial reporting was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over financial reporting that might be deficiencies, significant deficiencies, or material weaknesses. We did not identify any deficiencies in internal control over financial reporting that we consider to be material weaknesses, as defined above.

Our consideration of internal control over financial reporting was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over financial reporting that might be deficiencies, significant deficiencies, or material weaknesses. We did not identify any deficiencies in internal control over financial reporting that we consider to be material weaknesses, as defined above.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether Jennings American Legion Hospital, Inc.'s financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under Government Auditing Standards. We noted certain matters that we reported to management of Jennings American Legion Hospital, Inc. in a separate letter dated March 1, 2013.

This report is intended solely for the information and use of management, Board of Directors, and supplemental lenders, is not intended to be, and should not be used by anyone other than these specified parties.

Richard Buller CPA Services, LLC  
Jennings, LA  
March 1, 2013



JENNINGS AMERICAN LEGION HOSPITAL, INC.  
Jennings, Louisiana

**SCHEDULE OF ESTIMATED THIRD-PARTY SETTLEMENTS**  
**FOR THE YEARS ENDED NOVEMBER 30, 2012 AND 2011**

	<u>2012</u>	<u>2011</u>
THIRD-PARTY PAYOR RECEIVABLES:		
Medicare	\$ 418,130	\$ 151,271
Medicaid	<u>726,882</u>	<u>5,929</u>
Total Third-Party Payor Receivables	1,145,012	157,200
THIRD-PARTY PAYOR LIABILITIES:		
Medicare	(316,110)	(119,846)
Medicaid	<u>-0-</u>	<u>(23,086)</u>
Total Third-Party Payor Liabilities	<u>(316,110)</u>	<u>(142,932)</u>
NET ESTIMATED THIRD-PARTY PAYOR SETTLEMENTS	<u>\$ 828,902</u>	<u>\$ 14,268</u>

JENNINGS AMERICAN LEGION HOSPITAL, INC.  
Jennings, Louisiana

**SCHEDULE OF ASSETS WHOSE USE IS LIMITED**  
**FOR THE YEARS ENDED NOVEMBER 30, 2012 AND 2011**

	<u>2012</u>	<u>2011</u>
ASSETS WHOSE USE IS LIMITED:		
Restricted by Board of Trustees For Capital Improvements and Expansions:		
Funded Depreciation - Asset Acquisitions Account	\$ 41,958	\$ 31,939
Funded Depreciation - Repurchase Agreements	-	112,588
Funded Depreciation - Certificate of Deposit	5,277,938	5,652,667
Funded Depreciation - Jeff Davis Bank Stock	44,400	44,400
Funded Depreciation - Federal Farm Credit Bank	-0-	-0-
Funded Depreciation - FHLB	-0-	250,000
Funded Depreciation - Federated US Government	2,253,253	2,535,903
Funded Depreciation - CDAR	2,839,436	2,811,871
Total	<u>10,456,985</u>	<u>11,439,368</u>
Restricted by Board for Key Employee Retention:		
Retirement Annuity	43,372	49,797
Deferred Charges	1,769,023	1,647,081
Cash Value of Life Insurance Policies	<u>47,845</u>	<u>32,561</u>
TOTAL ASSETS WHOSE USE IS LIMITED	<u><u>\$ 12,317,225</u></u>	<u><u>\$ 13,168,807</u></u>

JENNINGS AMERICAN LEGION HOSPITAL, INC.  
Jennings, Louisiana

## SCHEDULE OF PATIENT SERVICES REVENUES BY PATIENT TYPE AND PAYOR FOR THE YEAR ENDED NOVEMBER 30, 2012

	Medicare	Medicaid	Other	Total
<b>INPATIENT:</b>				
Intensive Care Unit	1,469,447	255,696	412,242	2,137,385
OB/GYN	7,358	1,061,356	503,505	1,572,219
Nursery	78	372,287	172,833	545,198
Tower I	6,390,211	1,372,393	2,807,335	10,569,939
Surgery	1,874,849	970,432	1,788,812	4,634,093
Recovery	152,254	103,594	185,699	441,547
Anesthesia	183,854	104,912	228,573	517,339
Orthopedics	2,186,040	48,849	1,339,219	3,574,108
Emergency Room	1,645,011	407,674	691,373	2,744,058
Outpatient	20,353	4,031	14,929	39,313
Cath Lab	211,397	47,065	61,716	320,178
Dialysis	116,804	11,110	7,582	135,496
Materials Management	-0-	-0-	-0-	-0-
Laboratory	4,662,255	944,945	1,695,268	7,302,468
EKG	194,299	20,084	66,416	280,799
Treadmill	16,902	1,494	14,422	32,818
EEG	6,700	706	2,118	9,524
Radiology	1,526,383	241,680	200,216	1,968,279
Nuclear Medicine	274,128	24,119	171,861	470,108
Pharmacy	7,495,218	1,632,405	3,296,494	12,424,117
Respiratory Therapy	3,273,776	873,938	1,088,483	5,236,197
Speech Therapy	26,845	3,560	4,211	34,616
Physical Therapy	448,432	59,981	70,001	578,414
Total Inpatient	32,182,594	8,562,311	14,823,308	55,568,213
<b>SKILLED NURSING:</b>				
Intensive Care Unit	7,705	-0-	-0-	7,705
Tower I	681,795	-0-	8,487	690,282
Surgery	26,974	-0-	129	27,103
Emergency Room	2,396	-0-	-0-	2,396
Outpatient	49	-0-	-0-	49
Cath Lab	-0-	-0-	3,954	3,954
Dialysis	1,758	-0-	-0-	1,758
Laboratory	212,185	-0-	1,449	213,634
Treadmill	488	-0-	-0-	488
EKG	1,124	-0-	-0-	1,124
EEG	-0-	-0-	-0-	-0-
Radiology	53,187	-0-	114	53,301
Nuclear Medicine	6,553	-0-	-0-	6,553
Pharmacy	772,521	-0-	4,319	776,840
Respiratory Therapy	318,526	-0-	5,022	323,548
Speech Therapy	6,351	-0-	120	6,471
Physical Therapy	56,091	-0-	-0-	56,091
Dietary	-0-	-0-	-0-	-0-
Total Skilled Nursing	2,147,703	-0-	23,594	2,171,297

JENNINGS AMERICAN LEGION HOSPITAL, INC.  
Jennings, Louisiana

**SCHEDULE OF PATIENT SERVICES REVENUES BY PATIENT  
TYPE AND PAYOR (cont.)  
FOR THE YEAR ENDED NOVEMBER 30, 2012**

	Medicare	Medicaid	Other	Total
OUTPATIENT:	-0-	-0-	-0-	-0-
Intensive Care Unit	470	137	804	1,411
OB/GYN	989	92,288	32,442	125,719
Nursery	-0-	162	1	163
Medsurg	1,254,650	351,808	912,746	2,519,204
Surgery	1,574,998	1,946,800	3,485,787	7,007,585
Recovery	76,829	158,671	313,290	548,790
Anesthesia	95,889	170,560	404,394	670,843
Orthopedics	405,096	52,248	1,447,070	1,904,414
Emergency Room	1,741,779	2,006,203	3,299,975	7,047,957
Outpatient	90,068	50,585	132,118	272,771
Cath Lab	608,371	8,199	259,536	876,106
Cardiac Rehab	90,272	-0-	24,894	115,166
Obclinic	5,140	14,808	86,596	106,544
Dialysis	(1,124)	-0-	-0-	(1,124)
Materials Management	-0-	-0-	-0-	-0-
Laboratory	4,125,413	1,606,769	4,109,033	9,841,215
EKG	154,272	44,780	169,384	368,436
Treadmill	62,688	8,964	104,410	176,062
EEG	5,288	9,870	8,112	23,270
Radiology	485,851	358,356	891,278	1,735,485
Nuclear Medicine	615,019	130,058	665,110	1,410,187
Pharmacy	1,350,374	438,364	1,140,434	2,929,172
Respiratory Therapy	169,682	56,134	118,634	344,450
Speech Therapy	2,376	381	1,366	4,123
Physical Therapy	1,412	352	(452)	1,312
Dietary	2,250	550	2,000	4,800
Total Outpatient	12,918,052	7,507,047	17,608,962	38,034,061
Gross Patient Revenues	47,248,349	16,069,358	32,455,864	95,773,571
ALLOWANCES:				
Contractual Adjustments				44,496,189
Other Discounts & Allowances				(16,658,325)
NET PATIENT SERVICE REVENUES				123,611,435

JENNINGS AMERICAN LEGION HOSPITAL, INC.  
Jennings, Louisiana

## SCHEDULE OF OTHER OPERATING REVENUES

### FOR THE YEARS ENDED NOVEMBER 30, 2012 AND 2011

	2012	2011
OTHER OPERATING REVENUE:		
Sale of Medical Records	\$ 2,565	\$ 7,994
Employee Meals	115,392	101,173
Visitor Meals	2,375	3,127
Miscellaneous Revenue	1,492,932	2,170,839
Disproportionate Share Payment	1,384,770	1,798,577
Operating Interest Income	1,872	847
Purchase Discount	18,572	15,591
Lab Service Revenue/Agency Billing	3,500	3,500
Gain/Loss on Fixed Assets	(1,087)	(1,300)
Sale of Scrap	826	-0-
Rehab Services	177,576	165,832
Service Revenue	4,937	2,857
V. A. Clinic Revenue	112,586	103,061
Medical Office Building Rental	304,871	267,601
	<u>3,621,687</u>	<u>4,639,699</u>
TOTAL OTHER OPERATING REVENUE	<u>\$ 3,621,687</u>	<u>\$ 4,639,699</u>

JENNINGS AMERICAN LEGION HOSPITAL, INC.  
Jennings, Louisiana

## SCHEDULE OF OPERATING EXPENSES BY DEPARTMENT AND CATEGORY FOR THE YEARS ENDED NOVEMBER 30, 2012

	Salaries	Supplies	Purchased Svc	Other	TOTAL
<b>PATIENT SERVICES</b>					
Nursing Administration	429,057	2,611	565	50,347	482,580
Intensive Care Unit	772,233	63,306	986	80,704	917,229
NSG Education	72,923	341	-0-	2,145	75,409
OB/GYN	640,955	35,632	-0-	56,784	733,371
Nursery	237,018	16,867	-0-	12,658	266,543
Infection Control	135,979	12,780	-0-	2,145	150,904
Tower 1	1,090,879	95,284	(764)	44,131	1,229,530
Tower 2	1,074,708	100,881	486	38,535	1,214,610
Tower 3	1,074,522	97,214	1,296	40,964	1,213,996
Surgery	845,017	995,404	15,953	273,791	2,130,165
Recovery	-0-	-0-	-0-	1,212	1,212
Anesthesia	36,600	49,471	-0-	55,113	141,184
Orthopedics	-0-	1,101,763	-0-	64,146	1,165,909
Emergency Room	1,159,998	119,156	343,069	33,035	1,655,258
Outpatient	311,431	59,959	-0-	12,315	383,705
Cath Lab	275,861	107,721	7,837	372,022	763,441
Cardiac Rehab	101,580	1,140	1,475	5,747	109,942
Dialysis	-0-	-0-	87,575	-0-	87,575
OB Clinic	36,290	816	3,327	13,389	53,822
Materials Management	149,973	72,015	-0-	11,905	233,893
Laboratory	1,055,462	704,725	619,272	123,873	2,503,332
EKG	-0-	529	276	-0-	805
Treadmill	-0-	1,949	-0-	-0-	1,949
EEG	-0-	666	8,841	89	9,596
Radiology	386,280	26,939	3,987	295,078	712,284
Nuclear Medicine	131,632	117,593	-0-	98,965	348,190
CAT Scan	38,680	-0-	-0-	-0-	38,680
Ultrasound	225,978	132	-0-	-0-	226,110
M.R.I.	74,096	11	-0-	105	74,212
Mammo	42,135	(3,421)	-0-	-0-	38,714
Pharmacy	-0-	536,934	1,604,361	85,217	2,226,512
Respiratory Therapy	637,683	80,354	-0-	55,786	773,823
Speech Therapy	-0-	-0-	4,440	-0-	4,440
Physical/Speech Therapy	-0-	-0-	121,200	-0-	121,200
Medical Records	326,261	4,291	129,021	90,719	550,292
Case Management	326,868	1,803	211,266	9,627	549,564
Risk MGMT/QC	140,100	1,882	25,292	44,840	212,114
V.A. Clinic	-0-	-0-	1,024	17,116	18,140
Total Patient Services	11,830,199	4,406,748	3,190,785	1,992,503	21,420,235

JENNINGS AMERICAN LEGION HOSPITAL, INC.  
Jennings, Louisiana

**SCHEDULE OF OPERATING EXPENSES BY DEPARTMENT AND  
CATEGORY (Continued)**  
FOR THE YEARS ENDED NOVEMBER 30, 2012

	Salaries	Supplies	Purchased Svc	Other	TOTAL
GENERAL SERVICES:					
Dietary	385,136	348,245	-0-	68,648	802,029
Maintenance	182,313	34,601	109,901	642,907	969,722
Environmental Services	506,330	151,961	73,891	10,450	742,632
Laundry & Linen	-0-	20,206	207,911	3,030	231,147
Total General Services	1,073,779	555,013	391,703	725,035	2,745,530
	Salaries	Supplies	Purchased Svc	Other	TOTAL
ADMINISTRATIVE					
Financial Services	56,373	41	-0-	583	56,997
Human Resources	121,732	163	9,246	5,946	137,087
Administration	593,339	4,959	746,213	922,556	2,267,067
Accounting	103,526	3,485	173	10,097	117,281
Patient Accounts	317,453	6,039	217,519	97,672	638,683
Data Processing	368,626	2,434	12,934	336,778	720,772
Admit/PBX	358,203	16,616	6,050	10,149	391,018
Employee Benefits	-0-	-0-	-0-	3,184,631	3,184,631
Insurance	-0-	-0-	-0-	540,276	540,276
Depreciation	-0-	-0-	-0-	1,133,581	1,133,581
Interest	-0-	-0-	-0-	241,529	241,529
Board	-0-	-0-	-0-	125,203	125,203
Bad Debts	-0-	-0-	-0-	2,987,419	2,987,419
Non-Operating Items	-0-	-0-	-0-	-0-	-0-
Medical Office Building	-0-	-0-	-0-	1,420	1,420
Rehab/ Sr. Care/Sick Daycare	-0-	-0-	-0-	160	160
Sick Daycare	-0-	-0-	-0-	-0-	-0-
Hospital Foundation	23,499	144	-0-	2,539	26,182
Total Admin. Services	1,942,750	33,880	992,135	9,600,539	12,569,304
Total Operating Expenses	4,193,627	248,320	1,334,440	9,677,705	15,454,092

JENNINGS AMERICAN LEGION HOSPITAL, INC.  
Jennings, Louisiana

**SCHEDULE OF OPERATING EXPENSES BY CATEGORY**  
**FOR THE YEARS ENDED NOVEMBER 30, 2012 AND 2011**

	<u>2012</u>	<u>2011</u>
OTHER OPERATING EXPENSES:		
Repairs Expense	\$ 1,099,327	\$ 1,028,802
Rental/Lease Expense	457,531	504,960
Utilities Expense	526,278	564,153
Travel Expense	42,290	43,800
Seminars Expense	21,737	29,144
Postage Expense	10,906	7,816
Freight Expense	46,296	48,768
Dues and Subscriptions	155,004	105,234
Board Expense	125,203	132,057
Licenses Expense	26,805	45,683
Promotion and Advertising	40,513	42,179
Bank Charges	17,706	15,462
Sales & Use Taxes	531,986	540,439
Miscellaneous	19,890	25,087
Property Taxes	28,969	21,155
Scholarship Expense	<u>40,384</u>	<u>41,155</u>
 TOTAL OTHER OPERATING EXPENSES	 <u><u>\$ 3,190,825</u></u>	 <u><u>\$ 3,195,894</u></u>



JENNINGS AMERICAN LEGION HOSPITAL, INC.  
Jennings, Louisiana

**SCHEDULE OF FINDINGS**  
NOVEMBER 30, 2012

CURRENT YEAR

COMPLIANCE FINDINGS

None to report

INTERNAL CONTROL FINDINGS

None to report

JENNINGS AMERICAN LEGION HOSPITAL, INC.  
Jennings, Louisiana

**SCHEDULE OF PRIOR YEAR FINDINGS**

PRIOR YEAR

COMPLIANCE FINDINGS

None to report

INTERNAL CONTROL FINDINGS

None to report