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DLN: 93493212000025

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 private foundations)

► Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2013

Open to Public Inspection

A Fo	rthe 2	2013 ca	lendar year, or tax year beginning	ງ 10-01-2013 ,2013, and endin	ıg 09-30-20	014				
		pplicable	C Name of organization LAFAYETTE GENERAL MEDICAL CENT	ER INC			D Emplo	yer ide	entification number	
_	ress cha	-	Doing Business As				<u> </u>	3537	'5	
_	ne char	_								
_	al retur		Number and street (or P O box if m 1214 COOLIDGE BOULEVARD	all is not delivered to street address) R	loom/suite		E Telepho	one nun	mber	
_	mınated						(337)	289-	8125	
_	ended r		City or town, state or province, cour LAFAYETTE, LA 705032621	ntry, and ZIP or foreign postal code						
App	lication	pending					G Gross r	eceıpts	\$ 379,728,040	
			F Name and address of prir	ncipal officer	н		this a group			
			1214 COOLIDGE BOULEVA	ARD		su	bordinates?		Γ Yes Γ No	
			LAFAYETTE, LA 70503		н		e all subordi	nates	┌ Yes ┌ No	
T Ta:	-exem	pt status	<u> </u>	insert no)	,		:luded? 'No " attach	a list	(see instructions)	
		<u> </u>		1113CTC 110)		_				
			WW LAFAYETTEGENERAL COM			l(c) ^G	oup exempt	ion nu	ımber 🟲	
			Corporation Trust Associatio	n Other 🟲		L Year o	formation 19	11 N	1 State of legal domicile LA	
Pa	rt I		nmary							
			describe the organization's missic RGANIZATION PROVIDES MED		ΝΤΔΙΝ Δ	ND RE	STORE THE	НΕΔΙ	TH OF THE PEOPLE	
			COMMUNITIES WE SERVE	TCAL CARE TO IMPROVE, MAI	N 1 A 1 N , A	ND KL.	JI OKE THE	111.		
2€	-									
<u> </u>	-									
Governance	2	Check	his box 🔭 if the organization di	scontinued its operations or disp	osed of m	ore tha	n 25% of its	net a	ssets	
								ı	1	
Activities &			of voting members of the govern					3	21	
Ě			of independent voting members of independent voting members of individuals employed in o					5	15	
ទ្ធ			imber of individuals employed in t imber of volunteers (estimate if n					6	2,211	
•			nrelated business revenue from P					7a	3,513,378	
			elated business taxable income fi					7b	-942,017	
						Р	rior Year		Current Year	
	8	Cont	ributions and grants (Part VIII, li	ne 1 h)	[596,	224	211,434	
Rayenue	9	Progr	am service revenue (Part VIII, li	[342,198,	784	357,497,935		
evel	10		tment income (Part VIII, column	8,255,8		3,556,78				
ш.	11		revenue (Part VIII, column (A),		· -		12,660,	179	16,349,373	
	12		revenue—add lines 8 through 11		363,711,0	064	377,615,525			
	13		s and similar amounts paid (Part				39,953,	882	42,435	
	14	Bene	fits paid to or for members (Part I	X, column (A), line 4)	[0	0	
ø	15		ies, other compensation, employe	ee benefits (Part IX, column (A),	lines		100,019,	169	9 100,374,500	
Expenses	16a	5-10 Profe	<i>)</i> ssional fundraising fees (Part IX,	column (A.), line 11e)			100,013,	0	0	
Ð	ь		undraising expenses (Part IX, column (D		· · ·					
Ω	17		expenses (Part IX, column (A),	· -	一. ト		218,930,	530	219,583,764	
	18		expenses Add lines 13-17 (mu		_		358,903,8		320,000,699	
	19	Reve	nue less expenses Subtract line	18 from line 12			4,807,	183	57,614,826	
<u>왕</u>						Beginn	ing of Curre	nt	End of Year	
Not Assets or Fund Balances	20	T a t = 1	accete (Part V line 16)		F		Year 425,656,	546		
AB.	20 21		assets (Part X, line 16) liabilities (Part X, line 26)		. j. -		229,673,8		315,475,291	
2 E	22		ssets or fund balances Subtract		-		195,982,		254,971,940	
	t II		nature Block		-		, /-	-	.,- : =,- 10	
my kr	rer ha	lge and	perjury, I declare that I have ext belief, it is true, correct, and con nowledge *** hature of officer							
Here			GER MATTKE CFO							
		Тур	e or print name and title							
			Print/Type preparer's name MARSHA H DIECKMAN CPA	Preparer's signature	Date 2015-		Check if self-employed	PTIN P0024		
Paid			Firm's name 🕨 HORNE LLP		ı		irm's EIN 🕨 2			
	pare		Firm's address ► 1020 HIGHLAND COLON	IY PKWY STF 400			hone no (601) 326-1	1000	
USA	Onl	ıv I	I III. 100 . IOZO HIOHENIO COLOI			Ι'	(001	,	-	

RIDGELAND, MS 39157

May the IRS discuss this return with the preparer shown above? (see instructions) $\,$.

✓ Yes No

) (Revenue \$

including grants of \$

4d

4e

(Expenses \$

Other program services (Describe in Schedule O)

art TV	Check	list of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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^{\square}	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	

Par	t IV Checklist of Required Schedules (continued)						
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes				
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No			
23	Did the organization answer "Yes" to Part VII, Section A, line 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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No			
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b					
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c					
d	I Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?						
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No			
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No			
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		No			
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <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)						
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No			
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No			
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Yes				
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No			
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No			
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <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? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes				
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes				
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No			
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No			
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes				

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	<u> </u>	厂_					
			Yes	No					
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 431								
	Enter the number of Forms W-2G included in line 1a Enter-0- if not applicable 1b 0								
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return								
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)	2b	Yes						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Yes						
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		No					
b	If "Yes," enter the name of the foreign country ▶								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No					
ь	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?	- 55							
		5c							
	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 as charitable contributions?	6a		N o					
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
а	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	b If "Yes," did the organization notify the donor of the value of the goods or services provided?								
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		No					
	If "Yes," indicate the number of Forms 8282 filed during the year								
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e							
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f							
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the organization make any taxable distributions under section 4966?	9a							
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter								
а	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								
11	Section 501(c)(12) organizations. Enter								
а	Gross income from members or shareholders								
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a							
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans								
С	Enter the amount of reserves on hand								
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b							

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI .													. ▽
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Se	ection A. Governing Body and Management									
			Yes	No						
1 a	Enter the number of voting members of the governing body at the end of the tax year									
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O									
b	Enter the number of voting members included in line 1a, above, who are independent									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No						
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No						
6	Did the organization have members or stockholders?	6	Yes							
_	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,	7b	Yes							
8	or persons other than the governing body?									
_	year by the following The governing body?	8a	Yes							
_	8b	Yes								
ь 9	 b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at th 									
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	ia Cad	No						
36	ection B. Policies (This Section B requests information about policies not required by the Internal R	even	Yes	No						
			165	NO						
1 A-		10-		l Na						
	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?	10a 10b		No						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		Yes	No						
b 11a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	10b	Yes	No						
b 11a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	Yes	No						
b 11a b 12a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b		No						
b 11a b 12a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a	Yes	No						
b 11a b 12a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b	Yes	No						
b 11a b 12a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10b 11a 12a 12b	Yes Yes	No						
b 11a b 12a b c	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by	10b 11a 12a 12b 12c 13	Yes Yes Yes	No						
b 11a b 12a b c 13 14	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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?	10b 11a 12a 12b 12c 13	Yes Yes Yes	No						
b 11a b 12a c 13 14 15 a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes	No						
b 11a b 12a c 13 14 15 a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No						
b 11a b 12a c 13 14 15 a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes							
b 11a b 12a c 13 14 15 a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No						
b 11a b 12a c 13 14 15 a b 16a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes							
b 11a b 12a c 13 14 15 a b 16a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes							

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

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

interest policy, and financial statements available to the public during the tax year

►THE ORGANIZATION 1214 COOLIDGE BOULEVARD

LAFAYETTE, LA 70503 (337) 289-8125

Form 990	(2013	
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line 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 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more t	han o	one l both	box, an o	heck sofficer (stee) Highest compensated	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations

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

(A) Name and Title						heck unless officer stee)		(L Repor comper from organiza 2/1099	table nsation the tion (W-	(E) Reportable compensation from related organizations (W	v-	(F) Estima amount o compens from t	ted fother ation he
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			2/1099-MISC) c	organizati relate organiza	ed
											_		
											_		
											\perp		
											+		
											+		
1b Sub-Total			_	_									
c Total from continuation sheet	s to Part VII, S	ection A	٠.				٠						
d Total (add lines 1b and 1c) .							۰		4,895,180	1,657,3	805		462,932
2 Total number of individuals (in \$100,000 of reportable compe	_					d abov	e) wl	ho receive	d more th	an			
												Yes	No
3 Did the organization list any fc on line 1a? <i>If "Yes," complete S</i>					key •	emplo	yee, •	or highes	t compen • •	sated employee	3		No
	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such									4	Yes		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person									or individual for	5		No	
Section B. Independent Co	ntractors												
1 Complete this table for your five	e highest comp											L	
compensation from the organiz	ation Report co	mpensa	ation	tort	ne c	alenda	ir ye	ar ending	with or wi	thin the organizat (B)	ion's	tax year (C	

(A)	(B)	(C)					
Name and business address	Description of services	Compensation					
ARAMARK CORPORATION 25271 NETWORK PLACE CHICAGO IL 60673	HOUSEKEEPING AND DIETARY	7,609,335					
CARDIOVASCULAR INSTITUTE OF THE SOUTH AP 225 DUNN STREET HOUMA LA 703604413	CARDIOLOGY SERVICES	3,525,436					
LSU HEALTH CARE SERVICES 433 BOLIVAR STREET NEW ORLEANS LA 70112	MEDICAL SCHOOL RESIDENTS	2,781,042					
PARISH ANESTHESIA OF LAFAYETTE 3510 N CAUSEWAY BOULEVARD METAIRIE LA 700023531	Anesthesia services	1,696,359					
PARAGON CONTRACTING SERVICES INC PO BOX 634850 CINCINNATI OH 452634850	EMERGENCY SERVICES	1,581,926					
3. Total number of independent contractors (including but not limited to those listed above) who received more than							

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►56

Contributions, Giffs, Grants and Other Similar Amounts	1a b c d e f g
Program Service Revenue	2a b c d e f
evenue	9 3 4 5 6a b c d 7a b
Other F	b c 9a b c 10a b
	11a b c d e

Part V	ДЩ	Statement of										
		Check If Sched	ule O contains a respor	nse or note to any li	ne in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514				
oΣ	1a	Federated cam	paigns 1a									
ant	ь	Membership du	ıes 1b									
و و	c	Fundraising ev	ents 1c	61,342								
ffs, FA	d	Related organiz	zations 1d									
છ્≝	e	Government grant										
Sir		-		150,092								
utic ier	f	sımılar amounts n	ons, gifts, grants, and 1f ot included above									
돌충	g	Noncash contributi 1a-1f \$	ons included in lines									
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add line	s 1a-1f		211,434							
				Business Code								
Program Serwce Revenue	2a	PATIENT REVENUE	<u> </u>	621990	357,497,935	357,497,935						
еле	b	- TANALITY REVENUE	-	021990	551,471,655	337,497,933						
or GE	c											
rws	d	-										
₹.	e		_									
<u> </u>	f	All other progra	am service revenue									
Š				_								
	3		s 2a-2f		357,497,935							
	3		come (including dividend ar amounts)		2,697,496			2,697,496				
	4	Income from inves	stment of tax-exempt bond	proceeds 🕨								
	5	Royalties .		🕨	101			101				
		6	(ı) Real 51,796	(II) Personal								
	b b	Gross rents Less rental	0									
	-	expenses Rental income	51,796									
	C	or (loss)										
	d	Net rental inco	me or (loss)	· ·	51,796			51,796				
	7a	Gross amount from sales of assets other	(1) Securities 2,761,825	(II) O ther								
	Ь	than inventory Less cost or										
		other basıs and sales expenses	0	1,902,538								
	c	Gain or (loss)	2,761,825	-1,902,538								
	d	Net gain or (los	ss)		859,287			859,287				
Other Revenue	8a	events (not inc \$61	luding .,342 s reported on line 1c)									
- -			a	121,753								
ŧ			(loss) from fundraising	209,977	-88,224			-88,224				
•	9a	Gross income f	(loss) from fundraising of from gaming activities ne 19	events 🛌	-00,224			-00,224				
	Ь	less direct or	apenses b									
	c		(loss) from gaming activ	vities								
		Gross sales of	r	- 'F								
		returns and allo	owances .	1,870								
		1 6	a									
	b		oods sold b (loss) from sales of inve	entory 🛌	1,870			1,870				
	٣	Miscellaneou		Business Code	1,570			2,0.0				
	11a	OTHER REVEN		900099	16,383,830	12,870,452	3,513,378					
	ь											
	c											
	d	All other reven	ue									
	e	Total. Add line	s 11a-11d	🕨	16,383,830							
	12	Total revenue.	See Instructions	📦			8 61	2 52 55				
	1			. 1	377,615,525	370,368,387	3,513,378	3,522,326				

	(2013)				Page 10
	IX Statement of Functional Expenses				
sectio	on 501(c)(3) and 501(c)(4) organizations must complete all columns. All				
	Check if Schedule O contains a response or note to any line in this			(c)	(D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	42,435	42,435		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	3,420,052	229,786	3,190,266	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	82,754,005	77,307,867	5,446,138	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	953,300	882,448	70,852	
9	Other employee benefits	7,338,020	6,448,073	889,947	
10	Payroll taxes	5,909,123	5,422,464	486,659	
11	Fees for services (non-employees)				
а	Management	2,044,495	2,021,520	22,975	
b	Legal				
C	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	331,455	331,455		
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	36,595	30,941	5,654	
13	Office expenses	4,631,421	4,038,685	592,736	
14	Information technology	77,152	55,121	22,031	
15	Royalties				
16	Occupancy	3,696,149	1,063,391	2,632,758	
17	Travel	219,479	183,041	36,438	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	27,753	27,753		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,089,240	4,844,367	244,873	
23	Insurance	4,000,134	68,931	3,931,203	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	MEDICAL SUPPLIES	65,576,973	65,576,760	213	
b	BAD DEBT	44,100,015	44,100,015		
C	OVERHEAD EXPENSES	37,310,848	36,305,608	1,005,240	
d	NONCLINICAL CONTRACT LA	15,366,019	14,182,818	1,183,201	
е	All other expenses	37,076,036	33,905,311	2,956,440	214,285
25	Total functional expenses. Add lines 1 through 24e	320,000,699	297,068,790	22,717,624	214,285
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Pal	rt X	Check if Schedule O contains a response or note to any line i	n this	Part X			
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			6,376	1	5,073
	2	Savings and temporary cash investments			57,816,088	2	46,943,521
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			38,841,856	4	33,668,553
	5	Loans and other receivables from current and former officers, employees, and highest compensated employees Complete Schedule L	Part II	of		5	
sts	6	Loans and other receivables from other disqualified persons (4958(f)(1)), persons described in section 4958(c)(3)(B), and and sponsoring organizations of section $501(c)(9)$ voluntary organizations (see instructions) Complete Part II of Schedule	ributing employers		6		
Assets	7	Notes and loans receivable, net			17,163,979	7	14,665,155
ď	8	Inventories for sale or use			8,531,213		9,478,061
	9	Prepaid expenses and deferred charges			4,578,244	9	1,030,465
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	 10a	100,210,503			1,000,100
	Ь	Less accumulated depreciation	10b	65,582,140	198,297,340	10c	34,628,363
	11	Investments—publicly traded securities			78,924,983	11	83,906,002
	12	Investments—other securities See Part IV, line 11			9,778	12	9,778
	13	Investments—program-related See Part IV, line 11			7,184,724	13	8,582,421
	14	Intangible assets			1,333,333	14	1,333,333
	15	Other assets See Part IV, line 11			12,968,632	15	81,224,566
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			425,656,546	16	315,475,291
	17	Accounts payable and accrued expenses			44,071,265	17	37,566,383
	18	Grants payable				18	_
	19	Deferred revenue			34,571,686	19	9,973,361
	20	Tax-exempt bond liabilities			102,100,501	20	0
φ.	21	Escrow or custodial account liability Complete Part IV of Sc				21	
Liabilities	22	Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disqua	ctors,				
qе		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third part	ies .		46,130,612	23	3,957,634
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to re and other liabilities not included on lines 17-24) Complete F	art X	of Schedule	2,799,736	25	9,005,973
	26	D			229,673,800	25 26	60,503,351
<u></u>	26	Total liabilities. Add lines 17 through 25			229,073,800	26	60,303,331
ğ	27	Unrestricted net assets			195,982,746	27	254,971,940
<u>छ</u>	28	Temporarily restricted net assets			.55,552,7 40	28	25 .,57 .,570
- E	29	Permanently restricted net assets		• •		29	
Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check complete lines 30 through 34.				23	
ō	30	Capital stock or trust principal, or current funds				30	
Assets or	31	Paid-in or capital surplus, or land, building or equipment fund				31	
55	32	Retained earnings, endowment, accumulated income, or othe				32	
¥	33	Total net assets or fund balances		•	195,982,746	33	254,971,940
Net	34	Total liabilities and net assets/fund balances			425,656,546	34	315,475,291
	J-4	i otal habilities and het assets/fullu balances	• •	• •	420,000,040	54	515,475,291

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		377,€	515,525
2	Total expenses (must equal Part IX, column (A), line 25)	2		320,0	00,699
3	Revenue less expenses Subtract line 2 from line 1	3		57,€	514,826
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		195,9	82,746
5	Net unrealized gains (losses) on investments	5		-	374,368
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		254,9	71,940
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. ᅜ
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	☐ Separate basis ☐ Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain it Schedule O	n			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	e	За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3b		

Software ID: Software Version:

EIN: 72-0535375

Name: LAFAYETTE GENERAL MEDICAL CENTER INC

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

Form 990, Part VII - Compensation Compensated Employees, and Inde					-	· · ·	,			
(A) Name and Title	(B) A verage hours per week (list any hours for related	Posit more th perso and a	ion (nan o n is b	ne b oth ctor/	ox, ι an o /trus	inless fficer tee)		(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
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former	2,1033 11130,	2/1033 11130/	related organizations
CLAY ALLEN	3 00	, , , , , , , , , , , , , , , , , , ,				+ -		0	0	
CHAIRMAN MARTIN BECH	2 00	X						0	0	0
TRUSTEE	1 00	х						0	0	0
BRADLEY J CHASTANT MD	1 00	х						11,000	0	0
TRUSTEE BRADEN DESPOT	1 00									
SECRETARY	2 00	X						0	0	0
BENJAMIN DOGA MD TRUSTEE	1 00	х						69,960	0	О
JULIE FALGOUT	1 00	×						0	0	0
TRUSTEE WILLIAM H FENSTERMAKER	1 00 1 00	^								
PAST CHAIRMAN	1 00	х						0	0	0
PHILIP GACHASSIN MD	1 00	х						96,473	0	0
TRUSTEE ROBERT GILES	1 00									
TRUSTEE	1 00	X						0	0	0
JOBY JOHN PHD TRUSTEE	1 00	x						0	0	o
EDWARD KRAMPE	1 00	×						0	0	0
VICE CHAIRMAN FLO MEADOWS	2 00	<u> </u>								
TREASURER	1 00	Х						0	0	0
DAVID CALHOUN	1 00	х						0	0	0
TRUSTEE MANDI MITCHELL	1 00	×						0	0	0
TRUSTEE GARY SALMON	1 00							0	0	0
TRUSTEE	1 00	х						0	0	o
SAMUEL SHUFFLER MD	1 00	Х						0	0	0
TRUSTEE DAVID WILSON	1 00	-								
TRUSTEE	2 00	X						0	0	0
JOSEPH ZANCO TRUSTEE	1 00	x						0	0	o
JUAN J PEREZ-RUIZ MD	1 00	X						0	262,729	10,458
CHIEF OF STAFF G GARY GUIDRY MD	41 00 1 00								202,723	10,130
TRUSTEE - PART YEAR	0 00	х						0	0	0
ROSE KENNEDY MD	1 00	х						28,300	0	0
TRUSTEE - PART YEAR BRAD BROUSSARD MD	0 00	-						21.05-	-	
TRUSTEE	0 00	×				_		24,053	0	0
JOHN SCHUTTE MD TRUSTEE	1 00 41 00	x						43,200	1,394,576	11,976
DAVID CALLECOD	40 00			Х				1,232,869	0	142,939
PRESIDENT/CEO - LGHS PATRICK W GANDY JR	5 00 40 00	-						,,		
EVP/CEO - LGMC	1 00			Х				599,205	0	46,359

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

(A) Name and Title	(B) A verage hours per week (list any hours	r more than one box, unless t person is both an officer s and a director/trustee)					i	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
ROGER MATTKE SVP/CFO	40 00 2 00			х				559,179	0	53,090
REBECCA F BENOIT	40 00									
VP/CNO	0 00			х				307,201	0	36,531
GORDON E ROUNTREE JR	40 00									
SVP/GENERAL COUNSEL	1 00			х				491,812	0	50,760
ZIAD M ASHKAR MD	40 00									
СМО	0 00					Х		404,423	0	92,400
KATHERINE HEBERT	1 00					х		283,489	0	10,427
ADMINISTRATOR	40 00									
ANGELA MAYEUX-HEBERT MD	15 00					x		286,915	0	0
DIRECTOR/PERIOP SERVICES	0 00									
EDWINA S MALLERY	40 00					l x		230,662	0	6,159
AVP - IS	0 00					^		230,002	0	0,139
DEAN B DUCOTE	40 00					х		226,439	0	1,833
VP - OPERATIONS	0 00									_,055

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493212000025

OMB No 1545-0047

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2013

Open to Public Inspection

Name	of	the	orga	nization	1	
AFAYE	TTE	GEN	ERAL	MEDICAL	CENTER	INC

Employer identification number

72-0535375

Pau	τI	Reas	on for Pii	blic Charity Sta	tus (All or	nanization	s must com	nlete this	nart) See i		:	
				e foundation becaus						noti actions	· .	
1			-	on of churches, or as	·			· ·	•			
2	Ė		-	I in section 170(b)(1					(-)(-)(-)			
3	<u>,</u>			perative hospital se			•	on 170(b)(1)(A)(iii).			
4	į.	•		n organization operat	=					(1)(A)(iii).	Enter the	
•	'			ty, and state			а поорпата			(-)()()-		
5	Γ	An orga	ınızatıon op	erated for the benefi	t of a college	e or univers	ity owned or	operated by	a governmer	ntal unit des	cribed in	
		sect ion	170(b)(1)(A)(iv). (Complete P	art II)							
6	Γ	A feder	al, state, or	local government or	governmen	tal unıt des	cribed in sec	tion 170(b)((1)(A)(v).			
7	Γ	An orga	inization tha	at normally receives	a substantia	al part of its	s support fror	n a governm	ental unit or	from the ger	eral publ	ıc
_	_			n 170(b)(1)(A)(vi).	•	•						
8	<u> </u>		•	described in section			•	•				
9	Г	_		at normally receives					•	-	-	SS
				ities related to its ex								
		• • •	_	oss investment inco				•		tax) from b	usinesses	5
	_			janization after June								
10 11	<u> </u>			ganized and operated ganized and operated								
		the box a 「	that descri Type I	y supported organız bes the type of supp b Type II c	orting organ Type II	iization and I - Functio	complete lin nally integrat	es 11e thro ed d	ugh 11h Type III - N	on-function	ally integ	rated
е	Γ	other th		ox, I certify that the on managers and otl								
f				received a written de	etermination	from the I	RS that it is a	Type I, Ty	pe II, or Type	III support	ing orgar	ıızatıon,
		check t			_							Г
g			ugust 1/, 2 g persons?	2006, has the organi	zation acce	pted any gi	ft or contribut	tion from an	y of the			
				rectly or indirectly o	ontrols, eith	ner alone or	together wit	n persons de	escribed in (ii)	Yes	No
				governing body of th			_	•	•		g(i)	
		(ii) A fa	mily memb	er of a person descri	bed in (i) ab	ove?				110	J(ii)	
			•	lled entity of a perso			above?				(iii)	
h				ng information about							• • •	
				-		-						
(i) Nan	ne of	(ii) EIN	(iii) Type of	(iv) Is	the	(v) Did yo	u notify	(vi) Is	the	(vii) A	mount of
	uppoi			organization	organizat		the organ		organiza			netary
or	ganız	ation		(described on lines 1- 9 above	col (i) lıs your gove		ın col (i) suppo	•	col (i) or	-	su	oport
				or IRC section	docume	_	Suppo	יוני	III tile t	131		
				(see		· · · -						
				instructions))	Yes	No	Yes	No	Yes	No	1	
					1 03	110	165	1,40	103	140		
								+		1		
[otal											+	

Sch	edule A (Form 990 or 990-EZ) 2013						Page 2
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation failed	to qualify under
_	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	low, please con	iplete Part .	.111.)
	endar year (or fiscal year beginning	(-) 2000	(1-) 2010	(-) 2011	(4) 2012	(-) 201	(5) T. I.
	in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 201:	3 (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						
3	behalf The value of services or facilities						
3	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						
S	ection B. Total Support	I	<u> </u>		I		I
	endar year (or fiscal year beginning	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	in) ►	(a) 2009	(6) 2010	(6) 2011	(u) 2012	(e) 2013	(I) I otal
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
	business activities, whether or not the business is regularly carried						
	on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support (Add lines 7 through 10)						
12	Gross receipts from related activities	es, etc (see inst	ructions)	•		12	1
13	First five years. If the Form 990 is t	for the organizati	on's first, second	l, thırd, fourth, or	fifth tax year as a	501(c)(3) o	rganızatıon, check
	this box and stop here				<u> </u>	<u> </u>	<u></u>
	ection C. Computation of Pub			4.4 1 (5)			
14	Public support percentage for 2013			11, column (f))		14	
15	Public support percentage for 2012	· ·	•			15	_
16a	33 1/3% support test—2013. If the condition have				line 14 is 33 1/3%	or more, che	ck this box
b	and stop here. The organization qua 33 1/3% support test—2012. If the				and line 15 is 33	8 1/3% or more	
	box and stop here. The organization				, 10 00	. 40.001111011	► F
17a	10%-facts-and-circumstances test-	-2013. If the org	anızatıon dıd not	check a box on lı			
	is 10% or more, and if the organizat						
	in Part IV how the organization mee	ts the "facts-and	d-circumstances'	test The organ	ızatıon qualıfıes a	s a publicly s	
Ь	organization 10%-facts-and-circumstances test-	-2012 . If the ora	anization did not	check a hov on li	ne 13 16a 16b	or 17a and L	▶ □
	15 is 10% or more, and if the organ						
	Explain in Part IV how the organizat						ublicly
	supported organization				4-71		▶ □
18	Private foundation. If the organizat instructions	ion aid not check	k a box on line 13	, 16a, 16b, 1/a,	or 1/p, check thi	s pox and se	e ▶□
							г,

Schedule A (Form 990 or 990-EZ) 2013 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support

Cale	ndar year (or fiscal year beginning in) 🟲	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") 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						
4	business under section 513 Tax revenues levied for the						
•	organization's benefit and either						
	paid to or expended on its						
_	behalf The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	A mounts included on lines 1, 2,						
	and 3 received from disqualified persons						
ь	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) ction B. Total Support						
	ndar year (or fiscal year beginning	() 2000	(1) 2010	() 2011	(1) 2012	() 2012	(C) T
				(A) 2011 I	(d) 2012	(e) 2013	(f) Total
	in) ►	(a) 2009	(b) 2010	(c) 2011	(4) 2012	(-,	(-,
9	in) ► A mounts from line 6	(a) 2009	(B) 2010	(6) 2011	(4) 2012	(5, 2222	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	in) ► A mounts from line 6 Gross income from interest,	(a) 2009	(B) 2010	(6) 2011	(4) 2012	(0, 2000	(7,7,5,5,1)
9	in) ► A mounts from line 6	(a) 2009	(b) 2010	(6) 2011	(4) 2012	(5,232	
9	in) A mounts from line 6 Gross income from interest, dividends, payments received on	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable	(a) 2009	(b) 2010	(6) 2011	(4) 2012		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a b	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	(a) 2009	(b) 2010	(6) 2011	(4) 2012		
9 10a b	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated	(a) 2009	(b) 2010	(6) 2011	(4) 2012		
9 10a b	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a b c 11	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a b	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include	(a) 2009	(b) 2010	(6) 2011			
9 10a b c 11	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of	(a) 2009	(b) 2010	(c) 2011			
9 10a b c 11	In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	(a) 2009	(b) 2010	(6) 2011			
9 10a b c 11	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c,	(a) 2009	(b) 2010	(c) 2011			
9 10a b c 11	In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
9 10a b c 11 12	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here	or the organizati	on's first, second				
9 10a b c 11 12 13 14	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here	or the organizati	on's first, second	, thırd, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage for 2013	or the organizati ic Support Pe (line 8, column (on's first, second ercentage f) divided by line	, thırd, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15 16	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201	or the organization of the	on's first, second ercentage f) divided by line art III, line 15	, third, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15 16 Se	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization of the	on's first, second ercentage f) divided by line art III, line 15 me Percenta	, third, fourth, or 13, column (f))	fifth tax year as a	a 501(c)(3) orga 15 16	nization,
9 10a b c 11 12 13 14 Se 15 16 Se 17	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization ic Support Performance (line 8, column (2 Schedule A, Paragraphic Performance) colors (line 10c, colors)	on's first, second ercentage f) divided by line art III, line 15 me Percentagolumn (f) divided	, third, fourth, or 13, column (f)) ge by line 13, colum	fifth tax year as a	15 16	nization,
9 10a b c 11 12 13 14 Se 15 16 Se 17 18	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization of the organization of the organization of the state of the sta	on's first, second ercentage f) divided by line art III, line 15 me Percentago olumn (f) divided A, Part III, line 1	, third, fourth, or 13, column (f)) ge by line 13, column	fifth tax year as a	15 16	nization,

33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization 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. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).									
	Facts And Circumstances Test									
Retu	ırn Reference	Explanation								
		Schodulo A / Form 000 o	000 E7) 201							

Schedule A (Form 990 or 990-EZ) 2013

DLN: 93493212000025

OMB No 1545-0047

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

► See separate instructions. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

	e organization answered "Yes Section 501(c)(4), (5), or (6) orga	s" to Form 990, Part IV, Line 5 (Pro anizations Complete Part III	xy Tax) or Form	990-EZ, Part V, line 35c	(Proxy Tax), then
N a	ime of the organization FAYETTE GENERAL MEDICAL CENTER INC	С		Employer ide	ntification number
Dar	t I-A Complete if the or	ganization is exempt under	soction E01/a	72-0535375	
			-	-	organization.
1		ganization's direct and indirect politic	al campaign acti	vities in Part IV	
2	Political expenditures			▶	\$
3	Volunteer hours				
Par	t I-B Complete if the or	ganization is exempt under	section 501(c	:)(3).	
1	Enter the amount of any excise	e tax incurred by the organization und	ler section 4955	•	\$
2	Enter the amount of any excise	e tax incurred by organization manage	ers under section	4955	\$
3	If the organization incurred a s	section 4955 tax, did it file Form 472	O for this year?		┌ Yes ┌ No
4a	Was a correction made?				┌ Yes ┌ No
b	If "Yes," describe in Part IV				
Par	t I-C Complete if the or	ganization is exempt under	section 501(c	c), except section 50)1(c)(3).
1	Enter the amount directly expe	ended by the filing organization for se	ction 527 exemp	t function activities 🕨	\$
2	Enter the amount of the filing of exempt function activities	organization's funds contributed to otl	her organizations	for section 527	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here a	and on Form 112	0-POL, line 17b ►	\$
4	Did the filing organization file F	Form 1120-POL for this year?			☐ Yes ☐ No
5	organization made payments f amount of political contribution	nd employer identification number (EI For each organization listed, enter the ns received that were promptly and di political action committee (PAC) If a	e amount paid fro rectly delivered	m the filing organization's to a separate political org	funds Also enter the anization, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0 -

section 4911 tax for this year?

1a

┌ Yes ┌ No

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

Τ	Check	► 🔽 If the filing	g organization belongs to ar	n affiliated group (and list	in Part IV each affiliated	group member's name	, address, EIN,
			, and share of excess lobby	ABTI			

B Check ► If the filing organization checked box A and "limited control" provisions apply

	Limits on Lobbying E (The term "expenditures" means ar		(a) Filing organization's totals	(b) Affiliated group totals
a	Total lobbying expenditures to influence public o	pinion (grass roots lobbying)	0	189,962
b	Total lobbying expenditures to influence a legisla	ative body (direct lobbying)		
С	Total lobbying expenditures (add lines 1a and 1i	o)	0	189,962
d	O ther exempt purpose expenditures		297,068,790	550,741,154
е	Total exempt purpose expenditures (add lines 1	c and 1d)	297,068,790	550,931,116
f	Lobbying nontaxable amount Enter the amount f	rom the following table in both	1,000,000	1,000,000
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
 g	Grassroots nontaxable amount (enter 25% of lin	ne 1f)	250,000	250,000
h	Subtract line 1g from line 1a If zero or less, ent	er -0-	0	0
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -	0	0
j	If there is an amount other than zero on either lii	ne 1h or line 1i, did the organization file Form 472	0 reporting	

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

	Lobbying Expenditures During 4-Year Averaging Period									
	Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total				
2a	Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000				
b	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000				
c	Total lobbying expenditures	23,572	23,762	24,586	189,962	261,882				
d	Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000				
e	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000				
f_	Grassroots lobbying expenditures	23,572	23,762		189,962	261,882				

	filed Form 5768 (election under section 501(h)).	1 .		
For e	each "Yes" response to lines 1a through 11 below, provide in Part IV a detailed description of the lobbying		a) 	(b)
activ	rity.	Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?			
b c	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?			
i	Total Add lines 1c through 1:			
2a	Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	F01/a	\	
· (-	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	301(6)(5), 0	rsection
	=======================================			Yes N
1	Were substantially all (90% or more) dues received nondeductible by members?			1
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3
Par	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered line 3, is answered "Yes."			
1	Dues, assessments and similar amounts from members	1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).			
а	Current year	2a		
b	Carryover from last year	2b		
C	Total	2c		
3	Aggregate amount reported in section $6033(e)(1)(A)$ notices of nondeductible section $162(e)$ dues	3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4		
5	Taxable amount of lobbying and political expenditures (see instructions)	5		
	art IV Supplemental Information			
Pro	ovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated gro rt II-B, line 1 Also, complete this part for any additional information	oup list),	Part II	-A, line 2, and
. u	Return Reference Explanation			
SCH	ALL LOBBYING ACTIVITIES OCCUR INDIRECTLY THROUGH THE ASSOCIATION AND THE LOUISIANA HOSPITAL ASSOCIATION HAVE ANY CONTROL OR DIRECTION IN DETERMINING HOW SUCTWO ORGANIZATIONS ARE USED	THE HO	SPITAL	DOESNOT

Belledale e (Form 330 of	-		rage -r
Part IV Suppler	nental Information <i>(continu</i>	ed)	
Return Referer	ce	Explanation	
-			
-			

Schedule D (Form 990) 2013

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DLN: 93493212000025

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at $\underline{www.irs.gov/form990}$.

Open to Public

Name of the organizatio LAFAYETTE GENERAL MEDICAL		Employer identification number				
Dani I Oversiesti	in a Maintainina Banan Ad	wined France on Other Circiles F		0535375	ta Cararla	4- ·C 41
	n answered "Yes" to Form 990	vised Funds or Other Similar F 1, Part IV, line 6.	unas	or Accoun	ts. Comple	te ii the
		(a) Donor advised funds		(b) Funds an	d other acco	unts
. Total number at end	ofyear					
Aggregate contributi	ions to (during year)					
Aggregate grants fro	,					
Aggregate value at e	end of year					
		ors in writing that the assets held in dor rganization's exclusive legal control?	nor advi	ısed	☐ Yes	┌ No
used only for charita		onor advisors in writing that grant funds fit of the donor or donor advisor, or for a			┌ Yes	┌ No
art III Conservat	ion Easements. Complete If	the organization answered "Yes" t	o Forn	n 990, Part	IV, line 7.	
Preservation of I Protection of nat Preservation of o Complete lines 2a ti	open space hrough 2d if the organization held i		certifie	d historic stri	ucture	
easement on the las	t day of the tax year			Uald at ti	he End of the	. V
Total number of cons	servation easements			neid at ti	ne Ena or the	e tear
	cted by conservation easements		2b			
-	tion easements on a certified histo	oric structure included in (a)	2c			
Number of conserva	tion easements included in (c) acc sted in the National Register	, ,	2d			
Number of conserva	tion easements modified, transfer	red, released, extinguished, or terminate	ed by th	ne organizatio	n during	
the tax year ►						
Number of states wh	nere property subject to conservat	ion assement is located by				
Does the organization	· · · · · ·	the periodic monitoring, inspection, han	—— dling of	f violations, a	nd Yes	┌ No
Staff and volunteer h	nours devoted to monitoring, inspe	cting, and enforcing conservation easer	ments o	during the yea	ır	
A mount of expenses ▶ \$		g, and enforcing conservation easement	s durin	g the year		
	ation easement reported on line 2(d) above satisfy the requirements of sec	ction 17	70(h)(4)(B)(ı)	┌ Yes	┌ No
balance sheet, and i the organization's ac	nclude, if applicable, the text of th ccounting for conservation easeme		l stater	ments that de	scribes	
		es of Art, Historical Treasures, 'es" to Form 990, Part IV, line 8.	or Ot	her Simila	r Assets.	
works of art, historic	al treasures, or other sımılar asse	.16 (ASC 958), not to report in its reve ets held for public exhibition, education, to its financial statements that describe	or rese	earch in furthe		
works of art, historic		.16 (ASC 958), to report in its revenue ets held for public exhibition, education, e items				lıc
(i) Revenues includ	ed in Form 990, Part VIII, line 1			► \$		
(ii) Assets included	ın Form 990, Part X			► \$		
If the organization re	eceived or held works of art, histor	rical treasures, or other similar assets fo 116 (ASC 958) relating to these items				
Revenues included i	n Form 990, Part VIII, line 1			► \$		
b Assets included in F	Form 990, Part X			► \$		

Part	Organizations Maintaining Collections o	f Art, His	stori	cal Tı	reası	ires, or Oth	<u>er Similar</u>	Ass	ets (co.	ntınued)
3	Using the organization's acquisition, accession, and other collection items (check all that apply)	records, c	heck	•		-	-	use o	fits	
а	Public exhibition	d	Г	Loan	orexc	hange progran	ns			
b	Scholarly research	е	Γ	Othe	r					
c	Preservation for future generations									
4	Provide a description of the organization's collections and Part XIII	explain ho	w the	y furthe	er the	organızatıon's	exempt purp	ose in		
5	During the year, did the organization solicit or receive don						mılar	_	Yes	_ Na
Par	assets to be sold to raise funds rather than to be maintain IV Escrow and Custodial Arrangements. Co						'Yes" to For			l No
	Part IV, line 9, or reported an amount on Fo									
1a	Is the organization an agent, trustee, custodian or other included on Form 990, Part X?				utions	or other asset	s not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIII and comple	te the follo	wing	able		_				
_	D					1		Amo	unt	
c C	Beginning balance					10				
d e	Additions during the year					16	+			
f	Distributions during the year					1f				
	Ending balance Did the organization include an amount on Form 990, Part	V line 21	2				1		Yes	
2a L	•	•								
	If "Yes," explain the arrangement in Part XIII Check here									<u>'</u>
Раг	t V Endowment Funds. Complete if the organi)Prior			wo years back (e) Four ye	ars back
1a	Beginning of year balance								· ·	
b	Contributions									
c	Net investment earnings, gains, and 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 current year end	balance (lı	ne 1g	, colum	nn (a))	held as				
а	Board designated or quasi-endowment 🕨									
b	Permanent endowment ►									
c	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c should equal 100	%								
За	Are there endowment funds not in the possession of the or	rganızatıon	that	are hel	danda	admınıstered fo	r the			
	organization by (i) unrelated organizations							3a(i)	Yes	No
	(ii) related organizations		• •			· · · ·		3a(ii)		
b	If "Yes" to 3a(II), are the related organizations listed as re		Sched	· · Iule R?	• •			3b		
4	Describe in Part XIII the intended uses of the organization	n's endown	nent f	unds			l			
Par	11a. See Form 990, Part X, line 10.	te if the o	orgar	ıızatıoı	n ans	wered 'Yes' t	o Form 990), Part	t IV, lır	ne
	Description of property			Cost or s (invest		(b) Cost or othe basis (other)	(c) Accumu depreciat		(d) Boo	ok value
1 a L	and									
b E	Buildings					5,781,33	4 1,59	98,399	4	1,182,935
c L	easehold improvements					1,728,10	1 1,08	37,463		640,638
	quipment					80,847,50	<u> </u>	34,216		3,013,287
	Other			D) '	1011	11,853,56		52,062		1,791,503
ıotal	. Add lines 1a through 1e <i>(Column (d) must equal Form 990</i>	, Part X, col	umn (ರ), IIne	10(c).)	>	•	34	1,628,363

Part VII Investments—Other Securities. C	omplete if the organization	answered 'Yes' to For	rm 990, Part IV, line 11b.
See Form 990, Part X, line 12. (a) Description of security or category (including name of security)	(b)Book value	(c) Method of v Cost or end-of-year	
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	F		
Part VIII Investments—Program Related.	Complete if the organization	 on answered 'Yes' to Fo	orm 990 Part IV line 11c
See Form 990, Part X, line 13.	complete if the organization	on unawered rea to re	orm 990, rare rv, me rre
(a) Description of investment	(b) Book value	(c) Method of v	aluation
		Cost or end-of-year	market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	F		
Part IX Other Assets. Complete if the organizat	ion answered 'Yes' to Form 99	0, Part IV, line 11d See	Form 990, Part X, line 15
(a) Des	cription		(b) Book value
(1) BOND FUNDS			11,529,282
(2) DEPOSITS			7,453
(3) CSV OF EXEC/KEY LIFE INSURANCE			352,114
(4) UNINVESTED VALUE OF SERP			2,016,796
(5) DUE FROM RELATED PARTY			67,318,921
· ·			
Total. (Column (b) must equal Form 990, Part X, col.(B) line	= 15.)		81,224,566
Part X Other Liabilities. Complete if the or			
Form 990, Part X, line 25.		,,	· -
1 (a) Description of liability	(b) Book value		
Federal income taxes		1	
SELF INSURANCE RESERVES	1,181,315	1	
DUE TO RELATED PARTY	7,824,658	1	
DOL TO RELATED FARTT	7,024,038	1	
		1	
		_	
		4	
		1	
		1	
]	
Table (Cabase (b))		4	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	9,005,973	<u> </u>	
2. Liability for uncertain tax positions In Part XIII, provi	ide the text of the footnote to t	he organization's financia	I statements that

Par		Revenue per Audited Financial Statements With Revenue p oswered 'Yes' to Form 990, Part IV, line 12a.	er Re	eturn Complete if
1		her support per audited financial statements	1	
2	· - ·	but not on Form 990, Part VIII, line 12		
а		stments		
b	-	facilities		
c		nts 2c		
d)		
e	Add lines 2a through 2d	,	2e	
3	Subtract line 2e from line 1		3	
4		190, Part VIII, line 12, but not on line 1		
a		cluded on Form 990, Part VIII, line 7b . 4a		
b)		
c	•		4c	
5		nd 4c . (This must equal Form 990, Part I, line 12)	5	
	Reconciliation of	Expenses per Audited Financial Statements With Expenses Inswered 'Yes' to Form 990, Part IV, line 12a.	per	Return. Complete
1	•	per audited financial statements	1	T
2		out not on Form 990, Part IX, line 25		
а		facilities		
b	Prior year adjustments .			
С	Other losses			
d	Other (Describe in Part XIII)		
e			2e	
3	Subtract line 2e from line 1		3	
4		90, Part IX, line 25, but not on line 1:		1
а		cluded on Form 990, Part VIII, line 7b 4a		
b	·) 4b		
С			4c	
5	Total expenses Add lines 3	and 4c . (This must equal Form 990, Part I, line 18)	5	
Par	t XIII Supplemental Ir			
Part		or Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, (I, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to		e any additional
	Return Reference	Explanation		
PART	X, LINE 2	THE ORGANIZATION ACCOUNTS FOR UNCERTAIN TAX POSITIONS FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACS 740 FAS A RECOGNITION THRESHOLD AND MEASUREMENT PROCESS FOR FIREOGNITION OF UNCERTAIN TAX POSITIONS TAKEN OR EXPECTE RETURN THE INTERPRETATION ALSO PROVIDES GUIDANCE ON REDERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, APERIODS, DISCLOSURE AND TRANSITION THE ORGANIZATION'S VINCOME TAX AND EXEMPT ORGANIZATION INCOME TAX RETURNS AND 990), WHETHER FILED ON A CALENDAR OR FISCAL YEAR BASIS EXAMINATION BY THE IRS THE INCOME TAX RETURNS FOR YEARS ARE SUBJECT TO EXAMINATION BY THE TAXING AUTHORITIES, GE YEARS AFTER THEY ARE FILED	SB AC INAN ED TO COGN CCOU (ARIO (IRS I 5, ARE 2010	S 740 PRESCRIBES CIAL STATEMENT D BE TAKEN IN A TAX NITION, JINTING IN INTERIM DUS FEDERAL FORMS 1065, 1120, E SUBJECT TO THROUGH 2012

	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2013

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DLN: 93493212000025

OMB No 1545-0047

Employer identification number

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

SCHEDULE G

Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the

organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. See separate instructions.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

		CENTER INC					
						72-0535375	
		v ities. Complete are not required				to Form 990, Part IV	, line 17.
Indicate whethe	r the organız	ation raised funds	through aı	ny of the f	following activities Che	eck all that apply	
┌ Mail solicita	tions		-	e	Solicitation of non	-government grants	
☐ Internet and	l email solici	tations		f	☐ Solicitation of gov	ernment grants	
Phone solici	tations			g	Special fundraisin	g events	
☐ In-person s	olicitations						
					vidual (including officer tion with professional f		Г _{Yes} Г
		paid individuals or 55,000 by the orga		fundraıseı	rs) pursuant to agreemo	ents under which the fu	ndraiser is
(i) Name and addr	ress of	(ii) Activity	(iii)) Dıd	(iv) Gross receipts	(v) A mount paid to	(vi) A mount paid to
individual or entity (fundra		,	fundra: cust	ser have ody or rol of	from activity	(or retained by) fundraiser listed in col (i)	(or retained by) organization
				utions?			
			Yes	No			
d				>			
List all states in registration or lie		ganızatıon ıs regis	tered or li	censed to	solicit contributions o	r has been notified it is	exempt from

Sche	dule	e G (Form 990 or 990-EZ) 2013				Page 2
Pai	rt II	Fundraising Events. Commore than \$15,000 of fundrevents with gross receipts of	aising event contribut			
		<u> </u>	(a) Event #1 GALA - 2013 (event type)	(b) Event #2 GALA - 2014 (event type)	(c) O ther events 0 (total number)	(d) Total events (add col (a) through col (c))
₽	1	Gross receipts	84,895	98,200		183,095
Revenue	2	Less Contributions				61,342
2	3	Gross income (line 1		01,542		01,542
		minus line 2)	84,895	36,858		121,753
	4	Cash prizes				
မာ	5	Noncash prizes				
Expenses	6	Rent/facility costs	15,060	61,925		76,985
ă	7	Food and beverages .		16,992		16,992
Direct	8	Entertainment		50,825		50,825
à	9	Other direct expenses .	4,989	60,186		65,175
	10	Direct expense summary Add lir	(209,977)			
	11	Net income summary Subtract li				-88,224
Par	t II	I Gaming. Complete if the o	rganization answered	"Yes" to Form 990, Pa	rt IV, line 19, or repo	
		\$15,000 on Form 990-EZ, li	ne 6a.	· -	· · · · · ·	
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<u>~</u>	1	Gross revenue				
မွ	2	Cash prizes				
xpenses	3	Non-cash prizes				
Direct B	4	Rent/facility costs				
Ā	5	Other direct expenses				
	6	Volunteerlabor	┌ Yes %			_
	7	Direct expense summary Add line	s 2 through 5 ın column (d)	•	
	8	Net gaming income summary Sub	tract line 7 from line 1, co	olumn (d)		
9 a b	Is	ter the state(s) in which the organiz the organization licensed to operate 'No," explain	gaming activities in eac	h of these states?		
10a b		re any of the organization's gaming	licenses revoked, susper	nded or terminated during		

					11
Does	s the organization operate gaming activi	ties with nonmembers	s?	· · · · · F Yes	┌ No
12	Is the organization a grantor, beneficia				
	formed to administer charitable gamin	g?		Г	Yes No
13	Indicate the percentage of gaming act	ıvıty operated ın			
а	The organization's facility				%
b	An outside facility			13b	%
14	Enter the name and address of the per	son who prepares the	e organization's gaming/special event	ts books and records	
	Name 🟲				
	Address 🟲				
15a b	Does the organization have a contract revenue?	evenue received by the		Г	Yes No
	amount of gaming revenue retained by	the third party 🟲 🕏 _			
C	If "Yes," enter name and address of th	e third party			
	Name 🕨				
	Address ►				
16	Gaming manager information				
	Name ▶				
	Gaming manager compensation ► \$				
	Description of services provided				
	Director/officer	Employee	Independent contrac	ctor	
17	Mandatory distributions				
а	Is the organization required under stat	:e law to make charita	able distributions from the gaming pro	oceeds to	
	retain the state gaming license?				Yes No
b	Enter the amount of distributions requ	red under state law d	lıstrıbuted to other exempt organızatı	ions or spent	
	ın the organızatıon's own exempt actıv	ities during the tax y	ear 🟲 💲		
Pai		5b, 15c, 16, and 17	planations required by Part I, li 7b, as applicable. Also complete		
	Return Reference		Explanation		
		1	•	Schodulo G /Form 000	000 FT\ 2012

DLN: 93493212000025

OMB No 1545-0047

Inspection

SCHEDULE H (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

LAFAYETTE GENERAL MEDICAL CENTER INC

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

Hospitals

▶ Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number

72-0535375

Pa	rt I Financial Assi	istance an	d Certain	Other Community	Benefits at Cost						
								Yes	No		
1a	Did the organization have	a financial as	ssistance pol	icy during the tax year?	If "No," skip to questi	on 6a	1a	Yes			
b	If "Yes," was it a written j	policy?					1b	Yes			
2	If the organization had mi financial assistance polic		•			pplication of the					
	Applied uniformly to a Generally tailored to i	-			nly to most hospital fac	ulities					
3	Answer the following base organization's patients di			nce eligibility criteria th	at applied to the larges	t number of the					
а	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>fre</i> e care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care										
	F 100% F 150% F 200% F Other										
b	b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care										
	▽ 200% □ 250% □	300%	50% Г 400	0%		%					
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.										
4	Did the organization's fina						4	Yes			
5a	provide for free or discounted care to the "medically indigent"?										
h	If "Yes," did the organiza				udgeted amount?		5a	Yes	N =		
	If "Yes" to line 5b, as a re			•	_		5b		No		
	care to a patient who was				· · · · · ·		5c				
6a	Did the organization prep	are a commur	nity benefit re	port during the tax year	·		6a	Yes			
b	If "Yes," did the organiza	tion make it a	vailable to th	ne public?			6b	Yes			
	Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H										
7	Financial Assistance	and Certain	Other Com	munity Benefits at Co	st						
	Financial Assistance and Means-Tested Government Programs (a) Number of activities or programs (optional) (b) Persons served (optional) (c) Total community benefit expense (b) Persons served (optional) (c) Total community benefit expense (d) Direct offsetting revenue expense							nt of ense			
a	Financial Assistance at cost (from Worksheet 1)	, , ,		556,020		556,	020	0 200 %			
b	Medicaid (from Worksheet 3, column a)			37,243,990	70,964,070	-33,720,	080		0 %		
С	Costs of other means-tested government programs (from Worksheet 3, column b)					, ,					
d	Total Financial Assistance and Means-Tested Government Programs .	otal Financial Assistance and Means-Tested									
е	Other Benefits Community health Improvement services and community benefit operations	Other Benefits Immunity health Improvement services and									
	(from Worksheet 4)			1,631,812		1,631,	812	0 5	90 %		
f	Health professions education (from Worksheet 5) Subsidized health services			2,186,213	369,879	1,816,	334	0 6	60 %		
g	(from Worksheet 6)										
h ı	Research (from Worksheet 7) Cash and in-kind						+				
'	contributions for community						435		20.01		
1	benefit (from Worksheet 8) Total. Other Benefits			42,435 3,860,460	369,879	42,· 3,490,	_		70 %		
J k	Total. Add lines 7d and 71.			41.660.470	71.333.949	-29.673.	_		70 %		

Pa	rt II Community Building activities during the of the communities in	tax year, an									
	0, 1,10 00,1,11,11,10	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense		rect off revenue	-	(e) Net communit building expense		(f) Perc total ex	
1	Physical improvements and housing										
2	Economic development										
3	Community support										
4	Environmental improvements										
5	Leadership development and training										
6	for community members Coalition building								+		
7	Community health improvement advocacy										
8	Workforce development										
9	Other								_		
10 Dat	Total **IIII Bad Debt, Medicar	e & Collec	tion Practic								
	ion A. Bad Debt Expense	e, & conec	tion Fractic	<u> </u>						Yes	No
1	Did the organization report ba	d debt expense	e ın accordance	with Heathcare Fi	nancıal M	anage	ment A	ssociation	1	Yes	
2	Statement No 15? Enter the amount of the organ methodology used by the orga				ne l		 			165	
3	Enter the estimated amount of				· ·	2		44,100,015			
3	patients eligible under the org the methodology used by the any, for including this portion	anızatıon's fina organızatıon to	ancial assistan estimate this a	ce policy Explain i amount and the rat	n Part VI Ionale, If	3		2,295,122			
4	Provide in Part VI the text of to the page number on which t						rıbes ba	ad debt expense			
	ion B. Medicare				1	l _	ı				
5	Enter total revenue received f		-	•				81,594,535			
6 7	Enter Medicare allowable cost					6		89,508,738			
8	Describe in Part VI the extent Also describe in Part VI the c Check the box that describes	Subtract line 6 from line 5 This is the surplus (or shortfall)									
	Cost accounting system	l ✓ Co	st to charge ra	tio I	Other						
	ion C. Collection Practices										
9a b	Did the organization have a wr If "Yes," did the organization's contain provisions on the colle assistance? Describe in Part	s collection pol ection practice	licy that applied s to be followed	d to the largest nur d for patients who a	nber of its are known	to qua	alify for	financial	9a 9b	Yes Yes	
Pa	rt IV Management Comp								ans—se	e instruct	ions)
	(a) Name of entity	(E	o) Description of pi activity of entit		(c) Organiz profit % o ownersh	r stock	e) Officers, directors, trustees, or key mployees' profit % stock ownership %	pro	e) Physic fit % or wnershi	stock
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											

Part V Facility Information										
Section A. Hospital Facilities	Licensed	General	Children's	Teachi	Ortical	Resea	ER-24 houre	ER-other		
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year?		ત્રો medical & ક્યા gical	n'e hospital	Teaching hospital	l access hospital	Research facility	houre	ner		
and state license number		2							Other (Describe)	Facility reporting group
See Additional Data Table										

Schedule H (Form 990) 2013

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

LAFAYETTE GENERAL MEDICAL CENTER INC

Name of hospital facility or facility reporting group

	eporting on Part V, Section B for a single hospital facility only: line number of pital facility (from Schedule H, Part V, Section A)	_		
			Yes	No
	nmunity Health Needs Assessment (Lines 1 through 8c are optional for tax years begining on or before March 23, 2012)			
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	1	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
а	A definition of the community served by the hospital facility			
b	,g			
C	Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	▼ How data was obtained			
е	The health needs of the community			
f	Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	The process for consulting with persons representing the community's interests			
i	▼ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a CHNA $$ 20 $$ $$ $$ 20 $$ $$ $$ $$ $$ 20 $$ $$ $$ $$ $$ $$ $$ $$ $$ $$			
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? 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	,	Yes	
4	consulted	-	11 65	\vdash
•	facilities in Part VI	4		Νo
5	Did the hospital facility make its CHNA report widely available to the public?	5	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
а	Hospital facility's website (list url) HTTP //WWW LAFAYETTEGENERAL COM/SITES/WWW			
b	Other website (list url)			
c	A vailable upon request from the hospital facility			
d	Other (describe in Part VI)			
	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)			
	A doption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
	Execution of the implementation strategy			
C	Participation in the development of a community-wide plan			
d	Participation in the execution of a community-wide plan			
е	Inclusion of a community benefit section in operational plans			
f				
g	Prioritization of health needs in its community			
h	Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	O ther (describe in Part VI)			
	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7	Yes	
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as	8a		No
ь	required by section 501(r)(3)?	8b		† ``
	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$			

Pa	art V Facility Information (continued)			
	nancial Assistance Policy		Yes	No
9	Did the hospital facility have in place during the tax year a written financial assistance policy that			
	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9	Yes	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care?	10	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for free care $\frac{100\ 00000000000\%}{10000000000000000000000000$			
	If "No," explain in Part VI the criteria the hospital facility used			
11	Used FPG to determine eligibility for providing discounted care?	11	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 200 0000000000000 % If "No," explain in Part VI the criteria the hospital facility used			
12	Explained the basis for calculating amounts charged to patients?	12	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
а	▼ Income level			
Ь	Asset level			
С	Medical indigency			
d	Insurance status			
е	Uninsured discount			
f	Medicaid/Medicare			
g	State regulation			
h	Residency			
i	Other (describe in Part VI)			
13	Explained the method for applying for financial assistance?	13	Yes	
14	Included measures to publicize the policy within the community served by the hospital facility?	14	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
а	The policy was posted on the hospital facility's website			
b	The policy was attached to billing invoices			
c	lacksquare The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d	The policy was posted in the hospital facility's admissions offices			
e	lacksquare The policy was provided, in writing, to patients on admission to the hospital facility			
f	The policy was available upon request			
g	Other (describe in Part VI)			
	ling and Collections			1
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial	15	Yes	
16	assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?		103	
	the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
а	Reporting to credit agency			
b	Lawsuits			
c	Liens on residences			
d	Body attachments			
е	Other similar actions (describe in Section C)			
17	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 individual's eligibility under the facility's FAP?	17		Νo
	If "Yes," check all actions in which the hospital facility or a third party engaged			
а				
b	Lawsuits			
С	Liens on residences			
d	Body attachments			
_	C Other similar actions (describe in Section C)	i	, !	i

If "Yes," explain in Part VI

Pa	art V Facility Information (continued)			
18	Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)			
а	Notified individuals of the financial assistance policy on admission			
b	Notified individuals of the financial assistance policy prior to discharge			
С	Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bi	lls		
d	Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
е	Other (describe in Section C)			
Po	licy Relating to Emergency Medical Care			
			Yes	No
19	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?	19	Yes	
	If "No," indicate why			
а	The hospital facility did not provide care for any emergency medical conditions			
b	The hospital facility's policy was not in writing			
C	The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d	Other (describe in Part VI)			
Cha	arges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)			
	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			
а	The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
C	The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	Other (describe in Part VI)			
21	During the tax year, did the hospital facility charge any FAP-eligible individual 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?	21		N o
	If "Yes," explain in Part VI			
22	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	22		No

Page 7 **2**

ation (continue	cility Informa	
a	ation (continued	

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1_J, 3, 4, 5d, 6_I, 7, 10, 11, 12_I, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

in the state of th	e y weeking that we will provide the control of the
Form and Line Reference	Explanation
See Additional Data Table	
·	

Schedule H (Form 990) 2013

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Part V Facility Information (continue

Section D. Other Health Care 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 health care facilities did the organization operate during the tax year?______

Name and address	Tune of Facility (decombs)
Name and address	Type of Facility (describe)
1	
2	
3	
4	
5	
7	
8	
9	
10	

Schedule H (Form 990) 2013

Schedule H (Form 990) 2013 Page 9 **2**

Part VI Supplemental Information

Provide the following information

1 Required descriptions. Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs 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

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.)

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

Form and Line Reference	Explanation
PART I, LINE /	THE HOSPITAL USED TOTAL EXPENSES FROM FORM 990, PART IX, LINE 25, EXCLUDING BAD DEBT EXPENSE A COST-TO-CHARGE RATIO WAS USED TO ESTIMATE COSTS INCLUDED IN LINE 7 THE COST-TO-CHARGE WAS DERIVED FROM WORKSHEET 2, RATIO OF PATIENT CARE COST-TO-CHARGE, AS PROVIDED IN THE INSTRUCTIONS TO SCHEDULE H

Form and Line Reference	Explanation
PART I, LINE 7, COLUMN (F)	THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS \$ 44,100,015

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

Explanation

Form and Line Reference

Form and Line Reference	Explanation
PART III, LINE O	THE COSTING METHODOLOGY USED FOR LINE 6 WAS THE STANDARD MEDICARE COST REPORT COST SYSTEM THE AMOUNTS WERE RECAPPED FROM THE HOSPITALS FILED 2014 COST REPORT THE CORRESPONDING REVENUE AMOUNTS WERE INCLUDED ON LINE 5 THE HOSPITAL DID NOT INCLUDE THE MEDICARE SHORTFALL IN OUR COMMUNITY BENEFIT CALCULATIONS REPORTED ON PART I, LINE 7

Form and Line Reference	Explanation
PART III, LINE 9B	WE SEEK TO SCREEN PATIENTS TO DETERMINE IF THEY HAVE THIRD PARTY COVERAGE OR ASSIST THEM IN APPLYING FOR FEDERAL ASSISTANCE IF THEY DO NOT HAVE THIRD PARTY COVERAGE OR CANNOT QUALIFY FOR FEDERAL ASSISTANCE, WE THEN SCREEN TO SEE IF THEY MEET QUALIFICATIONS FOR OUR CHARITY CARE PROGRAM THOSE NOT QUALIFYING FOR CHARITY CARE, WE TRY TO COLLECT OR MAKE MONTHLY PAYMENT ARRANGEMENTS, IF THEY DO NOT COMPLY WE WILL REFER TO OUR COLLECTION AGENCY

Form and Line Reference	Explanation
PART VI, LINE 2	A FORMAL NEEDS ASSESSMENT WAS UNDERTAKEN FOR THE YEAR ENDING 09/30/13 WE ENGAGED THE CARNAHAN GROUP TO COMPLETE OUR COMMUNITY HEALTH NEEDS ASSESSMENT DURING 2013 THIS ASSESSMENT INCLUDES USING NATIONAL DATA, INTERVIEWS WITH HEALTHCARE PROVIDERS IN THE COMMUNITY AND FOCUS GROUPS MADE UP OF A DIVERSE GROUP OF COMMUNITY CITIZENS IN ADDITION, THE HOSPITAL DOES HAVE A BOARD OF TRUSTEES AND MEMBERS OF THE CORPORATION COMPRISED OF INDIVIDUALS FROM THE LOCAL COMMUNITY, WHICH ARE INDEPENDENTLY AWARE OF THE MEDICAL NEEDS OF THE COMMUNITY SURPLUS RECEIPTS OVER DISBURSEMENTS ARE INVESTED TO IMPROVE THE QUALITY OF PATIENT CARE, EXPAND HOSPITAL FACILITIES AND EQUIPMENT, ADVANCE MEDICAL TRAINING AND EDUCATION THE HOSPITAL ALSO MAINTAINS AN OPEN MEDICAL STAFF THE COMMUNITY HEALTH NEEDS ASSESSMENT CAN BE ACCESSED AT HTTP //WWW LAFAYETTEGENERAL COM/SITES/WWW/UPLOADS/FILES/COMMUNITY% 20REPORTS/LGMC-COMMUNITY-NEEDS-ASSESSMENT-FY2013 PDF

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

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

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

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

Additional Data

Software ID: Software Version:

EIN: 72-0535375

Name: LAFAYETTE GENERAL MEDICAL CENTER INC

990 Schedule H, Supplemental Information

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.						
Form and Line Reference	Explanation					
LAFAYETTE GENERAL MEDICAL CENTER INC						
	PART V, SECTION B, LINE 14G THE POLICY IS DESCRIBED IN OUR PATIENT INFORMATION PACKETS PROVIDED DURING THE ADMISSION PROCESS					

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Schedule I (Form 990)

Department of the Treasury Internal Revenue Service

LAFAYETTE GENERAL MEDICAL CENTER INC

Name of the organization

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

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

Attach to Form 990 ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Open to Public

DLN: 93493212000025

OMB No 1545-0047

Inspection Employer identification number

David T. Camaral Inform	mation on Grants	and Assistance				72-0333373	
1 Does the organization mathe selection criteria use 2 Describe in Part IV the o	untain records to subs d to award the grants	stantiate the amount of the or assistance?					F Yes □
Part II Grants and Otl		Governments and recipient that receive					l "Yes" to
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) CAMP BON COEUR 405 W MAIN LAFAYETTE, LA 70501	58-1710741	501(C)(3)	7,500				DONATION
(2) LAFAYETTE COMMUNITY HEALTHCARE CLINIC 1317 JEFFERSON STREET LAFAYETTE, LA 70501	72-1221982	501(C)(3)		12,132	FEE SCHEDULE	LAB SERVICES	DONATION, REFERENCE LAB SERVICES
(3) MILES PERRET CANCER CENTER 2130 KALISTE SALOAM RD 200 LAFAYETTE, LA 70508	75-3023211	501(C)(3)	15,000				DONATION
(4)	72-1038877						
(5)	72-1257087						
(6)	72-1430540						
2 Enter total number of sec	tion 501 (c)(3) and co	vernment organizations	listed in the line 1 table	a			2

Enter total number of other organizations listed in the line 1 table.

COMMUNITY

ī	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990,	Part IV, line 22.
	Part III can be duplicated if additional space is needed.	

(a)T ype of grant or assista	nce	(b)Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance		
Part IV Supplemental	Informa	tion. Provide the in	formation required in	Part I, line 2, Part III, co	lumn (b), and any other a	dditional information.		
Return Reference	Explana	ation						
PART I, LINE 2	CHARITABLE DONATIONS ARE MADE TO LOCAL NON-PROFIT ORGINIZATIONS THAT PARALLEL OUR HEALTHCARE MISSION IN THE							

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493212000025

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990. ► See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization LAFAYETTE GENERAL MEDICAL CENTER INC **Employer identification number**

72-0535375

Pa	rt I Questions Regarding Compensation		·			
					Yes	No
1a	Check the appropriate box(es) if the organization provi 990, Part VII, Section A, line 1a Complete Part III t					
	First-class or charter travel	Γ	Housing allowance or residence for personal use			
	▼ Travel for companions	\sqcap	Payments for business use of personal residence			
	▼ Tax idemnification and gross-up payments	~	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organism reimbursement or provision of all of the expenses des			1b	Yes	
2	Did the organization require substantiation prior to reddirectors, trustees, officers, including the CEO/Execu			2	Yes	
3	Indicate which, if any, of the following the filing organizorganization's CEO/Executive Director Check all that used by a related organization to establish compensation.	t apply	y Do not check any boxes for methods			
	Compensation committee	굣	Written employment contract			
	✓ Independent compensation consultant	굣	Compensation survey or study			
	Form 990 of other organizations	V	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Pa or a related organization	art VII	, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control pa	aymen	t?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?				Yes	
С	Participate in, or receive payment from, an equity-bas	ed co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and prov	/ıde th	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must	t comp	olete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, I compensation contingent on the revenues of	ıne 1a	, did the organization pay or accrue any			
а	The organization?			 5a		No
	Any related organization?			5b		No
	If "Yes," to line 5a or 5b, describe in Part III					110
6	For persons listed in Form 990, Part VII, Section A, I compensation contingent on the net earnings of	ıne 1a	, did the organization pay or accrue any			
а	The organization?			6a	Yes	
b	Any related organization?			6b	Yes	
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, I payments not described in lines 5 and 6? If "Yes," de			7		No
8	Were any amounts reported in Form 990, Part VII, pa	ıd or a	ccured pursuant to a contract that was			
	subject to the initial contract exception described in F					
	ın Part III					
9	If "Yes" to line 8, did the organization also follow the section 53 $4958-6(c)$?	rebutta	able presumption procedure described in Regulations	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown o	n of W-2 and/or 1099-MISC compensation (C) Retirement and (D) No				(D) Nontaxable (E) Total of		
	(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	reported as deferred in prior Form 990	
See Additional Data Table								

Schedule J (Form 990) 2013

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

tibo complete tino pare for any additional information			
Return Reference	Explanation		
PART I, LINE 1A	THE ORGANIZATION DOES ALLOW FOR SPOUSAL TRAVEL FOR THE TRUSTEES AND OFFICERS SUCH EXPENSES ARE REPORTED ON THEIR W-2'S OR 1099'S SOCIAL CLUB DUES WERE PAID FOR THE PRESIDENT/CEO-LGHS AND THE EVP/CEO-LGMC AND WERE INCLUDED AS WELL AS COMPENSATION ON THEIR W-2'S		
PART I, LINE 4B	A SUPPLEMENTAL EMPLOYEE RETIREMENT PLAN (SERP) WAS ADOPTED EFFECTIVE JANUARY 01,2008 THE SERP IS CLASSIFIED AS A SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN, THE PURPOSE OF WHICH IS TO PROVIDE PARTICIPANTS WITH SUPPLEMENTAL RETIREMENT BENEFITS CONTRIBUTION FOR THE YEAR WAS \$389,500 THE BOARD DETERMINES WHICH EMPLOYEES ARE ELIGIBLE FOR PLAN CONTRIBUTIONS PARTICIPANTS WERE DAVID CALLECOD, PRESIDENT/CEO-LGHS, PATRICK GANDY, EVP/COO-LGMC, ROGER MATTKE, SVP/CFO, GORDON ROUNTREE, GENERAL COUNSEL, REBECCA BENOIT, CNO, KATHERINE HEBERT, ADMINISTRATOR, AND ZIAD ASHKAR, MD, CMO DISTRIBUTIONS FROM SERP PLAN, INCLUDED IN 2013 W-2 WAGES, TOTALLED \$380,769 THE FOLLOWING RECEIVED DISTRIBUTIONS, INCLUDED IN THEIR 2013 W-2 WAGES DAVID CALLECOD, PRESIDENT/CEO-LGHS, PATRICK GANDY, EVP/COO-LGMC, ROGER MATTKE, SVP/CFO, GORDON ROUNTREE, GENERAL COUNSEL, AND KATHERINE HEBERT, ADMINISTRATOR		
PART I, LINE 6	THE ORGANIZATION DOES HAVE A PROFIT SHARING PLAN (SUCCESS SHARING) FOR ALL EMPLOYEES IN GOOD STANDING, DETERMINED IN PART ON NET EARNINGS THE CRITERIA USED TO DETERMINE IF PROFIT SHARING WILL BE MADE IS BASED ON METRICS DEVELOPED WITHIN FIVE AREAS, 20% EMPLOYEES, 15% SERVICE, 20% QUALITY, 35% FUNDING OUR FUTURE, AND 10% GROWTH EARNINGS IN EXCESS OF BUDGETED EARNINGS MUST BE AVAILABLE FOR PROFIT SHARING TO BE PAID THE OFFICERS', AS LISTED ON PART VII OF FORM 990. CALCULATION OF PROFIT SHARING IS IN PART BASED ON THE CONSOLIDATED NET EARNINGS		

Schedule J (Form 990) 2013

Software ID: Software Version:

EIN: 72-0535375

Name: LAFAYETTE GENERAL MEDICAL CENTER INC

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

(A) Name		(B) Breakdown of	FW-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base Compensation	(ii) Bonus & ıncentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
JUAN J PEREZ-RUIZ MD CHIEF OF STAFF	(I) (II)	0 262,729	0	o 0	0 3,604	0 6,854	0 273,187	0 0
JOHN SCHUTTE MD TRUSTEE	(I) (II)	0 1,180,825	0 213,751	43,200 0	0 5,125	0 6,851	43,200 1,406,552	0
DAVID CALLECOD PRESIDENT/CEO - LGHS	(ı) (ıı)	744,400 0	291,805 0	196,664 0	133,617 0	9,322 0	1,375,808 0	0
PATRICK W GANDY JR EVP/CEO - LGMC	(I)	409,266 0	120,320 0	69,619 0	39,725 0	6,634 0	645,564 0	0
ROGER MATTKE SVP/CFO	(1) (11)	378,791 0	111,367 0	69,021 0	42,826 0	10,264 0	612,269 0	0
REBECCA F BENOIT VP/CNO	(I) (II)	239,383 0	55,811 0	12,007	34,426 0	2,105 0	343,732 0	0
GORDON E ROUNTREE JR SVP/GENERAL COUNSEL	(I) (II)	332,370 0	97,711 0	61,731	41,625 0	9,135 0	542,572 0	0
ZIAD M ASHKAR MD CMO	(1) (11)	278,958 0	82,014 0	43,451 0	92,400 0	0	496,823	0
KATHERINE HEBERT ADMINISTRATOR	(I) (II)	205,544 0	40,288 0	37,657 0	3,297 0	7,130 0	293,916 0	0
ANGELA MAYEUX- HEBERT MD DIRECTOR/PERIOP SERVICES	(I) (II)	244,015 0	0	42,900 0	0	0	286,915 0	0
EDWINA S MALLERY AVP - IS	(I) (II)	199,945 0	30,209 0	508 0	4,666 0	1,493 0	236,821 0	0
DEAN B DUCOTE VP - OPERATIONS	(1) (11)	196,230 0	0	30,209 0	0	1,833 0	228,272 0	0

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DLN: 93493212000025

Employer identification number

OMB No 1545-0047

Open to Public Inspection

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Transactions with Interested Persons

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. ▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

` '	e of disquali	fied pei	rson (I	b) Relatio	nship betwee	n disqualified	25a or 25b,	cription	of tra	nsaction		(d) Cor	recte
	,	•	`		on and organ			•				Yes	No
													- -
													-
Enter the a	amount of ta	x incur	red by org	ganızatıor • • •	managers o	r dısqualıfıed pe	rsons during	the year	r unde	rsection	1		_
Enter the a	amount of ta	x, ıf any	y, on line	2, above,	reımbursed l	by the organizat	ion			> \$			
Со	mplete if the	organ	ızatıon an	swered "		S. 1990-EZ, Part \ 1, line 5, 6, or 22		r Form 9	90, Pa	art IV, lı	ne 26,	or ıf the	
Name of erested erson		(b) (c) Relationship Purpose with loan		(d) Loa or from organiza	the	(e)Original principal amount	(f) Balance due	default? A		(h) Approv by board or commit		(i)Written agreement?	
				То	From	\dashv		Yes	No	Yes	No	Yes	N
												_	
		_						+				_	
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		Ì	▶ \$			•							
						ed Persons. n Form 990, P	art TV Juna	27					
Name of II	nterested	(b) R	elationsh ested pers organiza	ip betwee son and th	n (c) A mo	unt of assistanc		e of ass	ıstanc	e (e)) Purpo	se of as	sısta
							<u>'</u>			-			

					rage Z
Part IV Business Transaction	s Involving Interested	d Persons.	202 20h oz 200		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sh organiz reven	tation's
				Yes	No
(1) GBR LLC	G GARY GUIDRY IS A TRUSTEE OF LGMC AND IS A MEMBER OF GBR, LLC	1,579,852	LAFAYETTE GENERAL MEDICAL CENTER, INC HAS ENTERED INTO A CONTRACT WITH GBR, LLC TO PROVIDE CRITICAL CARE SERVICES, PULMONARY/VENTILATOR CARE MANAGEMENT SERVICES AND INTENSIVIST SERVICES FOR HOSPITAL'S ICU AND ASSUME THE ROLE OF MEDICAL DIRECTOR OF THE ICU IN ADDITION, GBR, LLC WAS PAID TO SERVE AS GRADUATE MEDICAL EDUCATION PROGRAM FACULTY		No
(2) SURGICAL HOSPITAL MANAGEMENT SYSTEM	PHILIP GACHASSIN, M D IS A TRUSTEE OF LGMC AND IS A MEMBER OF SHMS, LLC	700,000	LAFAYETTE GENERAL MEDICAL CENTER, INC HAS ENTERED INTO A CONTRACT WITH INTERESTED PERSON TO PROVIDE ACUTE CARE SURGICALIST SERVICES		No
(3) STREAMLINE ORTHOPEDIC SERVICES APMLLC	JOHN SCHUTTE, MD IS A TRUSTEE OF LGMC AND IS A MEMBER OF SOS, APMLLC	778,864	LAFAYETTE GENERAL MEDICAL CENTER, INC HAS ENTERED INTO A CONTRACT WITH STREAMLINE ORTHOPEDIC SERVICES, APMLLC TO PROVIDE MEDICAL DIRECTOR SERVICES AND OVERSIGHT OF THE ORTHOPEDIC SERVICES PRODUCT LINE		No
					<u> </u>

Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference

Explanation

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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493212000025

OMB No 1545-0047

2013

Open to Public
Inspection

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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization
LAFAYETTE GENERAL MEDICAL CENTER INC

72-0535375

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

Return Reference	Explanation
, , , , , , , , , , , , , , , , , , , ,	THE ORGANIZATION IS A NON-STOCK NOT-FOR-PROFIT CORPORATION WITH ONE CLASS OF MEMBERSHIP

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

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

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

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

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

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

Return Reference	Explanation
, ,	PAY MENTS TO THE PHY SICIANS THAT SERVE AS TRUSTEES WERE REPORTED ON 1099 MISC BOX 6 ALL SUCH PAY MENTS WERE IN CONSIDERATION FOR PROVIDING CALL COVERAGE IN OUR EMERGENCY ROOM, OR SERVING AS MEDICAL DIRECTORS FOR VARIOUS HOSPITAL DEPARTMENTS NO PAY MENTS WERE MADE IN THEIR CAPACITY AS TRUSTEE. THE PAY MENTS TO THE PHY SICIAN SERVING AS CHIEF OF STAFF WERE FROM A RELATED ORGANIZATION AS AN EMPLOYED PHY SICIAN

Return Reference	Explanation
FORM 990, PART IX, LINE 24E	EQUIPMENT RENTAL AND MAINTENANCE PROGRAM SERVICE EXPENSES 7,866,635 MANAGEMENT AND GENERAL EXPENSES 2,605,943 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 10,472,578 PHY SICIAN CLINICAL SERVICES PROGRAM SERVICE EXPENSES 9,695,193 MANAGEMENT AND GENERAL EXPENSES 59,000 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 9,754,193 CLINICAL CONTRACT LABOR PROGRAM SERVICE EXPENSES 3,621,489 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 3,621,489 MEDICAL DIRECTORSHIPS PROGRAM SERVICE EXPENSES 3,053,322 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 3,053,322 FOOD SUPPLIES PROGRAM SERVICE EXPENSES 2,575,111 MANAGEMENT AND GENERAL EXPENSES 8 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 8,117 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 2,575,169 OTHER COLLECTION SERVICE PROGRAM SERVICE EXPENSES 5,174,4241.4 MANAGEMENT AND GENERAL EXPENSES 8,117 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 2,575,169 OTHER COLLECTION SERVICE PROGRAM SERVICE EXPENSES 8,117 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,724,880 MANAGEMENT AND GENERAL EXPENSES 10,531 OTHER NONCLINICAL SERVICES PROGRAM SERVICE EXPENSES 1,724,880 MANAGEMENT AND GENERAL EXPENSES 143,495 FUNDRAISING EXPENSES 214,285 TOTAL EXPENSES 1,064 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,245,762 MANAGEMENT AND GENERAL EXPENSES 10,604 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,256,366 LAUNDRY PROGRAM SERVICE EXPENSES 10,604 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,256,366 LAUNDRY PROGRAM SERVICE EXPENSES 10,604 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,245,762 MANAGEMENT AND GENERAL EXPENSES 10,404 FUNDRAISING EXPENSES 1,245,762 MANAGEMENT AND GENERAL EXPENSES 0 TOTAL EXPENSES 1,256,366 LAUNDRY PROGRAM SERVICE EXPENSES 1,264,39 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,256,366 LAUNDRY PROGRAM SERVICE EXPENSES 1,256,366 LAUNDRY PROGRAM SERVICE EXPENSES 1,257,425 MANAGEMENT AND GENERAL EXPENSES 10,4558 MANAGEMENT AND GENERAL EXPENSES 10 TOTAL EXPENSES 10,4558 TELEPHONE PROGRAM SERVICE EXPENSES 17,425 MANAGEMENT AND GENERAL EXPENSES 10 TOTAL EXPENS

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

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

 Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
 ► Attach to Form 990.
 ► See separate instructions. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

DLN: 93493212000025 OMB No 1545-0047

> Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization LAFAYETTE GENERAL MEDICAL CENTER INC

Employer identification number 72-0535375

Part I Identification of Disregarded Entities Con	nplete if the organization a	nswered "Yes" on	Form 990, Part	: IV, line 33.	<u>-</u>		
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity		
(1) ACADIANA CK LEASING LLC 1214 COOLIDGE BLVD LAFAYETTE, LA 70503 20-5069873	RADIOSURGERY SERVICES	LA	871,050	1,330,463	LAFAYETTE GENERAL MEDICAL CENTER LLC		
Part II Identification of Related Tax-Exempt Org or more related tax-exempt organizations during		ne organization an	swered "Yes" o	n Form 990, Par	t IV, line 34 because it	had o	ne
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity sta (if section 501(c)		Section (13) c	(g) on 512(t controlle ntity? No
(1) ST MARTIN HOSPITAL INC	HOSPITAL	LA	501(C)(3)	170(B)(1)(A) (III)		163	No
210 CHAMPAGNE BOULEVARD					HEALTH SYSTEMS		
BREAUX BRIDGE, LA 70517 26-4626264							
(2) LAFAYETTE HEALTH VENTURES INC	PHYSICIAN PRACTICES	LA	501(C)(3)	509(A)(3)	LAFAYETTE GENERAL	+	No
1211 COOLIDGE STREET					HEALTH SYSTEMS		
LAFAYETTE, LA 70503 72-1006966							
(3) LAFAYETTE GENERAL HEALTH SYSTEMS INC	HEALTHCARE SUPPORT	LA	501(C)(3)	509(A)(3)		+	No
1214 COOLIDGE STREET							
LAFAYETTE, LA 70503							
38-3646817 (4) UNIVERSITY HOSPITAL & CLINICS INC	HOSPITAL	LA	501(C)(3)	170(B)(1)(A) (III)		+-	No
1211 COOLIDGE STREET					HEALTH SYSTEMS		
LAFAYETTE, LA 70503							
46-2605366 (5) ACADIA GENERAL HOSPITAL INC	HEALTHCARE SUPPORT	LA	PENDING 501(C)(3)	170(B)(1)(A) (III)		+-	No
1305 CROWLEY RAYNE HWY					HEALTH SYSTEMS		
CROWLEY, LA 70526							
46-4958152 (6) LAFAYETTE GENERAL FOUNDATION INC	FOUNDATION	LA	PENDING 501(C)(3)	509(A)(3)	LAFAYETTE GENERAL	+-	No
1214 COOLIDGE STREET					HEALTH SYSTEMS		
LAFAYETTE, LA 70503 37-1766778							
For Paperwork Reduction Act Notice, see the Instructions for Form	990.	Cat No 5013	35Y		Schedule R (For	n 990)	2013

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total Income	(g) Share of end- of-year assets	allocations?		Disproprtionate allocations?		Disproprtionat		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	ral or aging ner?	(k) Percentage ownership
(1) LAFAYETTE INVESTMENT GROUP LLC 1000 WEST PINHOOK ROAD STE 206 LAFAYETTE, LA 70503 42-1594593	MANAGEMENT		LAFAYETTE GENERAL MEDICAL CENTER	RELATED	172,693	1,707,432	103	No		103	No	51 720 %				
(2) LAFAYETTE GENERAL SURGICAL HOSPITAL LLC 1000 WEST PINHOOK ROAD LAFAYETTE, LA 70503 48-1360080	SURGICAL HOSPITAL		LAFAYETTE GENERAL MEDICAL CENTER	RELATED	2,234,830	3,950,736		No			No	50 000 %				
(3) OIL CENTER SURGICAL PLAZA LLC 1000 WEST PINHOOK ROAD STE 204 LAFAYETTE, LA 70503 46-4090110	SURGERY CENTER		LAFAYETTE GENERAL MEDICAL CENTER	RELATED				No			No	50 000 %				

Part IV

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

line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section (b)(i contro entit	n 512 13) olled
								Yes	No
(1) GREATER LAFAYETTE PHYSICIANS HOSPITAL 117 AUDUBON BOULEVARD LAFAYETTE, LA 70503 72-1286969	SUPPORT SERVICES	LA	LAFAYETTE GENERAL MEDICAL CENTER	С			100 000 %	Yes	

hedule R (Form 990) 2013		Ρa	age 3
Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or	r 36.		
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
L During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1 c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1 g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i	Yes	
j Lease of facilities, equipment, or other assets to related organization(s)	1 j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	11	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
• Sharing of paid employees with related organization(s)	10	Yes	
p Reimbursement paid to related organization(s) for expenses	1 p		No
q Reimbursement paid by related organization(s) for expenses	1 q	Yes	
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s	Yes	
If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transactions	on thresholds		

2	If the answer to any of the above is "Yes,"	" see the instructions for information on w	ho must complete this lin	e, including covered re	lationships and transaction thresholds
	(a)		(h)	(c)	(4)

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) OIL CENTER SURGICAL PLAZA LLC	L	37,960	COST
(2) OIL CENTER SURGICAL PLAZA LLC	Q	47,089	COST
(3) OIL CENTER SURGICAL PLAZA LLC	R	22,113	COST
(4) LAFAYETTE INVESTMENT GROUP LLC	Q	110,000	COST
(5) LAFAYETTE GENERAL SURGICAL HOSPITAL LLC	Q	1,902,589	COST
(6) LAFAYETTE GENERAL SURGICAL HOSPITAL LLC	S	3,087,000	COST

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

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

									revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships					
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)		(e) all partners section 501(c)(3) anizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations ⁷	_	(i) Code V ² UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	_	(k) Percentage ownership	
			314)	Yes	No			Yes	No		Yes	No		
												1		
		·					<u> </u>							

Schedule R (Form 990) 2013

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2013

Additional Data

Software ID:

Software Version:

EIN: 72-0535375

Name: LAFAYETTE GENERAL MEDICAL CENTER INC

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

Form 990, Schedule R, Part II - Identification of F		1 =	1	1	1	i	ļ	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	n Public charity Status entity (if section 501(c) (3))		(b)(conti	ection 512 (b)(13) controlled entity?	
						Yes	No	
(1) ST MARTIN HOSPITAL INC 210 CHAMPAGNE BOULEVARD BREAUX BRIDGE, LA 70517 26-4626264	HOSPITAL	LA	501(C)(3)		LAFAYETTE GENERAL HEALTH SYSTEMS		No	
(1) LAFAYETTE HEALTH VENTURES INC 1211 COOLIDGE STREET LAFAYETTE, LA 70503 72-1006966	PHYSICIAN PRACTICES	LA	501(C)(3)		LAFAYETTE GENERAL HEALTH SYSTEMS		No	
(2) LAFAYETTE GENERAL HEALTH SYSTEMS INC 1214 COOLIDGE STREET LAFAYETTE, LA 70503 38-3646817	HEALTHCARE SUPPORT	LA	501(C)(3)	509(A)(3)			No	
(3) UNIVERSITY HOSPITAL & CLINICS INC 1211 COOLIDGE STREET LAFAYETTE, LA 70503 46-2605366	HOSPITAL	LA	501(C)(3)		LAFAYETTE GENERAL HEALTH SYSTEMS		No	
(4) ACADIA GENERAL HOSPITAL INC 1305 CROWLEY RAYNE HWY CROWLEY, LA 70526 46-4958152	HEALTHCARE SUPPORT	LA	PENDING 501(C) (3)		LAFAYETTE GENERAL HEALTH SYSTEMS		No	
(5) LAFAYETTE GENERAL FOUNDATION INC 1214 COOLIDGE STREET LAFAYETTE, LA 70503 37-1766778	FOUNDATION	LA	PENDING 501(C)		LAFAYETTE GENERAL HEALTH SYSTEMS		No	

Form 990, Schedule R, Part V - Transactions With Related Organizations					
(a) Name of other organization	(b) Transaction type(a-s)	(c) A mount I nvolved	(d) Method of determining amount involved		
OIL CENTER SURGICAL PLAZA LLC	L	37,960	COST		
OIL CENTER SURGICAL PLAZA LLC	Q	47,089	COST		
OIL CENTER SURGICAL PLAZA LLC	R	22,113	COST		
LAFAYETTE INVESTMENT GROUP LLC	Q	110,000	COST		
LAFAYETTE GENERAL SURGICAL HOSPITAL LLC	Q	1,902,589	COST		
LAFAYETTE GENERAL SURGICAL HOSPITAL LLC	S	3,087,000	COST		

DLN: 93493212000025

TY 2013 Affiliated Group Schedule

Name: LAFAYETTE GENERAL MEDICAL CENTER INC

EIN: 72-0535375

Affiliated Group Business Name:

LAFAYETTE GENERAL MEDICAL CENTER

Address. Either US or Foreign

1214 COOLIDGE BOULEVARD

Type:

LAFAYETTE, LA 705032621

EIN:

72-0535375

Electing Organization Checkbox:

✓

Total Grassroots Lobbying:

Total Lobbying Expenditures:

0

Total Direct Lobbying:

0

Other Exempt Purpose

Total Exempt Purpose

297,068,790

Expenditures:

Expenditures.

297,068,790

Expenditures:

Lobbying Nontaxable Amount:

1,000,000

Grassroots Nontaxable Amount:

250,000

Tot Lobbying Grassroot Minus Non

Tx:

U

0

0

Tot Lobby Expend Mns Lobbying

Non Tx:

Share Of Excess Lobbying:

ST MARTIN HOSPITAL

Affiliated Group Business Name:

210 CHAMPAGNE BOULEVARD

Address. Either US or Foreign Type:

EIN:

BREAUX BRIDGE, LA 70517

26-4626264 **▽**

Electing Organization Checkbox:

Total Grassroots Lobbying: 5,889

0

Total Direct Lobbying:

5,889

Total Lobbying Expenditures:

15,227,902

Other Exempt Purpose Expenditures:

Total Exempt Purpose

15,233,791

Expenditures:

Lobbying Nontaxable Amount:

911,690

Grassroots Nontaxable Amount:

227,923

Tot Lobbying Grassroot Minus Non

0

Tx:

Tot Lobby Expend Mns Lobbying

Non Tx:

Share Of Excess Lobbying:

0

Affiliated Group Business Name:	UNIVERSITY HOSPITAL AND CLINICS INC
Address. Either US or Foreign Type: EIN:	1214 COOLIDGE BOULEVARD LAFAYETTE, LA 705032621 46-2605366
Electing Organization Checkbox:	I ✓
Total Grassroots Lobbying:	7,246
Total Direct Lobbying:	0
Total Lobbying Expenditures:	7,246
Other Exempt Purpose Expenditures:	138,358,132
Total Exempt Purpose Expenditures:	138,365,378
Lobbying Nontaxable Amount:	1,000,000
Grassroots Nontaxable Amount:	250,000
Γot Lobbying Grassroot Minus Non Γx:	0
Fot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0
Affiliated Group Business Name:	ACADIA GENERAL HOSPITAL INC
Address. Either US or Foreign Type: EIN:	1305 CROWLEY RAYNE HWY CROWLEY, LA 70526 46-4958152
Electing Organization Checkbox:	₹
Fotal Grassroots Lobbying:	2,142
Fotal Direct Lobbying:	0
Total Lobbying Expenditures:	2,142
Other Exempt Purpose Expenditures:	11,655,391
Total Exempt Purpose Expenditures:	11,657,533
Lobbying Nontaxable Amount:	732,877
Grassroots Nontaxable Amount:	183,219
Γot Lobbying Grassroot Minus Non Γx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	LAFAYETTE GENERAL HEALTH SYSTEMS
Address. Either US or Foreign Type: EIN:	1214 COOLIDGE BOULEVARD LAFAYETTE, LA 705032621 38-3646817
Electing Organization Checkbox:	50 5040017 ▽
Total Grassroots Lobbying:	174,685
Total Direct Lobbying:	0
Total Lobbying Expenditures:	174,685
Other Exempt Purpose Expenditures:	88,430,939
Total Exempt Purpose Expenditures:	88,605,624
Lobbying Nontaxable Amount:	1,000,000
Grassroots Nontaxable Amount:	250,000
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

(Lafayette General Health System, Inc. and Subsidiaries)

Consolidated Financial Statements

Years Ended September 30, 2014 and 2013



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Independent Auditor's Report

To the Board of Trustees Lafayette General Health System, Inc. and Subsidiaries Lafayette, Louisiana

Report on the Financial Statements

We have audited the accompanying consolidated financial statements of Lafayette General Health System, Inc. and Subsidiaries (the Organization) which comprise the consolidated balance sheets as of September 30, 2014 and 2013, and the related consolidated statements of operations and changes in net assets, and cash flows for the years then ended, and the related notes to the consolidated financial statements

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America, this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error

Auditor's Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion

An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Lafayette General Health as of September 30, 2014 and 2013, and the results of its operations, changes in net assets, and cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated January 26, 2015 on our consideration of Lafayette General Health's 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* in considering Lafayette General Health's internal control over financial reporting and compliance

A Professional Accounting Corporation

Metairie, LA January 26, 2015

Consolidated Balance Sheets September 30, 2014 and 2013

	2014	2013
Assets		
Current Assets		
Cash and Cash Equivalents	\$ 40,253,457	\$ 58,471,397
Short-Term Investments	10,305,361	388,395
Patient Accounts Receivable, Less Allowance for Doubtful		
Accounts \$25,082,883 in 2014 and \$34,068,301 in 2013	73,319,203	60,961,528
Amounts Due from Third-Party Payors	18,298,294	15,569,560
Inventories	14,448,256	11,752,126
Other Current Assets	10,466,217	11,027,745
Total Current Assets	167,090,788	158,170,751
Noncurrent Assets		
Assets Limited as to Use		
Under Debt Agreements Held by Third Party	11,529,282	3,045,229
Board Designated for Property and Equipment		
Additions and Replacements	84,565,144	81,750,880
Total Assets Limited as to Use	96,094,426	84,796,109
Investments in Joint Ventures	1,459,367	1,416,882
Property and Equipment, Net	258,233,062	215,035,548
Unamortized Debt Issuance Costs	1,821,261	1,965,329
Other Assets	23,324,342	22,990,416
Total Noncurrent Assets	 380,932,458	326,204,284
	 -,,	,
Total Assets	\$ 548,023,246	\$ 484,375,035

Consolidated Balance Sheets (Continued) September 30, 2014 and 2013

	2014	2013
Liabilities and Net Assets		_
Current Liabilities		
Accounts Payable and Accrued Expenses	\$ 48,346,639	\$ 40,101,832
Salaries and Wages Payable	14,937,481	11,340,436
Amounts Due to Third-Party Payors	7,159,230	6,349,114
Line of Credit, Construction and Equipment Loans	134,437	-
Deferred Revenue	9,973,361	34,571,686
Current Portion of Self-Insurance Reserves	6,053,909	4,727,228
Current Portion of Capital Lease Obligation	3,037,039	158,303
Current Maturities of Long-Term Debt	5,998,323	6,300,666
Total Current Liabilities	95,640,419	103,549,265
Noncurrent Liabilities Self-Insurance Reserves, Less Current Portion Accrued Postretirement Benefit Costs Capital Lease Obligation, Less Current Portion Long-Term Debt, Less Current Portion, Net of Discount Total Noncurrent Liabilities Total Liabilities	725,815 1,624,100 3,829,119 193,198,610 199,377,644 295,018,063	1,365,081 1,720,600 3,567,584 148,583,667 155,236,932 258,786,197
Net Assets		
Noncontrolling Interest in Subsidiaries	5,244,300	5,108,653
Unrestricted Net Assets	247,760,883	220,480,185
Total Net Assets	253,005,183	225,588,838
Total Liabilities and Net Assets	\$ 548,023,246	\$ 484,375,035

Consolidated Statements of Operations and Changes in Net Assets For the Years Ended September 30, 2014 and 2013

	2014		2013
Unrestricted Revenues, Gains and Other Support			
Net Patient Service Revenues	\$ 578,083,87		423,247,321
Provision for Bad Debts	(102,356,49	2)	(70,665,651)
Net Patient Service Revenues Less Provisions for Bad Debts	475,727,38	3	352,581,670
Other Operating Revenues	19,775,43	5	11,481,165
Total Revenues, Gains and Other Support	495,502,81	8	364,062,835
Operating Expenses			
Salaries, Wages, and Benefits	193,119,48	4	139,861,306
Medical Supplies and Drugs	99,156,54	3	80,988,083
Contract Services	91,478,06	8	48,018,827
Utilities and Equipment Rentals	53,392,37	5	32,680,648
Depreciation and Amortization	19,504,34	1	18,197,022
Provision for Bad Debts	976,11	1	370,223
Interest Expense	5,925,83	8	7,007,116
Insurance Expense	4,998,010		4,896,143
Other Expenses	7,855,50	2	13,114,584
Total Operating Expenses	476,406,27	2	345,133,952
Operating Income	19,096,54	6	18,928,883
Non-Operating Income			
Interest and Dividend Income	769,39	7	2,916,268
Realized Gains on Investments	4,360,78	2	4,753,886
Unrealized Gain (Loss) on Investments	1,374,36	8	(291,291)
Gain on Sale/Disposal of Assets	54,23	0	571,952
Other (Expense) Revenue, Net	(1,118,87	5)	290,596
Total Non-Operating Income	5,439,90		8,241,411
Excess of Revenues over Expenses	24,536,44	8	27,170,294
Attributable to Noncontrolling Interest	3,106,39	5	1,965,151
Excess of Revenues Over Expenses			
Attributable to the Health System	\$ 21,430,05	3 \$	25,205,143

Consolidated Statements of Operations and Changes in Net Assets (Continued) For the Years Ended September 30, 2014 and 2013

		September 30, 2014			September 30, 2013	
	Total	Controlling Interest	Noncontrolling Interests	Total	Controlling Interest	Noncontrolling Interests
Unrestricted Net Assets:						
Excess of Revenues over Expenses	\$ 24,536,448	\$ 21,430,053	\$ 3,106,395	\$ 27,170,294	\$ 25,205,143	\$ 1,965,151
Contributions from	5,966,897	5,850,645	116,252	1,748	-	1,748
Distributions Paid to	(3,087,000)	-	(3,087,000)	(1,250,000)		(1,250,000)
Increase in Net Assets	27,416,345	27,280,698	135,647	25,922,042	25,205,143	716,899
Net Assets:						
Beginning of the Year	225,588,838	220,480,185	5,108,653	199,666,796	195,275,042	4,391,754
End of the Year	\$ 253,005,183	\$ 247,760,883	\$ 5,244,300	\$ 225,588,838	\$ 220,480,185	\$ 5,108,653

Consolidated Statements of Cash Flows For the Years Ended September 30, 2014 and 2013

		2014		2013
Cash Flows from Operating Activities				
Excess of Revenues over Expenses Attributable to the Health System	\$	21,430,053	\$	25,205,143
Adjustments to Reconcile Excess of Revenues over Expenses to Net				
Cash Provided by Operating Activities				
Depreciation and Amortization		19,504,341		18,197,022
Provision for Doubtful Accounts		103,332,603		71,035,874
Gain (Loss) on Sale/Disposal of Assets		(54,230)		(571,952)
Unrealized (Gains) Losses on Investments		(1,374,368)		291,291
Equity in Earnings of Joint Ventures		(42,485)		(11,478)
Noncontrolling Interests in Subsidiaries		3,106,395		1,965,151
Changes in Operating Assets and Liabilities				
Patient Accounts Receivable		(115,690,278)		(70,047,064)
Amounts Due from/to Third-Party Payors		(1,918,618)		(12,370,939)
Inventories		(2,696,130)		(3,375,951)
Other Assets		371,670		(19,643,240)
Accounts Payable and Accrued Expenses		11,841,852		21,494,838
Deferred Revenue		(24,598,325)		34,571,686
Self-Insurance Reserves		687,415		1,880,024
Other Liabilities		(73,257)		(854,357)
Net Cash Provided by Operating Activities		13,826,638		67,766,048
Onch Flavor from Invention Activities				
Cash Flows from Investing Activities		(50,000,007)		(04.000.704)
Purchase of Property and Equipment		(59,362,087)		(34,668,784)
Proceeds from Sale of Assets		1,040		2,562,985
Net Increase in Assets Whose Use is Limited		(9,923,949)		(5,484,917)
Net (Increase) Decrease in Short-Term Investments		(9,916,966)		559,179
Net Cash Used in Investing Activities		(79,201,962)		(37,031,537)
Cash Flows from Financing Activities				
Repayment of Long-Term Debt		(5,205,503)		(5,737,432)
Proceeds from Issuance of Long-Term Debt		49,494,860		15,000,000
Cash Paid to Issue New Debt		, , , <u>-</u>		-
Principal Payments under Capital Lease Obligations		(146,307)		(562,730)
Net Construction and Equipment Loan Activity		- '		(5,000,000)
Net Proceeds from Line of Credit Activity		134,437		-
Distributions to Minority Interest Partners, Net of Contributions		2,879,897		(1,248,252)
Net Cash Provided by Financing Activities		47,157,384		2,451,586
Change in Cash and Cash Equivalents		(18,217,940)		33,186,097
Cash and Cash Equivalents				
Beginning		58,471,397		25,285,300
Ending	•	40,253,457	\$	58,471,397
Finding	-	40,200,407	Ψ	JU,411,J31

Reporting Entity and Nature of Business:

The accompanying consolidated financial statements include the accounts of the entities detailed below, which are collectively referred to as the Organization. There are no other entities whose financial statements should be consolidated and presented with these consolidated financial statements.

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

Lafayette General Medical Center, Inc. (LGMC) is a not-for-profit Louisiana corporation, organized on a non-stock basis to provide medical care to the residents of southwest Louisiana. It is governed by a board of trustees. The trustees are elected from the general board membership, which consists of not more than 50 members. LGMC is located in Lafayette, Louisiana and operates 377 beds which include 15 LDRs, 24 mental health unit beds, 25 neonatal ICU bassinets and 26 nursery bassinets.

Lafayette Health Ventures, Inc. (LGMD) is operating as a non-profit Delaware corporation, effective May 2011 It primarily operates physician practices, with specialties including family practice, internal medicine, Ob/Gyn, medical oncology, and cardiology

University Hospital & Clinics, Inc. (UHC), was incorporated on April 18, 2013 as a not-for-profit Louisiana corporation, and organized on a non-stock basis LGHS became the sole member of UHC On May 17, 2013, LGHS and UHC entered into a Cooperative Endeavor Agreement (CEA) with the Board of Supervisors of Louisiana State University and Agricultural and Mechanical College (LSU), the Louisiana Division of Administration, acting through the Commissioner (DOA), and the State of Louisiana, through the Division of Administration (the State), and the Louisiana Department of Health and Hospitals, acting through its Secretary (DHH) In accordance with and subject to the terms of the CEA, UHC assumes responsibility for operating the hospital known as University Medical Center in Lafayette, Louisiana (Hospital), LSU will lease to UHC the hospital building and related facilities (Facility) in which LSU operated the Hospital together with all furniture, fixtures and equipment used in connection with the Hospital's operations, UHC will purchase from LSU consumable inventory necessary for the continued operation of the Hospital, and, UHC and LGHS commit to support LSU's academic, clinical, and research missions The CEA has an initial term of 10 years. On June 24, 2013, the lease between LSU and UHC officially commenced and UHC assumed operations for the Hospital The lease agreement has an initial term of 10 years. See Notes 1 and 14 for further details on the CEA and lease agreement

Acadiana General Hospital, Inc. (AGH) is a non-profit Louisiana corporation incorporated on February 19, 2014 on a non-stock basis. The sole member of AGH is LGHS. The mission of AGH is to serve the City of Crowley, Louisiana and Acadia Parish, Louisiana community through the delivery of health care services. On May 6, 2014, AGH and American Legion Hospital, Inc. (ALH), a general medical and surgical hospital in Crowley, Louisiana, entered into an agreement whereby AGH will lease the facilities of ALH for a period of 10 years beginning on June 1, 2014.

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

Greater Lafayette Physicians Hospital Organization, Inc. (PHO) is a whollyowned physician-hospital organization that currently negotiates managed care contract arrangements PHO is currently not in operation

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

Lafayette Investment Group, LLC (LIG) was organized to operate a short-stay hospital and medical office building in Lafayette, Louisiana, that houses LGSH LGMC has a 51 72% ownership interest in LIG, and LGSH has a 25 96% ownership interest in LIG

St. Martin Hospital Inc. (SMH) is a non-profit Louisiana corporation that is currently a wholly owned subsidiary of LGMC. The entity operates a 25 licensed bed critical access hospital. SMH leases the hospital facilities under the terms of a twenty five year arrangement with Hospital Service District No. 2 of St. Martin Parish, LA. Under the terms of the lease, detailed more fully in Note 9, SMH assumed all operations for the Service District as of that date.

Oil Center Surgical Plaza, LLC (OCSP) operates an outpatient surgical center in Lafayette, Louisiana LGMC has a 50% ownership interest in OCSP. The operating agreement provides LGMC a controlling interest.

Significant Accounting Policies:

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

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

<u>Financial Statement Presentation</u> Net assets and revenues, expenses, gains and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, net assets of the Organization and changes therein are classified and reported as permanently restricted, temporarily restricted, or unrestricted. At September 30, 2014 and 2013, and for the years then ended, all of the Organization's net assets were unrestricted.

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

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

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

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

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

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

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

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

<u>Deferred Revenue</u> The balance in this account consists of that portion of Medicaid supplemental payments under the CEA described above. The Organization is responsible for providing services associated with these payments into its next fiscal year-end

<u>Property and Equipment</u> Property and equipment are recorded at acquisition cost, including interest expense capitalized during construction Interest expense of approximately \$1,488,405 and \$381,000, was capitalized in 2014 and 2013, respectively Donated property and equipment are recorded at fair value at the date of donation, which is then treated at cost. Depreciation and amortization of property and equipment is calculated using the straight-line method over the estimated useful lives of the assets ranging from 3 to 30 years

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

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

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

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

<u>Fair Value of Financial Instruments</u> The following methods and assumptions were used by the Organization in estimating the fair value of their financial instruments

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

Investments - The fair values of the Organization's marketable equity securities are based on quoted market prices in an active market. The carrying amounts of other investments approximate fair value. See note 5 for further details

Long-Term Debt - When practicable to estimate, the fair values of the Organization's long-term financial instruments are based on (a) currently traded values of similar financial instruments, (b) discounted cash flows methodologies utilizing currently available borrowing rates

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

<u>Performance Indicator (Excess of Revenues Over Expenses)</u> Includes operating income and nonoperating income (losses) The performance indicator excludes, when present, certain changes in pension obligations and contributions for capital expenditures, distributions, and net assets released from restricted funds

<u>Reclassifications</u> Certain reclassifications have been made to prior year balances to conform to the current year presentation

Net Patient Service Revenues, Patient Accounts Receivable, and Amounts Due to or from Third-Party Payors. The Organization provides medical services to government program beneficiaries and has agreements with other third-party payors that provide payments at amounts different from established rates. Payment arrangements include prospectively determined rates per discharge, prospectively determined rates per procedure, reimbursed costs, discounted charges, and per diem payments. Net patient service revenue is reported at the estimated net realizable amounts billed to patients, third-party payors, and others for services rendered. The percentage of total net patient service revenue derived from services furnished to Medicare and Medicaid program beneficiaries was approximately 56% and 49% in 2014 and 2013, respectively

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

LGMC and SMH formed collaborations with the State, units of state government in Louisiana, and other healthcare providers, to more fully fund the Medicaid program and ensure the availability of quality healthcare services for the low income and needy population. The purpose of the collaborations is to create vehicles to provide charity care services in the providers' communities served. The provision of this care directly to low income and needy patients will result in the alleviation of the expense of public funds the governmental entities previously expended on care, thereby allowing the governmental entities to increase support for the state Medicaid program up to federal Medicaid Upper Payment Limits (UPL)

Federal matching funds are not available for Medicaid payments that exceed UPLs Each state's UPL methodology must comply with its state plan and be approved by the Centers for Medicare & Medicaid Services (CMS) Under this methodology, LGMC and SMH received funding from the State of Louisiana during the fiscal years ended September 30, 2014 and 2013, collectively totaling \$4,985,492 and \$4,617,339, respectively, which is included on the statement of operations as a component of net patient service revenue

As mentioned above, LGHS and UHC also collaborated with the State of Louisiana through a CEA and related lease, assuming operational responsibility for LSU's teaching Hospital in Lafayette Louisiana The Centers for Medicare & Medicaid Services (CMS) has provided for direct graduate medical education payments and indirect medical education reimbursement (DGME and IME) to LSU The DGME and IME payment rules establish "caps" on the number of residency positions that are reimbursable but allow the caps (the "Residency Caps") to be shared among and/or affiliated to other hospitals under certain circumstances In order for LSU to continue to effectively provide the LSU GME Programs, LSU transferred certain Residency Caps to Lafayette General Medical Center The CEA also provides for other cost-based funding to LGMC and Louisiana Medicaid uncompensated care payments to UHC for the provision of health care services to UHC's Medicaid and self-pay / uninsured patients in a given State fiscal year LGMC and UHC recognized a total of \$47,558,365 and \$49,907,337, during fiscal year ended September 30, 2014 and 2014, respectively, as a component of net patient service revenue, in accordance with the terms of the CEA LGMC has also recorded deferred revenue of \$9,973,361 and \$34,571,686 associated with payments received for its CEA commitments for the remaining portion of the State fiscal year ended June 30, 2014 and 2013, respectively

Retroactive settlements are provided for in some of the governmental payment programs outlined above, based on annual cost reports and regulatory audit. Such settlements are estimated and recorded as amounts due to or from third-party payors in the consolidated financial statements. The differences between these estimates and final determination of amounts to be received or paid are based on audits by fiscal intermediaries and are reported as adjustments to net patient service revenue when such determinations are made. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. These adjustments resulted in an increase to net patient service revenue of \$5,290,934 and \$68,918 in 2014 and 2013, respectively

The Organization's Medicare and Medicaid cost reports have been settled through the years ended September 30, as shown in the table below

	Medicare	<u>Medicaid</u>
LGMC	2010	2010
SMH	2012	2011
LGSH	2010	2009
UHC	*	*

* UHC has retained a June 30 year end for cost reporting purposes As the effective date of the CEA was June 24, 2013, the last week of June 2013 will be included in the June 30, 2014 cost report when filed for UHC LSU has filed a closing cost report through June 23, 2013 Settlement or recoupment actions associated with the closing cost report remain the responsibility of LSU

The effect of any adjustments that may be made to cost reports still subject to review at September 30, 2014, will be reported in the Organization's consolidated operations as such determinations are made

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

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

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

Patient accounts receivable are reported at net realizable value. Accounts are written off when they are determined to be uncollectible based upon management's assessment of individual accounts. Patients' accounts receivable are reduced by an allowance for doubtful accounts. In evaluating the collectability of patients' accounts receivable, the Organization analyzes its past history and identifies trends to estimate the appropriate allowance for doubtful accounts. Management regularly reviews data about the Organization's major payor sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts. For receivables associated with services provided to patients who have third-party coverage, the Organization analyzes contractually due amounts and provides an allowance for doubtful accounts, if necessary (e.g., for expected uncollectible deductibles and copayments on accounts for which the third-party payor has not yet paid, or for payors who are known to be having financial difficulties that make the realization of amounts due unlikely)

For receivables associated with self-pay patients, those with no third-party coverage, the Organization records a significant provision for bad debts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible. The difference between the standard rates (or the discounted rates if negotiated) and the amounts actually collected, after all reasonable collection efforts have been exhausted, is written-off against the allowance for doubtful accounts

The difference between the standard rates (or the discounted rates if negotiated) and the amounts actually collected, after all reasonable collection efforts have been exhausted, is written-off against the allowance for doubtful accounts

The Organization's allowance for uncollectible accounts increased to 99% of self pay accounts receivable at September 30, 2014, from 91% of self pay accounts receivable at September 30, 2013. The Organization has experienced an increase in charity care and bad debt write-offs as a result of rising patient responsibilities due in part to high deductible and high co-pay insurance plans, and an overall increase in uninsured patients resulting from the collaboration with the State to operate the former LSU teaching hospital in Lafayette which serves a predominately Medicaid and uninsured population.

During 2013, the Organization changed its policy for accounting for write-offs of uninsured patient receivables subject to installment payment arrangements. This change did not have a material impact on the provision for bad debts recognized during the year. The Organization did not change its charity care or uninsured discount policies during fiscal years 2014 or 2013.

The Organization recognizes patient service revenue associated with services provided to patients who have third-party payor coverage on the basis of contractual rates for the services rendered. For uninsured patients that do not qualify for charity care, the Organization recognizes revenue on the basis of its standards rates for services provided. On the basis of historical experience, a significant portion of the Organization's uninsured patients will be unable or unwilling to pay for the services provided, thus, the Organization records a significant provision for bad debts related to uninsured patients in the period the services are provided.

The percentage of patient service revenue, net of contractual allowance and discounts (but before the provision for bad debts), derived from these major payor sources as of September 30, 2014 and 2013 are as follows

	2014	2013
Third-party Payors	71%	79%
Self Pay	29%	21%
Total All Payors	100%	100%

<u>Charity Care</u> The Organization provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates Because the Organization does not pursue collection of amounts determined to qualify as charity care, and these amounts are not expected to result in cash flows, they are not reported as revenue Charges foregone, based on established rates and estimated charity care costs, are shown below for the years ended September 30, 2014 and 2013, respectively

	2014	2013
	Estimated Costs In	Estimated Costs In
	Charges Excess of Foregone Payments	Charges Excess of Foregone Payments
Charity Care	\$ 70,501,676 \$ 14,361,191	\$ 31,056,922 \$ 6,975,385

The Organization estimates its cost of care provided under its charity care programs by applying a ratio of direct and indirect costs to charges to gross uncompensated revenue associated with providing care to charity patients

Income Taxes LGMC, UHC, LGMD, and SMH are exempt from federal income taxes on related income under Internal Revenue Code (IRC) Section 501(a) as organizations described in Section 501(c)(3) PHO operates as a not-for-profit organization under Louisiana statues, however, PHO is subject to federal income taxes and state franchise taxes PHO has also incurred operating losses LGSH and LIG are for-profit Louisiana limited liability corporations

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

The Organization's various federal income tax and exempt organization income tax returns (IRS Forms 1065, 1120, and 990), whether filed on a calendar or fiscal year basis, are subject to examination by the IRS. The income tax returns for years 2010 through 2012 are subject to examination by the taxing authorities, generally for three years after they are filed.

Significant New Accounting Pronouncements Adopted On October 1, 2013, the Organization adopted the provisions of FASB Accounting Standards Update (ASU) 2011-11, "Balance Sheet Topic (210): Disclosures About Offsetting Assets and Liabilities." This guidance contains new disclosure requirements regarding the nature of an entity's rights of offset and related arrangements associated with its financial instruments and derivative instruments. The adoption of this guidance had no impact on the Organization's consolidated financial statements.

On October 1, 2013, the Organization adopted the provisions of FASB ASU 2012-05, "Statement of Cash Flows (Topic 230): Not-for-Profit Entities: Classification of the Sale Proceeds of Donated Financial Assets in the Statement of Cash Flows." This guidance provides clarification on how entities classify cash receipts arising from the sale of certain donated financial assets in the statement of cash flows. The adoption of this guidance had no impact on the Organization's consolidated statement of cash flows.

On October 1, 2013, the Organization adopted the provisions of FASB ASU 2013-01, "Balance Sheet (Topic 210): Clarifying the Scope of Disclosures About Offsetting Assets and Liabilities." This guidance provides clarification on the scope of the offsetting disclosure requirements of ASU 2011-01. The adoption of this guidance had no impact on the Organization's consolidated financial statements.

Note 2. Net Patient Service Revenues

Net patient service revenues for the years ended September 30, 2014 and 2013, were as follows

	2014	2013
Gross Patient Service Revenue	\$ 1,469,848,607	\$ 1,181,072,516
Provisions for Contractual and		
Other Adjustments	(821,263,058)	(726,768,273)
Charges Forgone for Charity Care	(70,501,676)	(31,056,922)
Net Patient Service Revenue	\$ 578,083,873	\$ 423,247,321

Note 3. Business and Credit Concentration

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

Note 3. Business and Credit Concentration (Continued)

As more fully discussed in Note 1, the Organization reports accounts receivable net of estimated allowances for uncollectible accounts and adjustments. To provide for accounts receivable that could become uncollectible in the future, the Organization establishes an allowance for uncollectible accounts to reduce the carrying amount of such receivables to their estimated net realizable value. The amount charged to the provision for doubtful accounts is based upon the Organization's assessment of historical and expected net collections, business and economic conditions, and trends in government reimbursement. Uncollectible accounts are written off when the Organization has determined the account will not be collected.

The approximate percentages of net patient accounts receivable by payor at September 30, 2014 and 2013, were as follows

	2014	2013
Managed Care \ Commercial	55 %	39 %
Medicare	24	23
Medicaid	10	7
Other Third-Party Payors	4	6
Self-Pay Patients	7	25
	100 %	100 %

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

As of September 30, 2014, the Organization reported cash and cash equivalents balances of \$40,253,457 Certain deposits exceed the amount of insurance coverage. The Organization's policy is to place its cash and cash equivalent deposits with high credit quality financial institutions. Accordingly, management does not believe these excess deposits expose the Organization to a significant risk of loss.

The Organization has entered into a daily overnight repurchase agreement with one financial institution, which is a cash sweep service arrangement. The arrangement withdraws and deposits cash balances above a specified dollar amount from one of the Organization's deposit accounts daily and invests it in short-term government securities overnight. The dollar amount associated with this repurchase agreement and included in the total cash and cash equivalents balances referenced above was \$17,994,310 as of September 30, 2014.

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

Short-term investments, at September 30, 2014 and 2013, were primarily invested in money market funds. The balance in short-term investments was \$10,305,361 and \$388,395 at September 30, 2014 and 2013, respectively

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

Assets limited as to use at September 30, 2014 and 2013, were as follows

	2014	2013
Under Debt Agreement Held by		
Third Party		
Cash and Cash Equivalents	\$ 8,344,782	\$ 497,629
Loan Participation Interests (Note 8)	3,184,500	2,547,600
	11,529,282	3,045,229
By Board for Property and Equipment Additions		
and Replacements		
Equity Mutual Funds	40,873,540	39,636,886
Fixed Income Funds	40,073,431	38,166,270
Cash and Cash Equivalents	1,994,255	3,931,097
Other	1,623,918	16,627
	84,565,144	81,750,880
Total Assets Whose Use is Limited	\$ 96,094,426	\$ 84,796,109

Note 5. Fair Value Measurements

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

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

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

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

A description of the valuation methodologies used for assets measured at fair value is as follows

- Common stocks, corporate bonds and US government securities, when present are valued at the closing price reported on the active market on which the individual securities are traded
- Mutual Funds are valued at the net asset value (NAV) of shares held at year end
- Money Market Funds and certificates of deposit are reported at the net asset value and amount reported by the issuing financial institution, respectively
- Pooled Investment accounts are valued at the liquidation value of the underlying instruments
- Insurance Company Group Annuity Contract is carried at contract value as reported by the insurance company, which approximates fair value. The concept of a value other than contract value does not apply to this insurance company issued general account backed evergreen (no maturity date) group annuity spread investment. This contract's operation is different than many other evergreen group annuity products in the market by virtue of the fact that a market value (fair value) adjustment does not apply upon discontinuance. There are no specific securities in the general account that back the liabilities of the annuity contract and it would be inappropriate to look to the market value of the securities within the insurer's general account to determine a fair value.

The following table sets forth, by level within the fair value hierarchy, the Organization's assets at fair value as of September 30, 2014

	Fair Value	Level 1	Level 2	Level 3
Mutual Funds				
Equity Funds	\$ 41,702,751	\$ 41,702,751	\$ -	\$ -
Fixed Income Funds	50,099,540	50,099,540	-	-
Total Mutual Funds	91,802,291	91,802,291	-	-
Cash Equivalents, Money Market				
and Certificates of Deposit	1,994,502	1,994,502	-	-
Pooled Investment Accounts	279,005	-	279,005	-
Marketable Equity Securities	567,750	567,750	-	-
Insurance Company Group Annuity Contract	1,187,585	-	-	1,187,585
Other	1,623,918	-	1,623,918	-
Total	\$ 97,455,051	\$ 94,364,543	\$ 1,902,923	\$ 1,187,585

These instruments are included on the Organization's September 30, 2014, balance sheet under the following captions

Short-Term Investments	\$ 10,305,361
Assets Limited as to Use	84,565,144
Items Included as a Component of Other Noncurrent Assets	
Marketable Equity Securities	567,750
Deferred Compensation Arrangement Assets	 2,016,796
Total	\$ 97,455,051

The following table sets forth by level, within the fair value hierarchy, the Organization's assets at fair value as of September 30, 2013

	Fair Value	Level 1	Level 2	L	evel 3
Mutual Funds					
Equity Funds	\$ 40,209,511	\$ 40,209,511	\$ -	\$	-
Fixed Income Funds	38,166,270	38,166,270	-		-
Total Mutual Funds	78,375,781	78,375,781	-		-
Cash Equivalents, Money Market					
and Certificates of Deposit	3,931,097	3,931,097	-		-
Pooled Investment Accounts	388,395	-	388,395		-
Marketable Equity Securities	451,500	451,500	-		-
Insurance Company Group Annuity Contract	1,137,322	=	-	1	,137,322
Other	16,627	-	16,627		
Total	\$ 84,300,722	\$ 82,758,378	\$ 405,022	\$ 1	,137,322

These instruments are included on the Organization's September 30, 2013 balance sheet under the following captions

Short-Term Investments	\$ 388,395
Assets Limited as to Use	81,750,880
Items Included as a Component of Other Noncurrent Assets	
Marketable Equity Securities	451,500
Deferred Compensation Arrangement Assets	1,709,947
Total	\$ 84,300,722

The following tables set forth a summary of changes in the fair value of the Plan's Level 3 assets for the years ended September 30, 2014 and 2013

September 30, 2014	Level 3	Total
Beginning Balance	\$ 1,137,322	\$ 1,137,322
Total Gains or Losses (Realized and Unrealized) Included in Changes in Net Assets Interest Reinvested Purchases	- 19,339 1,962,675	- 19,339 1,962,675
Sales	(1,931,751)	(1,931,751)
Ending Balance	\$ 1,187,585	\$ 1,187,585
September 30, 2013	Level 3	Total
Beginning Balance	\$ 801,505	\$ 801,505
Total Gains or Losses (Realized and Unrealized) Included in Changes in Net Assets		
Interest Reinvested	- 19,259	19,259
Purchases	356,720	356,720
Sales	 (40,162)	(40,162)
Ending Balance	\$ 1,137,322	\$ 1,137,322

Changes in Fair Value Levels

To assess the appropriate classification of investments within the fair value hierarchy, the availability of market data is monitored. Changes in economic conditions or valuation techniques may require the transfer of investments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

We evaluate the significance of transfers between levels based upon the nature of the investment and size of the transfer relative to total net assets available for benefits. For the years ended September 30, 2014 and 2013, there were no transfers in or out of Level 3.

Quantitative Information about Significant Unobservable Inputs Used in Level 3 Fair Value Measurements

The following tables represent the Plan's Level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments, and the significant unobservable inputs and the ranges of values for those inputs

	S	eptember 30, 2014			
Investment	Fair Value	Principal Valuation Technique	Unobservable Inputs	Range of Significant Input Values	Weighted Average
Insurance Company Group Annuity Contract - Prudential Guaranteed Income Fund	\$ 1,187,585	See Discussion Above	See Discussion Above	N/A	N/A
	Se	eptember 30, 2013		Range of	
Investment	Faır Value	Principal Valuation Technique	Unobservable Inputs	Significant Input Values	Weighted Average
Insurance Company Group Annuity Contract - Prudential Guaranteed Income Fund	\$ 1,137,322	See Discussion Above	See Discussion Above	N/A	N/A

In estimating fair value of the investments in Level 3, management may use third-party pricing sources or appraisers. In substantiating the reasonableness of the pricing data provided by third parties, the Plan Administrator evaluates a variety of factors including review of methods and assumptions used by external sources, recently executed transactions, existing contracts, economic conditions, industry and market developments, and overall credit ratings

Financial Instrument Fair Value Disclosures

At September 30, 2014 and 2013, the Organization's financial instruments included cash and cash equivalents, accounts receivable, investments, assets limited as to use, accounts payable, accrued expenses, estimated third-party payor settlements, and long-term debt. The carrying amounts reported in the consolidated balance sheets for these financial instruments, except for long-term obligations, approximate their fair values.

The fair value of the Organization's Series 2010 debt at September 30, 2014 is estimated at \$87,398,169, compared to its carrying value of \$80,968,744 (net of unamortized original issue discount of \$606,256). The fair value of this instrument is based on currently traded values of similar financial instruments.

The September 30, 2014 carrying value of \$7,317,903 of the Organization's long-term Equipment Vendor Installment Payable, disclosed in Note 8, is considered to approximate its fair value measured by utilizing a discounted cash flow approach at borrowing rates currently available to the Organization

It is not practicable to estimate the fair value of the New Market Tax Credit Facility A and B, nor the Series 2012A and Series 2012B bonds, separate from the value supported by the related credit facilities

The fair value of remaining long-term debt instruments reasonably approximates the carrying value

Note 6. Investments in Joint Ventures and Other Investees

The Organization holds a 50% interest in Lafayette General Endoscopy Center, Inc. (GI-ASC). This Company provides ambulatory surgical services in Lafayette, Louisiana The investment in GI-ASC, accounted for under the equity method, is \$1,459,367 and \$1,416,882, as of September 30, 2014 and 2013, respectively. Equity method goodwill arising upon the 2005 acquisition of GI-ASC by LGMC is included as a component of the carrying amount of the investment. The carrying amount of the equity method goodwill component comprises the substantial portion of the investment balance as of September 30, 2014 and 2013.

Summarized financial information of GI-ASC as of September 30, 2014 includes total assets of \$377,302 and total liabilities of \$125,234 GI-ASC operates on a calendar year basis and reported \$1,169,140 of net income for the nine months ended September 30, 2013 As of September 30, 2013, GI-ASC had assets of \$279,446 and liabilities of \$112,348 Income for the nine months ended September 30, 2013 was \$1,367,284 Net income is routinely distributed to LGMC and the other IRS subchapter S-corporation shareholders each year

Investee companies not accounted for under the consolidation or the equity method of accounting are accounted for under the cost method of accounting. Other Noncurrent Assets include \$320,769 and \$334,278 of investments accounted for under the cost method as if September 30, 2014 and 2013, respectively

Under this method, the Organization's share of the earnings or losses of such Investee companies is not included in the consolidated balance sheets or consolidated statements of operations, however, impairment charges are recognized in the consolidated statements of operations, if applicable. When circumstances suggest that the value of the investee company has subsequently recovered that recovery is not recorded.

Note 7. Property and Equipment

Property and equipment consists of the following

	2014	2013
Land and Land Improvements	\$ 10,498,443	\$ 9,932,443
Buildings and Fixed Equipment	321,340,690	259,290,698
Major Movable Equipment	116,557,105	101,829,978
	448,396,238	371,053,119
Less Accumulated Depreciation	203,932,151	184,672,776
	244,464,087	186,380,343
Construction in Progress	13,768,975	28,655,205
Total	\$ 258,233,062	\$ 215,035,548

Note 7. Property and Equipment (Continued)

Construction in Progress and Purchase Commitments

During 2014, the Organization continued with the expansion and renovation of is LGMC campus. This \$52.5 million development enlarged and upgraded the emergency department and surgical platform, and added a new parking garage.

At September 30, 2014, the Organization was obligated under purchase commitments of approximately \$772,126, principally related to its operating and emergency room expansion and other various property improvement projects, and \$877,521 related to other purchase commitments

Note 8. Short-Term and Long-Term Debt

The following table summarizes the Organization's outstanding debt as of September 30, 2014 and 2013

Line of Credit		2014	2013
Line of Credit - LGMC Interest rate of LIBOR plus 2 25% (2 40% at September 30, 2014), due upon demand or maturity on August 1, 2015	(A)	\$ -	\$ -
Line of Credit - LGH Interest rate of LIBOR plus 1% (1 15% at September 30, 2014), due upon demand or maturity on February 7, 2015	(A)	-	-
Line of Credit - OCSP Interest rate of Prime Rate plus 1% (4 25% at September 30, 2014), due upon demand or maturity on April 22, 2015	(A)	134,437	
Total		\$ 134,437	\$ -

Note 8. Short-Term and Long-Term Debt (Continued)

Long-Term Debt		2014	2013
New Market Tax Credit Facility A Variable interest at not less than 4 00%, payable in annual installments through 2023	(B)	\$ 25,476,000	\$ 25,476,000
New Market Tax Credit Facility B Interest Rate of 1 00%, anticipated maturity of September 30, 2023	(B)	9,524,000	9,524,000
Revenue and Refunding Bonds, Series 2010 Interest payable semi-annually at rates ranging from 2 0% to 5 5% Principal is payable annually through 2041	(C)	81,595,000	82,730,000
Hospital Revenue Bonds, Series 2012A Variable interest at 60% of LIBOR plus 1 4% (1 49% at September 30, 2014), payable monthly Principal payable annually through 2042, beginning in 2018	(D)	30,000,000	20,000,000
Hospital Revenue Bonds, Series 2012B Fixed interest at 2 46% through 2019 Principal payable annually through 2042, beginning in 2018	(D)	30,000,000	-
Revenue Note Payable - LGMC Interest rate of 3 61%, payable in monthly installments of \$78,760 through February 25, 2016	(E)	1,303,356	2,184,112
Bank Note Payable - LGMC Monthly principal and interest payments of \$5,615 and a final balloon payment due March 2, 2017 Interest rate of 4 5%	(F)	640,950	679,003
Equipment Vendor Installment Payable - LGMC Principal due in 18 remaining installments as of September 30, 2014 Final payment due January 1, 2019	(G)	7,317,903	3,577,443
Bank Note Payable - LIG Variable interest at 4 5%, due in serial installments through July 2020	(H)	3,305,748	3,751,993
Bank Note Payable - LGMC Interest rate of LIBOR plus 2 50% (2 66% at September 30, 2014), payable in monthly principal and interest installments through March 4, 2017	(I)	3,312,848	4,621,233
Bank Note Payable - LIG Monthly principal and interest payments of \$24,815 and a final balloon payment due January 20, 2017 Interest rate of 4 5%	(J)	2,819,413	2,970,048
Bank Note Payable - LGMC Interest rate of 4 125% payable in monthly principal and interest installments through April 2018	(K)	1,845,924	-
Bank Note Payable - OCSP Interest rate of 4 75% payable in monthly principal and interest installments through April 2022	(L)	212,047	-
Equipment Note Payable - LGMC Principal due in equal installments through the remainder of the vendor contract in 2017	(M)	2,450,000	<u>-</u>
Less Unamortized original issue discount		199,803,189 (606,256)	155,513,832 (629,499)
Less Current maturities of long-term debt Total		199,196,933 (5,998,323) 193,198,610	154,884,333 (6,300,666) 148,583,667

(A) Revolving Credit Line The Organization has an unsecured revolving line of credit from a bank that permits borrowings up to \$20,000,000, at an interest rate of LIBOR plus 2 25% (2 41% at September 30, 2014) The line of credit matures on August 1, 2015 At September 30, 2014 and 2013, the Organization had \$-0- of outstanding borrowings under this line of credit

During February 2014, the Organization negotiated a secured revolving line of credit from a lender that permits borrowing up to \$20,000,000 at an interest rate of LIBOR plus 1% (1.15% at September 30, 2014. The line of credit is secured by the investment assets of the Organization. The line of credit matures on February 7, 2015. At September 30, 2014, the Organization had \$-0- of outstanding borrowings under this line of credit.

The OCSP has a secured revolving line of credit from a bank that permits borrowing up to \$2,250,000, at an interest rate of Index plus 1% (4 25% at September 30, 2014) The line of credit is secured by the real property of the OCSP The line of credit matures on April 22, 2015 Outstanding borrowings under this line of credit are \$134,437 at September 30, 2014

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

The Facility A Note (senior note), issued for \$25,476,000, is secured under the aforementioned credit and loan agreements. The Facility A Note matures on September 30, 2023. There are, however, mandatory payments under a loan participation agreement which are due serially from September 30, 2010 to September 30, 2023. LGMC may not prepay the note in full or in part prior to September 2016. Interest on this obligation is at a rate equal to the LIBOR base rate plus 2.5%, however that interest rate shall never be lower than 4%.

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

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

The notes are intended to qualify as a "quality low-income community investment" for purposes of generating certain tax credits called New Market Tax Credits (NMTCs) under section 45D of the Internal Revenue Code of 1986, as amended To qualify, LGMC must comply with certain representations, warranties and covenants. These include, but are not limited to, LGMC's non-profit status, and that the "portion of the business" (as defined) will operate to qualify as a qualified low-income community business. If, as a result of the breach of the agreement or loan documents by LGMC, the Lender is required to recapture all or any part of the New Market Tax Credits previously claimed by the Lender, LGMC agrees to pay to the Lender an amount equal to the sum of the credits recaptured. The effect of which could accelerate the maturity of these notes. Commencing on the first day after the expiration of the NMTC compliance period, in September 2016, and continuing for a period of twenty days thereafter, the Lender shall have the right to acquire, by purchase, the notes and all of the Lenders' rights and interest, known as the "put right"

Lenders shall provide the Organization with notice of exercise of this right during the twenty day period specifying exercise of its right. Within thirty days of delivery of such notice, the Organization will pay to the Lender an amount equal to the full amount of unpaid principal and unpaid interest on the Facility A loan plus \$1,000.

- (C) Revenue and Refunding Bonds, Series 2010 LGMC During 2010, the Louisiana Public Facilities Authority (LPFA) issued \$84,840,000 of tax-exempt revenue and refunding bonds for which LGMC is obligated. The 2010 series bonds are secured by a multiple indebtedness mortgage, assignment of leases and rents, and a security agreement on certain land and the improvements located and to be located thereon and certain personal property of the LGMC. See additional discussion that follows later in this Note. These bonds are due serially through November 1, 2041.
- (D) Revenue Bonds Series 2012 A and B LGMC on July 1 2012, the LPFA authorized the issuance of \$30,000,000 Series 2012A and \$30,000,000 Series 2012B of hospital revenue bonds for which LGMC is obligated via an executed loan agreement issued as of that date. The purpose of the issue is to finance a portion of the costs of construction, expansion and renovations of operating room suites, the emergency room, and other portions of the main campus and additional construction of a multi-level parking facility. Both the Series A and B Bonds are being issued as draw down bonds. As of September 30, 2014, the total amount drawn by LGMC against the loan agreement was \$60,000,000. The loan agreement requires debt service by LGMC in an amount sufficient to provide for principal and interest under the terms of each bond series. Interest on the outstanding principal balance of each series is payable monthly. Series A bonds bear interest at a variable rate through July 25, 2022.

The Series B bonds bear interest at fixed rate of 2 46% per annum through July 25, 2019 Both Series contain provisions for rate resets in subsequent periods. Principal repayment requirements for both Series A and B are serial at scheduled amounts assuming the maximum authorized principal. Principal funding requirements begin November 1, 2018 and continue through 2042. The bonds contain optional redemption provision at the direction of LGMC.

- (E) Revenue Note Payable LGMC During 2011, LPFA issued this note to a supplier of medical equipment for which LGMC is obligated. The proceeds were used to purchase medical equipment during the hospital renovation. The balance is due in monthly installments of \$78,760 through February 25, 2016. The note bears interest at a rate of 3 61%.
- (F) <u>Bank Note Payable LGMC</u> On March 2, 2012, a long agreement was executed by and among LGMC (as the borrower) and Home Bank (as the lender). The term loan agreement was issued for \$730,000 of principal to be utilized for construction cost for leasehold improvements. The note was refinanced with the lender during 2013. The term loan is payable in 59 monthly installments of \$5,615 and a final balloon payment due on March 2, 2017.

The term loan bears interest at 4.5% The term loan is secured by a security interest in the leasehold improvements and in furniture, fixtures, and equipment purchased

- (G) Equipment Vendor Installment Payable LGMC At September 30, 2014 the Organization has recorded a long-term installment payable to an equipment vendor for the capitalized cost of certain software and related equipment. As of September 30, 2013, 14 payments remain. These payments are reflected at their present value of \$7,317,903 using a discount rate of 3%. Of the discounted amount due, \$2,154,627 is due in fiscal year 2014 with the balance due in quarterly installments through 2019.
- (H) <u>Bank Note Payable LIG</u> On April 23, 2009, a loan agreement was executed by and among Lafayette Investment Group, LLC (as borrower) and Home Bank (as lender) The term loan agreement was issued for up to \$5,592,055 of principal to be utilized to pay off construction costs for Lafayette Surgical Hospital. The note has since been refinanced with the lender and bears interest at 4.5%. The remaining balance of the note is due serially in monthly installments through July 2020.
- (I) Equipment Loan LGMC On May 4, 2011, a promissory note was executed by and among LGMC (as Borrower) and Capital One Bank (as Lender) The note evidences a non-revolving multiple advance line of credit master note. The terms of the note provide for advances up to a maximum annual principal amount of \$6,000,000 for the purchase of medical and technological equipment. The note required monthly interest payments at a rate of LIBOR plus 2 50%. The line of credit matured on May 4, 2012. Prior to maturity, the note was converted to a term loan payable in monthly principal and interest installments through March 4, 2017. The term loan bears interest at LIBOR plus 2 50% (2 66% at September 30, 2014).
- (J) Construction Loan LIG On December 15, 2010, a promissory note was executed by and among Lafayette Investment Group, LLC (as borrower) and Home Bank (as Lender) The terms of the note provided for multiple advances for up to \$3,210,000 of principal to be utilized to pay off construction costs. On January 27, 2012, the loan was converted to a term loan payable. The note was refinanced during 2013. The note is payable in 59 monthly installments of \$24,815 and a final balloon payment due on January 20, 2017. The term loan bears interest at 4.5%. The term loan is secured by a security interest in deposit accounts with the lender, and certain real estate owned by LIG.
- (K) <u>Bank Note Payable LGMC</u> At September 30, 2014 the Organization has recorded a bank note payable with LGMC (as Borrower) and Home Bank (as Lender) The loan agreement was issued for up to \$5,100,000 of principal to be utilized to pay off construction costs for OCSP. The note bears interest at 4 125% and shall be paid off in 35 monthly payments of principal and interest with one final balloon payment equal to all outstanding principal and accrued unpaid interest.

- (L) <u>Bank Note Payable OCSP</u> At September 30, 2014 the Organization has recorded a bank note payable with OCSP (as Borrower) and Home Bank (as Lender) The loan agreement was issued for up to \$1,900,000 of principal to be utilized to pay off construction costs for OCSP. The note bears interest at 4.75% and shall be paid off in 84 monthly payments of principal and interest.
- (M) Equipment Note Payable LGMC At September 30, 2014, the Organization recorded a note payable with the food services facilities management provider for the renovation to and purchase of equipment at the hospital facilities. The note shall be paid off in equal monthly installments over a 3 year period beginning upon the final installation of the equipment through 2017.

LGMC and Whitney Bank, as master trustee (the "Master Trustee") for the Series 2010 and 2012 bond issues have entered into, amended, restated and added supplements to the Master Trust Indenture, with the latest supplement dated July 1, 2012 that was specific to the Series 2012 Bonds LGMC and the LPFA have entered into a Loan Agreement documenting that LGMC, as Obligated Group Agent, has delivered a promissory note to the LPFA to evidence and secure its obligations to the LPFA

As security for the Bonds, the LPFA has assigned and pledged to the Trustee, for the benefit of the owners of the Bonds, substantially all of LPFA's interest in the Series 2012 and 2010 loan agreements. Pursuant to the terms of the Amended and Restated Master Trust Indenture, LGMC, as Obligated Group Agent, may from time to time issue other notes or series of notes such that the holders of the Series 2010 and 2012 obligations are on a parity with respect to the holders of such other notes or series of notes entitled to the benefit of the Amended and Restated Master Trust Indenture

Under the Series 2010 and 2012 bond obligations, LGMC is also subject to an Act of Assignment of Receipts and Security Agreement, which has been supplemented and amended and restated, with the latest change made effective July 1, 2012 (collectively, the "Assignment"), pursuant to which LGMC, as Obligated Group Agent, has assigned certain Receipts (as therein defined), to the Master Trustee, as assignee, for the benefit of the owners of the bonds and for the benefit of certain of the existing and future creditors of the Obligated Group Members. The provisions of the Series 2012 and 2010 bond obligations also contain a Multiple Indebtedness Mortgage, Assignment of Leases and Rents and Security Agreement dated August 12, 2010 (the "Mortgage") by LGMC in favor of the Master Trustee, as mortgagee, granting a mortgage lien on certain of the properties of LGMC

The Organization is required to comply with covenants contained in the Amended Master Trust Indenture, dated August 1, 2010. These covenants include, among other requirements, maintenance of proper debt service coverage ratio. For the years ended September 30, 2014 and 2013, the Organization was in compliance with these covenants.

Debt service payments sufficient to meet annual principal and interest requirements under the bond indenture are required to be made by the Organization

At September 30, 2014, scheduled maturities of long-term debt for the years ending September 30, are as follows*

2015	\$ 5,998,323
2016	15,014,514
2017	6,354,162
2018	3,578,109
2019	1,259,343
Thereafter	 167,598,738
Total	\$ 199,803,189

^{*} The schedule above is prepared assuming the Lender associated with Item (B) above does not exercise its put right associated with Facility A and Facility B. If this right were to be exercised it would accelerate maturity of those debt instruments to 2016.

As noted above, the new market tax credit financing requires the Organization to make mandatory payments under a loan participation agreement with the leveraged lender during the period the note is outstanding. Remaining required mandated payments as of September 30, 2014, are as follows assuming no exercise of the Lender's put right.

2015	\$ 2,547,600
2016	2,467,988
2017	2,467,988
2018	2,467,988
2019	2,467,988
Thereafter	 19,395,948
Total	\$ 31,815,500

Upon making each of the mandatory payments, the Organization receives junior participation interests in the distributable proceeds (as defined in the agreement) in an amount equal to the amount of each mandatory payment. The participation interests ultimately function in a similar manner as a sinking fund and are utilized to retire the principal of the note upon maturity. The Organization's participation interests totaled \$3,184,500 as of September 30, 2014, and are included in Assets Limited as to Use on the consolidated balance sheets. See Note 4

The Organization paid interest on its long-term debt totaling \$7,391,000 and \$6,963,865, during the years ended September 30, 2014 and 2013, respectively. See Note 1 for details of interest cost capitalized as a component of property and equipment

Note 9. Capital Leases

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

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

During 2013, the lease was amended to include an additional 5,477 square feet of hospital space. The monthly lease obligation of \$28,833 was increased to \$29,365, effective May 1, 2013, and is due in monthly installments over the remainder of the original 25 year lease term and the original renewal term of an additional 24 year period, if exercised. The recorded cost of land, building, leasehold improvements, and equipment associated with this lease is \$4,588,947 and \$3,952,972, and the recorded cost of construction in progress associated with this lease is \$39,149 and \$546,966 as of September 30, 2014 and 2013. Accumulated amortization of the leased assets acquired was \$911,847 and \$585,589, as of September 30, 2014 and 2013.

Future minimum lease payments and the present value of the minimum lease payments under all of the capital lease obligations discussed above are as follows as of September 30, 2014

Amount
\$ 3,333,200
547,726
454,531
454,531
395,314
1,761,906
1,761,906
 1,703,176
10,412,290
 (3,546,132)
6,866,158
(3,037,039)
\$ 3,829,119
\$

Note 10. Retirement Benefits

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

The active plan contains both a contributory and a noncontributory component. For the contributory component, the Organization matches two-thirds of a participating employee's elective deferrals, up to a maximum of two-thirds of 3% of the employee's annual salary. In addition, during each plan year, participants may elect to defer up to 20% of their compensation to be contributed by the employee plan. For the noncontributory component, the Organization may contribute 1% to 5% (based on years of participation) of a participating employee's salary, but such contribution is not required. For the fiscal year end September 30, 2014 and 2013, management elected to suspend this contribution.

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

The Organization's policy is to fund all pension costs of the contributory component in the period earned by the employee and all pension costs of the noncontributory component annually at the end of the plan year. Defined contribution plan costs charged to operations for the years ended September 30, 2014 and 2013, were \$2,171,380 and \$1,422,507, respectively

The Organization has a deferred compensation arrangement with a group of its key executives. The purpose is to provide supplemental retirement benefits which, when integrated with the Organization's retirement income sources, provides a specified target level of retirement benefits for those executives. As of September 30, 2014 and 2013, the Organization had set aside \$2,016,796 and \$1,709,947, respectively, in a Rabbi Trust, which is included as a component of Other Noncurrent Assets on its consolidated balance sheets, in accordance with terms of the arrangement. As of September 30, 2014 and 2013, the Organization had recorded accrued liabilities of \$2,216,622 and \$839,241, respectively, which represents the estimated present value of the benefits earned under this agreement.

The Organization's invested assets associated with this deferred compensation arrangement include a benefit-responsive investment contract with an insurance company. The insurance company maintains the related portion of contributions in a general account which is credited with earnings on the underlying investments and charged for withdrawals and administrative expenses. The issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon with the issuer, but may not be less than 1.5%. Such interest rates are reviewed on a semi-annual basis for resetting. For the years ended September 30, 2014 and 2013 the effective yields and crediting interest rates ranged between 1.5% and 2.0%.

Note 11. Accrued Other Postretirement Benefits

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

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

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

The plan's funded status, along with assumptions used to calculate that status at September 30, 2014 and 2013, were as follows

	F	iscal Year Endin	a Sep	tember 30
		2014	9 005	2013
Benefit Obligation Information:				
Accumulated Postretirement Benefit Obligation	\$	1,777,400	\$	1,888,100
Asset Information:				
Employer Contributions Plan Participants' Contributions	\$	167,500 -	\$	157,500 6,600
Benefits Paid	\$	167,500	\$	164,100
Fair Value of Assets at End of Year	\$	-	\$	-
Funded Status at End of Year	\$	(1,777,400)	\$	(1,888,100)
Amounts Recognized in the Statement of Financial Position:				
Noncurrent Assets	\$	-	\$	-
Current Liabilities		(153,300)		(167,500)
Noncurrent Liabilities Total	\$	(1,624,100) (1,777,400)	\$	(1,720,600) (1,888,100)
Amounts Recognized in Unrestricted Net Assets:	<u> </u>	(1,777,400)	<u>—</u>	(1,000,100)
·				
Amount Recognized in Unrestricted Net Assets Transition Obligation/(Asset)	\$	_	\$	
Prior Service Cost/(Credit)	Ψ	(200)	Ψ	(8,300)
Net Actuarial (Gain)/Loss		(932,500)		(1,012,900)
Total	\$	(932,700)	\$	(1,021,200)
Total Amount Recognized in Unrestricted Net Assets	\$	(932,700)	\$	(1,021,200)
Assumptions for End of Year Disclosure:				
Discount Rate Initial Medical Trend Rate Ultimate Medical Trend Rate Years from Initial to Ultimate Trend Measurement Date		3.46% 7.50% 5.00% 10 9/30/2014		3 74% 8 50% 5 00% 7 9/30/2013
Census Date		9/30/2014		9/30/2012

Note 11. Accrued Other Postretirement Benefits (Continued)

The following table presents expected future benefit payments to beneficiaries

	Fı	scal Year Endır	ng Sept	ember 30,
		2014		2013
Net Periodic Benefit Cost and Other Amounts Recognized in Unrestricted Net Assets:				
Net Periodic Benefit Cost				
Net Periodic Benefit (Income)/Expense	<u>\$</u>	(31,700)	\$	40,400
Other Changes in Plan Assets and Benefit Obligations Recognized in Unrestricted Net Assets				
Transition Obligation/(Asset)	\$	-	\$	-
Prior Service Cost (Credit)		-		-
Net Loss (Gain)		(10,700)		(848,500)
Amortization of Transition Obligation/(Asset)		-		-
Amortization of Prior Service Cost		8,100		39,300
Amortization of Net Loss (Gain)		91,100		-
Total Change in Unrestricted Net Assets	\$	88,500	\$	(809,200)
Total Recognized in Net Periodic Benefit				
Cost and Unrestricted Net Assets	<u>\$</u>	56,800	\$	(768,800)
Assumptions for Net Periodic Benefit Cost:				
Discount Rate		3.74%		2 94%
Initial Medical Trend Rate		8.50%		9 00%
Ultimate Medical Trend Rate		5.00%		5 00%
Years from Initial to Ultimate Trend		7		8
Measurement Date		9/30/2013		9/30/2012
Expected Benefit Payments:				
2015 Fiscal Year	\$	153,300		
2016 Fiscal Year	\$	152,900		
2017 Fiscal Year	\$	151,700		
2018 Fiscal Year	\$	149,800		
2019 Fiscal Year	\$	147,100		
2020 - 2024 Fiscal Year	\$	665,000		
Expected Employer Contributions Recognized				
for the 2015 Fiscal Year:	\$	153,300		
Expected Amortization Amounts Included in Expense for the 2015 Fiscal Year:				
Transition Obligation/(Asset)	\$	_		
Prior Service Cost	\$	(200)		
Actuarial (Gain)/Loss	\$	(85,300)		

Note 12. Functional Expenses

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

Expenses related to providing these services for the years ended September 30, 2014 and 2013, were as follows

	2014	2013
Health Care Services	\$ 375,663,613	\$ 274,551,769
General and Administrative	 93,915,903	70,582,183
Total	\$ 469,579,516	\$ 345,133,952

Note 13. Income Taxes

The past operations of LGMD resulted in an estimated cumulative net operating loss for federal income tax purposes at September 30, 2011. These net operating loss carry-forwards expire in varying amounts through 2030. Because of uncertainty involving LGMD's ability to utilize the deferred tax benefit attributable to these losses, management has elected to establish a valuation allowance equal to the amount of the associated deferred tax asset. During March 2014, LGMD received approval of its application to be recognized as a 501(c)(3) organization.

Note 14. Commitments and Contingencies

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

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

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

Note 14. Commitments and Contingencies (Continued)

Litigation The Organization is involved in litigation arising in the ordinary course of business. Claims asserted against the Organization are currently in various stages of litigation. The Organization accrues for claims losses arising from litigation or self insurance programs when it is determined that it is probable that liabilities have been incurred and the amounts of losses can be reasonably estimated. It is the opinion of management that estimated costs resulting from pending or threatened litigation are adequately accrued.

Operating Lease Commitments Rental expense for all operating leases totaled \$22,529,644 and \$12,376,709 for the years ended September 30, 2014 and 2013, respectively

As initially detailed in Note 1, UHC entered into a lease agreement with LSU and the State to lease the facilities and equipment of University Medical Center. The initial lease term is for 10 years. Beginning on the expiration of the fifth year of the initial term and continuing on each annual anniversary date thereafter, the remaining portion of the initial term will automatically be extended for an additional one year period. Annual rent is \$15,790,500, payable in four quarterly installments. UHC was required to prepay one full year of rent which shall be considered payment of all quarterly rent due for the last year of the term. This prepayment is classified as a noncurrent asset and is included in Other Assets on the September 30, 2014 Balance Sheet.

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

2015	\$ 20,696,135
2016	19,525,617
2017	18,280,537
2018	17,448,073
2019	16,240,920
Thereafter	58,978,353
Total	\$ 151,169,635

The Organization and its affiliates lease office space and clinical facilities, generally to members of the medical staff, under operating leases whose terms range from monthly up to five years. Assets held for lease, at September 30, 2014 and 2013, consist of buildings and improvements with an original cost of \$77,040,954 and \$73,449,288, respectively. Accumulated depreciation of the leased assets totaled \$38,863,818 and \$35,199,726, at September 30, 2014 and 2013, respectively.

Note 14. Commitments and Contingencies (Continued)

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

2015	\$	4,507,329
2016		3,893,058
2017		2,126,597
2018		1,288,005
2019		911,317
Thereafter		1,559,205
Total	\$ 1	4,285,511

<u>Community Benefits</u> - The Organization has committed, under Low Income and Needy Collaborative Care Agreements (LINCCA), to funding quality healthcare services to low income and needy residents in its community. During the years ended September 30, 2014 and 2013, the Organization recorded, within operating expenses on its consolidated statements of operations, payments of \$1,202,337 and \$7,845,737, respectively, in accordance with the terms of its LINCCAs

Other - As mentioned in Note 7, the Organization has commitments under construction contracts

Note 15. Electronic Health Record (EHR) Incentives

The American Recovery and Reinvestment Act of 2009 (ARRA) included provisions for implementing health information technology under the Health Information Technology for Economic and Clinical Health Act (HITECH) The provisions were designed to increase the use of electronic health record (EHR) technology and establish the requirements for a Medicare and Medicaid incentive payment program beginning in 2011 for eligible providers that adopt and meaningfully use certified EHR technology annual Medicare incentive payments is dependent on providers demonstrating meaningful use of EHR technology in each period over a four-year period Medicaid incentive payments are available to providers that adopt, implement, or upgrade certified EHR technology Providers must demonstrate meaningful use of such technology in subsequent years to qualify for additional Medicaid incentive payments The Organization accounts for HITECH incentive payments under the grant accounting model as grants related to income Income from Medicare incentive payments is recognized as revenue after the Organization has determined it is reasonably assured to comply with the meaningful use criteria over the entire applicable compliance period and the cost report period that will be used to determine the final incentive payment has ended

Note 15. Electronic Health Record (EHR) Incentives (Continued)

The Organization recognized revenue from Medicaid incentive payments after it adopted certified EHR technology. Incentive payments totaling \$2,794,708 and \$873,158 for the years ended September 30, 2014 and 2013, respectively, are included in other operating revenue in the accompanying consolidated statements of operations. Income from incentive payments is subject to retrospective adjustment as the incentive payments are calculated using Medicare cost report data that is subject to audit. The Organization's compliance with the meaningful use criteria is subject to audit by the federal government.

Note 16. Subsequent Events

Management evaluated events and transactions occurring subsequent to September 30, 2014, and through January 26, 2015, the date of issuance of the consolidated financial statements

The following events were deemed necessary for disclosure recognition in the consolidated financial statements

During November 2014, LGMC entered into an agreement with Acadiana Radiation Therapy, LLC, whereby Acadiana Radiation Therapy, LLC, will provide certain administrative and support services to the outpatient radiation therapy center (Radiation Therapy Center) operated by LGMC The agreement is effective December 1, 2014 with an initial term of 10 years

During November 2014, the Organization entered into a collaboration agreement with Opelousas General Hospital Authority, a public trust, d/b/a Opelousas General Health System (OGHS) effective January 1, 2015. The agreement shall be for a two year term The agreement provides that the Organization will provide services to OGHS including guidance and professional oversight on operation and capital budgets, recommendations to OGHS leadership, and collaboration with OGHS leadership to improve day to day operations, physician relations and the patient experience

During December 2014, the amended and restated cooperative endeavor agreement described in Note 1, was approved by CMS

Effective October 1, 2014, LGH became the sole member of SMH

Note 17. New and Pending Financial Accounting Standards Board (FASB) Pronouncements Not Yet Adopted

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

In February 2013, the FASB issued ASU 2013-04, "Liabilities (Topic 405): Obligations Resulting From Joint and Several Liability Arrangements for Which the Total Amount of the Obligation is Fixed at the Reporting Date." This guidance requires entities to measure obligations resulting from joint and several liability arrangements for which the total amount of the obligation with the scope of this guidance is fixed at the reporting date. This guidance is effective for the Organization beginning October 1, 2014. The Organization has not yet evaluated the impact this guidance may have on its consolidated financial statements.

In April 2013, the FASB issued ASU 2013-06 "Not-for-Profit Entities (Topic 958)" The amendments in this Update apply to not-for-profit entities, including not-for-profit, business-oriented health care entities that receive services from personnel of an affiliate that directly benefit the recipient not-for-profit entity and for which the affiliate does not charge the recipient not-for-profit entity. Charging the recipient not-for-profit entity means requiring payment from the recipient not-for profit entity at least for the approximate amount of the direct personnel costs (for example, compensation and any payroll-related fringe benefits) incurred by the affiliate in providing a service to the recipient not-for-profit entity or the approximate fair value of that service. The update requires a recipient notfor-profit entity to recognize all services received from personnel of an affiliate that directly benefit the recipient not-for-profit entity. Those services should be measured at the cost recognized by the affiliate for the personnel providing those services. However, if measuring a service received from personnel of an affiliate at cost will significantly overstate or understate the value of the service received, the recipient not-for-profit entity may elect to recognize that service received at either (1) the cost recognized by the affiliate for the personnel providing that service or (2) the fair value of that service A recipient not-for-profit entity within the scope of Topic 954, Health Care Entities, that is required to provide a performance indicator (analogous to income from continuing operations of a for-profit entity) should report as an equity transfer the increase in net assets associated with services received from personnel of an affiliate that directly benefit the recipient not-for-profit entity and for which the affiliate does not charge the recipient not-for-profit entity, regardless of whether those services are received from personnel of a not-for-profit affiliate or any other affiliate. This guidance is effective for the Organization beginning October 1, 2014 The Organization has not yet evaluated the impact this guidance may have on its consolidated financial statements

Note 17. New and Pending Financial Accounting Standards Board (FASB) Pronouncements Not Yet Adopted (Continued)

In January 2014, The FASB issued ASU 2014-05, "Service Concession Arrangements (Topic 853)" This guidance defines service concession arrangements as an arrangement between a public-sector entity1 grantor and an operating entity under which the operating entity operates the grantor's infrastructure (for example, airports, roads, bridges, and hospitals) The operating entity also may provide the construction, upgrading, or maintenance services of the grantor's infrastructure. The amendments specify that an operating entity should not account for a service concession arrangement that is within the scope of this Update as a lease in accordance with Topic 840. An operating entity should refer to other Topics as applicable to account for various aspects of a service concession arrangement. The amendments also specify that the infrastructure used in a service concession arrangement should not be recognized as property, plant, and equipment of the operating entity. This guidance is effective for the Organization beginning October 1, 2015, with early adoption permitted. The Organization has not yet evaluated the impact this guidance may have on its consolidated financial statements.

In May 2014, the FASB issued ASU 2014-09, "Revenue from Contracts with Customers (Topic 606)." This guidance outlines a single comprehensive model for entities to use in accounting for revenue arising from contracts with customers. This guidance is effective for the Organization beginning October 1, 2017. The Organization has not yet evaluated the impact this guidance may have on its consolidated financial statements.

In November 2014, the FASB issued ASU 2014-17, "Business Combination (Topic 805): Pushdown Accounting (a consensus of the FASB Emerging Issues Task Force)". This update provides guidance on whether and at what threshold an acquired entity that is a business or nonprofit activity can apply pushdown accounting in its separate financial statements. The provisions of this amendment are effective on November 18, 2014.

In January 2015, the FASB issued ASU 2015-01, "Income Statement – Extraordinary and Unusual Items (Subtopic 225-20): Simplifying Income Statement Presentation by Eliminating the Concept of Extraordinary Items". The provisions of this update eliminate from GAAP the concept of extraordinary items. This guidance is effective for the Organization beginning October 1, 2016



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Independent Auditor's Report on Supplementary Information

To the Board of Trustees Lafayette General Health

We have audited the consolidated financial statements of Lafayette General Health (the Organization) as of and for the years ended September 30, 2014 and 2013, and our reported thereon dated January 26, 2015, which expressed an unqualified opinion on those financial statements, appears on pages 1 and 2 Our audits were conducted for the purpose of forming opinions on the consolidated financial statements as a whole The consolidating schedule of assets, liabilities, and net assets and consolidating schedule of operations and changes in unrestricted net assets as of and for the years ended September 30, 2014 and 2013 are presented for purposes of additional analysis and are not a required part of the basic financial statements Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements The information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole

A Professional Accounting Corporation

Metairie, LA January 26, 2015

Consolidating Schedule of Assets, Liabilities, and Net Assets September 30, 2014 In Thousands

			Eliminating											
	Consoli	dated	Entries	LGHS	LGMC	LGMD	PHO	L	.GSH	LIG	SMH	UHC	AGH	OCSP
Assets														
Current Assets														
Cash and Cash Equivalents		40,255	\$ - :	\$ 2 \$	35,985 \$	730 \$	i -	\$	2,183 \$	210	\$ 378 \$	102	\$ 629	\$ 36
Short-Term Investments		10,305	-	-	10,305	-	-		-	-	-	-	-	-
Patient Accounts Receivable, Net		73,319	-	46	46,102	3,472	-		2,419	6	2,563	12,900	5,811	-
Amounts Due from Third-Party Payors		18,297	-	-	-	-	-		1	-	-	18,296	-	-
Intercompany Receivable		-	(76,627)	3,880	64,573	1,901	-		22	-	2,625	2,922	698	(
Inventories		14,449	-	-	9,478	241	-		562	-	505	2,339	1,324	-
Other Current Assets		10,466	-	3,224	5,278	923	-		183	3	12	99	717	27
Total Current Assets	1	67,091	(76,627)	7,152	171,721	7,267	-		5,370	219	6,083	36,658	9,179	69
Assets Limited as to Use		96,094	-	-	96,094	-	-		-	-	-	_	-	_
Investments in Joint Ventures		1,459	-	-	1,459	-	-		-	-	-	-	-	-
Property and Equipment, Net	2	58,233	-	201,634	34,629	621	-		1,182	10,616	3,724	4,656	770	401
Unamortized Debt Issuance Costs		1,821	-	1.821		-	-						-	-
Other		23,325	(311,972)	308,275	8.826	469	_		1.059	568	145	15.907	35	13
Total Assets		48,023			312,729 \$	8,357 \$	-	\$	7,611 \$		\$ 9,952 \$	57,221	\$ 9,984	
_iabilities and Net Assets														
Current Liabilities														
Accounts Payable and Accrued Expenses	\$	48.346	S - :	\$ 4.981 \$	22.056 \$	952 \$		\$	411 \$	210	\$ 515 \$	17.721	\$ 1.243	\$ 257
Salaries and Wages Payable		14.937	_	4,543	6.887	756	_		51	_	492	1.647	520	4
Amounts Due Third-Party Payors		7.160	_	-	4.675	_	_		-	-	2.405		80	-
Construction and Equipment Loans		134	_	-	-	_	-		-	-	-,		-	13
Deferred Revenue		9.973	_	_	9,973	_	_		_		_	_	_	-
Current Portion Self-Insurance Reserves		6.055	_	1,723	4,332	_	_		_	_	_	_		_
Current Portion of Capital Lease Obligation		3.037		-	2.723	_					75		239	_
Current Maturities of Long-Term Debt		5.998	_	4,380	913	_			_	679	-	_	-	26
Intercompany Payable		-	(76,627)	66,693	5,079	24			462	433	_	349	3,543	44
Total Current Liabilities		95,640	(76,627)	82,320	56,638	1,732	-		924	1,322	3,487	19,717	5,625	502
Self-Insurance Reserves, Less Current Portion		726	_	_	726	_	_		_	_	_	_	_	_
Accrued Postretirement Benefit Cost		1,624	_	1,624	-	_	_		_	_	_	_	_	_
Capital Lease Obligation		3.830	_	1,021	-	_	_		_	_	3,424		406	_
ong-Term Debt, Less Current Portion	1	93,199	_	187,177	390	_			_	5,446	0, 12 1		-	186
Total Liabilities		95,019	(76,627)	271,121	57,754	1,732	-		924	6,768	6,911	19,717	6,031	688
loncontrolling Interests in Subsidiaries		5,244	5,244	_	_	_	_		-	_	-	_	_	_
Inrestricted Net Assets	9	47,760	(317,216)	247,761	254.975	6,625	_		6,687	4,635	3,041	37,504	3,953	(205
Total Net Assets		53.004	(311,972)	247,761	254,975	6,625			6.687	4,635	3.041	37,504	3,953	(205
Total Liabilities and Net Assets			\$ (388,599)		312.729 \$	8.357 \$			7,611 \$	11,403			\$ 9,984	

Consolidating Schedule of Assets, Liabilities, and Net Assets September 30, 2013 In Thousands

			Eliminating	j											
	Cor	solidated	Entries		LGHS	LGMC	L	_GMD	F	PHO	LGSH	LIG	SMH		UHC
Assets															
Current Assets															
Cash and Cash Equivalents	\$	58,472	\$ -	\$	-	\$ 54,609	\$	715	\$	-	\$ 2,074	\$ 523	\$ 462	\$	8
Short-Term Investments		388	-		-	388		-		-	-	-	-		-
Patient Accounts Receivable, Net		60,963	-		-	48,103		3,010		-	2,482	-	1,901		5,46
Amounts Due from Third-Party Payors		15,569	-		-	-		-		-	-	-	-		15,56
Intercompany Receivable		-	(6,74	4)	-	5,910		193		-	334	-	307		-
Inventories		11,751	-		-	8,531		218		-	539	-	405		2,05
Other Current Assets		11,028	-		-	9,557		1,228		-	183	3	14		4
Total Current Assets		158,171	(6,74	4)	-	127,098		5,364		-	5,612	526	3,089		23,22
Assets Limited as to Use		84,796	-		-	84,796		-		_	-	-	-		-
Investments in Joint Ventures		1,417	-		-	1,417		-		-	-	-	-		-
Property and Equipment, Net		215,036	-		-	198,298		637		-	1,174	10,937	3,926		6
Unamortized Debt Issuance Costs		1,965	-		-	1,965		-		-	-	-	-		-
Other		22,990	(234,22	3)	226,973	12,083		528		-	951	452	319		15,90
Total Assets	\$	484,375	\$ (240,96	7) \$	226,973	\$ 425,657	\$	6,529	\$	-	\$ 7,737	\$ 11,915	\$ 7,334	\$	39,19
iabilities and Net Assets															
Current Liabilities															
Accounts Payable and Accrued Expenses	\$	40,102	\$ -	\$	17	\$ 25,078	\$	811	\$	-	\$ 646	\$ 237	\$ 392	\$	12,92
Salaries and Wages Payable		11,339	-		1,212	8,682		642		-	121	-	462		22
Amounts Due Third-Party Payors		6,350	-		-	4,899		-		-	56	-	1,395		-
Construction and Equipment Loans		-	-		-	-		-		-	-	-	-		-
Deferred Revenue		34,572	-		-	34,572		-		-	-	-	-		-
Current Portion Self-Insurance Reserves		4,727	-		-	4,727		-		-	-	-	-		-
Current Portion of Capital Lease Obligation		158	-		-	89		-		_	-	-	69		-
Current Maturities of Long-Term Debt		6,300	-		-	5,064		-		-	-	1,236	-		-
Intercompany Payable		-	(6,74	4)	5,264	307		-		-	180	848	-		14
Total Current Liabilities		103,548	(6,74	4)	6,493	83,418		1,453		-	1,003	2,321	2,318		13,28
elf-Insurance Reserves, Less Current Portion		1,365	_		-	1,365		_		_	_	_	-		-
Accrued Postretirement Benefit Cost		1,721	-		-	1,721		-		-	-	-	-		-
Capital Lease Obligation		3,568	-		-	69		-		-	-	-	3,499		-
ong-Term Debt, Less Current Portion		148,584	-		-	143,098		-		-	-	5,486	-		-
Total Liabilities		258,786	(6,74	4)	6,493	229,671		1,453		-	1,003	7,807	5,817		13,28
loncontrolling Interests in Subsidiaries		5,109	5,10	9	-	-		-			-	-	-		-
Inrestricted Net Assets		220,480	(239,33	2)	220,480	195,986		5,076		-	6,734	4,108	1,517		25,91
Total Net Assets		225,589	(234,22	3)	220,480	195,986		5,076		-	6,734	4,108	1,517		25,91
Total Liabilities and Net Assets	\$	484,375	\$ (240,96	7) \$	226,973	\$ 425,657	\$	6,529	\$	-	\$ 7,737	\$ 11,915	\$ 7,334	5	39,19

Consolidating Schedule of Operations and Changes in Unrestricted Net Assets For the Year Ended September 30, 2014 In Thousands

		Е	Eliminating													
	Consolidat		Entries	LG	HS	LGMC		LGMD	PHO		LGSH	LIG	SMH	UHC	AGH	OCSP
Operating Revenue																
Net Patient Service Revenues	\$ 578,0	83 \$	-	\$	-	\$ 357,807	\$	17,687	\$	- \$	19,043 \$	-	\$ 20,535	\$ 151,339 \$	11,672	\$ -
Provision for Bad Debts	102,3	56	-		-	44,100		772			-	-	3,964	51,344	2,176	-
Net Patient Service Revenues																
Less Provisions for Bad Debts	475,7	27	-		-	313,707		16,915			19,043	-	16,571	99,995	9,496	-
Other Operating Revenue	19,7	74	(5,414)		5,954	10,974		2,160			984	1,986	208	2,825	97	-
Total Operating Revenues	495,5	01	(5,414)		5,954	324,681		19,075			20,027	1,986	16,779	102,820	9,593	-
Operating Expenses																
Salaries, Wages and Benefits	193,1	20	-	1	6,987	100,775		18,703			4,338	-	7,326	39,499	5,396	96
Medical Supplies and Drugs	99,1	56	-		97	71,510		2,143			5,546	33	1,654	15,622	2,537	14
Contract Services	91,4	79	-		7,322	39,661		2,292		-	506	212	2,396	37,114	1,968	8
Utilities and Equipment Rentals	53,3	93	-	1	1,584	15,349		1,048			297	431	1,056	22,620	985	23
Depreciation and Amortization	19,5	05	-	1	2,888	5,089		250			332	339	330	208	69	-
Provision for Doubtful Accounts	9	76	-		-	-		-			976	-	-	_	-	_
Interest Expense	5,9	27	-		5,284	28		-			-	308	289	_	17	1
Insurance Expense	4,9	96	-		1	4,000		700			98	69	48	74	-	6
Other Expenses	7,8	54	39,394	(8	3,169)	39,366		2,276			1,903	184	2,156	5,167	520	57
Total Operating Expenses	476,4	06	39,394	(2	9,006)	275,778		27,412			13,996	1,576	15,255	120,304	11,492	205
Operating Income (Loss)	19,0	95	(44,808)	3	4,960	48,903		(8,337)		-	6,031	410	1,524	(17,484)	(1,899)	(205)
Non-Operating Revenues (Expenses)																
Interest and Dividend Income	7	69	-		-	767		1			-	-	-	-	1	-
Realized Gains on Investments	4,3	61	-		-	4,361		-			-	-	-	-	-	-
Unrealized Gains (Losses) on Investments	1,3	74	-		-	1,374		-			-	-	-	-	-	-
Loss on Disposal of Assets		54	-		-	54		-			-	-	-	-	-	-
Equity in Het Earnings of Consolidated																
Subsidiaries	-		(36,027)	3	1,278	4,749		-			-	-	-	-	-	-
Other Revenue (Expense), Net	(1,1	18)	-		-	(1,219)	5		-	96	-	-	-	-	-
Total Non-Operating Revenues (Expenses)	5,4	40	(36,027)	3	1,278	10,086		6			96	-	-	-	1	-
Revenues in Excess (Deficit) of Expenses	24,5	35	(80,835)	6	6,238	58,989		(8,331)			6,127	410	1,524	(17,484)	(1,898)	(205)
Attributable to Noncontrolling Interests	(3,1	06)	(3,106)		-	-		-			-	-	-	-	-	-
Revenues in Excess (Deficit) of Expenses																
Attributable to Health System	21,4	29	(83,941)	6	6,238	58,989		(8,331)			6,127	410	1,524	(17,484)	(1,898)	(205)
Contributions from Honcontrolling Interests	5,8	51	(117)		-	-		-		-	-	117	-	-	5,851	-
Distributions to Moncontrolling Interests	-		6,174		-	-		-		-	(6,174)	-	-	-	-	-
Transfer to (from) Affiliates	-		-	(3	8,957)	-		9,880		-	-	-	-	29,077	-	-
Change in Net Assets	27,2	80	(77,884)	2	7,281	58,989		1,549		-	(47)	527	1,524	11,593	3,953	(205)
Unrestricted Net Assets, Beginning of Year	220,4		(239,332)		0,480	195,986		5,076		-	6,734	4,108	1,517	25,911	-	-
Unrestricted Net Assets, End of Year	\$ 247,7	60 \$	(317,216)	\$ 24	7,761	\$ 254,975	\$	6,625	\$	- \$	6,687 \$	4,635	\$ 3,041	\$ 37,504 \$	3,953	\$ (205)

Consolidating Schedule of Operations and Changes in Unrestricted Net Assets For the Year Ended September 30, 2013 In Thousands

			Eliminatin	g										
	Co	nsolidated	Entries		LGHS	LGMC		LGMD	PHO		LGSH	LIG	SMH	UHC
Operating Revenue														
Net Patient Service Revenues	\$	423,248	\$ -	\$	-	\$ 342,465	\$	14,753 \$; -	\$	15,052	\$ -	\$ 16,428	\$ 34,550
Provision for Bad Debts		70,667	-		-	52,275		557	-		-	-	4,292	13,543
Net Patient Service Revenues														
Less Provisions for Bad Debts		352,581	-		-	290,190		14,196	-		15,052	-	12,136	21,007
Other Operating Revenue		11,482	(4,8	74)	-	11,868		1,642	-		73	2,11	2 155	506
Total Operating Revenues		364,063	(4,8	74)	-	302,058		15,838	-		15,125	2,11	2 12,291	21,513
Operating Expenses														
Salaries, Wages and Benefits		139,922	-		-	101,161		18,377	-		3,751	6	0 6,637	9,936
Medical Supplies and Drugs		80,989	-		-	70,115		1,436	-		4,666	2	9 1,078	3,665
Contract Services		48,020	-		-	33,863		1,393	-		443	20	1 2,576	9,544
Utilities and Equipment Rentals		32,681	-		-	23,581		1,144	-		329	43	0 999	6,198
Depreciation and Amortization		18,197	-		-	17,187		112	-		312	34	0 243	3
Provision for Doubtful Accounts		370	-		-	-		-	-		370	-	-	-
Interest Expense		7,007	-		-	6,290	ı	-	-		-	43	2 285	-
Insurance Expense		4,835	-		-	4,058		614	-		88	_	62	13
Other Expenses		13,116	(4,8	74)	-	10,906		1,842	4	6	1,631	20	3 1,714	1,648
Total Operating Expenses		345,137	(4,8	74)	-	267,161		24,918	4	6	11,590	1,69	5 13,594	31,007
Operating Income (Loss)		18,926	-		-	34,897		(9,080)	(4	6)	3,535	41	7 (1,303)	(9,494
Non-Operating Revenues (Expenses)														
Interest and Dividend Income		2,917	-		-	2,915		2	-		-	-	-	-
Realized Gains on Investments		4,754	-		-	4,754		_	-		-	_	_	-
Unrealized Gains (Losses) on Investments		(291)	-		-	(291)	-	-		-	-	-	-
Loss on Disposal of Assets		572	-		-	575		(3)	-		-	-	-	-
Equity in Net Earnings of Consolidated														
Subsidiaries		-	(32,4	39)	31,698	741		-	-		-	-	-	-
Other Revenue (Expense), Net		291	(3:	35)	-	576		(1)	-		101	-	-	-
Total Non-Operating Revenues (Expenses)		8,243	(32,8	24)	31,698	9,270		(2)	-		101	-	-	-
Revenues in Excess (Deficit) of Expenses		27,169	(32,8	24)	31,698	44,167		(9,082)	(4	6)	3,636	41	7 (1,303)	(9,494
Attributable to Noncontrolling Interests		(1,965)	(1,9	,	· <u>-</u>	· <u>-</u>		-	-	•	-	-	-	-
Revenues in Excess (Deficit) of Expenses		, , ,	· , ,	,										
Attributable to Health System		25,204	(34,7	39)	31,698	44,167		(9,082)	(4	6)	3,636	41	7 (1,303)	(9,494
Contributions from Noncontrolling Interests		-	•	(2)	· <u>-</u>	-		-	-	-	-		2 ` - ´	` -
Distributions to Noncontrolling Interests		-	2,50	` '	-	-		-	-		(2,500)	-	_	-
Transfer to (from) Affiliates		-	•	46)	(6,493)	(39,649))	10,737	4	6	-	-	-	35,405
Change in Net Assets		25,204	(32,33	37)	25,205	4,518		1,655	-		1,136	41	9 (1,303)	25,911
Unrestricted Net Assets, Beginning of Year		195,276	(206,9		195,275	191,468		3,421	-		5,598	3,68		-
Unrestricted Net Assets, End of Year	\$	220,480	\$ (239,3	32) \$	220,480	\$ 195,986	\$	5,076 \$	-	\$	6,734	\$ 4,10	8 \$ 1,517	\$ 25,911