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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except 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 www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 10-01-2013 , 2013, and ending 09-30-2014

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

C Name of organization
WOMAN'S HOSPITAL FOUNDATION DBA WOMAN'S HOSPITAL

Doing Business As

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

City or town, state or province, country, and ZIP or foreign postal code
BATON ROUGE, LA 70895

D Employer identification number
72-0652905

E Telephone number
(225) 924-8107

G Gross receipts $ 462,459,803

F Name and address of principal officer
TERI FONTENOT
PO BOX 95009
BATON ROUGE,LA 70895

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW WOMANS ORG

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

L Year of formation 1968

M State of legal domicile LA

Part I Summary

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	7
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	2,081
6	Total number of volunteers (estimate if necessary)	**6**	134
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	25,042,696
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	744,836	833,533
9	Program service revenue (Part VIII, line 2g)	391,686,546	437,974,919
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-402,418	6,038,406
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	16,911,515	12,876,125
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	408,940,479	457,722,983
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	86,118	137,567
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	129,523,336	135,506,134
16a	Professional fundraising fees (Part IX, column (A), line 11e)	96,053	77,284
b	Total fundraising expenses (Part IX, column (D), line 25) ▶658,502		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	265,519,094	299,992,202
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	395,224,601	435,713,187
19	Revenue less expenses Subtract line 18 from line 12	13,715,878	22,009,796

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	746,495,408	777,833,378
21	Total liabilities (Part X, line 26)	373,117,743	375,075,291
22	Net assets or fund balances Subtract line 21 from line 20	373,377,665	402,758,087

Part II Signature Block

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

Sign Here

****** | 2015-05-05
Signature of officer | Date

STEPHANIE ANDERSON VP FINANCE/CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
BRANDON LAGARDE				P01428217

Firm's name ▶ POSTLETHWAITE & NETTERVILLE | Firm's EIN ▶ 72-1202445

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

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

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☐

1 Briefly describe the organization's mission

TO IMPROVE THE HEALTH OF WOMEN AND INFANTS

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 318,823,448 including grants of $ 137,567) (Revenue $ 428,262,594)

THE MISSION OF WOMAN'S HOSPITAL IS TO IMPROVE THE HEALTH OF WOMEN AND INFANTS WE RESPOND TO THE SPECIFIC NEEDS OF THE COMMUNITY AND SURROUNDING AREA'S NEEDS BY PROVIDING QUALITY MEDICAL AND EDUCATIONAL SERVICES WITHOUT DISTINCTION AS TO THE MEANS OF THE PERSON, HIS/HER RACE, OR DOMICILE WOMAN'S PROVIDES MANY IMPORTANT HEALTH CARE SERVICES THAT ARE NOT AVAILABLE BY ANY OTHER ENTITY IN OUR SERVICE AREA (117,286 PATIENTS)

4b (Code) (Expenses $ 11,581,000 including grants of $) (Revenue $ 66,052)

WOMAN'S HOSPITAL EDUCATES THE COMMUNITY BY SPONSORING PROGRAMS AND EVENTS, AND DISTRIBUTES LITERATURE ON HEALTH TOPICS OF INTEREST TO WOMEN INCLUDING CHILDBIRTH, MENOPAUSE, HEART HEALTH, DRUG ABUSE, AGING, AND SEXUALITY (196 EDUCATION PROGRAMS) WE ALSO PROVIDE COMMUNITY SERVICE BY ABSORBING VARIOUS COSTS ESSENTIAL TO THE INDIGENT POPULATION, INCLUDING EMERGENCY AND PRENATAL CARE

4c (Code) (Expenses $ 374,898 including grants of $) (Revenue $ 369,887)

WOMEN'S HEALTH RESEARCH INSTITUTE CONCENTRATES ITS SCIENTIFIC RESEARCH ON THE UNIQUE HEALTH CONDITIONS OF VITAL IMPORTANCE TO WOMEN'S HEALTH ONGOING RESEARCH INCLUDES STUDIES ON MENOPAUSE, HORMONES, OSTEOPOROSIS, BREAST CANCER, MATERNAL-FETAL MEDICINE, NEONATAL MEDICINE, AND GENETICS (13 NEW PROTOCOLS REVIEWED AND APPROXIMATELY 35 ACTIVE STUDIES)

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ 330,779,346

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 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*	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	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, 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
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI 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? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17	Yes	
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	

Part 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? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	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? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
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**		No
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**		
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? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	270		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	2,081		
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	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" 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)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	13		
	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	**1b**	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			**2** Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .			**3**	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			**4**	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .			**5**	No
6	Did the organization have members or stockholders?			**6** Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			**7a** Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			**7b** Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?			**8a** Yes	
b	Each committee with authority to act on behalf of the governing body?			**8b** Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*			**9**	No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**	Yes	

Section C. Disclosure

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

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

☐ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

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

▶APRIL F CHAISSON 100 WOMANS WAY
BATON ROUGE,LA 70817 (225)924-8107

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

Check if Schedule O contains a response 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) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b **Sub-Total** ▶										
c **Total from continuation sheets to Part VII, Section A** ▶										
d **Total (add lines 1b and 1c)** ▶								6,603,086	0	983,519

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 89

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
LAKE CHARLES MEMORIAL HOSPITAL 1701 OAK PARK BLVD LAKE CHARLES LA 70601	MEDICAL SERVICES	8,050,000
LSUHSC OFFICE OF SPONSORED PROJECTS 433 BOLIVAR STREET NEW ORLEANS LA 70112	MEDICAL SERVICES	6,643,013
HURON HEALTHCARE 3005 MOMENTUM PLACE CHICAGO IL 60689	CONSULTING	3,037,448
VAN METER AND ASSOCIATES 1816 INDUSTRIAL BLVD HARVEY LA 70058	MEDICAL SERVICES	2,602,505
WHELAN SECURITY 1699 SOUTH HANLEY RD SUITE 350 ST LOUIS MO 63144	SECURITY	1,603,517

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 ▶ 43

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line 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
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations . . .	1d				
	e	Government grants (contributions)	1e	291,343			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	542,190			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . . ▶		833,533			
Program Service Revenue			Business Code				
	2a	HOSPITAL SERVICES	541900	430,349,068	411,162,483	19,186,585	
	b	FITNESS CENTER	713940	4,324,504	1,896,496	2,428,008	
	c	CAFETERIA	722210	2,209,935	2,167,825	42,110	
	d	CHILD CARE	624410	1,025,027	237,903	787,124	
	e	PATIENT EDUCATION	611710	66,385	66,385		
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶		437,974,919			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		2,977,884			2,977,884
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . . ▶					
			(i) Real	(ii) Personal			
	6a	Gross rents	2,837,198				
	b	Less rental expenses	3,596,971				
	c	Rental income or (loss)	-759,773				
	d	Net rental income or (loss) . . . . . ▶			-759,773		-759,773
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	2,582,647	670,598			
	b	Less cost or other basis and sales expenses	0	192,723			
	c	Gain or (loss)	2,582,647	477,875			
	d	Net gain or (loss) . . . . . ▶			3,060,522	3,060,522	
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . .	a	188,766			
	b	Less direct expenses . . .	b	88,667			
	c	Net income or (loss) from fundraising events . . ▶			100,099		100,099
	9a	Gross income from gaming activities See Part IV, line 19 . . .	a				
	b	Less direct expenses . . .	b				
	c	Net income or (loss) from gaming activities . . ▶					
	10a	Gross sales of inventory, less returns and allowances .	a	1,688,470			
	b	Less cost of goods sold . .	b	858,459			
	c	Net income or (loss) from sales of inventory . . ▶			830,011		830,011
		Miscellaneous Revenue		Business Code			
	11a	OTHER OPERATING REVENUE		900099	12,705,788	10,106,919	2,598,869
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . ▶			12,705,788		
	12	**Total revenue.** See Instructions . . . . . ▶			457,722,983	428,698,533	25,042,696	3,148,221

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	137,567	137,567		
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	3,565,322	2,504,279	1,048,013	13,030
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	111,173,678	78,088,306	32,679,072	406,300
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	20,767,134	14,586,819	6,104,419	75,896
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal	357,054	74,700	281,124	1,230
c Accounting	96,567	20,203	76,031	333
d Lobbying	108,774	22,757	85,642	375
e Professional fundraising services See Part IV, line 17	77,284			77,284
f Investment management fees				
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	1,332,462	247,938	1,037,575	46,949
13 Office expenses	2,486,033	1,518,220	963,663	4,150
14 Information technology				
15 Royalties . .				
16 Occupancy	778,027	744,612	33,415	
17 Travel	357,593	157,510	188,513	11,570
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	18,732,401		18,732,401	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	17,632,611	4,516,035	13,112,932	3,644
23 Insurance				
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)				
a CONTRACTUAL ADJUSTMENTS	188,619,062	188,619,062		
b PATIENT RELATED SUPPLIE	21,547,689	22,093,257	-545,568	
c PURCHASED SERVICES	16,337,853	3,429,887	12,907,966	
d OTHER EXPENSES	9,780,710	3,161,837	6,613,969	4,904
e All other expenses	21,825,366	10,856,357	10,956,172	12,837
25 **Total functional expenses.** Add lines 1 through 24e	435,713,187	330,779,346	104,275,339	658,502
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

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		102,534,226	1	127,608,074
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		37,309,010	4	40,731,649
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		2,964,110	8	3,004,677
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 470,436,608			
	b	Less accumulated depreciation	10b 83,294,848	396,474,327	10c	387,141,760
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		32,858,985	12	33,266,463
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		174,354,750	15	186,080,755
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		746,495,408	16	777,833,378
Liabilities	17	Accounts payable and accrued expenses		27,640,227	17	34,123,979
	18	Grants payable			18	
	19	Deferred revenue		199,800	19	199,800
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		345,045,663	23	340,511,983
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		232,053	25	239,529
	26	**Total liabilities.** Add lines 17 through 25		373,117,743	26	375,075,291
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		371,460,358	27	400,418,302
	28	Temporarily restricted net assets		667,307	28	1,089,785
	29	Permanently restricted net assets		1,250,000	29	1,250,000
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		373,377,665	33	402,758,087
	34	Total liabilities and net assets/fund balances		746,495,408	34	777,833,378

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	457,722,983
2	Total expenses (must equal Part IX, column (A), line 25)	2	435,713,187
3	Revenue less expenses Subtract line 2 from line 1	3	22,009,796
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	373,377,665
5	Net unrealized gains (losses) on investments	5	7,347,871
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	22,755
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	402,758,087

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☑

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ 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 separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

Software ID:

Software Version:

EIN: 72-0652905

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JAMAR A MELTON MD DIRECTOR	4 00	X						0	0	0
MARKHAM R MCKNIGHT DIRECTOR	4 00	X						0	0	0
EDWARD SCHWARTZENBURG MD SECRETARY/TREASURER	4 00	X						3,500	0	0
MIKE POLITO DIRECTOR	4 00	X						0	0	0
MIKE WAMPOLD DIRECTOR	4 00	X						0	0	0
RENEE HARRIS MD DIRECTOR	4 00	X						1,250	0	0
STEVEN FEIGLEY MD DIRECTOR	4 00	X						700	0	0
DONNA FRAICHE DIRECTOR	4 00	X						0	0	0
TOM HAWKINS JR DIRECTOR	4 00	X						0	0	0
NICOLE HOLLIER MD 2013 CHIEF OF STAFF NON-VOTING	4 00	X						18,000	0	0
BEN MARMANDE DIRECTOR	4 00	X						0	0	0
CHEREE SCHWARTZENBURG MD 2014 CHIEF OF STAFF NON-VOTING	4 00	X						3,500	0	0
TERI G FONTENOT PRESIDENT/CEO	65 00			X				1,239,899	0	92,231
ROBERT S GREER JR IMMEDIATE PAST CHAIR	4 00			X				0	0	0
FRANK BREAUX MD CHAIR	4 00			X				0	0	0
CHRISTEL SLAUGHTER PHD CHAIR ELECT	4 00			X				0	0	0
STEPHANIE ANDERSON EXECUTIVE VP/COO	65 00				X			357,009	0	76,539
DONNA BODIN VP, EMPLOYEE SERVICES	65 00				X			211,169	0	55,767
NANCY CRAWFORD SR VP,MEDICAL STAFF SVCS	65 00				X			257,740	0	54,749
JAMIE HAEUSER SR VP,STRATEGIC SERVICES	65 00				X			201,985	0	79,480
CHERI JOHNSON VP, PERINATAL SERVICES	65 00				X			154,702	0	25,001
PATRICIA JOHNSON SR VP, PATIENT CARE/CHIEF NURSING OFFICER	65 00				X			245,341	0	63,109
PAUL KIRK VP,INFORMATION SYSTEMS	65 00				X			243,170	0	42,621
STANLEY SHELTON SR VP,SUPPORT SERVICES	65 00				X			284,700	0	45,959
GREG SMITH VP, FINANCE/CFO	65 00				X			217,063	0	25,209

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
STACI SULLIVAN VP, INFANT/PEDIATRIC SVC	65 00				X			180,298	0	37,189
LYNN WEILL VP CHIEF DEVELOPMENT OFFI	65 00				X			187,834	0	42,493
ALBERT L DIKET MD PHYSICIAN	40 00					X		500,625	0	47,134
MARK G NEWMAN MD PHYSICIAN	40 00					X		544,086	0	74,596
MARSHALL ST AMANT MD PHYSICIAN	40 00					X		611,696	0	73,886
CHARLES M STEDMAN MD PHYSICIAN	40 00					X		474,527	0	56,440
EDWARD W VEILLON MD PHYSICIAN	40 00					X		449,117	0	61,977
MEREDITH A WARNER MD HIGHEST COMPENSATED EMPLOYEE	40 00						X	215,175	0	29,139

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
WOMAN'S HOSPITAL FOUNDATION DBA WOMAN'S HOSPITAL

Employer identification number
72-0652905

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2012 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2013.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—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 ▶☐

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

Part IV **Supplemental Information.** 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		
Return Reference	Explanation	

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
▶ See separate instructions. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

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2013

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

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

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

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

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

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

Name of the organization	Employer identification number
WOMAN'S HOSPITAL FOUNDATION DBA WOMAN'S HOSPITAL	72-0652905

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

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

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

Lobbying Expenditures During 4-Year Averaging Period — Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

	For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		158,537
j	Total Add lines 1c through 1i			158,537
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, 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).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
PART II-B, LINE 1	ALL OF THE FOLLOWING MEMBERSHIP DUES AMOUNTS RELATE TO THE LOBBYING EXPENSE PORTION OF THE DUES 1 $4,800 FOR MEMBERSHIP DUES TO THE BATON ROUGE AREA CHAMBER 2 $480 FOR MEMBERSHIP DUES TO THE LOUISIANA STATE MEDICAL SOCIETY 3 $21,296 FOR MEMBERSHIP DUES TO THE LOUISIANA HOSPITAL ASSOCIATION 4 $3 25 FOR MEMBERSHIP DUES TO THE AMERICAN COLLEGE OF HEALTHCARE EXECUTIVES 5 $389 FOR MEMBERSHIP DUES TO THE AMERICAN MEDICAL ASSOCIATION 6 $22 FOR MEMBERSHIP DUES TO THE AMERICAN ORGANIZATION OF NURSE EXECUTIVES 7 $108,773 TO JUDY EWELL DAY FOR A LOBBYING CONTRACT 8 1% OF TERI FONTENOT'S (PRESIDENT/CEO) ANNUAL SALARY IS ATTRIBUTABLE TO LOBBYING ACTIVITIES THIS AMOUNTS TO $12,398 99 9 $136 08 FOR MEMBERSHIP DUES TO THE AMERICAN NURSES ASSOCIATION 10 $9,687 69 FOR MEMBERSHIP DUES TO THE AMERICAN HOSPITAL ASSOCIATION 11 $36 19 FOR MEMBERSHIP DUES TO THE AMERICAN HEALTH INFORMATION MANAGEMENT ASSOCIATION 12 $361 08 FOR MEMBERSHIP DUES TO THE AMERICAN CONGRESS OF OBSTETRICIANS AND GYNECOLOGISTS 13 $45 FOR MEMBERSHIP DUES TO THE AMERICAN ACADEMY OF ORTHOPEDIC SURGEONS 14 $8 83 FOR MEMBERSHIP DUES TO THE HEALTHCARE INFORMATION AND MANAGEMENT SYSTEMS SOCIETY 15 $12 50 FOR MEMBERSHIP DUES TO THE JEFFERSON PARISH MEDICAL SOCIETY 16 $87 50 FOR MEMBERSHIP DUES TO THE SOCIETY OF GYNECOLOGIC ONCOLOGY

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 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 *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
WOMAN'S HOSPITAL FOUNDATION DBA WOMAN'S HOSPITAL

Employer identification number
72-0652905

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

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

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

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

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

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

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

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

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

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

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

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

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

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

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

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

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

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

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

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

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

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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

		(a) Current year	(b) Prior year	b (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	1,250,000	1,250,000	1,250,000	1,250,000	1,250,000
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	1,250,000	1,250,000	1,250,000	1,250,000	1,250,000

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

The percentages in lines 2a, 2b, and 2c should equal 100%

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

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

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		12,370,011		12,370,011
b Buildings		325,472,203	26,781,992	298,690,211
c Leasehold improvements				
d Equipment		92,232,332	56,512,856	35,719,476
e Other		40,362,062		40,362,062
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				387,141,760

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 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 valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) OTHER RECEIVABLES	10,579,086
(2) DEFERRED FINANCING CHARGES	3,244,069
(3) RESTRICTED DONATIONS - OTHERS	5,856,036
(4) RESTRICTED DONATION - B R AREA FOUNDATION	1,723,742
(5) DEPRECIATION RESERVE	153,958,644
(6) OTHER ASSETS	4,867,352
(7) ESTIMATED THIRD PARTY SETTLEMENTS	206,949
(8) UNAMORTIZED BOND DISCOUNT	5,644,877
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	186,080,755

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
OTHER LIABILITIES	239,529
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	239,529

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

Return Reference	Explanation
PART V, LINE 4	THE FOUNDATION HOLDS AN ENDOWMENT FUND IN THE AMOUNT OF $1,250,000 FROM THE HELEN BARNES TRUST THIS AMOUNT IS PERMANENTLY RESTRICTED BUT THE ANNUAL EARNINGS FROM THIS ENDOWMENT ARE FOR USE BY THE FOUNDATION THE INCOME IS REPORTED ON THE CORE FORM 990, BUT THE BALANCE ON THIS ENDOWMENT DOES NOT CHANGE FROM YEAR TO YEAR SINCE ONLY THE $1,250,000 IS RESTRICTED
PART X, LINE 2	THE HOSPITAL APPLIES THE ACCOUNTING GUIDANCE RELATED TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES WHICH SETS OUT A CONSISTENT FRAMEWORK TO DETERMINE THE APPROPRIATE LEVEL OF TAX RESERVES TO MAINTAIN FOR UNCERTAIN TAX POSITIONS THE HOSPITAL RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED RECOGNIZED INCOME TAX POSITIONS ARE RECORDED AT THE LARGEST AMOUNT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED CHANGES IN THE RECOGNITION OR MEASUREMENT ARE REFLECTED IN THE PERIOD IN WHICH THE CHANGE IN JUDGMENT OCCURS THE HOSPITAL HAS EVALUATED ITS POSITION REGARDING ACCOUNTING FOR UNCERTAIN INCOME TAX POSITIONS AND DOES NOT BELIEVE THAT IT HAS ANY MATERIAL UNCERTAIN TAX POSITIONS WITH FEW EXCEPTIONS, THE HOSPITAL IS NO LONGER SUBJECT TO FEDERAL, STATE, OR LOCAL TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE SEPTEMBER 30, 2011

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 72-0652905

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

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

(a) Description	**(b)** Book value
(1) OTHER RECEIVABLES	10,579,086
(2) DEFERRED FINANCING CHARGES	3,244,069
(3) RESTRICTED DONATIONS - OTHERS	5,856,036
(4) RESTRICTED DONATION - B R AREA FOUNDATION	1,723,742
(5) DEPRECIATION RESERVE	153,958,644
(6) OTHER ASSETS	4,867,352
(7) ESTIMATED THIRD PARTY SETTLEMENTS	206,949
(8) UNAMORTIZED BOND DISCOUNT	5,644,877

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
WOMAN'S HOSPITAL FOUNDATION DBA WOMAN'S HOSPITAL

Employer identification number
72-0652905

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

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

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

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	**(iii)** No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
1	ALLEGIANT DIRECT INC 278 FRANKLIN ROAD BRENTWOOD, TN 37027	DIRECT MARKETING, INCLUDING STRATEGY AND CONSULTING SERVICES		No	31,947	39,784	-7,837
2	HANOVER RESEARCH 1700 K STREET NW 8TH FLOOR WASHINGTON, DC 20006	CONSULTING, GRANT WRITING SERVICES		No	0	37,500	-37,500
3							
4							
5							
6							
7							
8							
9							
10							
Total . . . . . ▶					31,947	77,284	-45,337

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

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 GOLF TOURNAMENT (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	188,766			188,766
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)	188,766			188,766
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	88,667			88,667
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(88,667)
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				100,099

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

11

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

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

13 Indicate the percentage of gaming activity operated in

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

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

Name ▶ ----------

Address ▶ ----------

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

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

c If "Yes," enter name and address of the third party

Name ▶ ----------

Address ▶ ----------

16 Gaming manager information

Name ▶ ----------

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

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

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
SCHEDULE G, PART I, LINE 2B	(II) ACTIVITY CONSULTING, GRANT WRITING SERVICES

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
WOMAN'S HOSPITAL FOUNDATION DBA WOMAN'S HOSPITAL

Employer identification number
72-0652905

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year ☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care ☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %	3a	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____ %	3b		No
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 financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			4,695,000		4,695,000	1 080 %
b Medicaid (from Worksheet 3, column a)			22,720,000		22,720,000	5 210 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			1,534,182		1,534,182	0 350 %
d **Total** Financial Assistance and Means-Tested Government Programs			28,949,182		28,949,182	6 640 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			510,426		510,426	0 120 %
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)			6,206,005		6,206,005	1 420 %
h Research (from Worksheet 7)			220,499		220,499	0 050 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			169,173		169,173	0 040 %
j **Total.** Other Benefits			7,106,103		7,106,103	1 630 %
k **Total.** Add lines 7d and 7j			36,055,285		36,055,285	8 270 %

Part II Community Building Activities Complete this if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

			Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1	Yes	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount 2 6,291,304			
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit 3 31,643			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements			

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	10,916,332	
6	Enter Medicare allowable costs of care relating to payments on line 5	6	4,908,789	
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	6,007,543	
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used			

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 1 WOMAN'S RETAIL VENTURES LLC	HOSPITAL GIFT SHOP	74 000 %	2 000 %	24 000 %
2 2 STUMBERG HOLDING LLC	LAND MANAGEMENT	64 400 %	0 %	35 600 %
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year? 1

	Name, address, primary website address, and state license number	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
	See Additional Data Table										

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)

Name of hospital facility or facility reporting group WOMAN'S HOSPITAL

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 1

			Yes	No
Community 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)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet 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 12			
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 consulted	**3**	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	**4**	Yes	
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)			
a	☑ Hospital facility's website (list url) WWW WOMANS ORG			
b	☐ Other website (list url)			
c	☐ Available upon request from the hospital facility			
d	☐ Other (describe in Part VI)			
6	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	☑ Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b	☑ 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			
e	☑ Inclusion of a community benefit section in operational plans			
f	☑ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g	☑ Prioritization of health needs in its community			
h	☑ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i	☐ Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted 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 required by section 501(r)(3)?	**8a**		No
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	**8b**		
c	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? $			

Part V Facility Information *(continued)*

Financial 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 *free* care?	**10**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 000000000000% If "No," explain in Part VI the criteria the hospital facility used			
11 Used FPG to determine eligibility for providing *discounted* care?	**11**		No
If "Yes," indicate the FPG family income limit for eligibility for discounted care __% If "No," explain in Part VI the criteria the hospital facility used			
12 Explained the basis for calculating amounts charged to patients?	**12**		No
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☐ Income level			
b ☐ Asset level			
c ☐ Medical indigency			
d ☐ Insurance status			
e ☐ Uninsured discount			
f ☐ Medicaid/Medicare			
g ☐ State regulation			
h ☐ 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)			
a ☐ The policy was posted on the hospital facility's website			
b ☐ The policy was attached to billing invoices			
c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☐ The policy was posted in the hospital facility's admissions offices			
e ☐ The policy was provided, in writing, to patients on admission to the hospital facility			
f ☐ The policy was available upon request			
g ☑ Other (describe in Part VI)			

Billing and Collections			
15 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	**15**	Yes	
16 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ 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**		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Section C)			

Part 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)

- **a** ☑ Notified individuals of the financial assistance policy on admission
- **b** ☐ Notified individuals of the financial assistance policy prior to discharge
- **c** ☐ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- **d** ☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- **e** ☑ Other (describe in Section C)

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

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of 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**		No
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**	Yes	
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

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
See Additional Data Table	

Part V Facility Information *(continued)*

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	Type of Facility (describe)
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

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

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

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

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 3	
PART III, LINE 8	100% OF THE SHORTFALL IS TREATED AS COMMUNITY BENEFIT THE METHOD USED TO DETERMINE THE ME DICARE ALLOWABLE COST OF CARE IS COST TO CHARGE RATIO

Additional Data

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

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
WOMAN'S HOSPITAL	
WOMAN'S HOSPITAL	PART V, SECTION B, LINE 4 REPRESENTATIVES FROM WOMAN'S HOSPITAL, OUR LADY OF LAKE REGIONA L MEDICAL CENTER, BATON ROUGE MEDICAL CENTER, LANE REGIONAL MEDICAL CENTER, AND THE LSU HE ALTH/EARL K LONG MEDICAL CENTER MET TO DISCUSS AN ASSESSMENT OF COMMUNITY HEALTH
WOMAN'S HOSPITAL	PART V, SECTION B, LINE 14G UNINSURED PATIENTS ARE REFERRED TO A FINANCIAL COUNSELOR TO DISCUSS OUR FINANCIAL ASSISTANCE POLICY
WOMAN'S HOSPITAL	PART V, SECTION B, LINE 18E WE NOTIFY PATIENTS OF OUR FINANCIAL ASSISTANCE POLICY UPON AD MISSION PATIENTS ARE REFERRED TO A FINANCIAL COUNSELOR WHO DISCUSSES OUR FINANCIAL ASSIST ANCE POLICY IN DETAIL WE DOCUMENT WHEN AN APPLICATOIN IS PROVIDED TO A PATIENT/GUARANTOR, WHEN AN APPLICATION IS RECEIVED FROM A PATIENT/GUARANTOR (WHETHER COMPLETE OR INCOMPLETE) , FURTHER COMMUNICATION WITH THE PATIENT/GUARANTOR IF THE APPLICATION IS INCOMPLETE, IF TH E APPLICATION IS APPROVED OR DENIED, AND THE NOTIFICATION OF THE APPROVAL OR DENIAL TO THE PATIENT/GUARANTOR WE MAKE REASONABLE EFFORTS TO DETERMINE A PATIENT'S ELIGIBILITY BEFORE WE TAKE ANY ACTION TO COLLECT
WOMAN'S HOSPITAL	PART V, SECTION B, LINE 20D THE HOSPITAL CHARGES ALL PATIENTS THE SAME GROSS CHARGE FOR A NY SERVICE REGARDLESS OF THE PAYOR, E G SELF PAY, INSURANCE, ETC WE OFFER DISCOUNTS TO P ATIENTS THAT HAVE NO INSURANCE OR THOSE WITH OUT-OF-NETWORK BENEFITS WE ALSO PROVIDE FREE CARE (BY FULLY DISCOUNTING THE GROSS CHARGE) TO THOSE THAT QUALIFY FOR FINANCIAL ASSISTAN CE AS OUTLINED IN OUR FINANCIAL ASSISTANCE POLICY
WOMAN'S HOSPITAL	PART V, SECTION B, LINE 22 THE HOSPITAL CHARGES ALL PATIENTS THE SAME GROSS CHARGE FOR AN Y SERVICE REGARDLESS OF THE PAYOR, E G SELF PAY, INSURANCE, ETC WE OFFER DISCOUNTS TO PA TIENTS THAT HAVE NO INSURANCE OR THOSE WITH OUT-OF-NETWORK BENEFITS WE ALSO PROVIDE FREE CARE (BY FULLY DISCOUNTING THE GROSS CHARGE) TO THOSE THAT QUALIFY FOR FINANCIAL ASSISTANC E AS OUTLINED IN OUR FINANCIAL ASSISTANCE POLICY

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
WOMAN'S HOSPITAL FOUNDATION DBA WOMAN'S HOSPITAL

Employer identification number
72-0652905

Part I General Information on Grants and Assistance

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

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) BATON ROUGE AREA CHAMBER 564 LAUREL STREET BATON ROUGE,LA 70801	72-0126959	501(C)(3)	70,000			CASH GRANT	ECONOMIC DEVELOPMENT CAMPAIGN
(2) AMERICAN HEART ASSOCIATION 2644 S SHERWOOD FOREST SUITE 108 BATON ROUGE,LA 70816	13-5613797	501(C)(3)	5,900		FMV	IN KIND PRINTING	GO RED FOR WOMEN MATERIALS
(3) MARCH OF DIMES FOUNDATION 12015 JUSTICE AVE BATON ROUGE,LA 70816	13-1846366	501(C)(3)	5,000			CASH GRANT	NICU FAMILY SUPPORT PROGRAM
(4) BATON ROUGE KOMEN RACE FOR THE CURE PO BOX 14615 BATON ROUGE,LA 70898	75-2854972	501(C)(3)	5,000			CASH GRANT	2014 RACE SPONSORSHIP
(5) GULF COAST EVENT GROUP INC PO BOX 1835 ABITA SPRINGS,LA 70420	27-0160488		35,000			CASH GRANT	2014 RACE SPONSORSHIP
(6) COMMITTEE FOR PROGRESS 344 3RD STREET BATON ROUGE,LA 70801	46-4998164		5,000			CASH GRANT	2014 DONATION
(7) MAYOR'S HEALTHY CITY INITIATIVE 222 SAINT LOUIS STREET BATON ROUGE,LA 70802	27-2515190	501(C)(3)	6,667			CASH GRANT	2014 SPONSORSHIP
(8) BIG BUDDY PROGRAM 1415 MAIN STREET BATON ROUGE,LA 70802	72-0904506	501(C)(3)	5,000			CASH GRANT	2014 SPONSORSHIP

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . ▶ 6

3 Enter total number of other organizations listed in the line 1 table . . . . ▶ 2

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

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

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	GRANTS ARE GIVEN TO ORGANIZATIONS FOR SPECIFIC PURPOSES AND ARE NOT MONITORED FURTHER

Additional Data

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

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BATON ROUGE AREA CHAMBER 564 LAUREL STREET BATON ROUGE,LA 70801	72-0126959	501(C)(3)	70,000			CASH GRANT	ECONOMIC DEVELOPMENT CAMPAIGN

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN HEART ASSOCIATION 2644 S SHERWOOD FOREST SUITE 108 BATON ROUGE,LA 70816	13-5613797	501(C)(3)	5,900		FMV	IN KIND PRINTING	GO RED FOR WOMEN MATERIALS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MARCH OF DIMES FOUNDATION 12015 JUSTICE AVE BATON ROUGE,LA 70816	13-1846366	501(C)(3)	5,000			CASH GRANT	NICU FAMILY SUPPORT PROGRAM

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BATON ROUGE KOMEN RACE FOR THE CURE PO BOX 14615 BATON ROUGE, LA 70898	75-2854972	501(C)(3)	5,000			CASH GRANT	2014 RACE SPONSORSHIP

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GULF COAST EVENT GROUP INC PO BOX 1835 ABITA SPRINGS, LA 70420	27-0160488		35,000			CASH GRANT	2014 RACE SPONSORSHIP

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COMMITTEE FOR PROGRESS 344 3RD STREET BATON ROUGE,LA 70801	46-4998164		5,000			CASH GRANT	2014 DONATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MAYOR'S HEALTHY CITY INITIATIVE 222 SAINT LOUIS STREET BATON ROUGE,LA 70802	27-2515190	501(C)(3)	6,667			CASH GRANT	2014 SPONSORSHIP

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BIG BUDDY PROGRAM 1415 MAIN STREET BATON ROUGE,LA 70802	72-0904506	501(C)(3)	5,000			CASH GRANT	2014 SPONSORSHIP

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
WOMAN'S HOSPITAL FOUNDATION DBA WOMAN'S HOSPITAL

Employer identification number
72-0652905

Part I Questions Regarding Compensation

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

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

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

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

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

Return Reference	Explanation
PART I, LINE 1A	ON THREE SEPARATE OCCASIONS, WOMAN'S HOSPTIAL PROVIDED FOR TRAVEL TO A CONFERENCE FOR THE SPOUSE OF A BOARD MEMBER WOMAN'S HOSPITAL PAID FOR PERSONAL SERVICES ON BEHALF OF TERI FONTENOT, CEO DURING THE FISCAL YEAR 2014
PART I, LINE 6	WOMAN'S HOSPITAL'S MANAGEMENT INCENTIVE PLAN PROVIDES FOR COMPENSATION IF CERTAIN GOALS/TARGETS ARE ACHIEVED, ONE BEING NET INCOME FROM OPERATIONS

Additional Data

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
TERI G FONTENOT PRESIDENT/CEO	(I) (II)	564,672 0	180,321 0	494,906 0	77,250 0	14,981 0	1,332,130 0	0 0
STEPHANIE ANDERSON EXECUTIVE VP/COO	(I) (II)	289,830 0	52,661 0	14,518 0	58,756 0	17,783 0	433,548 0	0 0
DONNA BODIN VP, EMPLOYEE SERVICES	(I) (II)	184,176 0	26,456 0	537 0	37,274 0	18,493 0	266,936 0	0 0
NANCY CRAWFORD SR VP,MEDICAL STAFF SVCS	(I) (II)	204,065 0	38,440 0	15,235 0	48,641 0	6,108 0	312,489 0	0 0
JAMIE HAEUSER SR VP,STRATEGIC SERVICES	(I) (II)	194,412 0	0 0	7,573 0	62,859 0	16,621 0	281,465 0	0 0
CHERI JOHNSON VP, PERINATAL SERVICES	(I) (II)	138,550 0	15,743 0	409 0	24,344 0	657 0	179,703 0	0 0
PATRICIA JOHNSON SR VP, PATIENT CARE/CHIEF NURSING OF	(I) (II)	204,065 0	38,440 0	2,836 0	45,783 0	17,326 0	308,450 0	0 0
PAUL KIRK VP,INFORMATION SYSTEMS	(I) (II)	207,048 0	30,553 0	5,569 0	40,888 0	1,733 0	285,791 0	0 0
STANLEY SHELTON SR VP,SUPPORT SERVICES	(I) (II)	198,910 0	71,606 0	14,184 0	34,478 0	11,481 0	330,659 0	0 0
GREG SMITH VP, FINANCE/CFO	(I) (II)	181,230 0	26,587 0	9,246 0	8,348 0	16,861 0	242,272 0	0 0
STACI SULLIVAN VP, INFANT/PEDIATRIC SVC	(I) (II)	151,030 0	22,157 0	7,111 0	20,137 0	17,052 0	217,487 0	0 0
LYNN WEILL VP CHIEF DEVELOPMENT OFFI	(I) (II)	160,384 0	23,166 0	4,284 0	31,431 0	11,062 0	230,327 0	0 0
ALBERT L DIKET MD PHYSICIAN	(I) (II)	495,958 0	757 0	3,910 0	35,683 0	11,451 0	547,759 0	0 0
MARK G NEWMAN MD PHYSICIAN	(I) (II)	534,830 0	757 0	8,499 0	62,000 0	12,596 0	618,682 0	0 0
MARSHALL ST AMANT MD PHYSICIAN	(I) (II)	600,939 0	757 0	10,000 0	54,375 0	19,511 0	685,582 0	0 0
CHARLES M STEDMAN MD PHYSICIAN	(I) (II)	455,121 0	681 0	18,725 0	44,134 0	12,306 0	530,967 0	0 0
EDWARD W VEILLON MD PHYSICIAN	(I) (II)	446,992 0	731 0	1,394 0	43,000 0	18,977 0	511,094 0	0 0
MEREDITH A WARNER MD HIGHEST COMPENSATED EMPLOYEE	(I) (II)	200,250 0	0 0	14,925 0	25,275 0	3,864 0	244,314 0	0 0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
WOMAN'S HOSPITAL FOUNDATION DBA WOMAN'S HOSPITAL

Employer identification number
72-0652905

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	LA LOCAL GOVERNMENT ENVIR FACILITIES & COMM DEVELOPMENT AUTHORITY	72-1416168	546282AK0	02-10-2010	3,545,000	FINANCE CONSTRUCTION/EQUIP ASSOC W/REPLACEMENT FACILITY/MEDICAL COMPLEX		X		X		X
B	LA LOCAL GOVERNMENT ENVIR FACILITIES & COMM DEVELOPMENT AUTHORITY	72-1416168	546282AC8	02-10-2010	3,720,000	FINANCE CONSTRUCTION/EQUIP ASSOC W/REPLACEMENT FACILITY/MEDICAL COMPLEX		X		X		X
C	LA LOCAL GOVERNMENT ENVIR FACILITIES & COMM DEVELOPMENT AUTHORITY	72-1416168	546282AD6	02-10-2010	3,915,000	FINANCE CONSTRUCTION/EQUIP ASSOC W/REPLACEMENT FACILITY/MEDICAL COMPLEX		X		X		X
D	LA LOCAL GOVERNMENT ENVIR FACILITIES & COMM DEVELOPMENT AUTHORITY	72-1416168	546282AE4	02-10-2010	4,110,000	FINANCE CONSTRUCTION/EQUIP ASSOC W/REPLACEMENT FACILITY/MEDICAL COMPLEX		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue				
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds				
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion				

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		X
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?		X		X		X		X

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X		X
b	Exception to rebate?		X		X		X		X
c	No rebate due?		X		X		X		X
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X		X		X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?		X		X		X		X

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		X		X		X		X

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
WOMAN'S HOSPITAL FOUNDATION DBA WOMAN'S HOSPITAL

Employer identification number
72-0652905

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	LA LOCAL GOVERNMENT ENVIR FACILITIES & COMM DEVELOPMENT AUTHORITY	72-1416168	546282AF1	02-10-2010	24,380,000	FINANCE CONSTRUCTION/EQUIP ASSOC W/REPLACEMENT FACILITY/MEDICAL COMPLEX		X		X		X
B	LA LOCAL GOVERNMENT ENVIR FACILITIES & COMM DEVELOPMENT AUTHORITY	72-1416168	546282AG9	02-10-2010	32,210,000	FINANCE CONSTRUCTION/EQUIP ASSOC W/REPLACEMENT FACILITY/MEDICAL COMPLEX		X		X		X
C	LA LOCAL GOVERNMENT ENVIR FACILITIES & COMM DEVELOPMENT AUTHORITY	72-1416168	546282AH7	02-10-2010	101,095,000	FINANCE CONSTRUCTION/EQUIP ASSOC W/REPLACEMENT FACILITY/MEDICAL COMPLEX		X		X		X
D	LA LOCAL GOVERNMENT ENVIR FACILITIES & COMM DEVELOPMENT AUTHORITY	72-1416168	546282AJ3	02-10-2010	60,165,000	FINANCE CONSTRUCTION/EQUIP ASSOC W/REPLACEMENT FACILITY/MEDICAL COMPLEX		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue				
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds				
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion				

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		X
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?		X		X		X		X

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X		X
b	Exception to rebate?		X		X		X		X
c	No rebate due?		X		X		X		X
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X		X		X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?		X		X		X		X

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		X		X		X		X

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
WOMAN'S HOSPITAL FOUNDATION DBA WOMAN'S HOSPITAL

Employer identification number
72-0652905

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	LA LOCAL GOVERNMENT ENVIR FACILITIES & COMM DEVELOPMENT AUTHORITY	72-1416168	546282AT1	02-10-2010	1,325,000	FINANCE CONSTRUCTION/EQUIP ASSOC W/REPLACEMENT FACILITY/MEDICAL COMPLEX		X		X		X
B	LA LOCAL GOVERNMENT ENVIR FACILITIES & COMM DEVELOPMENT AUTHORITY	72-1416168	546282AL8	02-10-2010	1,395,000	FINANCE CONSTRUCTION/EQUIP ASSOC W/REPLACEMENT FACILITY/MEDICAL COMPLEX		X		X		X
C	LA LOCAL GOVERNMENT ENVIR FACILITIES & COMM DEVELOPMENT AUTHORITY	72-1416168	546282AM6	02-10-2010	1,465,000	FINANCE CONSTRUCTION/EQUIP ASSOC W/REPLACEMENT FACILITY/MEDICAL COMPLEX		X		X		X
D	LA LOCAL GOVERNMENT ENVIR FACILITIES & COMM DEVELOPMENT AUTHORITY	72-1416168	546282AN4	02-10-2010	1,545,000	FINANCE CONSTRUCTION/EQUIP ASSOC W/REPLACEMENT FACILITY/MEDICAL COMPLEX		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue				
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds				
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion				

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		X
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?		X		X		X		X

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X		X
b	Exception to rebate?		X		X		X		X
c	No rebate due?		X		X		X		X
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X		X		X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?		X		X		X		X

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		X		X		X		X

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
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OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
WOMAN'S HOSPITAL FOUNDATION DBA WOMAN'S HOSPITAL

Employer identification number
72-0652905

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	LA LOCAL GOVERNMENT ENVIR FACILITIES & COMM DEVELOPMENT AUTHORITY	72-1416168	546282AP9	02-10-2010	9,005,000	FINANCE CONSTRUCTION/EQUIP ASSOC W/REPLACEMENT FACILITY/MEDICAL COMPLEX		X		X		X
B	LA LOCAL GOVERNMENT ENVIR FACILITIES & COMM DEVELOPMENT AUTHORITY	72-1416168	546282AQ7	02-10-2010	11,930,000	FINANCE CONSTRUCTION/EQUIP ASSOC W/REPLACEMENT FACILITY/MEDICAL COMPLEX		X		X		X
C	LA LOCAL GOVERNMENT ENVIR FACILITIES & COMM DEVELOPMENT AUTHORITY	72-1416168	546282AR5	02-10-2010	37,120,000	FINANCE CONSTRUCTION/EQUIP ASSOC W/REPLACEMENT FACILITY/MEDICAL COMPLEX		X		X		X
D	LA LOCAL GOVERNMENT ENVIR FACILITIES & COMM DEVELOPMENT AUTHORITY	72-1416168	546282AS3	02-10-2010	22,595,000	FINANCE CONSTRUCTION/EQUIP ASSOC W/REPLACEMENT FACILITY/MEDICAL COMPLEX		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue				
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds				
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion				

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		X
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?		X		X		X		X

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X		X
b	Exception to rebate?		X		X		X		X
c	No rebate due?		X		X		X		X
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X		X		X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?		X		X		X		X

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		X		X		X		X

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
WOMAN'S HOSPITAL FOUNDATION DBA WOMAN'S HOSPITAL

Employer identification number
72-0652905

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

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

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
Total		▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) DR EDWARD SCHWARTZENBURG	DR EDWARD SCHWARTZENBURG IS A DIRECTOR OF THE FOUNDATION	219,624	SCHWARTZENBURG, LAFRANCA, AND GUIDRY RENTS OFFICE SPACE FROM THE FOUNDATION DR EDWARD SCHWARTZENBURG IS A MEMBER OF THIS GROUP		No
(2) DR RENEE HARRIS	DR RENEE HARRIS IS A DIRECTOR OF THE FOUNDATION	245,174	ASSOCIATES IN WOMEN'S HEALTH RENTS OFFICE SPACE FROM THE FOUNDATION DR RENEE HARRIS IS A MEMBER OF THIS GROUP		No
(3) DR STEVEN FEIGLEY	DR STEVEN FEIGLEY IS A DIRECTOR OF THE FOUNDATION	1,309,717	LWHA RENTS OFFICE SPACE FROM THE FOUNDATION DR STEVEN FEIGLEY IS A MEMBER OF THIS GROUP		No
(4) DR NICOLE HOLLIER	DR NICOLE HOLLIER IS A DIRECTOR OF THE FOUNDATION	1,309,717	LWHA RENTS OFFICE SPACE FROM THE FOUNDATION DR NICOLE HOLLIER IS A MEMBER OF THIS GROUP		No
(5) DR FRANK BREAUX	DR FRANK BREAUX IS AN OFFICER OF THE FOUNDATION	1,309,717	LWHA RENTS OFFICE SPACE FROM THE FOUNDATION DR FRANK BREAUX IS A MEMBER OF THIS GROUP		No
(6) DR CHEREE SCHWARTZENBURG	DR CHEREE SCHWARTZENBURG IS A DIRECTOR OF THE FOUNDATION	219,624	SCHWARTZENBURG, LAFRANCA, AND GUIDRY RENTS OFFICE SPACE FROM THE FOUNDATION DR CHEREE SCHWARTZENBURG IS A MEMBER OF THIS GROUP		No

Part V 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

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.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
WOMAN'S HOSPITAL FOUNDATION DBA WOMAN'S HOSPITAL

Employer identification number
72-0652905

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	THROUGH HIS BUSINESS, MIKE POLITO HAS A BUSINESS RELATIONSHIP WITH CHRISTEL SLAUGHTER
FORM 990, PART VI, SECTION A, LINE 6	BOARD MEMBERS ARE ELECTED BY FOUNDATION MEMBERS
FORM 990, PART VI, SECTION A, LINE 7A	BOARD MEMBERS ARE ELECTED BY FOUNDATION MEMBERS
FORM 990, PART VI, SECTION A, LINE 7B	SOME DECISIONS MADE BY THE GOVERNING BODY ARE SUBJECT TO APPROVAL BY THE MEMBERS THE FOUNDATION CAN VOTE SEPARATELY FROM THE BOARD
FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS PRESENTED TO THE BOARD FOR REVIEW PRIOR TO FILING
FORM 990, PART VI, SECTION B, LINE 12C	A LETTER AND QUESTIONNAIRE ARE SENT TO EACH BOARD MEMBER ANNUALLY WITH A LIST OF OFFICERS, DIRECTORS, AND KEY PERSONNEL TO USE FOR REFERENCE IN REPORTING ANY POSSIBLE CONFLICTS
FORM 990, PART VI, SECTION B, LINE 15	A MARKET COMPARISON AND RESULTING RECOMMENDATIONS FOR TOTAL COMPENSATION AND MANAGEMENT IN CENTIVE PLANS ARE CONDUCTED BY A CONSULTING FIRM AND APPROVED BY THE COMPENSATION COMMITTE E OF THE BOARD OF DIRECTORS
FORM 990, PART VI, SECTION C, LINE 19	THE FOUNDATION'S TAX DOCUMENTS ARE AVAILABLE UPON REQUEST THE FORM 990 IS ALSO UPLOADED O NTO GUIDESTAR'S WEBSITE WHERE IT CAN BE VIEWED BY THE GENERAL PUBLIC THE FOUNDATION'S ANN UAL REPORT IS AVAILABLE ON THE HOSPITAL WEBSITE THE FOUNDATION ALSO ISSUES QUARTERLY BOND DISCLOSURE REQUIREMENTS TO BONDHOLDERS AND RATING AGENCIES
FORM 990, PART XI, LINE 9	CHANGE IN AUXILIARY ACCOUNT 22,755
FORM 990, PART XII, LINE 2C	THE ORGANIZATION'S PROCESS HAS NOT CHANGED FROM THE FILING OF THE PREVIOUS FORM 990

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" 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.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
WOMAN'S HOSPITAL FOUNDATION DBA WOMAN'S HOSPITAL

Employer identification number
72-0652905

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

(a) Name, address, and EIN (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) STUMBERG HOLDING LLC 100 WOMANS WAY BATON ROUGE, LA 70817 46-4133824	LAND MANAGEMENT	LA	0	0	WOMAN'S HOSPITAL FOUNDATION

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) WOMAN'S RETAIL VENTURES LLC 9000 AIRLINE HWY STE 330 BATON ROUGE, LA 70895 04-3845778	GIFT SHOP RETAIL	LA			168,700	780,003		No			No	74 000 %
(2) STUMBERG LAND LLC 100 WOMANS WAY BATON ROUGE, LA 70817 46-4150615	LAND MANAGEMENT	LA			-5,732	2,824,648		No			No	64 400 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	(i) No

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) WOMAN'S RETAIL VENTURES LLC	S	132,556	CASH
(2) WOMAN'S RETAIL VENTURES LLC	J	79,196	CASH

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation
FORM 990, SCHEDULE R, PART I & PART III	STUMBERG HOLDING, LLC, A DISREGARDED ENTITY FOR TAX PURPOSES, IS OWNED 100% BY WOMAN'S HOSPITAL FOUNDATION STUMBERG HOLDING, LLC IS A 64 4% MEMBER IN STUMBERG LAND, LLC

Woman's Hospital

2014 Financial Statements

P&N Postlethwaite & Netterville
A Professional Accounting Corporation
www.pncpa.com

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

CONSOLIDATED FINANCIAL STATEMENTS

SEPTEMBER 30, 2014

CONTENTS

P&N Postlethwaite & Netterville

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

INDEPENDENT AUDITORS' REPORT

Board of Directors
The Woman's Hospital Foundation
d/b/a Woman's Hospital
Baton Rouge, Louisiana

Report on Financial Statements

We have audited the accompanying consolidated financial statements of The Woman's Hospital Foundation, d/b/a Woman's Hospital (the Hospital), which comprise the consolidated balance sheets as of September 30, 2014 and 2013, and related consolidated statements of operations, 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.

Auditors' 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 audits to obtain reasonable assurance about whether the consolidated financial statements are free from 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 auditors' 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 consolidated financial position of The Woman's Hospital Foundation, d/b/a Woman's Hospital, as of September 30, 2014 and 2013, and the results of its consolidated operations and its consolidated cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Postlethwaite & Netterville

Baton Rouge, Louisiana
February 12, 2015

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

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

CONSOLIDATED BALANCE SHEETS
SEPTEMBER 30, 2014 AND 2013

ASSETS

	2014	2013
CURRENT ASSETS		
Cash and cash equivalents	$ 127,531,913	$ 102,576,845
Assets limited as to use	9,257,166	9,257,166
Patient accounts receivable, net of allowances for doubtful accounts of $6,788,704 at 2014 and $6,739,208 at 2013	41,227,897	37,683,800
Estimated third-party payor settlements	206,949	903,806
Inventories	3,185,907	3,154,504
Grants receivable	212,001	3,738,201
Other current assets	11,522,634	7,427,647
Total current assets	193,144,467	164,741,969
ASSETS LIMITED AS TO USE		
Held by trustee in accordance with bond indentures	32,623,133	32,229,047
Held by the Baton Rouge Area Foundation on behalf of the Hospital	998,742	980,193
Internally designated for Founders and Friends	4,605,936	3,850,658
Donor restricted for capital improvements	1,250,000	1,250,000
Certificates of deposit	725,000	725,000
Internally designated for funded depreciation	153,958,744	143,181,815
Total assets whose use is limited	194,161,555	182,216,713
Less: amounts required to meet current liabilities	(9,257,166)	(9,257,166)
Noncurrent assets whose use is limited	184,904,389	172,959,547
PROPERTY AND EQUIPMENT, net	387,289,110	396,666,648
OTHER ASSETS		
Deferred financing costs	4,682,940	4,844,439
Other	2,352,131	1,694,230
Total other assets	7,035,071	6,538,669
TOTAL ASSETS	$ 772,373,037	$ 740,906,833

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

LIABILITIES AND NET ASSETS

	2014	2013
CURRENT LIABILITIES		
Current portion of long-term debt	$ 4,712,988	$ 4,528,488
Current portion of capital leases	72,517	69,332
Bond interest payable	9,271,712	9,276,904
Accounts payable	2,375,402	2,263,816
Accrued expenses	26,339,569	17,079,480
Retainage payable on construction contracts	-	1,223,839
Accrued contribution for the defined contribution plan	1,866,594	2,462,797
Estimated third-party payor settlements	200,000	200,000
Other current liabilities	2,320,926	3,295,289
Credit balances in patient accounts receivable	1,320,392	1,399,110
Total current liabilities	48,480,100	41,799,055
LONG -TERM DEBT, net of current portion		
Long-term debt, net of current portion	326,527,283	331,240,271
Unamortized bond premium (discount)	(5,644,877)	(5,833,040)
Total long-term debt	320,882,406	325,407,231
OTHER LONG -TERM LIABILITIES		
Capital leases, net of current portion	28,654	101,549
	28,654	101,549
NET ASSETS		
Controlling Interest:		
Unrestricted net assets	400,416,653	371,460,361
Temporarily restricted net assets	1,089,785	667,307
Permanently restricted net assets	1,250,000	1,250,000
Total controlling interest	402,756,438	373,377,668
Noncontrolling interest	225,439	221,330
Total net assets	402,981,877	373,598,998
TOTAL LIABILITIES AND NET ASSETS	$ 772,373,037	$ 740,906,833

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

CONSOLIDATED STATEMENTS OF OPERATIONS
YEARS ENDED SEPTEMBER 30, 2014 AND 2013

	2014	2013
OPERATING REVENUES		
Patient service revenues, net of contractual allowances	$ 242,307,446	$ 220,486,339
Less: Provision for doubtful accounts	6,138,121	3,342,696
Net patient service revenue	236,169,325	217,143,643
Other operating revenues	18,713,031	18,026,095
Investment revenues	5,283,157	2,082,811
Total operating revenues	260,165,513	237,252,549
OPERATING EXPENSES		
Salaries, wages, and FICA	115,490,484	108,529,726
Employee benefits	20,662,154	21,689,332
Medical supplies and drugs	23,558,307	23,221,215
Other operating expenses	47,637,097	40,945,933
Total operating expenses before depreciation amortization, and interest	207,348,042	194,386,206
Depreciation and amortization	17,688,658	17,490,902
Interest expense	18,738,673	18,800,217
Total operating expenses	243,775,373	230,677,325
INCOME FROM OPERATIONS	16,390,140	6,575,224

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

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

CONSOLIDATED STATEMENTS OF OPERATIONS
YEARS ENDED SEPTEMBER 30, 2014 AND 2013

	2014	2013
INCOME FROM OPERATIONS	$ 16,390,140	$ 6,575,224
Loss on impairment of assets	-	(3,271,527)
Philanthropy	759,651	1,144,206
Other revenues, net	4,411,721	9,026,771
	5,171,372	6,899,450
EXCESS OF REVENUES OVER EXPENSES	21,561,512	13,474,674
Unrealized gains and losses on investment securities	7,445,470	9,463,764
Less: increase in unrestricted net assets attributable to noncontrolling interest	(50,690)	(47,034)
INCREASE IN UNRESTRICTED NET ASSETS	28,956,292	22,891,404
Net increase in temporarily restricted net assets	422,478	17,951
INCREASE IN NET ASSETS ATTRIBUTABLE TO THE WOMAN'S HOSPITAL FOUNDATION	29,378,770	22,909,355
Increase in net assets attributable to noncontrolling interest	50,690	47,034
INCREASE IN NET ASSETS	$ 29,429,460	$ 22,956,389

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

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

CONSOLIDATED STATEMENTS OF CHANGES IN NET ASSETS
YEARS ENDED SEPTEMBER 30, 2014 AND 2013

	Controlling Interest		
	Unrestricted Net Assets	Temporarily Restricted Net Assets	Permanently Restricted Net Assets
Balance at September 30, 2012	$ 348,568,957	$ 649,356	$ 1,250,000
Increase in net assets for the year ended September 30, 2013	22,891,404	17,951	-
Distributions to noncontrolling interest	-	-	-
Balance at September 30, 2013	371,460,361	667,307	1,250,000
Increase in net assets for the year ended September 30, 2014	28,956,292	422,478	-
Distributions to noncontrolling interest	-	-	-
Balance at September 30, 2014	$ 400,416,653	$ 1,089,785	$ 1,250,000

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

Total Controlling Interest	Noncontrolling Interest	Total
$ 350,468,313	$ 216,728	$ 350,685,041
22,909,355	47,034	22,956,389
-	(42,432)	(42,432)
373,377,668	221,330	373,598,998
29,378,770	50,690	29,429,460
-	(46,581)	(46,581)
$ 402,756,438	$ 225,439	$ 402,981,877

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

CONSOLIDATED STATEMENTS OF CASH FLOWS
YEARS ENDED SEPTEMBER 30, 2014 AND 2013

	2014	2013
CASH FLOWS FROM OPERATING ACTIVITIES		
Increase in net assets	$ 29,429,460	$ 22,956,389
Adjustments to reconcile the increase in net assets to net cash provided by operating activities:		
Depreciation	17,338,996	17,141,240
Amortization	349,662	349,662
Net unrealized gains on securities	(7,445,470)	(9,463,764)
Realized (gains) losses on sales of securities	(2,425,449)	(267,866)
Loss (gain) on sales of property and equipment	(481,232)	280,338
Loss on impairment of assets	-	3,271,527
Provision for doubtful accounts	(6,138,121)	3,342,696
Changes in operating assets and liabilities:		
Patient accounts receivable	2,515,306	(8,207,402)
Inventories	(31,403)	(133,907)
Grant receivable	3,526,200	-
Other current assets	(4,094,987)	3,672,280
Other assets	(657,901)	106,747
Estimated third-party payor settlements	696,857	(293,806)
Accounts payable	111,586	(5,182,736)
Accrued expenses and other liabilities	6,465,684	(8,753,116)
Bond interest payable	(5,192)	(19,205)
Net cash provided by operating activities	39,153,996	18,799,077
CASH FLOWS FROM INVESTING ACTIVITIES		
Acquisitions of property and equipment	(8,151,064)	(7,151,422)
Net sales (purchases) of investments whose use is limited	(2,073,923)	27,145,141
Proceeds from sales of property and equipment	670,838	9,709,911
Net cash provided by (used in) investing activities	(9,554,149)	29,703,630

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

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

CONSOLIDATED STATEMENTS OF CASH FLOWS
YEARS ENDED SEPTEMBER 30, 2014 AND 2013

	2014	2013
CASH FLOWS FROM FINANCING ACTIVITIES		
Principal payments on note payable	$ (4,528,488)	$ (4,351,200)
Distributions paid to noncontrolling interest	(46,581)	(42,432)
Repayment of capital leases	(69,710)	(40,919)
Net cash used in financing activities	(4,644,779)	(4,434,551)
Net (decrease) increase in cash and cash equivalents	24,955,068	44,068,156
Cash and cash equivalents at beginning of year	102,576,845	58,508,689
Cash and cash equivalents at end of year	$ 127,531,913	$ 102,576,845
Supplemental disclosure of cash flow information:		
Cash paid during the year for interest	$ 18,743,865	$ 18,819,422
Equipment acquired with financing	$ -	$ 211,800

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

1. Summary of significant accounting policies

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

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

Principles of consolidation

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

Use of estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from these estimates.

Cash and cash equivalents

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

Investments and investment income

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

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

1. Summary of significant accounting policies (continued)

Assets limited as to use

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

Patient accounts receivable

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

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

Inventories

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

Property and equipment

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

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

When assets are retired or otherwise disposed of, the costs and related accumulated depreciation are removed from the accounts, and any resulting gains and losses are recognized in the Hospital's yearly operations. The Hospital recognizes an impairment loss on property and equipment if the carrying amount is not recoverable and exceeds its fair value. For recognition and measurement of an impairment loss, property and equipment are grouped with other assets that generate distinguishable cash flows operationally and for financial reporting purposes.

1. Summary of significant accounting policies (continued)

Costs of borrowing

Interest cost incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets.

Financing costs are amortized on a straight-line basis over the period that the related obligation is outstanding.

Temporarily and permanently restricted net assets

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

Income from operations

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

Incentive payments received in connection with the implementation of electronic health records, which totaled approximately $1,747,000 and $106,000 for the years ended September 30, 2014 and 2013, respectively are included in other operating revenues.

Net patient service revenue and third party settlements

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

During the year ended, September 30, 2013, the Hospital adopted the Accounting Standards Update (ASU) 2011-07, *Healthcare Entities (Topic 954), Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Healthcare Entities*, which requires certain healthcare entities to present the provision for doubtful accounts relating to patient service revenue as a deduction from patient service revenue in the statements of operations rather than as an operating expense.

1. Summary of significant accounting policies (continued)

Net patient service revenue and third party settlements (continued)

The Hospital applied the principles surrounding balance sheet offsetting during the years ended September 30, 2014 and 2013. Therefore, the third party receivables and payables are presented separately on the accompanying consolidated balance sheets.

Charity care

The Hospital provides care to patients who meet certain criteria established under its charity care policy without charge or at rates substantially lower than its prevailing rates. The Hospital follows Accounting Standards Update (ASU) 2010-23 *Measuring Charity Care for Disclosure* which requires that cost be used as the measurement basis for charity care disclosure purposes and that cost be identified as the direct and indirect costs of providing the charity care.

Donor-restricted gifts

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

Professional liability claims

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

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

Advertising

The Hospital expenses the cost of advertising as incurred. Total advertising expenses were approximately $1,269,000 and $1,299,000 for the years ended September 30, 2014 and 2013 respectively.

1. Summary of significant accounting policies (continued)

Income taxes

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

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

The Hospital applies the accounting guidance related to accounting for uncertainty in income taxes, which sets out a consistent framework to determine the appropriate level of tax reserves to maintain for uncertain tax positions. The Hospital recognizes the effect of income tax positions only if the positions are more likely than not of being sustained. Recognized income tax positions are recorded at the largest amount that is greater than 50% likely of being realized. Changes in the recognition or measurement are reflected in the period in which the change in judgment occurs. The Hospital has evaluated its position regarding the accounting for uncertain income tax positions and does not believe that it has any material uncertain tax positions. With few exceptions, the Hospital is no longer subject to tax examinations by tax authorities for years before September 30, 2011.

Reclassifications

Certain reclassifications have been made to the 2013 financial statements to conform with the 2014 presentation.

2. Net patient service revenue

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

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

2. Net patient service revenue (continued)

- *Medicaid* - inpatient services rendered to Medicaid program beneficiaries are reimbursed at a prospectively determined rate-per-diem. These rates vary according to a patient classification system that is based on level of care and other factors. Certain extraordinary inpatient costs for children under the age of six are eligible for additional reimbursement. Disproportionate share payments to hospitals with high Medicaid utilization and unrecovered costs approximated $406,000 and $1,054,000 for the years ended September 30, 2014 and 2013 respectively.

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

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

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

Amounts receivable or payable under reimbursement agreements with the Medicare and Medicaid programs are subject to examination and retroactive adjustments. Provisions for estimated retroactive adjustments under such programs are provided for in the period the related services are rendered and adjusted in future periods as final settlements are determined. The Hospital had estimated receivables of approximately $207,000 and $904,000 and estimated payables of $200,000 and $200,000 at September 30, 2014 and 2013, respectively. As of September 30, 2014, final settlements subject to audit had been made by the Medicaid program for all years ended through September 30, 2009, and final settlements had been made by the Medicare program for all years ended through September 30, 2012.

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

Effective April 15, 2013, the Hospital entered into a Cooperative Endeavor Agreement (CEA) with the State of Louisiana Department of Health and Hospitals (DHH). The stated purposes of the CEA are to (a) provide healthcare services to the uninsured and high-risk Medicaid populations; (b) provide services that might not be otherwise available in the community; and (c) preserve the quality and quantity of medical education in Louisiana. As part of the CEA, the Hospital took over operations of the obstetrics and gynecology clinic (the Clinic) that was previously operated by Louisiana State University (LSU).

2. Net patient service revenue (continued)

Under the CEA, the Hospital will be paid 100% of its unreimbursed allowable costs associated with services provided to patients, whether insured or uninsured, of the LSU Graduate Medical Education (GME) programs and the Clinic, including patients of the neonatal intensive care unit born to patients of the LSU GME programs or the Clinic; its unreimbursed allowable cost for all costs associated with the LSU GME programs; and the cost of providing medically necessary internal medicine consultations and hospital based physician services to patients of the LSU GME programs or the Clinic when such services are not reimbursable by another payer. For the first year of the agreement, DHH is required to make quarterly interim payments to the Hospital in the amount of $2.1 million based on an initial cost analysis conducted based on estimates. Upon completion of the Hospital's annual Medicaid cost report, a reconciliation will be performed to determine if the Hospital's unreimbursed allowable costs exceeded the quarterly interim payments, at which time DHH would make an additional payment to the Hospital, or if DHH is due a refund.

The Hospital recognized $8,400,000 and $4,200,000 under the CEA agreement for the years ended September 30, 2014 and 2013 respectively. Of these amounts, $7,100,000 and $3,550,000 are reported as reductions to revenue deductions while $1,300,000 and $650,000 are reported as other operating revenue for the years ended September 30, 2014 and 2013, respectively. Outstanding receivables relating to this agreement totaled approximately $2,918,000 at September 30, 2014.

Presented below is a summary of net patient service revenue for the years ended September 30, 2014 and 2013:

	2014	2013
Gross patient service revenue	$ 430,350,656	$ 383,853,134
Less: contractual adjustments	(188,043,210)	(163,366,795)
Less: provision for doubtful accounts	(6,138,121)	(3,342,696)
Net patient service revenue	$ 236,169,325	$ 217,143,643

3. Patient accounts receivable

A summary of the patient accounts at September 30, 2014 and 2013 is as follows:

	2014	2013
Patient accounts receivable	$ 56,441,481	$ 54,167,852
Estimated allowance for doubtful accounts	(6,788,704)	(6,739,208)
Estimated allowance for contractual adjustments	(8,424,880)	(9,744,844)
Net patient accounts receivable	$ 41,227,897	$ 37,683,800

4. Investments

The composition of assets limited as to use at September 30, 2014 and 2013, is set forth in the following tables:

	2014	2013
Assets held by the trustee in accordance with bond indenture agreements:		
Cash and cash equivalents	$ 9,735,856	$ 9,681,896
U. S. Government agencies	22,887,277	22,547,151
	32,623,133	32,229,047
Less: amount classified as current	(9,257,166)	(9,257,166)
	$ 23,365,967	$ 22,971,881
Assets held by the Baton Rouge Area Foundation on behalf of the Hospital	$ 998,742	$ 980,193
Assets internally designated by the Board of Directors for funded depreciation, and Founders and Friends:		
Cash and cash equivalents	$ 260,487	$ 230,786
Bond funds	5,267,233	27,817,970
Global bond funds	25,821,222	5,760,642
International bonds	-	8,718
Structured investments	-	23,144
Equity funds	4,605,217	3,849,940
US large cap equities	24,008,272	24,346,382
US mid/small cap equities	9,448,162	9,550,701
Non US equities	30,249,633	22,415,328
Global equity	98,895	66,014
Emerging market equities	8,940,620	5,609,727
Commodities	12,499,961	12,160,200
Hedge funds	37,364,978	35,192,921
	$ 158,564,680	$ 147,032,473

4. Investments (continued)

	2014	2013
Assets restricted by donors for future capital improvements:		
Cash and cash equivalents	$ 100,572	$ 91,168
Bond funds	247,537	307,123
International bonds	-	3,456
Structured investments	-	9,175
US large cap equities	213,344	240,057
US mid/small cap equities	69,863	67,769
Non US equities	257,912	189,729
Global equities	38,303	26,170
Emerging market equities	-	23,680
Commodities	33,209	52,922
Hedge funds	289,260	238,751
	$ 1,250,000	$ 1,250,000

Investment income and gains for assets limited as to use, other investments, cash, and cash equivalents were comprised of the following during the years ended September 30, 2014 and 2013:

	2014	2013
Dividends and interest	$ 2,857,708	$ 2,174,783
Net realized gains (losses) on sales of securities	2,425,449	267,866
Unrealized gains on securities	7,445,470	9,463,764
Total investment income	$ 12,728,627	$ 11,906,413

Provided on the following page is a summary of investments which were in an unrealized loss position and the length of time that individual securities have been in a continuous loss position at September 30, 2014 and 2013. Management believes that none of the impairments are other than temporary.

4. Investments (continued)

	Less than Twelve Months		Over Twelve Months	
	Gross Unrealized Losses	Fair Value	Gross Unrealized Losses	Fair Value
As of September 30, 2014:				
Fixed Income	$ 3,000	$ 178,000	$ 3,000	$ 175,000
Global	520,000	35,061,000	-	-
Alternative investments	2,000	92,000	1,635,000	187,000
Total	$ 525,000	$ 35,331,000	$ 1,638,000	$ 362,000
As of September 30, 2013:				
Fixed Income	$ 5,000	$ 175,000	$ 17,000	$ 169,000
Securities	6,000	46,000	372,000	5,550,000
Global	-	-	378,000	5,761,000
Alternative investments	13,000	32,000	1,572,000	187,000
Total	$ 24,000	$ 253,000	$ 2,339,000	$ 11,667,000

5. Property and equipment

Property and equipment consisted of the following at September 30, 2014 and 2013:

	2014	2013
Land and land improvements	$ 12,370,011	$ 12,102,621
Buildings	365,476,967	365,080,041
Movable and other equipment	92,483,088	85,944,637
	470,330,066	463,127,299
Less: accumulated depreciation	(83,398,253)	(66,533,941)
	386,931,813	396,593,358
Construction-in-progress	357,297	73,290
Property and equipment, net	$ 387,289,110	$ 396,666,648

5. Property and equipment (continued)

Depreciation expense amounted to approximately $17,339,000 and $17,141,000 during the years ended September 30, 2014 and 2013, respectively.

The Hospital's operations moved to a newly constructed campus on August 5, 2012, while the physician office building at the new campus was occupied beginning in June 2012. All assets related to both buildings were placed into service during those months and interest was no longer capitalized as of those dates. Additionally, depreciation expense ceased being recorded on the Hospital's former campus as of August 5, 2012. The former campus was sold on July 12, 2013, and an impairment charge of approximately $3.3 million was recorded during the year ended September 30, 2013.

6. Long-term debt

During February of 2010, the Hospital completed an offering of $319,520,000 of hospital revenue bonds, $233,140,000 in Series 2010A and $86,380,000 in Series 2010B. The Series 2010 bonds are fixed rate serial bonds with rates ranging from 4.50% to 6.00% and are scheduled to mature on various dates from October 1, 2017, through October 1, 2044.

Under the terms of the revenue bond indenture, the Hospital is required to maintain certain deposits with a trustee. Such deposits are included with assets limited as to use. The revenue bond indenture also places limits on the incurrence of additional borrowings and requires that the Hospital satisfy certain measures of financial performance as long as the bonds are outstanding. The Hospital was in compliance with these covenants on September 30, 2014.

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

During December of 2010, the Hospital replaced a taxable note with a tax-exempt note with Capital One, National Association in the amount of $27,793,743. Interest on the tax-exempt note is payable at a variable interest rate equal to SIFMA plus one and a half percent (1.54% and 1.57% as of September 30, 2014 and 2013), and the note is scheduled to mature on February 9, 2017.

6. Long-term debt (continued)

A summary of long-term debt at September 30, 2014 and 2013 is as follows:

	2014	2013
Louisiana Local Government Environmental Facilities and Community Development Authority (LCDA) Hospital Revenue Bonds (Series 2010A and 2010B); due in annual installments through October 1, 2044, at interest rates ranging from 4.50% to 6.00%; secured by gross receipts and investments held by bond issuer	$ 319,520,000	$ 319,520,000
Capital One, National Association Tax-Exempt Note; due in installments through February 9, 2017, at a variable interest rate equal to SIFMA plus one and a half percent (1.54% and 1.57% as of September 30, 2014 and 2013)	11,720,271	16,248,759
	331,240,271	335,768,759
Less: current portion of long-term debt	(4,712,988)	(4,528,488)
Less: unamortized bond discount (premium)	(5,644,877)	(5,833,040)
Long-term debt, net of current maturities	$ 320,882,406	$ 325,407,231

The long-term debt is scheduled to mature as follows:

Year ending September 30th	Amount
2015	$ 4,712,988
2016	4,905,000
2017	2,102,283
2018	4,870,000
2019	5,115,000
Thereafter	309,535,000
	331,240,271
Less: current portion of long-term debt	(4,712,988)
Less: unamortized bond discount	(5,644,877)
Total long-term debt, net	$ 320,882,406

7. Capital leases

The Company financed a portion of the acquisition of breast pumps with capital leases.

The future minimum lease payments under capital lease obligations as of September 30, 2014, are as follows:

Year ending September 30,	Amount
2015	$ 75,353
2016	29,248
Total minimum lease payments	104,601
Less: amounts representing interest	(3,430)
Present value of minimum lease payments	$ 101,171

8. Insurance programs

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

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

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

9. Pension plans

The Hospital has a defined contribution retirement plan which covers substantially all employees. The Hospital contributes a percentage of the participant's annual income based on years of credited service. Employees who have completed three years of service with 1,000 eligible hours per year are 100% vested in the Employer Contribution Plan. Contributions will be deposited in participants' accounts after the end of each plan year. Expenses related to this plan totaled approximately $1,986,000 and $3,362,000 for the years ended September 30, 2014 and 2013, respectively.

9. Pension plans (continued)

The Hospital's plan also allows for contributions to a tax deferred annuity to be matched by the Hospital on a percentage of compensation that an eligible employee elects to contribute. Eligible participants receive a matching percentage on the first ten percent of the salary they contribute to the 403(b), based on years of service. The Hospital's matching contributions for this plan totaled approximately $3,015,000 and $2,995,000 for the years ended September 30, 2014 and 2013, respectively.

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

10. Business and credit concentrations

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

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

The mix of receivables from patients and third-party payors at September 30, 2014 and 2013, were as follows:

	2014	2013
Medicare	4.00%	5.12%
Medicaid	22.81%	28.26%
Commercial insurance and managed care organizations	51.35%	45.57%
Self-pay patients and other	21.84%	21.05%
	100.00%	100.00%

11. Leases

The Hospital leases various pieces of equipment and operating facilities under operating leases which expire at various dates through July 2016, as well as several leases that are month to month. Rental expenses totaled approximately $816,000 and $844,000 during the years ended September 30, 2014 and 2013, respectively.

11. Leases (continued)

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

Year ending September 30th	Amount
2015	$ 367,000
2016	62,000
2017	32,000
2018	32,000
2019	24,000
	$ 517,000

The Hospital leases office space and clinical facilities, generally to members of its medical staff, under operating leases whose terms range from one to five years. Assets held for lease consisted of buildings and improvements with original costs totaling approximately $30,834,000 and $30,767,000 at September 30, 2014 and 2013, respectively. Accumulated depreciation of the leased assets totaled $2,382,000 and $1,513,000 at September 30, 2014 and 2013, respectively.

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

Year ending September 30th	Amount
2015	$ 2,480,872
2016	2,472,134
2017	2,354,454
2018	446,332
2019	458,096
	$ 8,211,888

12. Classification of expenses

The following table approximates the classification of operating expenses incurred during the years ended September 30, 2014 and 2013:

	2014	2013
Patient related services	$ 145,972,000	$ 150,244,000
General and administrative expenses	97,803,000	80,433,000
Total operating expenses	$ 243,775,000	$ 230,677,000

13. Disclosures about the fair value of financial instruments

The *Fair Value Measurements and Disclosures* topic of FASB ASC establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value are described as follows:

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

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

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

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

Money market funds/ equity funds: valued at the net asset value (NAV) of shares held by the Hospital at year end.

Government securities: valued at prices which are derived from a model which uses actively quoted rates prepayment models and other underlying credit and collateral data.

Bonds/ commodities: valued at the closing price reported in the active market in which the financial instrument is traded.

Hedge funds: the fair values of hedge funds are determined using the net asset value per share of the investment.

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

13. Disclosures about the fair value of financial instruments (continued)

The following table presents the fair value at September 30, 2014, for each of the fair-value hierarchy levels, of the Hospital's financial assets that are measured at fair value on a recurring basis.

	Level 1	Level 2	Level 3
Money market	$ 10,096,915	$ -	$ -
Government/Agency	22,887,277	-	-
Bond funds	5,514,770	-	-
Global bond funds	25,821,222	-	-
Equity funds	4,605,217	998,742	-
US large cap equities	24,221,616	-	-
US mid/small cap equities	9,518,025	-	-
Non US equities	30,507,545	-	-
Global equities	137,198	-	-
Emerging market equities	8,940,620	-	-
Commodities	12,533,170	-	-
Hedge funds	-	37,654,238	-
	$ 154,783,575	$ 38,652,980	$ -

The following table presents the fair value at September 30, 2013, for each of the fair-value hierarchy levels, of the Hospital's financial assets that are measured at fair value on a recurring basis.

	Level 1	Level 2	Level 3
Money market	$ 10,003,850	$ -	$ -
Government/Agency	22,547,151	-	-
Bond funds	28,125,093	-	-
International bonds	12,174	-	-
Global bond funds	5,760,642	-	-
Structured investments	-	32,319	-
Equity funds	3,849,940	980,193	-
US large cap equities	24,586,439	-	-
US mid/small cap equities	9,618,470	-	-
Non US equities	22,605,057	-	-
Global equities	92,184	-	-
Emerging market equities	5,633,407	-	-
Commodities	12,213,122	-	-
Hedge funds	-	35,431,672	-
	$ 145,047,529	$ 36,444,184	$ -

13. Disclosures about the fair value of financial instruments (continued)

The following table presents the changes in fair value for the years ended September 30, 2014 and 2013, in Level 3 instruments that are measured at fair value on a recurring basis.

	Hedge Funds	Real Estate Investment Trust
Balance, September 30, 2012	$ 32,065,902	$ 47,255
Transfers out of level 3	(32,065,902)	-
Total gains for the period	-	880
Sales	-	(48,135)
Balance, September 30, 2013	-	-
Transfers out of level 3	-	-
Total gains for the period	-	-
Sales	-	-
Balance, September 30, 2014	$ -	$ -

During the year, management determined the hedge funds were level 2 investments and this resulted in a transfer of classification from level 3 to level 2.

Fair Value of Assets Measured on a Nonrecurring Basis

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

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

The following is a description of the valuation methodologies used for fair value disclosures. There have been no changes in the methodologies used at September 30, 2014 and 2013.

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

Assets limited as to use - the carrying amounts reported on the balance sheets are based on the fair value methodologies described above.

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

13. Disclosures about the fair value of financial instruments (continued)

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

	2014		2013	
	Carrying Amount	Estimated Fair Value	Carrying Amount	Estimated Fair Value
Long-term debt	$ 325,595,394	$ 369,804,024	$ 329,935,719	$ 353,672,858

14. Endowment disclosure

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

Changes in endowed net assets for the years ended September 30, 2014 and 2013:

	2014	2013
Endowment net assets - beginning of year	$ 1,250,000	$ 1,250,000
Investment Return:		
Investment income	23,575	19,083
Net appreciation	69,348	81,227
Transfer to unrestricted net assets	(92,923)	(100,310)
Endowment net assets - end of year	$ 1,250,000	$ 1,250,000

15. Commitments and contingencies

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

The hospital has several income guarantees and is obligated up to approximately $1,800,000 which will be evidenced by a note receivable from the physician to the hospital. The notes are payable within twelve months after the guarantee period. Notes receivable on the income guarantees totaled approximately $862,000 and $211,000 at September 30, 2014 and 2013, respectively.

16. Net assets

Temporarily restricted net assets at September 30, 2014 and 2013 were available to support the following programs and research grants:

	2014	2013
Employee emergency fund	$ 44,463	$ 47,027
Breast cancer outreach and education	19,715	14,715
Care for victims of sexual assault	15,000	14,660
Mother-to-child HIV transmission	28,886	52,797
Lactation program	68,783	144,128
Human donor milk programs	28,699	15,000
Post-treatment cancer care and support	17,950	21,193
Diabetes prevention and treatment	-	10,000
Pediatric sub-specialty care for critically ill infants	87,668	159,567
Research	191,422	108,784
Hurricane disaster relief	70,516	70,516
Medical staff training	2,989	2,989
Palliative care	10,744	-
Healing arts program	10,000	-
Arthritis	29,097	-
NICU play area	52,076	-
Social services	25,751	-
Mobile mammography	326,326	-
NICU	17,806	-
Other	41,894	5,931
	$ 1,089,785	$ 667,307

17. Government sponsored insurance plans

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

18. Service to the community (unaudited)

The Hospital is an active, caring member of the communities it serves. In carrying out its mission of improving the health of women and infants, the Board of Directors has established a policy under which the Hospital provides care to needy members of its communities. Following that policy, the Hospital provided health care services costing approximately $4,695,000 and $2,345,000 without charge during the years ended September 30, 2014 and 2013, respectively.

18. Service to the community (unaudited) - continued

The table presented below summarizes the estimated losses incurred by the Hospital due to inadequate payments by this program and charity care provided:

	2014	2013
Charity	$ 4,695,000	$ 4,870,000
Medicaid	22,720,000	27,527,000
	$ 27,415,000	$ 32,397,000

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

- The Hospital provided specialist and subspecialist physician call coverage for medical emergencies and clinical consultation for all patients at estimated costs to the Hospital of $2,229,000 and $1,706,000 during the years ended September 30, 2014 and 2013, respectively.

- The Hospital employs certified lactation specialists to provide new mothers with the knowledge and skills necessary to give their babies the best possible start. Estimated costs associated with this program were approximately $523,000 and $598,000 during the years ended September 30, 2014 and 2013, respectively.

- The Hospital's HIV Case Management program includes patient education, awareness of local community organizations, patient monitoring to ensure appointments are scheduled and prescriptions are filled, and documentation of outcomes. Estimated costs associated with this program were approximately $111,000 and $176,000 during the years ended September 30, 2014 and 2013, respectively.

- To further enhance health services in our community, the Hospital provides subspecialty clinics for children, which includes cardiology, gastroenterology, genetics, nephrology, neurodevelopmental, scoliosis, and urology services, as well as a diabetic clinic for adults. The unreimbursed costs for these clinics were $389,000 and $371,000 during the years ended September 30, 2014 and 2013, respectively.

- The Hospital employs hospitalists to care for patients in the Assessment Center. They perform medical screenings for patients and provide treatment for medical emergencies. The unreimbursed costs of the hospitalists were approximately $2,954,000 and $2,543,000 during the years ended September 30, 2014 and 2013, respectively.

- To assist in educating the community regarding health related issues, the Hospital sponsored 196 and 241 education programs during 2014 and 2013, respectively, in a variety of formats, including ongoing classes, health fairs, and outreach presentations. Estimated costs absorbed by the Hospital for these community programs were $446,000 and $322,000 during the years ended September 30, 2014 and 2013, respectively.

18. Service to the community (unaudited) - continued

- The Hospital contributed $5,000 for both 2014 and 2013 to the Susan G. Komen Breast Cancer Foundation. This organization raises money to support breast cancer research.

- The Hospital contributed $5,000 for both 2014 and 2013 to the March of Dimes. This organization raises money to support programs aimed at improving the health of babies.

- The Hospital provided discounted printing services to several not-for-profit organizations in the community. Discounts to these organizations were approximately $29,000 and $22,000 during the years ended September 30, 2014 and 2013 respectively.

- The Hospital contributed $130,000 and $80,000 during the years ended September 30, 2014 and 2013, respectively, to support community service organizations.

- The Hospital provided other services at no charge to rape victims costing approximately $65,000 and $61,000 during the years ended September 30, 2014 and 2013, respectively.

- The Hospital supported research programs to improve the health of women and infants and contributed to the body of scientific knowledge at large. Estimated costs to support these programs were approximately $220,000 and $302,000 during the years ended September 30, 2014 and 2013, respectively.

18. Service to the community (unaudited) - continued

The following table summarizes the community service costs from the above:

	2014	2013
Providing Benefits for Persons Living in the Community and State and Living in Poverty		
Charity care	$ 4,695,000	$ 2,345,000
Unreimbursed costs of Medicaid program	22,720,000	27,527,000
Subsidized health services		
Emergency services and clinical consultation	2,229,000	1,706,000
Lactation services	523,000	598,000
HIV case management	111,000	176,000
Subspecialty clinics	389,000	371,000
Unreimbursed hospitalists	2,954,000	2,543,000
Community education of health issues	446,000	322,000
Support of community service organizations		
Susan G. Komen breast cancer foundation	5,000	5,000
March of Dimes	5,000	5,000
Printing Services	29,000	22,000
Other grants and awards to service organizations	130,000	80,000
Subsidized health care		
Care for rape victims	65,000	61,000
Unsponsored research	220,000	302,000
Total financial commitment	$ 34,521,000	$ 36,063,000

19. Subsequent events

Management has evaluated subsequent events through the date that the financial statements were available to be issued, February 12, 2015, and determined that no additional disclosures are necessary.