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
▶ Information about Form 990 and its instructions is at *www.IRS.gov/form990*

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 10-01-2014 , and ending 09-30-2015

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
WILLIS-KNIGHTON MEDICAL CENTER

Doing business as

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

City or town, state or province, country, and ZIP or foreign postal code
SHREVEPORT, LA 711302600

D Employer identification number
72-0400933

E Telephone number
(318) 212-4000

G Gross receipts $ 1,052,933,979

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

H(a) Is this a group return for 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 WKHS COM

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

L Year of formation 1949 **M** State of legal domicile LA

Part I Summary

Activities & Governance

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	7,335
6	Total number of volunteers (estimate if necessary)	6	285
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,279,203
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	12,100	11,100
	9	Program service revenue (Part VIII, line 2g)	927,927,793	1,015,874,484
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,181,510	1,774,488
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,705,054	2,092,100
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	934,826,457	1,019,752,172
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,776,850	1,781,119
	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)	373,219,732	401,760,342
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	476,643,453	518,637,999
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	851,640,035	922,179,460
	19	Revenue less expenses Subtract line 18 from line 12	83,186,422	97,572,712
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	1,094,232,338	1,190,562,626
	21	Total liabilities (Part X, line 26)	320,919,969	374,976,770
	22	Net assets or fund balances Subtract line 21 from line 20	773,312,369	815,585,856

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2016-04-28

JAMES K ELROD PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
C WILLIAM GERARDY JR	C WILLIAM GERARDY JR			P00024591

Firm's name ▶ COLE EVANS & PETERSON — Firm's EIN ▶ 72-0506596

Firm's address ▶ POST OFFICE DRAWER 1768
SHREVEPORT, LA 711661768 — Phone no (318) 222-8367

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 $ 774,774,132 including grants of $ 1,781,119) (Revenue $ 1,012,398,775)

WILLIS-KNIGHTON MEDICAL CENTER STRIVES TO PROVIDE HIGH QUALITY, COST-EFFECTIVE MEDICAL CARE TO THE COMMUNITIES OF NORTHWEST LOUISIANA, NORTHEAST TEXAS, AND SOUTHWEST ARKANSAS THE MEDICAL CENTER OFFERS SOPHISTICATED TECHNOLOGY AND PROCEDURES THAT MAKE IT A TERTIARY CARE REFERRAL CENTER GENERAL THE MEDICAL CENTER PROVIDES 24-HOUR EMERGENCY CARE, REGARDLESS OF THE PATIENT'S ABILITY TO PAY, AT ITS FOUR HOSPITALS THE MEDICAL CENTER PROVIDES AN ORGAN TRANSPLANT PROGRAM, OBSTETRICS, COMPREHENSIVE HEART AND CANCER PROGRAMS, EXTENSIVE SURGICAL OPTIONS, LEADING-EDGE DIAGNOSTICS AS WELL AS A BROAD NETWORK OF PHYSICIANS ENCOMPASSING MOST SPECIALTIES AND SUBSPECIALTIES THE MEDICAL CENTER PROVIDES THESE SERVICES REGARDLESS OF RACE, COLOR, CREED, RELIGION, GENDER, NATIONAL ORIGIN, DISABILITY OR AGE THE MEDICAL CENTER HAD 55,964 ADMITTANCES DURING THE YEAR ENDED SEPTEMBER 30, 2015 WITH A TOTAL OF 221,416 PATIENT DAYS AND 3,720 BIRTHS THE MEDICAL CENTER PARTICIPATES IN THE MEDICAID PROGRAM AND ADMINISTERS A CHARITY CARE POLICY WHEREBY FREE OR DISCOUNTED SERVICES ARE AVAILABLE TO QUALIFIED INDIVIDUALS WITH LIMITED FINANCIAL MEANS DURING THE YEAR ENDED SEPTEMBER 30, 2015, THE MEDICAL CENTER PROVIDED AN ESTIMATED $25,100,000 IN UNREIMBURSED COSTS ATTRIBUTABLE TO CHARITY CARE (EXCLUDING PROJECT NEIGHBORHEALTH) AND AN ESTIMATED $33,800,000 IN UNREIMBURSED COSTS ATTRIBUTABLE TO MEDICAID PATIENTS THESE ESTIMATES ARE BASED ON THE MEDICAL CENTER'S OVERALL COST-TO-CHARGE RATIO IN ADDITION TO THESE SERVICES, WILLIS-KNIGHTON PROJECT NEIGHBORHEALTH OPERATES FOUR CLINICS IN COMMUNITIES THAT ARE ECONOMICALLY DISTRESSED AND/OR DESIGNATED AS MEDICALLY UNDER-SERVED AREAS WITH HEALTH PROFESSIONAL SHORTAGES SEE SCHEDULE H FOR DETAILED INFORMATION REGARDING PROJECT NEIGHBORHEALTH REGIONAL TRANSPLANT CENTER THE MEDICAL CENTER OPERATES THE JOHN C MCDONALD REGIONAL TRANSPLANT CENTER AT WILLIS-KNIGHTON MEDICAL CENTER ALL TRANSPLANT PATIENTS RECEIVE TRANSPLANTS WITHOUT REGARD TO THEIR ECONOMIC STATUS THE REGIONAL TRANSPLANT CENTER PROVIDES KIDNEY, PANCREAS, AND LIVER TRANSPLANTS SUBSTANTIALLY ALL THE COSTS OF OPERATING THE REGIONAL TRANSPLANT CENTER ARE BORNE BY WILLIS-KNIGHTON MEDICAL CENTER DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2015, 40 PATIENTS RECEIVED ORGAN TRANSPLANTS, CONSISTING OF 33 KIDNEYS (5 OF THOSE PATIENTS ALSO HAD A PANCREAS TRANSPLANT, AND 1 OF THOSE PATIENTS ALSO HAD A LIVER TRANSPLANT) AND 7 LIVERS OF THE 40 TRANSPLANT SURGERIES PERFORMED AT THE MEDICAL CENTER DURING THE YEAR ENDED SEPTEMBER 30, 2015, 33 PATIENTS WERE BENEFICIARIES OF THE MEDICARE PROGRAM AS SUCH, THESE TRANSPLANTS WERE PERFORMED AT VERY LITTLE, IF ANY, COST TO THE PATIENTS EMERGENCY CARE THE MEDICAL CENTER PROVIDES EMERGENCY SERVICES AT FOUR LOCATIONS ON A 24-HOUR BASIS STAFFED BY FULL-TIME EMERGENCY ROOM PHYSICIANS EMERGENCY PATIENTS ARE TREATED REGARDLESS OF THEIR ABILITY TO PAY DURING THE YEAR ENDED SEPTEMBER 30, 2015, THE MEDICAL CENTER'S EMERGENCY ROOMS WERE VISITED BY 184,867 PATIENTS, OF WHOM 22,733 WERE ADMITTED TO THE HOSPITAL FOR FURTHER TREATMENT WOMEN AND CHILDREN'S HEALTH THE MEDICAL CENTER PROVIDES A VARIETY OF MEDICAL SERVICES FOR WOMEN AND CHILDREN, INCLUDING OBSTETRICS, GYNECOLOGY, NEONATOLOGY, MATERNAL/FETAL HEALTH SERVICES FOR HIGH RISK PREGNANCY, PEDIATRIC INTENSIVE CARE AND PEDIATRIC SUPPORT SERVICES SUCH AS PEDIATRIC GASTROENTEROLOGY, SURGERY, AND PULMONOLOGY THESE SERVICES INCLUDE BOTH HIGH-RISK AND LOW-RISK OBSTETRICS MATERNAL TRANSPORTS ARE ACCEPTED THE LABOR AND DELIVERY (L&D) UNITS ARE DIRECTED BY BOARD CERTIFIED OB-GYN PHYSICIANS AND THE MAJORITY OF THE NURSES ARE CERTIFIED BY THE ASSOCIATION OF WOMEN'S HEALTH, OBSTETRIC & NEONATAL NURSES (AWHON) THERE WERE 3,720 BIRTHS, 8,756 OBSTETRICAL VISITS TO THE L&D UNITS, AND 3,575 OBSTETRICAL AND GYNECOLOGICAL INPATIENTS DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2015HEALTH AND WELLNESS CENTERS THE MEDICAL CENTER HAS SIX MEDICALLY-SUPERVISED HEALTH AND WELLNESS CENTERS DEDICATED TO THE PREVENTION OF HEALTH PROBLEMS, FOUR IN SHREVEPORT, ONE IN BOSSIER CITY, AND ONE IN HOMER WITH A TOTAL MEMBER ENROLLMENT AT SEPTEMBER 30, 2015 OF 5,766 THE CENTERS ARE LOCATED ON EACH OF THE FOUR HOSPITAL CAMPUSES, IN THE WK PIERRE AVENUE COMMUNITY CENTER, AND IN THE WK CLAIBORNE REGIONAL HEALTH CENTER A MEDICAL EVALUATION, INCLUDING A BLOOD CHEMISTRY WORK-UP, IS REQUIRED FOR MEMBERSHIP THE CENTERS SERVE PULMONARY AND CARDIAC REHABILITATION PATIENTS AND PROVIDE HEALTH AND WELLNESS SERVICES TO THE COMMUNITIES IN WHICH THEY ARE LOCATED NEONATAL INTENSIVE CARE UNIT WILLIS-KNIGHTON'S CENTER FOR WOMEN'S HEALTH HOUSES A 42-BED LEVEL III REGIONAL OBSTETRICAL AND NEONATAL UNIT THIS UNIT ACCEPTS REFERRALS FROM THE ARK-LA-TEX AREA AND IS SERVICED BY BOTH AIR AND GROUND EMERGENCY TRANSPORT ON A 24-HOUR BASIS THIS UNIT IS DIRECTED BY A BOARD CERTIFIED NEONATOLOGIST THE MAJORITY OF THE NURSING STAFF IS CERTIFIED BY AWHON THE AVERAGE LENGTH OF STAY PER ADMIT IS 19 7 DAYS HOSPICE HOSPICE OF LOUISIANA IS A DEPARTMENT OF WILLIS-KNIGHTON MEDICAL CENTER THAT PROVIDES COMPREHENSIVE END-OF-LIFE CARE INCLUDING SKILLED AND SUPPORTIVE SERVICES TO TERMINALLY ILL PATIENTS AND THEIR FAMILIES THE HOSPICE TEAM, UNDER THE GUIDANCE OF THE ATTENDING PHYSICIAN, FOCUSES ON THE ALLEVIATION OF THE PAIN AND DISCOMFORT CONNECTED WITH LIFE-ENDING ILLNESS QUALITY OF LIFE, EMOTIONAL AND SPIRITUAL BALANCE, SYMPTOM MANAGEMENT, AND PAIN CONTROL ARE THE GOALS THAT TEAM MEMBERS STRIVE FOR AS THEY ASSIST DYING PATIENTS AND THEIR FAMILIES BEREAVEMENT SUPPORT FOR THE IMMEDIATE FAMILY AND COMPANIONS IS PROVIDED FOR AT LEAST ONE YEAR FOLLOWING THE PATIENT'S DEATH FOR THE YEAR ENDED SEPTEMBER 30, 2015, HOSPICE OF LOUISIANA SERVED 226 PATIENTS AND THEIR FAMILIES AS DIRECT ADMITS, NOT INCLUDING VISITATION AND COUNSELING PROVIDED THROUGH PRE-ADMIT AND/OR BEREAVEMENT SERVICES THE TEAM INCLUDES REGISTERED NURSES, CERTIFIED NURSING ASSISTANTS, SOCIAL WORKERS, CHAPLAINS, VOLUNTEERS, ATTENDING PHYSICIANS, AND MEDICAL DIRECTOR BEHAVIORAL MEDICINE CENTER THE BEHAVIORAL MEDICINE CENTER AT WILLIS-KNIGHTON MEDICAL CENTER OFFERS INPATIENT AND OUTPATIENT SERVICES TO INDIVIDUALS IN NEED OF MENTAL HEALTH CARE DURING THE YEAR ENDED SEPTEMBER 30, 2015, THE BEHAVIORAL MEDICINE CENTER SPONSORED NUMEROUS INFORMATION SESSIONS FOR VARIOUS GROUPS IN THE SHREVEPORT/BOSSIER AND NORTHWEST LOUISIANA AREAS SUCH SESSIONS AMOUNTED TO APPROXIMATELY 860 HOURS AND WERE ATTENDED BY APPROXIMATELY 3,950 PEOPLE TOPICS INCLUDED MARRIAGE/FAMILY - DEVELOPMENT OF SKILLS TO ENRICH MARRIAGE AND FAMILY LIFE SELF-ESTEEM - CONCENTRATES ON HOW GOOD SELF-ESTEEM CAN ENHANCE AN INDIVIDUAL'S QUALITY OF LIFE PARENTING - FOCUSES ON APPROPRIATE PARENTING SKILLS AT VARIOUS DEVELOPMENTAL STAGES STRESS MANAGEMENT - DEVELOPING SKILLS TO COPE WITH EVERYDAY STRESSES IN LIFE PERSONAL ENRICHMENT - EMPOWERING OURSELVES TO REACH MAXIMUM POTENTIAL MOTIVATION/ATTITUDE - HOW ATTITUDE AFFECTS OUR MENTAL AND PHYSICAL HEALTH COUNSELING ISSUES/TECHNIQUES - ISSUES CONCERNING PROFESSIONAL DEVELOPMENT FOR COUNSELORS/THERAPISTS AGING - DEVELOPMENT OF A POSITIVE ATTITUDE TO DEAL WITH ISSUES OF AGING DEPRESSION/SUICIDE - ASSESSMENT OF DEPRESSION AND SUICIDE, AND LEGAL AND ETHICAL ISSUES SURROUNDING SUICIDE

4b (Code) (Expenses $ 10,916,489 including grants of $) (Revenue $ 4,386,844)

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

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

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ 785,690,621

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		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI 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		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more 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)*

			Yes	No
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic 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 or for domestic individuals 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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or 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	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or 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	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 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**	507		
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**	7,335		
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
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**		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		**7h**		No
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		**8**		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		**9a**		
b	Did the sponsoring 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**	15			
	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**	12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . .			**2**	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .			**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . .			**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .			**5**		No
6	Did the organization have members or stockholders? . . .			**6**		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . .			**7a**		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . .			**7b**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following					
a	The governing body? . . .			**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body? . . .			**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O* . . .			**9**		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates? . . .	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . .	**11a**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review 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**		No

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request ☐ 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, address, and telephone number of the person who possesses the organization's books and records
▶MR JAMES K ELROD

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

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

Check if Schedule O contains a response 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): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations

1b	**Sub-Total** . . . . ▶			
c	**Total from continuation sheets to Part VII, Section A** . . . . ▶			
d	**Total (add lines 1b and 1c)** . . . . ▶	12,384,373	6,000	357,035

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 ▶516

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SHREVEPORT ANESTHESIA SERVICE 2600 GREENWOOD ROAD SHREVEPORT, LA 71103	PHYSICIAN SERVICES	5,403,451
LSU HEALTH SCIENCES CENTER PO BOX 33932 SHREVEPORT, LA 71130	MEDICAL STAFFING	5,105,229
RED RIVER CARDIOVASCULAR SURGEONS 2751 ALBERT BICKNELL DR SUITE 5C SHREVEPORT, LA 71103	PHYSICIAN SERVICES	3,533,040
MAYO MEDICAL LABORATORIES PO BOX 9146 MINNEAPOLIS, MN 55480	LABORATORY TESTING SERVICES	3,432,708
TEG ARCHITECTS LLC 903 SPRING STREET JEFFERSONVILLE, IN 47130	ARCHITECTUAL FEES	2,472,349

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 ▶127

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					
f	All other contributions, gifts, grants, and similar amounts not included above 1f	11,100				
g	Noncash contributions included in lines 1a-1f $					
h	**Total.** Add lines 1a-1f . . . . ▶		11,100			
Program Service Revenue		Business Code				
2a	HOSPITAL SERVICES	622110	1,011,487,640	1,011,487,640		
b	RESIDENTIAL COMMUNITY	531110	4,386,844	4,386,844		
c						
d						
e						
f	All other program service revenue					
g	**Total.** Add lines 2a–2f . . . . ▶		1,015,874,484			
Other Revenue						
3	Investment income (including dividends, interest, and other similar amounts) . . . . ▶		1,676,250			1,676,250
4	Income from investment of tax-exempt bond proceeds . . ▶					
5	Royalties . . . . ▶					

		(i) Real	(ii) Personal
6a	Gross rents	2,926,991	
b	Less rental expenses	2,497,935	
c	Rental income or (loss)	429,056	

		(A)	(B)	(C)	(D)
d	Net rental income or (loss) . . . . ▶	429,056	429,056		

		(i) Securities	(ii) Other
7a	Gross amount from sales of assets other than inventory	30,710,942	71,168
b	Less cost or other basis and sales expenses	30,683,872	0
c	Gain or (loss)	27,070	71,168

			(A)	(B)	(C)	(D)
d	Net gain or (loss) . . . . ▶		98,238	98,238		
8a	Gross income from fundraising events (not including $ ______ of contributions reported on line 1c) See Part IV, line 18 . . a					
b	Less direct expenses . . . b					
c	Net income or (loss) from fundraising events . . ▶					
9a	Gross income from gaming activities See Part IV, line 19 . . . a					
b	Less direct expenses . . . b					
c	Net income or (loss) from gaming activities . . . ▶					
10a	Gross sales of inventory, less returns and allowances . a					
b	Less cost of goods sold . . b					
c	Net income or (loss) from sales of inventory . . ▶					
	Miscellaneous Revenue	Business Code				
11a	LABORATORY REVENUE	621500	526,187		526,187	
b	(LOSS) FROM SUBSIDIARY - MULTI-FA	623110	-70,802	-70,802		
c	(LOSS) FROM SUBSIDIARY - VIRGINIA	623110	-442,371	-442,371		
d	All other revenue		1,650,030	897,014	753,016	
e	**Total.** Add lines 11a–11d . . . . . . ▶		1,663,044			
12	**Total revenue.** See Instructions . . . . . ▶		1,019,752,172	1,016,785,619	1,279,203	1,676,250

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 domestic organizations and domestic governments See Part IV, line 21	1,776,437	1,776,437		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	4,682	4,682		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	5,891,309		5,891,309	
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	297,652,186	261,715,825	35,936,361	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	17,801,099	15,348,144	2,452,955	
9 Other employee benefits	54,710,759	47,171,729	7,539,030	
10 Payroll taxes	25,704,989	22,162,894	3,542,095	
11 Fees for services (non-employees)				
a Management				
b Legal	1,671,889		1,671,889	
c Accounting	2,057,769		2,057,769	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
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	1,902,611	973,761	928,850	
13 Office expenses				
14 Information technology	10,813,020		10,813,020	
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	590,349		590,349	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	55,091,052	31,068,455	24,022,597	
23 Insurance	5,403,658		5,403,658	
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 DIRECT DEPARTMENTAL EXP	403,454,864	403,454,864		
b TAXES & LICENSES	9,521,215		9,521,215	
c BUSINESS OFFICE	4,470,811		4,470,811	
d				
e All other expenses	23,660,761	2,013,830	21,646,931	
25 **Total functional expenses.** Add lines 1 through 24e	922,179,460	785,690,621	136,488,839	0
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			5,813,034	1	26,997,698
	2	Savings and temporary cash investments			164,779,181	2	246,654,347
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			132,883,301	4	121,343,845
	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			4,871,535	7	2,399,058
	8	Inventories for sale or use			21,626,553	8	23,367,228
	9	Prepaid expenses and deferred charges			4,236,493	9	3,575,953
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	1,195,757,458			
	b	Less accumulated depreciation	10b	603,947,568	567,095,754	10c	591,809,890
	11	Investments—publicly traded securities			178,520,552	11	160,259,742
	12	Investments—other securities See Part IV, line 11			12,241,757	12	12,170,959
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets			1,370,819	14	1,182,398
	15	Other assets See Part IV, line 11			793,359	15	801,508
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)			1,094,232,338	16	1,190,562,626
Liabilities	17	Accounts payable and accrued expenses			102,674,340	17	117,658,037
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			154,586,270	20	144,355,362
	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			22,748,604	23	21,898,896
	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			40,910,755	25	91,064,475
	26	**Total liabilities.** Add lines 17 through 25			320,919,969	26	374,976,770
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			773,312,369	27	815,585,856
	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets				29	
		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			773,312,369	33	815,585,856
	34	Total liabilities and net assets/fund balances			1,094,232,338	34	1,190,562,626

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	1,019,752,172
2	Total expenses (must equal Part IX, column (A), line 25)	2	922,179,460
3	Revenue less expenses Subtract line 2 from line 1	3	97,572,712
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	773,312,369
5	Net unrealized gains (losses) on investments	5	-1,128,296
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	-54,170,929
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	815,585,856

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: 72-0400933
Name: WILLIS-KNIGHTON MEDICAL CENTER

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

(A) Name and Title	(B) Average hours per week (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			
(1) JAMES K ELROD PRESIDENT/CEO/TRUSTEE	53 00	X		X				1,368,052	6,000	14,940
(1) PIERRE V BLANCHARDIV MD TRUSTEE/PHYSICIAN	40 00	X						212,224	0	7,318
(2) PHILLIP A ROZEMAN MD TRUSTEE	4 00	X						0	0	0
(3) FRANK B HUGHES MD TRUSTEE/CHAIRMAN	4 00	X						0	0	0
(4) RAND H FALBAUM TRUSTEE	4 00	X						0	0	0
(5) TWAIN K GIDDENS JR TRUSTEE/ VICE-CHAIRMAN	4 00	X						0	0	0
(6) WILLIS L MEADOWS JR TRUSTEE	4 00	X						0	0	0
(7) SAM J TALBOT TRUSTEE	4 00	X						0	0	0
(8) VINCENT MARSALA PHD TRUSTEE	4 00	X						0	0	0
(9) JOHN C MICIOTTO MD TRUSTEE	4 00	X						0	0	0
(10) GILBERT R SHANLEY CPA TRUSTEE	4 00	X						0	0	0
(11) WILLIAM J COLE CPA TRUSTEE/TREASURER	8 00	X		X				0	0	0
(12) RICHARD SALE TRUSTEE/ SECRETARY	4 00	X		X				0	0	0
(13) EUGENE W BRYSON JR TRUSTEE	4 00	X						0	0	0
(14) ELAINE SIMPKINS PHD TRUSTEE	4 00	X						0	0	0
(15) MARY JANE WARD VICE PRESIDENT OF FINANCE	40 00			X				161,000	0	20,557
(16) CHARLES D DAIGLE SR VP OF OPERATIONS & COO	40 00			X				515,298	0	23,060
(17) STEPHEN R RANDALL SR VP-SPECIAL OPERATIONS	40 00			X				324,133	0	21,500
(18) MARGARET G ELROD SR VP/IND WELLNESS/COMMUNITY	40 00			X				182,947	0	9,810
(19) JERRY A FIELDER II VP/ADMINISTRATOR WKMC	40 00			X				171,629	0	24,840
(20) CLIFFORD M BROUSSARD VP/ADMIN WK BOSSIER/QUALITY CONTROL	40 00			X				183,987	0	16,529
(21) JANET K ELROD VP/ADMIN WK SOUTH	40 00			X				182,075	0	7,533
(22) IRA L MOSS VP/ADMIN WK PIERREMONT	40 00			X				213,997	0	18,745
(23) JILL K ELROD VP OF LEGAL AFFAIRS	40 00			X				239,453	0	10,206
(24) PEGGY J GAVIN SR VP OF PHYSICIAN SERVICES	40 00			X				183,835	0	9,361

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: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(26) DEBORAH D OLDS CHIEF NURSING OFFICER	40 00			X				144,344	0	17,079
(1) RAMONA D FRYER VP OF REV/QUALITY/COMPLIAN	40 00			X				316,122	0	18,963
(2) DANIEL J MOLLER JR MD CHIEF-MEDICAL AFFAIRS-WKMC	40 00			X				432,165	0	16,003
(3) CHARLES A POWERS MD CHIEF-MED AFFAIRS-WKB	40 00			X				339,069	0	16,762
(4) RANDALL P BREWER MD PHYSICIAN	40 00					X		1,981,788	0	18,248
(5) MILAN G MODY MD PHYSICIAN	40 00					X		1,530,919	0	20,641
(6) CHRISTIAN M BRIERY MD PHYSICIAN	40 00					X		1,253,450	0	20,364
(7) CLINT M CORMIER MD PHYSICIAN	40 00					X		1,220,821	0	19,714
(8) HALIM SALIM ABOU FAYCAL MD PHYSICIAN	40 00					X		1,227,065	0	24,862

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

OMB No 1545-0047
2014
Open to Public Inspection

Name of the organization
WILLIS-KNIGHTON MEDICAL CENTER

Employer identification number
72-0400933

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

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

1 ☐ A church, convention of churches, or association of churches 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . ______

g 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 listed in your governing document?		**(v)** Amount of monetary support (see instructions)	**(vi)** Amount of other support (see instructions)
			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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI)						
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 section 501(c)(3) organization, check this box and **stop here** . . . . . ▶☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) | 14 |

15 Public support percentage for 2013 Schedule A, Part II, line 14 | 15 |

16a **33 1/3% support test—2014.** 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—2013.** 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—2014.** 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2013.** 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 VI 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI)						
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 section 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2013** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2014.** 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—2013.** 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.* . . .	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	11c		

Part IV **Supporting Organizations** (continued)

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	**1**		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*	**2**		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	**1**		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	**1**		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	**3**		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

a ☐ The organization satisfied the Activities Test Complete **line 2** below

b ☐ The organization is the parent of each of its supported organizations Complete **line 3** below

c ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	**3b**		

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	**1**		
2	Recoveries of prior-year distributions	**2**		
3	Other gross income (see instructions)	**3**		
4	Add lines 1 through 3	**4**		
5	Depreciation and depletion	**5**		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	**6**		
7	Other expenses (see instructions)	**7**		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	**8**		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	**1**		
a	Average monthly value of securities	**1a**		
b	Average monthly cash balances	**1b**		
c	Fair market value of other non-exempt-use assets	**1c**		
d	**Total** (add lines 1a, 1b, and 1c)	**1d**		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI) ____________			
2	Acquisition indebtedness applicable to non-exempt use assets	**2**		
3	Subtract line 2 from line 1d	**3**		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	**4**		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	**5**		
6	Multiply line 5 by 035	**6**		
7	Recoveries of prior-year distributions	**7**		
8	**Minimum Asset Amount** (add line 7 to line 6)	**8**		

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	**1**		
2	Enter 85% of line 1	**2**		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	**3**		
4	Enter greater of line 2 or line 3	**4**		
5	Income tax imposed in prior year	**5**		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	**6**		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009. . . . . . . ______			
b From 2010. . . . . . . ______			
c From 2011. . . . . . . ______			
d From 2012. . . . . . . ______			
e From 2013. . . . . . . ______			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 $ ______			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2015.** Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010. . . . . . . ______			
b From 2011. . . . . . . ______			
c From 2012. . . . . . . ______			
d From 2013. . . . . . . ______			
e From 2014. . . . . . . ______			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

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

OMB No 1545-0047

2014

Open to Public Inspection

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

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

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

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

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

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

Name of the organization
WILLIS-KNIGHTON MEDICAL CENTER

Employer identification number
72-0400933

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

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

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2011	**(b)** 2012	**(c)** 2013	**(d)** 2014	**(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?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
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?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		70,580
j	Total Add lines 1c through 1i			70,580
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, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
PART II-B, LINE 1	DURING THE YEAR ENDED SEPTEMBER 30, 2015, THE MEDICAL CENTER PAID DUES TOTALING $48,748 TO THE LOUISIANA STATE MEDICAL SOCIETY ON BEHALF OF DOCTORS IN THE MEDICAL CENTER'S PHYSICIAN NETWORK, WHICH CONSISTS OF PHYSICIANS EMPLOYED BY OR UNDER CONTRACT WITH THE MEDICAL CENTER A PORTION OF THE DUES, $12,187 WAS RELATED TO LOBBYING ACTIVITIES DURING THE YEAR ENDED SEPTEMBER 30, 2015, THE MEDICAL CENTER PAID DUES TOTALING $6,475 TO THE AMERICAN MEDICAL ASSOCIATION ON BEHALF OF DOCTORS IN THE MEDICAL CENTER'S PHYSICIAN NETWORK, WHICH CONSISTS OF PHYSICIANS EMPLOYED BY OR UNDER CONTRACT WITH THE MEDICAL CENTER A PORTION OF THE DUES, $3,238 WAS RELATED TO LOBBYING ACTIVITIES DURING THE YEAR ENDED SEPTEMBER 30, 2015, THE MEDICAL CENTER PAID DUES TOTALING $262,645 TO THE LOUISIANA HOSPITAL ASSOCIATION FOR THE MEDICAL CENTER'S MEMBERSHIP IN THE ASSOCIATION AND ON BEHALF OF DOCTORS IN THE MEDICAL CENTER'S PHYSICIAN NETWORK, WHICH CONSISTS OF PHYSICIANS EMPLOYED BY OR UNDER CONTRACT WITH THE MEDICAL CENTER A PORTION OF THE DUES, $55,155 WAS RELATED TO LOBBYING ACTIVITIES HEALTHCARE POLICY IS CRITICAL TO THE MISSION OF THE MEDICAL CENTER, AND ITS MANAGEMENT BELIEVES THAT HEALTHCARE PROVIDERS SHOULD PARTICIPATE IN FORMING HEALTHCARE POLICY BY INTERACTING WITH NATIONAL, STATE, AND LOCAL REPRESENTATIVES AND THEIR STAFFS, WHEN POSSIBLE, TO HELP THEM BETTER UNDERSTAND THE COMPLEXITIES AND RAMIFICATIONS OF KEY HEALTHCARE ISSUES THE MEDICAL CENTER'S MANAGEMENT IS AVAILABLE TO LAWMAKERS, GOVERNMENT OFFICIALS, AND THEIR STAFF MEMBERS, FOR INFORMATION AND OCCASIONALLY RESPONDS TO QUESTIONS AND INITIATES COMMUNICATIONS ABOUT HOW PROPOSED LAWS, POLICIES, REGULATIONS, ETC MIGHT AFFECT THE MEDICAL CENTER'S ABILITY TO DELIVER COST-EFFECTIVE, QUALITY HEALTHCARE THE AMOUNT OF TIME AND MONEY RESOURCES INVOLVED IN THESE ACTIVITIES IS INSUBSTANTIAL THE MEDICAL CENTER HAS NOT AND DOES NOT INTERVENE IN ANY POLITICAL CAMPAIGN

Part IV **Supplemental Information *(continued)***

Return Reference	Explanation

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

OMB No 1545-0047
2014
Open to Public Inspection

Name of the organization
WILLIS-KNIGHTON MEDICAL CENTER

Employer identification number
72-0400933

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of 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) Revenue 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 Revenue 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, for escrow or custodial account liability? ☐ 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	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance					
b	Contributions					
c	Net investment earnings, gains, and losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance					

2 Provide the estimated percentage of the current year end balance (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)		
	(ii) related organizations	3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part 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	1,014,170	49,722,551		50,736,721
b Buildings	8,935,474	660,477,678	347,781,116	321,632,036
c Leasehold improvements		1,905,865	1,400,390	505,475
d Equipment		363,123,768	238,890,471	124,233,297
e Other		110,577,952	15,875,591	94,702,361
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				591,809,890

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
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . ▶	

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	
CAPITAL LEASE OBLIGATIONS	917,064
INVESTMENT IN SUB - VIRGINIA HALL, INC	4,154,193
LIABILITY FOR PENSION BENEFITS	85,985,939
ARBITRAGE REBATE LIABILITY	7,279
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	91,064,475

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	1,036,472,876
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	-1,128,296		
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	-1,128,296
3	Subtract line **2e** from line **1**			3	1,037,601,172
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	-17,849,000		
c	Add lines **4a** and **4b**			4c	-17,849,000
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	1,019,752,172

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	994,199,389
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	72,019,929		
e	Add lines **2a** through **2d**			2e	72,019,929
3	Subtract line **2e** from line **1**			3	922,179,460
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	0
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	922,179,460

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 XI, LINE 4B - OTHER ADJUSTMENTS	UNRELATED BUSINESS INCOME-EXTERNAL HOUSEKEEPING, DATA PROCESSING, LAUNDRY SUBSIDIARIES EXPENSES
PART XII, LINE 2D - OTHER ADJUSTMENTS	SUBSIDIARIES INCOME/EXPENSE UNRELATED BUSINESS INCOME-EXTERNAL HOUSEKEEPING, DATA PROCESSNG, LAUNDRY FASB ASC 715-30 PENSION
FORM 990, SCHEDULE D, PART XI, LINE 4D AND PART XII, LINE 2D	PART XII, LINE 4B UNRELATED BUSINESS GROSS INCOME DATA PROCESSING 422,907 HOUSEKEEPING 74,519 LAUNDRY 261,379 SUBSIDIARIES EXPENSES (18,607,805) TOTAL (17,849,000) PART XIII, LINE 2D UNRELATED BUSINESS GROSS INCOME DATA PROCESSING (422,907) HOUSEKEEPING (74,519) LAUNDRY (261,379) SUBSIDIARIES EXPENSES 18,607,805 PENSION RELATED CHANGES 54,170,929 TOTAL 72,019,929

Part XIII **Supplemental Information** ***(continued)***

Return Reference	Explanation

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
WILLIS-KNIGHTON MEDICAL CENTER

Employer identification number
72-0400933

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	3a	Yes	
	☐ 100% ☐ 150% ☑ 200% ☐ Other ______ %			
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	3b	Yes	
	☐ 200% ☐ 250% ☐ 300% ☐ 350% ☑ 400% ☐ Other ______ %			
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used 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	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit 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)			25,132,566		25,132,566	2 730 %
b Medicaid (from Worksheet 3, column a)			95,576,935	61,769,530	33,807,405	3 670 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			120,709,501	61,769,530	58,939,971	6 400 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			5,332,258		5,332,258	0 580 %
f Health professions education (from Worksheet 5)			5,706,791		5,706,791	0 620 %
g Subsidized health services (from Worksheet 6)			2,330,983	924,593	1,406,390	0 150 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,776,437		1,776,437	0 190 %
j **Total.** Other Benefits			15,146,469	924,593	14,221,876	1 540 %
k **Total.** Add lines 7d and 7j			135,855,970	62,694,123	73,161,847	7 940 %

Part II **Community Building Activities** Complete this table 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	20,865,194			
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	0			
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	242,641,709
6	Enter Medicare allowable costs of care relating to payments on line 5	6	255,534,445
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-12,892,736

8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

Part IV **Management Companies and Joint Ventures** (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					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **4** Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)		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 letter of facility reporting group WILLIS-KNIGHTON HEALTH SYSTEM

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):

			Yes	No
	Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	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 12	3	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 significant 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 Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 12			
5	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 Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) WWW WKHS COM			
b	☐ Other website (list url)			
c	☐ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 12			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10		No
a	If "Yes" (list url)			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	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)?	12a		No
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" to line 12b, 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)*

Name of hospital facility or letter of facility reporting group WILLIS-KNIGHTON HEALTH SYSTEM

		Yes	No
Financial Assistance Policy (FAP)			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	**13**	Yes	
If "Yes," indicate the eligibility criteria explained in the FAP			
a ☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000% and FPG family income limit for eligibility for discounted care of 400 000000000000%			
b ☐ Income level other than FPG (describe in Section C)			
c ☑ Asset level			
d ☑ Medical indigency			
e ☑ Insurance status			
f ☑ Underinsurance discount			
g ☐ Residency			
h ☐ Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	**14**	Yes	
15 Explained the method for applying for financial assistance?	**15**	Yes	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a ☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b ☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c ☐ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d ☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e ☐ Other (describe in Section C)			
16 Included measures to publicize the policy within the community served by the hospital facility?	**16**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☑ The FAP was widely available on a website (list url) WWW WKHS COM			
b ☑ The FAP application form was widely available on a website (list url) WWW WKHS COM			
c ☐ A plain language summary of the FAP was widely available on a website (list url) WWW WKHS COM			
d ☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e ☐ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f ☐ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g ☐ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h ☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i ☐ Other (describe in Section C)			
Billing and Collections			
17 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 all of the actions the hospital facility or other authorized party may take upon non-payment?	**17**	Yes	
18 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(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Actions that require a legal or judicial process			
d ☐ Other similar actions (describe in Section C)			
e ☐ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

Name of hospital facility or letter of facility reporting group WILLIS-KNIGHTON HEALTH SYSTEM

		Yes	No
19 Did the hospital facility or other 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?	**19**	Yes	

If "Yes," check all actions in which the hospital facility or a third party engaged

- **a** ☑ Reporting to credit agency(ies)
- **b** ☐ Selling an individual's debt to another party
- **c** ☐ Actions that require a legal or judicial process
- **d** ☐ Other similar actions (describe in Section C)

20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (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)
- **f** ☐ None of these efforts were made

Policy Relating to Emergency Medical Care

		Yes	No
21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required 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?	**21**	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 Section C)
- **d** ☐ Other (describe in Section C)

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

22 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 Section C)

		Yes	No
23 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? If "Yes," explain in Section C	**23**		No
24 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? If "Yes," explain in Section C	**24**		No

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

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? 4

	Name and address	Type of Facility (describe)
1	OUTPATIENT CLINICS VARIOUS LOCATIONS SHREVEPORT,LA 71130	OUTPATIENT CLINICS
2	THE OAKS OF LOUISIANA 600 EAST FLOURNOY LUCUS ROAD SHREVEPORT,LA 71115	RESIDENTIAL COMMUNITY FOR ADULTS AGE 55 AND OVER
3	SAVANNAH AT THE OAKS 600 EAST FLOURNOY LUCUS ROAD SHREVEPORT,LA 71115	ASSISTED LIVING FACILITY
4	EXTENDED CARE CENTER 2550 KINGS HIGHWAY SHREVEPORT,LA 71103	SUBACUTE REHABILITATION
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

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

Form and Line Reference	Explanation
PART III, LINE 4	THE MEDICAL CENTER MAINTAINS AN ALLOWANCE FOR DOUBTFUL PATIENT ACCOUNTS RECEIVABLE BASED ON MANAGEMENT'S ASSESSMENT OF COLLECTABILITY, CURRENT ECONOMIC CONDITIONS, AND PRIOR EXPERIENCE AS MANAGEMENT DETERMINES THE COLLECTION OF SPECIFIC PATIENT ACCOUNTS TO BE DOUBTFUL, SUCH ACCOUNTS ARE WRITTEN OFF AGAINST THE ALLOWANCE BASED ON THIS ANALYSIS, BAD DEBT EXPENSE AS A PERCENTAGE OF GROSS PATIENT BILLINGS (EXCLUDING MEDICARE CHARGES, MEDICAID CHARGES, AND CHARITY CARE) WAS 6 0 PERCENT AND 6 3 PERCENT FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND SEPTEMBER 30, 2014, RESPECTIVELY

Form and Line Reference	Explanation
PART III, LINE 8	THE MEDICAL CENTER HAS NOT TO DATE INCLUDED MEDICARE SHORTFALLS IN ANY PUBLIC REPRESENTATION OF ITS COMMUNITY BENEFITS THE MEDICAL CENTER IS AWARE OF THE VARIOUS ARGUMENTS CIRCULATING WITH REGARDS TO WHETHER THE SO CALLED MEDICARE SHORTFALL SHOULD BE IN WHOLE OR PART TREATED AS A COMMUNITY BENEFIT THE MOST COMPELLING OF THE PROPONENTS' ARGUMENTS IS THAT BECAUSE TAX EXEMPT HOSPITALS MUST SERVE MEDICARE BENEFICIARIES AT NONNEGOTIABLE RATES SET BY THE GOVERNMENT, SHORTFALLS RESULT FROM UNDERPAYMENTS AND AS SUCH ARE UNAVOIDABLE COMMUNITY BENEFITS OPPONENTS ARGUE SHORTFALLS ARE RELATED TO EFFICIENCY THE MEDICAL CENTER IS CONFIDENT THAT ITS MEDICARE SHORTFALL IS NOT ATTRIBUTABLE TO INEFFICIENCIES BUT INSTEAD TO UNDERPAYMENTS FOR COSTS OF PROVIDING HIGH QUALITY MEDICAL CARE AND PATIENT SERVICES BY AN APPROPRIATE NUMBER OF COMPETENT STAFF IN HIGH QUALITY WELL EQUIPPED FACILITIES THE COSTING METHODOLOGY USED TO DETERMINE THE MEDICARE ALLOWABLE COSTS REPORTED IN THE MEDICARE COST REPORT IS BASED ON REGULATORY REQUIREMENTS AND GUIDELINES

Form and Line Reference	Explanation
PART III, LINE 9B	1 MONTHLY STATEMENTS ARE GENERATED AND MAILED BY THE MEDICAL CENTER TO KEEP PATIENTS/GUARANTORS INFORMED OF OUTSTANDING ACCOUNT BALANCES STATEMENT MESSAGES ARE GENERATED FOR EACH ACCOUNT THAT LET THE PATIENT/GUARANTOR KNOW IF THE BALANCE IS PENDING PAYMENT FROM THEIR INSURANCE CARRIER OR DEEMED TO BE THE PATIENT'S RESPONSIBILITY 2 THE ACCOUNTS RECEIVABLE FILE IS REVIEWED WEEKLY FOR ACCOUNTS THAT HAVE AN OUTSTANDING BALANCE SHOWN TO BE THE PATIENT/GUARANTOR'S RESPONSIBILITY AN ACCOUNT IS CONSIDERED TO BE IN THE EARLY STAGES OF DELINQUENCY ONCE IT BECOMES 90 DAYS OLD, RECEIVED AT LEAST THREE STATEMENTS FROM THE HEALTH SYSTEM AND IT HAS BEEN GREATER THAN 45 DAYS SINCE THE LAST PAYMENT WAS RECEIVED FROM INSURANCE OR THE PATIENT/GUARANTOR 3 ACCOUNTS MEETING THE ABOVE CRITERIA ARE REFERRED FOR COLLECTION TO PINNACLE HEALTHCARE GROUP FOR FOLLOW UP WITH THE PATIENT/GUARANTOR PINNACLE HEALTHCARE GROUP WILL ATTEMPT TO COLLECT THE OUTSTANDING BALANCE FOR A PERIOD OF 75 DAYS PINNACLE HEALTHCARE GROUP COLLECTION EFFORTS WILL INCLUDE BOTH PHONE AND WRITTEN COMMUNICATIONS PAYMENTS AND PATIENT CORRESPONDENCE WILL BE DIRECTED TO WILLIS-KNIGHTON HEALTH SYSTEM, NOT PINNACLE HEALTHCARE GROUP 4 PINNACLE HEALTHCARE GROUP WILL RETURN FILES TO WILLIS-KNIGHTON HEALTH SYSTEM AT THE END OF THE 75 DAY PERIOD WITH STATUS INFORMATION AS FOLLOWS A RETURNED WITH A PAYMENT ARRANGEMENT - ACCOUNTS ARE MAINTAINED IN HOUSE AND MONITORED BY THE BUSINESS OFFICE THE BAD DEBT AGENCY IS CHANGED FROM SP-PHG TO WK-REG STATEMENTS ARE GENERATED AND MAILED TO THE PATIENT/GUARANTOR MONTHLY ACCOUNTS ARE MONITORED MONTHLY AND WILL BE REFERRED TO AN OUTSIDE COLLECTION AGENCY IF THE PATIENT/GUARANTOR DEFAULTS ON THE PAYMENT AGREEMENT B RETURNED WITH NO PAYMENT ARRANGEMENT - ACCOUNTS ARE REFERRED TO THE CREDIT BUREAU FOR BAD DEBT COLLECTIONS REGARDLESS OF THE PAYER CLASS

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

Form and Line Reference	Explanation
PART VI, LINE 3	WILLIS-KNIGHTON HEALTH SYSTEM IS COMMITTED TO PROVIDING CHARITY CARE TO PERSONS WHO HAVE HEALTHCARE NEEDS AND ARE UNINSURED, UNDERINSURED, INELIGIBLE FOR A GOVERNMENT PROGRAM, OR OTHERWISE UNABLE TO PAY FOR MEDICALLY NECESSARY CARE CONSISTENT WITH ITS MISSION TO DELIVER COMPASSIONATE, HIGH QUALITY, AFFORDABLE HEALTHCARE SERVICES AND TO BE AN ADVOCATE FOR THOSE WHO ARE MOST IN NEED, WILLIS-KNIGHTON HEALTH SYSTEM STRIVES TO ENSURE THAT THE FINANCIAL CAPACITY OF PEOPLE WHO NEED HEALTH CARE SERVICES DOES NOT PREVENT THEM FROM SEEKING OR RECEIVING CARE PATIENTS ARE EXPECTED TO COOPERATE WITH WILLIS-KNIGHTON HEALTH SYSTEM'S PROCEDURES FOR OBTAINING CHARITY OR OTHER FORMS OF PAYMENT OR FINANCIAL ASSISTANCE, AND TO CONTRIBUTE TO THE COST OF THEIR CARE BASED ON THEIR INDIVIDUAL ABILITY TO PAY

Form and Line Reference	Explanation
PART VI, LINE 4	WILLIS-KNIGHTON'S PRIMARY SERVICE AREA COVERS AN APPROXIMATE 35 MILE RADIUS OF SHREVEPORT, COVERING THE LOUISIANA PARISHES OF CADDO, BOSSIER, WEBSTER, CLAIBORNE, RED RIVER, DESOTO AND BIENVILLE, AND WHICH HAD A 2014 ESTIMATED POPULATION OF APPROXIMATELY 484,108 PERSONS THE MEDIAN HOUSEHOLD INCOME ACCORDING TO THE 2014 U S CENSUS DATA FOR SHREVEPORT IS $41,053 THE MEDIAN HOUSEHOLD INCOME ACCORDING TO THE 2014 U S CENSUS DATA FOR BOSSIER PARISH IS $53,248

Form and Line Reference	Explanation
PART VI, LINE 5	OTHER COMMUNITY BENEFITS PROJECT NEIGHBORHEALTH - OVERVIEWDURING 1995, THE MEDICAL CENTER BEGAN A PROGRAM KNOWN AS "PROJECT NEIGHBORHEALTH " THE PROGRAM'S PURPOSE IS TO PROMOTE HEA LTH AND WELL-BEING IN COMMUNITIES THAT ARE ECONOMICALLY DISTRESSED AND/OR DESIGNATED AS ME DICALLY UNDER-SERVED, HEALTH-PROFESSIONAL-SHORTAGE AREAS THE PROGRAM PROVIDES FREE COMMUN ITY PROGRAMS INCLUDING ANTI-DRUG/GANG PROGRAMS, LIFE SKILLS TRAINING, MENTORING PROGRAMS, NUTRITIONAL COUNSELING, POLICE COMMUNITY FORUMS, AND OTHER COMMUNITY-RELATED PROGRAMS AS PART OF PROJECT NEIGHBORHEALTH, THE MEDICAL CENTER OPERATES THE FOLLOWING CLINICS SIMPKIN S COMMUNITY HEALTH & EDUCATION CENTER, WK PIERRE AVENUE HEALTH & WELLNESS CENTER, WK BRADL EY MEDICAL CLINIC, WK OIL CITY MEDICAL CLINIC AND WK COMMUNITY EDUCATION CENTER SIMPKINS C OMMUNITY HEALTH & EDUCATION CENTERPROJECT NEIGHBORHEALTH ON SEPTEMBER 1, 1995, AT A COST OF APPROXIMATELY $1,300,000, THE MEDICAL CENTER OPENED A 6,463 SQUARE FOOT, FEDERALLY DESI GNATED INDIGENT CARE MEDICAL CLINIC AND A 3,914 SQUARE FOOT COMMUNITY EDUCATION BUILDING O N SHREVEPORT-BLANCHARD ROAD AT DR MARTIN LUTHER KING DRIVE IN SHREVEPORT, LOUISIANA LOCA TED IN AN ECONOMICALLY DISTRESSED COMMUNITY, THESE FACILITIES ARE CONVENIENT TO AND PRIMAR ILY FOR THE BENEFIT OF THE PEOPLE IN THAT COMMUNITY SERVICES ARE PROVIDED WITHOUT REGARD TO THE PATIENTS' ABILITY TO PAY THE LOCATION OF THE CLINIC (CENSUS TRACT 246 IN THE DR M ARTIN LUTHER KING DRIVE AREA IN CADDO PARISH) WAS DESIGNATED BY THE DEPARTMENT OF HEALTH A ND HOSPITALS AS A HEALTH-PROFESSIONAL-SHORTAGE AREA AND AS A MEDICALLY UNDER-SERVED AREA PRIOR TO THE CLINIC'S OPENING, THIS AREA WAS THE SECOND LARGEST CONTIGUOUS POPULATION OF M EDICALLY UNDER-SERVED PEOPLE IN THE UNITED STATES THE CLINIC HAS AN EMERGENCY AND SPECIAL PROCEDURES ROOM, AN X-RAY DEPARTMENT, AND A FULLY EQUIPPED LABORATORY AND DENTAL FACILITY PREVENTATIVE CARE PROGRAMS INCLUDE BLOOD PRESSURE CHECKS, HEALTH SCREENINGS, IMMUNIZATIO NS, AND DIABETES COUNSELING THE CLINIC'S STAFF INCLUDES 2 PART-TIME FAMILY PRACTICE PHYSI CIANS, A PART-TIME NURSE PRACTITIONER, AND SUPPORT STAFF THE CLINIC HAD 3,869 MEDICAL PAT IENT VISITS DURING THE YEAR ENDED SEPTEMBER 30, 2015 THE EDUCATION FACILITY HOUSES CLASSR OOMS, AN AUDITORIUM, A NURSERY, A CONFERENCE ROOM, AND A LIBRARY WITH STUDY AREAS WK PIERR E AVENUE COMMUNITY HEALTH & WELLNESS CENTERPROJECT NEIGHBORHEALTH ON AUGUST 1, 1998, THE MEDICAL CENTER OPENED A 15,062 SQUARE FOOT MEDICAL CLINIC KNOWN AS THE "WK PIERRE AVENUE C OMMUNITY CENTER" ON PIERRE AVENUE IN SHREVEPORT AT A COST OF APPROXIMATELY $1,375,000 LOC ATED IN AN ECONOMICALLY DISTRESSED COMMUNITY, THIS FACILITY IS CONVENIENT TO AND PRIMARILY FOR THE BENEFIT OF THE PEOPLE IN THAT COMMUNITY THIS FACILITY ALSO CONTAINS A HEALTH AND FITNESS CENTER THE MEDICAL CENTER PROVIDES EQUIPMENT AND MEDICAL STAFF FOR THE CLINIC T HE CLINIC'S STAFF INCLUDES 2 PART-TIME FAMILY PRACTICE PHYSICIANS, A PART-TIME PHYSICIAN A SSISTANT, AND SUPPORT STAFF THE CLINIC HAD 3,831 MEDICAL PATIENTS DURING THE YEAR ENDED S EPTEMBER 30, 2015 WK BRADLEY MEDICAL CLINIC ON AUGUST 24, 1998, THE MEDICAL CENTER OPENED A 3,915 SQUARE FOOT MEDICAL CLINIC KNOWN AS THE "WK BRADLEY MEDICAL CLINIC" IN BRADLEY, A RKANSAS AT A COST OF APPROXIMATELY $140,000 LOCATED IN AN ECONOMICALLY DISTRESSED COMMUNI TY, THIS FACILITY IS CONVENIENT TO AND PRIMARILY FOR THE BENEFIT OF THE PEOPLE IN THAT COM MUNITY THE MEDICAL CENTER PROVIDES EQUIPMENT AND MEDICAL STAFF FOR THE CLINIC THE CLINIC 'S STAFF INCLUDES A NURSE PRACTITIONER AND VARIOUS SUPPORT STAFF THE CLINIC HAD 1,796 MED ICAL PATIENTS DURING THE YEAR ENDED SEPTEMBER 30, 2015 PROJECT NEIGHBORHEALTH DURING THE YEAR ENDED SEPTEMBER 30, 2015, UNDER PROJECT NEIGHBORHEALTH, THE MEDICAL CENTER PROVIDED OVER 3,000 HOURS TO COMMUNITY SERVICES/PROJECTS AT NO COST TO THE RECIPIENTS BY 3 FULL-TIM E EMPLOYEES, 1 PART-TIME EMPLOYEE, AND VOLUNTEERS IN ADDITION TO HOURS PROVIDED BY VARIOUS DEPARTMENTS WITHIN THE MEDICAL CENTER OTHER COMMUNITY SERVICESTHE MEDICAL CENTER MAKES AV AILABLE, FREE-OF-CHARGE, MEETING SPACE TO OUTSIDE COMMUNITY OUTREACH ORGANIZATIONS SUCH AS QUEENSBOROUGH NEIGHBORHOOD ASSOCIATION, BOSSIER MEDICAL SOCIETY, CADDO PARISH SHERIFF'S O FFICE, ICE (INNER CITY ENTREPRENEUR), NORTH LOUISIANA AHEC, LIFESHARE BLOOD CENTER, LSU PS YCHIATRY PROGRAM, TEXAS WESLEYAN UNIVERSITY CRNA PROGRAM, NORTHWEST LOUISIANA COALITION FO R WOMEN AND CHILDREN, NORTHWEST LOUISIANA INTERFAITH PHARMACY, VOLUNTEERS FOR YOUTH JUSTIC E, UNITED WAY, ALLIANCE FOR EDUCATION AND OTHER CHARITABLE AND GOVERNMENTAL ORGANIZATIONS ROOMS ARE ALSO PROVIDED FOR OFF CAMPUS CLASSES TAUGHT BY BOSSIER PARISH COMMUNITY COLLEGE AT THE WK CAREER INSTITUTE THE MEDICAL CENTER OFFERS EXTENSIVE ONLINE HEALTH INFORMATION ON ITS WEB SITE FREE HEALTH INFORMATION IS AVAILABLE, TARGETED TO BOTH ADULTS AND CHILDRE N INFORMATION FOR ADULTS INCLUDES A HEALTH LIBRARY, DRUG INTERACTION CHECKER, NUTRITION A ND WELLNESS INFORMATION AND DESCRIPTION OF PROCEDU

Form and Line Reference	Explanation
PART VI, LINE 5	RES, WRITTEN BY HEALTH PROFESSIONALS AND REVIEWED AND UPDATED REGULARLY THE MEDICAL CENTE R ALSO PARTNERS WITH THE NEMOURS FOUNDATION TO OFFER KIDSHEALTH, A HEALTH AND WELLNESS INF ORMATION SITE TARGETED TO CHILDREN, TEENS AND THEIR PARENTS THE WILLIS-KNIGHTON CANCER CE NTER WEB SITE OFFERS INFORMATION ON VARIOUS TYPES OF CANCER AND TREATMENTS AS WELL AS AN U PDATED LIST OF CLINICAL TRIALS DURING THE PAST YEAR THE MEDICAL CENTER'S ON-LINE HEALTH L IBRARY ATTRACTED 666,579 VISITS FROM A TOTAL OF 480,996 VISITORS KIDSHEALTH ATTRACTED OVE R 3,548,235 VISITS IMMUNIZATIONS FOR CHILDREN WILLIS-KNIGHTON PROVIDES A MOBILE UNIT THAT OFFERS "SHOTS FOR TOTS" USING ITS MOBILE VAN AND STAFF, VACCINES ARE TAKEN TO VARIOUS NEI GHBORHOODS TO MAKE THEM CONVENIENT FOR PARENTS UNDER THIS PROGRAM, ANY CHILD MAY RECEIVE IMMUNIZATION SHOTS, FREE OF CHARGE, FOR MEASLES, MUMPS, RUBELLA, DIPHTHERIA, PERTUSSIS, TE TANUS, HEPATITIS B, POLIO, MENINGITIS, FLU, AND CHICKEN POX THE MEDICAL CENTER SUBSIDIZES ALL EXPENSES OF THE PROGRAM EXCEPT THE VACCINE, WHICH IS PROVIDED BY THE LOUISIANA DEPART MENT OF PUBLIC HEALTH DURING THE YEAR ENDED SEPTEMBER 30, 2015, THE MEDICAL CENTER IMMUNI ZED 1,004 PATIENTS UNDER THIS PROGRAM HEALTH PROFESSIONS EDUCATIONTHE MEDICAL CENTER PROVI DES VARIOUS EDUCATION PROGRAMS THAT RESULT IN HEALTHCARE PROFESSIONALS RECEIVING DEGREES, CERTIFICATES OR TRAINING THAT IS NECESSARY TO BE LICENSED TO PRACTICE AS HEALTH CARE PROFE SSIONALS WHILE THE MEDICAL CENTER ALSO PROVIDES A VARIETY OF EDUCATION, TRAINING AND STIP END PROGRAMS THAT ARE EXCLUSIVE TO THE MEDICAL CENTER'S EMPLOYEES AND MEDICAL STAFF, THOSE COSTS ARE NOT INCLUDED IN THIS CATEGORY THE MEDICAL CENTER MAINTAINS AN ASSOCIATION WITH LSU HEALTH SCIENCES CENTER (A PUBLIC TEACHING, RESEARCH, AND INDIGENT CARE FACILITY) BY P ROVIDING GRANTS, ASSISTANCE WITH RESIDENTS AND FELLOWS, ALONG WITH UNDERWRITING THE COST O F CLINICAL SETTINGS FOR TRAINING AND INTERSHIPS FOR A VARIETY OF OTHER HEALTH PROFESSIONAL S SPORTS MEDICINESPORTS MEDICINE EXPERTS AT WILLIS-KNIGHTON SPORTS MEDICINE WORK WITH ATHL ETES ON THE PREVENTION AND TREATMENT OF SPORTS-RELATED INJURIES, HELPING THEM TO MAINTAIN A HEALTHY LIFESTYLE THIS SERVICE IS OFFERED TO VARIOUS SCHOOLS AND PROGRAMS THROUGHOUT TH E LOCAL AREA

Additional Data

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

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
PART V, SECTION B	FACILITY REPORTING GROUP A

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
FACILITY REPORTING GROUP A CONSISTS OF	- FACILITY 1 WILLIS-KNIGHTON MEDICAL CENTER, - FACILITY 4 WILLIS-KNIGHTON SOUTH, - FACILITY 3 WK BOSSIER HEALTH CENTER, - FACILITY 2 WK PIERREMONT HEALTH CENTER

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
WILLIS-KNIGHTON HEALTH SYSTEM PART V, SECTION B, LINE 16A WEBSITE	WWW WKHS COM

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
WILLIS-KNIGHTON HEALTH SYSTEM PART V, SECTION B, LINE 16B WEBSITE	WWW WKHS COM

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
GROUP A-FACILITY 1 -- WILLIS-KNIGHTON MEDICAL CENTER PART V, SECTION B, LINE 5	CONDUCTED 17 INTERVIEWS (LIST OF INTERVIEWEES FOLLOWS) WITH THE THREE GROUPS OUTLINED IN IRS NOTICE 2011-52 DISCUSSED THE HEALTH NEEDS OF THE COMMUNITY, ACCESS ISSUES, BARRIERS AND ISSUES RELATED TO SPECIFIC POPULATIONS GATHERED BACKGROUND INFORMATION, INCLUDING CREDENTIALS, ON EACH INTERVIEWEE SHERRI BUFFINGTON, STATE SENATOR DISTRICT 38(CADDO AND DESOTO PARISH), VICE CHAIR HEALTH & WELFAREBARROW PEACOCK, STATE SENATOR DISTICT 37 (SHREVEPORT AND BOSSIER PARISH)WILLIS BRADFORD, WILLIS-KNIGHTON DIRECTOR OF PROJECT NEIGHBORHEALTHMARTHA MARAK, DIRECTOR OF THE FOOD BANK OF NORTHWEST LOUISIANADR DAN MOLLER, CMO, WILLIS-KNIGHTON HEALTH SYSTEMDR ANIL NANDA, NEUROSURGEON, LSU HEALTH - SHREVEPORTDR CHARLES POWERS, CMO - WILLIS-KNIGHTON BOSSIER HOSPITALRON WEBB, CITY COUNCILMAN, DISTRICT E, CITY OF SHREVEPORTDR MARTHA WHYTE, DIRECTOR - DEPARTMENT OF PUBLIC HEALTH REGION 7BRIDGET CAUSEY, RN, BSN, NURSING SUPERVISOR, CADDO PARISH PUBLIC SCHOOLSWILLIE WHITE, CEO OF DAVID RAINES COMMUNITY HEALTH CENTERSDR JOHN MICIOTTO, RETIRED OB/GYN, FORMER MEDICAL DIRECTOR, NORTHWEST LOUISIANA DEPT OF HEALTHANTHONY MARTIN, DIRECTOR - WILLIS-KNIGHTON HOME HEALTH/HOSPICETIM WILCOX, DIRECTOR - WILLIS-KNIGHTON BEHAVIORAL HEALTHC O SIMPKINS, SR , DDS - COMMUNITY LEADER, EX-CITY COUNCILMANBRUCE WILSON, DIRECTOR - UNITED WAY OF NORTHWEST LOUISIANADR PHILLIP ROZEMAN, CARDIOLOGIST, COMMUNITY LEADER

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
GROUP A-FACILITY 1 -- WILLIS-KNIGHTON MEDICAL CENTER PART V, SECTION B, LINE 6A	WK PIERREMONT HEALTH CENTERWK BOSSIER HEALTH CENTERWILLIS-KNIGHTON SOUTH

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
GROUP A-FACILITY 2 -- WK PIERREMONT HEALTH CENTER PART V, SECTION B, LINE 5	CONDUCTED 17 INTERVIEWS (LIST OF INTERVIEWEES FOLLOWS) WITH THE THREE GROUPS OUTLINED IN IRS NOTICE 2011-52 DISCUSSED THE HEALTH NEEDS OF THE COMMUNITY, ACCESS ISSUES, BARRIERS AND ISSUES RELATED TO SPECIFIC POPULATIONS GATHERED BACKGROUND INFORMATION, INCLUDING CREDENTIALS, ON EACH INTERVIEWEE SHERRI BUFFINGTON, STATE SENATOR DISTRICT 38(CADDO AND DESOTO PARISH), VICE CHAIR HEALTH & WELFAREBARROW PEACOCK, STATE SENATOR DISTICT 37 (SHREVEPORT AND BOSSIER PARISH)WILLIS BRADFORD, WILLIS-KNIGHTON DIRECTOR OF PROJECT NEIGHBORHEALTHMARTHA MARAK, DIRECTOR OF THE FOOD BANK OF NORTHWEST LOUISIANADR DAN MOLLER, CMO, WILLIS-KNIGHTON HEALTH SYSTEMDR ANIL NANDA, NEUROSURGEON, LSU HEALTH - SHREVEPORTDR CHARLES POWERS, CMO - WILLIS-KNIGHTON BOSSIER HOSPITALRON WEBB, CITY COUNCILMAN, DISTRICT E, CITY OF SHREVEPORTDR MARTHA WHYTE, DIRECTOR - DEPARTMENT OF PUBLIC HEALTH REGION 7BRIDGET CAUSEY, RN, BSN, NURSING SUPERVISOR, CADDO PARISH PUBLIC SCHOOLSWILLIE WHITE, CEO OF DAVID RAINES COMMUNITY HEALTH CENTERSDR JOHN MICIOTTO, RETIRED OB/GYN, FORMER MEDICAL DIRECTOR, NORTHWEST LOUISIANA DEPT OF HEALTHANTHONY MARTIN, DIRECTOR - WILLIS-KNIGHTON HOME HEALTH/HOSPICETIM WILCOX, DIRECTOR - WILLIS-KNIGHTON BEHAVIORAL HEALTHC O SIMPKINS, SR , DDS - COMMUNITY LEADER, EX-CITY COUNCILMANBRUCE WILSON, DIRECTOR - UNITED WAY OF NORTHWEST LOUISIANADR PHILLIP ROZEMAN, CARDIOLOGIST, COMMUNITY LEADER

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
GROUP A-FACILITY 2 -- WK PIERREMONT HEALTH CENTER PART V, SECTION B, LINE 6A	WILLIS-KNIGHTON MEDICAL CENTERWK BOSSIER HEALTH CENTERWILLIS-KNIGHTON SOUTH

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
GROUP A-FACILITY 3 -- WK BOSSIER HEALTH CENTER PART V, SECTION B, LINE 5	CONDUCTED 17 INTERVIEWS (LIST OF INTERVIEWEES FOLLOWS) WITH THE THREE GROUPS OUTLINED IN IRS NOTICE 2011-52 DISCUSSED THE HEALTH NEEDS OF THE COMMUNITY, ACCESS ISSUES, BARRIERS AND ISSUES RELATED TO SPECIFIC POPULATIONS GATHERED BACKGROUND INFORMATION, INCLUDING CREDENTIALS, ON EACH INTERVIEWEE SHERRI BUFFINGTON, STATE SENATOR DISTRICT 38(CADDO AND DESOTO PARISH), VICE CHAIR HEALTH & WELFAREBARROW PEACOCK, STATE SENATOR DISTICT 37 (SHREVEPORT AND BOSSIER PARISH)WILLIS BRADFORD, WILLIS-KNIGHTON DIRECTOR OF PROJECT NEIGHBORHEALTHMARTHA MARAK, DIRECTOR OF THE FOOD BANK OF NORTHWEST LOUISIANADR DAN MOLLER, CMO, WILLIS-KNIGHTON HEALTH SYSTEMDR ANIL NANDA, NEUROSURGEON, LSU HEALTH - SHREVEPORTDR CHARLES POWERS, CMO - WILLIS-KNIGHTON BOSSIER HOSPITALRON WEBB, CITY COUNCILMAN, DISTRICT E, CITY OF SHREVEPORTDR MARTHA WHYTE, DIRECTOR - DEPARTMENT OF PUBLIC HEALTH REGION 7BRIDGET CAUSEY, RN, BSN, NURSING SUPERVISOR, CADDO PARISH PUBLIC SCHOOLSWILLIE WHITE, CEO OF DAVID RAINES COMMUNITY HEALTH CENTERSDR JOHN MICIOTTO, RETIRED OB/GYN, FORMER MEDICAL DIRECTOR, NORTHWEST LOUISIANA DEPT OF HEALTHANTHONY MARTIN, DIRECTOR - WILLIS-KNIGHTON HOME HEALTH/HOSPICETIM WILCOX, DIRECTOR - WILLIS-KNIGHTON BEHAVIORAL HEALTHC O SIMPKINS, SR , DDS - COMMUNITY LEADER, EX-CITY COUNCILMANBRUCE WILSON, DIRECTOR - UNITED WAY OF NORTHWEST LOUISIANADR PHILLIP ROZEMAN, CARDIOLOGIST, COMMUNITY LEADER

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
GROUP A-FACILITY 3 -- WK BOSSIER HEALTH CENTER PART V, SECTION B, LINE 6A	WILLIS-KNIGHTON MEDICAL CENTERWK PIERREMONT HEALTH CENTERWILLIS-KNIGHTON SOUTH

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
GROUP A-FACILITY 4 -- WILLIS-KNIGHTON SOUTH PART V, SECTION B, LINE 5	CONDUCTED 17 INTERVIEWS (LIST OF INTERVIEWEES FOLLOWS) WITH THE THREE GROUPS OUTLINED IN IRS NOTICE 2011-52 DISCUSSED THE HEALTH NEEDS OF THE COMMUNITY, ACCESS ISSUES, BARRIERS AND ISSUES RELATED TO SPECIFIC POPULATIONS GATHERED BACKGROUND INFORMATION, INCLUDING CREDENTIALS, ON EACH INTERVIEWEE SHERRI BUFFINGTON, STATE SENATOR DISTRICT 38(CADDO AND DESOTO PARISH), VICE CHAIR HEALTH & WELFAREBARROW PEACOCK, STATE SENATOR DISTICT 37 (SHREVEPORT AND BOSSIER PARISH)WILLIS BRADFORD, WILLIS-KNIGHTON DIRECTOR OF PROJECT NEIGHBORHEALTHMARTHA MARAK, DIRECTOR OF THE FOOD BANK OF NORTHWEST LOUISIANADR DAN MOLLER, CMO, WILLIS-KNIGHTON HEALTH SYSTEMDR ANIL NANDA, NEUROSURGEON, LSU HEALTH - SHREVEPORTDR CHARLES POWERS, CMO - WILLIS-KNIGHTON BOSSIER HOSPITALRON WEBB, CITY COUNCILMAN, DISTRICT E, CITY OF SHREVEPORTDR MARTHA WHYTE, DIRECTOR - DEPARTMENT OF PUBLIC HEALTH REGION 7BRIDGET CAUSEY, RN, BSN, NURSING SUPERVISOR, CADDO PARISH PUBLIC SCHOOLSWILLIE WHITE, CEO OF DAVID RAINES COMMUNITY HEALTH CENTERSDR JOHN MICIOTTO, RETIRED OB/GYN, FORMER MEDICAL DIRECTOR, NORTHWEST LOUISIANA DEPT OF HEALTHANTHONY MARTIN, DIRECTOR - WILLIS-KNIGHTON HOME HEALTH/HOSPICETIM WILCOX, DIRECTOR - WILLIS-KNIGHTON BEHAVIORAL HEALTHC O SIMPKINS, SR , DDS - COMMUNITY LEADER, EX-CITY COUNCILMANBRUCE WILSON, DIRECTOR - UNITED WAY OF NORTHWEST LOUISIANADR PHILLIP ROZEMAN, CARDIOLOGIST, COMMUNITY LEADER

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
GROUP A-FACILITY 4 -- WILLIS-KNIGHTON SOUTH PART V, SECTION B, LINE 6A	WILLIS-KNIGHTON MEDICAL CENTERWK BOSSIER HEALTH CENTERWK PIERREMONT HEALTH CENTER

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493119009746

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
2014
Open to Public Inspection

Name of the organization
WILLIS-KNIGHTON MEDICAL CENTER

Employer identification number
72-0400933

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 38

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 6

Part III **Grants and Other Assistance to Domestic Individuals.** 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	THE MEDICAL CENTER HAS A CONTRIBUTION COMMITTEE THAT APPROVES SUBSTANTIALLY ALL CONTRIBUTIONS THE CONTRIBUTION COMMITTEE REQUESTS THAT THE ORGANIZATION REQUESTING THE DONATION COMPLETE A CONTRIBUTION REQUEST FORM THAT IS AVAILABLE ON THE MEDICAL CENTER'S WEBSITE BEFORE THE MEDICAL CENTER'S CONTRIBUTION COMMITTEE WILL APPROVE THE CONTRIBUTIONS THE PURPOSE OF THE CONTRIBUTION MUST BE STATED ON THE CONTRIBUTION REQUEST FORM THE MEDICAL CENTER CONRIBUTIONS ARE USUALLY PROVIDED TO ORGANIZATIONS FOR GENERAL OPERATIONS AND ARE NOT MONITORED

Additional Data

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

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ARC OF CADDO-BOSSIER 351 JORDAN STREET SHREVEPORT,LA 71101	72-0482891	501(C)(3)	10,000				DONATION FOR OPERATIONS
ARK-LA-TEX AMBASSADORS220 CARROLL STREET SUITE C-2 SHREVEPORT,LA 71105	72-6011282	501(C)(3)	7,500				HOLIDAY IN DIXIE PROGRAM DONATION
BLUEPRINT LOUISIANA 9331 BLUEBONNET BLVD BATON ROUGE,LA 70810	20-5591232	501(C)(6)	7,500				DONATION FOR OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
BLUE FOREVER INC205 PINEY DRIVE PRINCETON,LA 71067	46-4022115	501(C)(3)	27,000				DONATION FOR OPERATIONS
BOSSIER CHAMBER OF COMMERCE710 BENTON ROAD BOSSIER CITY,LA 71111	72-0382231	501(C)(6)	10,000				DONATION FOR OPERATIONS
CADDO BOSSIER SOCCER ASSOCIATION1780 EAST BERT KOUNS SUITE 901 SHREVEPORT,LA 71105	58-1652966	501(C)(3)	18,500				DONATION FOR OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CALVARY ACADEMY9333 LINWOOD AVENUE SHREVEPORT,LA 71106	72-0482882	501(C)(3)	6,000				DONATION FOR OPERATIONS
CHILDREN AND ARTHRITIS 2751 ALBERT BICKNELL DRIVE SUITE 2E 2E SHREVEPORT,LA 71103	72-1170530	501(C)(3)	15,000				DONATION FOR OPERATIONS
COUNCIL FOR A BETTER LOUISIANAPO BOX 4308 BATON ROUGE,LA 70821	72-0570930	501(C)(6)	10,000				DONATION FOR OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
COUNCIL ON ALCOHOLISM & DRUG ABUSE2000 FAIRFIELD AVENUE SHREVEPORT,LA 71104	72-0544581	501(C)(3)	7,400				DONATION FOR OPERATIONS
DESOTO HOSPITAL ASSOCIATION INC207 JEFFERSON STREET MANSFIELD,LA 71052	72-0500565	501(C)(3)	161,162				DONATION FOR OPERATIONS
HOLY ANGELS RESIDENTIAL FACILITY INC10450 ELLERBE ROAD SHREVEPORT,LA 71106	72-0628035	501(C)(3)	60,000				DONATION FOR OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
INDEPENDENCE BOWL FOUNDATIONPO BOX 1723 SHREVEPORT,LA 71166	72-0297228	501(C)(3)	37,000				DONATION FOR OPERATIONS
INNER CITY ENTREPRENEUR INSTITUTE 820 JORDAN STREET SUITE 360 SHREVEPORT,LA 71101	72-1418314	501(C)(3)	20,000				BIZCAMP SPONSOR
INSTITUTE FOR GLOBAL OUTREACH1024 PIERRE AVENUE ROOM B SHREVEPORT,LA 71103	33-1180777	501(C)(3)	25,000				DONATION FOR OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LOUISIANA HERO'S PROJECT2515 VANCE AVENUE ALEXANDRIA,LA 71301	46-2720419	501(C)(3)	18,580				DONATION FOR OPERATIONS
LOUISIANA TECH UNIVERSITY FOUNDATION PO BOX 3046 RUSTON,LA 71272	72-6021176	501(C)(3)	41,250				DONATION FOR OPERATIONS
LOUISIANA TEEN CHALLENGE1905 FRANKLIN AVENUE NEW ORLEANS,LA 70117	72-1106641	501(C)(3)	10,000				DONATION FOR OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LOUISIANA TROOPER FOUNDATIONPO BOX 65076 BATON ROUGE,LA 70896	74-2918404	501(C)(3)	15,000				DONATION FOR OPERATIONS
LSUHSCPO BOX 31650 SHREVEPORT,LA 71115	72-1402222	GOVERNMENT	227,000				DONATION FOR OPERATIONS
MARCH OF DIMES FOUNDATION1120 SOUTH POINTE PARKWAY BLDG D SHREVEPORT,LA 71105	13-1846366	501(C)(3)	46,250				DONATION FOR OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
MARTIN LUTHER KING HEALTH CENTERPO BOX 393 SHREVEPORT,LA 71162	72-1079721	501(C)(3)	63,500				DONATION FOR OPERATIONS
NAACP4805 MOUNT HOPE DRIVE BALTIMORE,MD 21215	13-1084135	501(C)(3)	5,102				DONATION FOR OPERATIONS
NORTH LOUISIANA ECONOMIC PARTNERSHIP INC415 TEXAS STREET SHREVEPORT,LA 71101	72-0936419	501(C)(3)	40,000				DONATION FOR OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NORTHWEST LOUISIANA FOOD BANK2307 TEXAS AVENUE SHREVEPORT, LA 71103	72-1328890	501(C)(3)	50,000				DONATION FOR OPERATIONS
LOUISIANA CHAPTER AMERICAN ACADEMY OF PEDIATRICSPO BOX 64629 BATON ROUGE, LA 70896	72-1002968	501(C)(6)	5,710				DONATION FOR OPERATIONSDONATION FOR OPERATIONS
NORTHWESTERN FOUNDATIONUNIVERSITY PARKWAY NATCHITOCHES, LA 71497	72-6021495	501(C)(3)	16,670				DONATION FOR OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
OAK PARK ELEMENTARY 4331 HENRY STREET SHREVEPORT,LA 71109	72-6000224	GOVERNMENT	6,014				DONATION FOR SIGN
RED RIVER RADIOPO BOX 5250 SHREVEPORT,LA 71135	72-0702001	501(C)(3)	7,000				DONATION FOR OPERATIONS
SHREVEPORT-BOSSIER RESCUE MISSION2033 TEXAS AVENUE SHREVEPORT,LA 71103	23-7050551	501(C)(3)	136,960				HEALTH INSURANCE FOR RESCUE MISSION EMPLOYEES AND DONATION FOR OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SHREVEPORT CHAMBER OF COMMERCE400 EDWARDS STREET SHREVEPORT,LA 71101	72-0315700	501(C)(6)	25,000				DONATION FOR OPERATIONS
SHREVEPORT OPERA212 TEXAS STREET NO 1 SHREVEPORT,LA 71101	72-6021455	501(C)(3)	20,000				DONATION FOR OPERATIONS
SHREVEPORT SYMPHONY 619 LOUISIANA AVENUE SHREVEPORT,LA 71101	72-6001334	501(C)(3)	80,000				DONATION FOR OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SOUTHERN UNIVERSITY 610 TEXAS STREEET SHREVEPORT,LA 71101	72-1454141	501(C)(3)	15,000				DONATION FOR OPERATIONS
ST JUDE'S CHILDREN'S RESEARCH HOSPITALPO BOX 810 MEMPHIS,TN 38101	62-0646012	501(C)(3)	25,000				DREAM HOME DONATION
ST LUKE'S EPISCOPAL MOBILE MINISTRY INCPO BOX 53074 SHREVEPORT,LA 71135	45-3786377	501(C)(3)	10,000				DONATION FOR OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ULM FOUNDATION3601 DESIARD STREET MONROE,LA 71209	72-6028527	501(C)(3)	60,000				DONATION FOR PHARMACY PROFESSORSHIP
VOLUNTEERS OF AMERICA 360 JORDAN STREET SHREVEPORT,LA 71101	72-0506820	501(C)(3)	10,000				DONATION FOR OPERATIONS
YMCA400 MCNEIL SHREVEPORT,LA 71101	72-0408997	501(C)(3)	50,800				DONATION FOR OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
FOUNDATION FOR EXCELLENCE IN LOUISIANA PUBLIC BROADCASTING7733 PERKINS ROAD BATON ROUGE,LA 70810	72-1233347	501(C)(3)	18,750				DONATION FOR OPERATIONS
FRIENDS OF LOUISIANA STATE EXHIBIT MUSEUM INCPO BOX 38356 SHREVEPORT,LA 71133	72-0960820	501(C)(3)	35,000				DONATION FOR OPERATIONS
GINGERBREAD HOUSE1700 BUCKNER SQUARE NO 101 SHREVEPORT,LA 71101	72-1390471	501(C)(3)	6,500				DONATION FOR OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
STATE FAIR OF LOUISIANA 3701 HUDSON STREET SHREVEPORT,LA 71109	72-6000719	501(C)(5)	192,949				DONATION FOR BUILDING EXPENSES
LSU-SHREVEPORT FOUNDATIONONE UNIVERSITY PLACE SHREVEPORT,LA 71105	72-1031108	501(C)(3)	18,500				DONATION FOR ADVISORY BOARD

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
WILLIS-KNIGHTON MEDICAL CENTER

Employer identification number
72-0400933

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☑ Health or social club dues or initiation fees ☐ 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**		No
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 ☑ Independent compensation consultant ☐ Form 990 of other organizations ☑ Written employment contract ☑ Compensation survey or study ☑ 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**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**	Yes	
b	Any related organization?	**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**		No
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 in column(B) 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	THE VALUE OF EACH PERSON'S FREE MEMBERSHIP IN THE MEDICAL CENTER'S HEALTH & WELLNESS CENTERS IS ADDED TO THE EMPLOYEE'S W-2 WAGES
PART I, LINE 3	THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES DETERMINES THE COMPENSATION OF THE CEO OF THE MEDICAL CENTER A SECOND COMPENSATION COMMITTEE DETERMINES THE COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES THE COMPENSATION COMMITTEES STUDY DATA FROM INDEPENDENT SALARY SURVEYS OFFICERS AND OTHER KEY EMPLOYEES ARE PROVIDED WITH A WRITTEN EMPLOYMENT CONTRACT BEFORE EMPLOYMENT COMMENCES
PART I, LINES 4A-B	CERTAIN OFFICERS INCLUDED IN FORM 990, PART VII, SECTION A, LINE 1A, PARTICIPATE IN A SECTION 457(B) DEFERRED COMPENSATION PLAN
PART I, LINE 5	PHYSICIANS INCLUDED IN FORM 990, PART VII, SECTION A, LINE 1A, ARE COMPENSATED BASED ON THEIR OWN PERSONAL PRODUCTIVITY THE PHYSICIANS ARE PAID A PERCENTAGE OF THEIR INDIVIDUAL COLLECTIONS BASED ON THE CONDITIONS OF EACH PHYSICIAN CONTACT
FORM 990, SCHEDULE J, PART II, COLUMN (B)(III)	EXPLANATION OF PART II, COLUMN (B)(III) OTHER COMPENSATION JAMES K ELROD UNUSED VACATION PAY-$158,864 UNUSED SICK PAY-$27,458 VALUE ADDED FOR COMPUTER USAGE-$200 VALUE ADDED FOR CELL PHONE USAGE-$698 COST OF GROUP TERM LIFE INSURANCE IN EXCESS OF $50,000-$16,129 SECTION 457(B) DEFERRED COMPENSATION PLAN-$17,500 EMPLOYEE CAFETERIA PLAN CONTRIBUTIONS-$(1,455) CABLE/INTERNET-$1,319 TOTAL--$220,713 MARY JANE WARD UNUSED SICK PAY-$3,985 COST OF GROUP TERM LIFE INSURANCE IN EXCESS OF $50,000-$2,796 EMPLOYEE CAFETERIA PLAN CONTRIBUTIONS-$(6,706) TOTAL--$75 CHARLES D DAIGLE UNUSED SICK PAY-$11,781 VALUE ADDED FOR CELL PHONE USAGE-$1,288 COST OF GROUP TERM LIFE INSURANCE IN EXCESS OF $50,000-$558 SECTION 457 (B) DEFERRED COMPENSATION PLAN-$17,500 EMPLOYEE CAFETERIA PLAN CONTRIBUTIONS-$(8,106) TOTAL--$23,021 STEPHEN R RANDALL UNUSED SICK PAY-$7,239 VALUE ADDED FOR HEALTH & FITNESS USAGE-$1,320 VALUE ADDED FOR CELL PHONE USAGE-$1,628 COST OF GROUP TERM LIFE INSURANCE IN EXCESS OF $50,000-$562 SECTION 457(B) DEFERRED COMPENSATION PLAN-$17,500 EMPLOYEE CAFETERIA PLAN CONTRIBUTIONS-$(6,606) TOTAL--$21,643 MARGARET G ELROD UNUSED SICK PAY-$3,797 VALUE ADDED FOR CELL PHONE USAGE-$1,727 COST OF GROUP TERM LIFE INSURANCE IN EXCESS OF $50,000-$5,212 SECTION 457(B) DEFERRED COMPENSATION PLAN-$17,500 EMPLOYEE CAFETERIA PLAN CONTRIBUTIONS-$(3,955) TOTAL--$24,281 JERRY A FIELDER,II UNUSED SICK PAY-$4,089 VALUE ADDED FOR CELL PHONE USAGE-$1,560 COST OF GROUP TERM LIFE INSURANCE IN EXCESS OF $50,000-$697 EMPLOYEE CAFETERIA PLAN CONTRIBUTIONS-$(8,206) VALUE ADDED FOR CABLE/INTERNET- $1,319 VALUE ADDED FOR HEALTH & FITNESS USAGE-$1,320 TOTAL--$779 CLIFFORD M BROUSSARD UNUSED SICK PAY-$4,286 VALUE ADDED FOR HEALTH & FITNESS USAGE-$1,320 VALUE ADDED FOR CELL PHONE USAGE-$644 COST OF GROUP TERM LIFE INSURANCE IN EXCESS OF $50,000-$3,164 EMPLOYEE CAFETERIA PLAN CONTRIBUTIONS-$(4,506) TOTAL--$4,908 JANET K ELROD UNUSED SICK PAY-$3,810 VALUE ADDED FOR HEALTH & FITNESS USAGE-$720 VALUE ADDED FOR CELL PHONE USAGE-$1,682 COST OF GROUP TERM LIFE INSURANCE IN EXCESS OF $50,000-$619 SECTION 457(B) DEFERRED COMPENSATION PLAN-$17,500 EMPLOYEE CAFETERIA PLAN CONTRIBUTIONS-$(1,455) TOTAL--$22,876 IRA L MOSS UNUSED SICK PAY-$4,505 VALUE ADDED FOR HEALTH & FITNESS USAGE-$1,320 VALUE ADDED FOR CELL PHONE USAGE-$1,330 COST OF GROUP TERM LIFE INSURANCE IN EXCESS OF $50,000-$6,478 SECTION 457(B) DEFERRED COMPENSATION PLAN-$17,500 EMPLOYEE CAFETERIA PLAN CONTRIBUTIONS-$(6,040) PERSONAL USE OF EMPLOYER VEHICLES-$645 TOTAL--$25,738 JILL K ELROD UNUSED SICK PAY-$5,061 VALUE ADDED FOR HEALTH & FITNESS USAGE-$720 VALUE ADDED FOR CELL PHONE USAGE-$3,935 COST OF GROUP TERM LIFE INSURANCE IN EXCESS OF $50,000-$1,242 SECTION 457(B) DEFERRED COMPENSATION PLAN-$17,500 EMPLOYEE CAFETERIA PLAN CONTRIBUTIONS-$(3,955) VALUE ADDED FOR CABLE/INTERNET- $1,319 PERSONAL USE OF EMPLOYER VEHICLES-$2,144 TOTAL--$27,966 PEGGY J GAVIN UNUSED SICK PAY-$3,781 VALUE ADDED FOR HEALTH & FITNESS USAGE-$1,320 VALUE ADDED FOR CELL PHONE USAGE-$1,919 COST OF GROUP TERM LIFE INSURANCE IN EXCESS OF $50,000-$2,701 SECTION 457(B) DEFERRED COMPENSATION PLAN-$17,500 EMPLOYEE CAFETERIA PLAN CONTRIBUTIONS-$(2,955) PERSONAL USE OF EMPLOYER VEHICLES-$1,593 TOTAL--$25,859 RAMONA D FRYER SEVERANCE PAY-$49,114 VALUE ADDED FOR CELL PHONE USAGE-$1,315 COST OF GROUP TERM LIFE INSURANCE IN EXCESS OF $50,000-$1,270 SECTION 457(B) DEFERRED COMPENSATION PLAN-$17,500 VALUE ADDED FOR HEALTH & FITNESS USAGE-$720 EMPLOYEE CAFETERIA PLAN CONTRIBUTIONS-$(7,006) TOTAL--$62,913 DEBORAH D OLDS UNUSED SICK PAY-$3,435 VALUE ADDED FOR HEALTH & FITNESS USAGE-$720 VALUE ADDED FOR CELL PHONE USAGE-$2,577 COST OF GROUP TERM LIFE INSURANCE IN EXCESS OF $50,000-$2,447 EMPLOYEE CAFETERIA PLAN CONTRIBUTIONS-$(3,540) TOTAL--$5,639 DANIEL J MOLLER, JR , M D VALUE ADDED FOR HEALTH & FITNESS USAGE-$720 COST OF GROUP TERM LIFE INSURANCE IN EXCESS OF $50,000-$9,985 SECTION 457(B) DEFERRED COMPENSATION PLAN-$17,500 EMPLOYEE CAFETERIA PLAN CONTRIBUTIONS-$(3,540) TOTAL--$24,665 CHARLES A POWERS, M D VALUE ADDED FOR HEALTH & FITNESS USAGE-$1,320 VALUE ADDED FOR CELL PHONE USAGE-$1,983 COST OF GROUP TERM LIFE INSURANCE IN EXCESS OF $50,000-$7,772 SECTION 457(B) DEFERRED COMPENSATION PLAN-$17,500 EMPLOYEE CAFETERIA PLAN CONTRIBUTIONS-$(4,506) TOTAL--$24,069 PIERRE V BLANCHARD,IV, M D COST OF GROUP TERM LIFE INSURANCE IN EXCESS OF $50,000-$6,329 EMPLOYEE CAFETERIA PLAN CONTRIBUTIONS-$(1,455) TOTAL--$4,874 RANDALL P BREWER, M D VALUE ADDED FOR HEALTH & FITNESS USAGE-$720 COST OF GROUP TERM LIFE INSURANCE IN EXCESS OF $50,000-$822 EMPLOYEE CAFETERIA PLAN CONTRIBUTIONS-$(6,826) TOTAL--($5,284) MILAN G MODY, M D VALUE ADDED FOR HEALTH & FITNESS USAGE-$1,320 COST OF GROUP TERM LIFE INSURANCE IN EXCESS OF $50,000-$554 EMPLOYEE CAFETERIA PLAN CONTRIBUTIONS-$(5,706) TOTAL--($3,832) CHRISTIAN M BRIERY, M D VALUE ADDED FOR HEALTH & FITNESS USAGE-$720 COST OF GROUP TERM LIFE INSURANCE IN EXCESS OF $50,000-$561 EMPLOYEE CAFETERIA PLAN CONTRIBUTIONS-$(5,398) TOTAL--($4,117) CLINT M CORMIER, M D COST OF GROUP TERM LIFE INSURANCE IN EXCESS OF $50,000-$558 VALUE ADDED FOR HEALTH & FITNESS USAGE-$720 EMPLOYEE CAFETERIA PLAN CONTRIBUTIONS-$(4,740) TOTAL--($3,462) SALIM ABOU FAYCAL, M D COST OF GROUP TERM LIFE INSURANCE IN EXCESS OF $50,000-$558 EMPLOYEE CAFETERIA PLAN CONTRIBUTIONS-$(8,206) TOTAL--($7,648) EXPLANATION OF PART II, COLUMN (C) DEFERRED COMPENSATION THIS EMPLOYEE PARTICIPATES IN A DEFINED BENEFIT PENSION PLAN, THE CONTRIBUTIONS TO WHICH ARE ACTUARIALLY DETERMINED THE AMOUNT SHOWN IS THE INCREASE IN THE ANNUAL VESTED BENEFIT AT NORMAL RETIREMENT FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2015 (NOT DISCOUNTED TO PRESENT VALUE) (NORMAL RETIREMENT IS AGE 65 WITH 5 YEARS OF PARTICIPATION) MR ELROD HAS REACHED THE MAXIMUM BENEFIT UNDER THE PLAN EXPLANATION OF PART II, COLUMN (D) NONTAXABLE BENEFITS INCLUDED IN THIS COLUMN IS THE COST OF THE FOLLOWING NONTAXABLE BENEFITS LONG-TERM DISABILITY INCOME INSURANCE PLAN, GROUP TERM-LIFE INSURANCE, AND THE ESTIMATED COST OF SELF-FUNDED HEALTH INSURANCE PLAN

Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
JAMES K ELROD, PRESIDENT/CEO/TRUSTEE	(i)	1,147,339	0	220,713	0	14,940	1,382,992	0
	(ii)	6,000	0	0	0	0	6,000	0
PIERRE V BLANCHARDIV MD, TRUSTEE/PHYSICIAN	(i)	200,000	7,350	4,874	1,953	5,365	219,542	0
	(ii)	0	0	0	0	0	0	0
MARY JANE WARD, VICE PRESIDENT OF FINANCE	(i)	160,925	0	75	3,685	16,872	181,557	0
	(ii)	0	0	0	0	0	0	0
CHARLES D DAIGLE, SR VP OF OPERATIONS & COO	(i)	492,277	0	23,021	1,576	21,484	538,358	0
	(ii)	0	0	0	0	0	0	0
STEPHEN R RANDALL, SR VP-SPECIAL OPERATIONS	(i)	302,490	0	21,643	1,516	19,984	345,633	0
	(ii)	0	0	0	0	0	0	0
MARGARET G ELROD, SR VP/IND WELLNESS/COMMUNITY	(i)	158,666	0	24,281	1,831	7,979	192,757	0
	(ii)	0	0	0	0	0	0	0
JERRY A FIELDER II, VP/ADMINISTRATOR WKMC	(i)	170,850	0	779	3,364	21,476	196,469	0
	(ii)	0	0	0	0	0	0	0
CLIFFORD M BROUSSARD, VP/ADMIN WK BOSSIER/QUALITY CONTROL	(i)	179,079	0	4,908	1,788	14,741	200,516	0
	(ii)	0	0	0	0	0	0	0
JANET K ELROD, VP/ADMIN WK SOUTH	(i)	159,199	0	22,876	2,051	5,482	189,608	0
	(ii)	0	0	0	0	0	0	0
IRA L MOSS, VP/ADMIN WK PIERREMONT	(i)	188,259	0	25,738	2,439	16,306	232,742	0
	(ii)	0	0	0	0	0	0	0
JILL K ELROD, VP OF LEGAL AFFAIRS	(i)	211,487	0	27,966	2,078	8,128	249,659	0
	(ii)	0	0	0	0	0	0	0
PEGGY J GAVIN, SR VP OF PHYSICIAN SERVICES	(i)	157,976	0	25,859	2,383	6,978	193,196	0
	(ii)	0	0	0	0	0	0	0
DEBORAH D OLDS, CHIEF NURSING OFFICER	(i)	138,705	0	5,639	3,447	13,632	161,423	0
	(ii)	0	0	0	0	0	0	0
RAMONA D FRYER, VP OF REV/QUALITY/COMPLIAN	(i)	253,209	0	62,913	1,643	17,320	335,085	0
	(ii)	0	0	0	0	0	0	0
DANIEL J MOLLER JR MD, CHIEF-MEDICAL AFFAIRS-WKMC	(i)	407,500	0	24,665	1,873	14,130	448,168	0
	(ii)	0	0	0	0	0	0	0
CHARLES A POWERS MD, CHIEF-MED AFFAIRS-WKB	(i)	315,000	0	24,069	1,873	14,889	355,831	0
	(ii)	0	0	0	0	0	0	0
RANDALL P BREWER MD, PHYSICIAN	(i)	975,000	1,012,072	-5,284	1,568	16,680	2,000,036	0
	(ii)	0	0	0	0	0	0	0
MILAN G MODY MD, PHYSICIAN	(i)	675,000	859,751	-3,832	1,557	19,084	1,551,560	0
	(ii)	0	0	0	0	0	0	0
CHRISTIAN M BRIERY MD, PHYSICIAN	(i)	700,000	557,567	-4,117	1,588	18,776	1,273,814	0
	(ii)	0	0	0	0	0	0	0
CLINT M CORMIER MD, PHYSICIAN	(i)	700,000	524,283	-3,462	1,596	18,118	1,240,535	0
	(ii)	0	0	0	0	0	0	0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
HALIM SALIM ABOU FAYCAL MD, PHYSICIAN	(i)	225,000	1,009,713	-7,648	3,278	21,584	1,251,927	0
	(ii)	0	0	0	0	0	0	0

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Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047
2014
Open to Public Inspection

Name of the organization
WILLIS-KNIGHTON MEDICAL CENTER

Employer identification number
72-0400933

Part I **Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) 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?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total		▶ $										

Part III **Grants or Assistance Benefiting 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**
See Additional Data Table					

Part V **Supplemental Information**
Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	**Explanation**

Additional Data

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
(1) FRANK B HUGHES MD	TRUSTEE	124,616	DR HUGHES RENTS A SUITE FROM THE MEDICAL CENTER		No
(2) PHILLIP A ROZEMAN MD	TRUSTEE	79,641	DR ROZEMAN RENTS A SUITE FROM THE MEDICAL CENTER		No
(3) GREGORY J GAVIN	FAMILY MEMBER OF PEGGY GAVIN, OFFICER	207,258	EMPLOYMENT		No
(4) KIMBERLY M VANDERMARK	FAMILY MEMBER OF PEGGY GAVIN, OFFICER	60,996	EMPLOYMENT		No
(5) CHARLES E MULLINS	FAMILY MEMBER OF PEGGY GAVIN, OFFICER	91,875	EMPLOYMENT		No
(6) SHARLENE A BROUSSARD	FAMILY MEMBER OF CLIFFORD BROUSSARD, OFFICER	51,290	EMPLOYMENT		No
(7) TODD J BLANCHARD	FAMILY MEMBER OF PIERRE BLANCHARD, M D , TRUSTEE	136,437	EMPLOYMENT		No
(8) PIERRE V BLANCHARD MD	TRUSTEE	5,224,922	THE MEDICAL CENTER LEASES SPACE TO LIFECARE HOSPITALS, INC , AND ALSO PARTICIPATES IN A PURCHASED SERVICE AGREEMENT WITH LIFECARE HOSPITALS, INC , FOR WHICH PIERRE BLANCHARD, M D IS THE MEDICAL DIRECTOR		No
(9) SARAH GLORIOSO MD	FAMILY MEMBER OF TWAIN K GIDDENS, JR , TRUSTEE	1,294,371	EMPLOYMENT		No
(10) WILLIAM J COLE CPA	TRUSTEE	2,174,743	ACCOUNTING, PAYROLL AND CONSULTING SERVICES PAID TO COLE, EVANS & PETERSON FOR WHICH WILLIAM J COLE IS THE MANAGING PARTNER		No
(11) ARIEN WARD PYSD	FAMILY MEMBER OF MARY JANE WARD, OFFICER	101,347			No
(12) WINSTON MOORE III	FAMILY MEMBER OF MARGARET ELROD, OFFICER	17,644			No

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ 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

2014

Open to Public Inspection

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	
FORM 990, PART VI, SECTION B, LINE 11	THE MEDICAL CENTER'S CPA FIRM PREPARES THE FORM 990 WITH THE ASSISTANCE OF SEVERAL OF THE MEDICAL CENTER'S EMPLOYEES THE FORM 990 IS THEN REVIEWED BY THE MEDICAL CENTER'S PRESIDEN T AFTER THIS REVIEW, A COMPLETE COPY OF THE FORM 990 IS PROVIDED TO EACH MEMBER OF THE BO ARD OF TRUSTEES THE FORM 990 IS DISCUSSED IN A TRUSTEE BOARD MEETING BEFORE THE FORM 990 IS FILED
FORM 990, PART VI, SECTION B, LINE 12C	THE CONFLICTS OF INTEREST POLICY COVERS ALL "INTERESTED PERSONS " AN "INTERESTED PERSON" I S DEFINED AS ANY TRUSTEE, PRINCIPAL OFFICER, OR MEMBER OF A COMMITTEE WITH BOARD DESIGNATE D POWERS WHO HAS A DIRECT OR INDIRECT FINANCIAL INTEREST IN AN ENTITY WITH WHICH THE MEDIC AL CENTER HAS A TRANSACTION OR ARRANGEMENT, OR A COMPENSATION ARRANGEMENT WITH THE MEDICAL CENTER OR WITH ANY ENTITY OR INDIVIDUAL WITH WHICH THE MEDICAL CENTER HAS A TRANSACTION O R ARRANGEMENT, OR A POTENTIAL OWNERSHIP OR INVESTMENT INTEREST IN, OR COMPENSATION ARRANGE MENT WITH, ANY ENTITY OR INDIVIDUAL WITH WHICH THE MEDICAL CENTER IS NEGOTIATING A TRANSAC TION OR ARRANGEMENT INTERESTED PERSONS HAVE A DUTY TO DISCLOSE ANY ACTUAL OR POSSIBLE CON FLICTS OF INTEREST AND ALL MATERIAL FACTS RELATED TO THE PROPOSED TRANSACTION OR ARRANGEME NT TO THE TRUSTEES AND MEMBERS OF COMMITTEES WITH BOARD DESIGNATED POWERS THE INTERESTED PERSON IS ALLOWED TO MAKE A PRESENTATION AT THE BOARD OR COMMITTEE MEETING, BUT AFTER SUCH PRESENTATION THE INTERESTED PERSON SHALL LEAVE THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR ARRANGEMENT THAT RESULTS IN THE CONFLICT OF INTEREST IF T HE BOARD OR COMMITTEE BELIEVES A MEMBER HAS VIOLATED THE CONFLICTS OF INTEREST POLICY, IT SHALL INFORM THE MEMBER OF THE BASIS FOR SUCH BELIEF AND AFFORD THE MEMBER AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE IF THE BOARD OR COMMITTEE DETERMINES THAT THE MEMBER HAS, IN FACT, FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT SHALL TAKE APPR OPRIATE DISCIPLINARY AND CORRECTIVE ACTION PERIODIC REVIEWS ARE CONDUCTED WHICH, AT A MIN IMUM, INCLUDE THE FOLLOWING SUBJECTS 1 WHETHER COMPENSATION ARRANGEMENTS AND BENEFITS AR E REASONABLE AND ARE THE RESULT OF ARM'S-LENGTH BARGAINING 2 WHETHER ACQUISITIONS OF GOO DS OR SERVICES RESULT IN INUREMENT OR IMPERMISSIBLE PRIVATE BENEFIT 3 WHETHER PARTNERSHI P AND JOINT VENTURE ARRANGEMENTS AND ARRANGEMENTS WITH MANAGEMENT SERVICE ORGANIZATIONS AN D PHYSICIAN HOSPITAL ORGANIZATIONS CONFORM TO WRITTEN POLICIES, ARE PROPERLY RECORDED, REF LECT REASONABLE PAYMENTS FOR GOODS AND SERVICES, FURTHER THE CORPORATION'S CHARITABLE PURP OSES AND DO NOT RESULT IN INUREMENT OR IMPERMISSIBLE PRIVATE BENEFIT 4 WHETHER AGREEMENT S TO PROVIDE HEALTH CARE AND AGREEMENTS WITH OTHER HEALTH CARE PROVIDERS, EMPLOYEES, AND T HIRD PARTY PAYORS FURTHER THE CORPORATION'S CHARITABLE PURPOSES AND DO NOT RESULT IN INURE MENT OR IMPERMISSIBLE PRIVATE BENEFIT
FORM 990, PART VI, SECTION B, LINE 15	THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES DETERMINES THE COMPENSATION OF THE CEO OF THE MEDICAL CENTER A SECOND COMPENSATION COMMITTEE DETERMINES THE COMPENSAT ION OF OTHER OFFICERS AND KEY EMPLOYEES THE COMPENSATION COMMITTEES STUDY DATA FROM INDEP ENDENT SALARY SURVEYS (SUCH AS "MANAGER AND EXECUTIVE COMPENSATION IN HOSPITALS AND HEALTH SYSTEMS," WHICH IS AN ANNUAL SURVEY PREPARED BY SULLIVAN COTTER) TO UNDERSTAND COMPENSATI ON PAID TO SIMILARLY QUALIFIED INDIVIDUALS IN COMPARABLE POSITIONS AT SIMILARLY SITUATED O RGANIZATIONS THE COMPENSATION COMMITTEES ALSO COMPILE DATA FROM OTHER TAX-EXEMPT HEALTH S YSTEMS OF SIMILAR SIZE AND COMPLEXITY AND USE THAT INFORMATION AS COMPARATIVE COMPENSATION THE COMMITTEES USE THE INFORMATION FROM THESE SOURCES AS BENCHMARKS IN DETERMINING OFFIC ER AND KEY EMPLOYEE COMPENSATION THE COMMITTEES ALSO CONSIDER OTHER FACTORS IN DETERMININ G OFFICER AND KEY EMPLOYEE COMPENSATION, SUCH AS LENGTH OF EMPLOYMENT AND THEIR RESPONSIBI LITIES THE EXECUTIVE COMPENSATION COMMITTEE PERIODICALLY HIRES INDEPENDENT CONSULTANTS FO R ANALYSIS OF THE COMPENSATION OF THE MEDICAL CENTER'S CEO THE COMMITTEES MAINTAIN CONTEM PORANEOUS DOCUMENTATION OF THE BASIS FOR THEIR DECISIONS REGARDING COMPENSATION ARRANGEMEN TS
FORM 990, PART VI, SECTION C, LINE 19	WILLIS-KNIGHTON MEDICAL CENTER'S GOVERNING DOCUMENTS AND ITS CONFLICT OF INTEREST POLICY A RE AVAILABLE ON ITS WEBSITE WWW WKHS COM THE FINANCIAL STATEMENTS ARE AVAILABLE ON THE F OLLOWING WEBSITE HTTP //WWW EMMA MSRB ORG
FORM 990, PART XI, LINE 9	FASB ASC 715-30 PENSION -54,170,929
FORM 990, PART XII, LINE 2C	WILLIS-KNIGHTON MEDICAL CENTER DID NOT CHANGE ITS OVERSIGHT PROCESS OR SELECTION PROCESS DUING THE YEAR ENDED 9/30/15

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
WILLIS-KNIGHTON MEDICAL CENTER

Employer identification number
72-0400933

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

(a) Name, address, and EIN (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) WK ARBORS LLC 2600 GREENWOOD ROAD SHREVEPORT, LA 71103 46-4783413	INDEPENDENT LIVING	LA	1,526,904	11,053,572	WILLIS-KNIGHTON MEDICAL CENTER

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
(1) VIRGINIA HALL NURSING HOME DBA PROGRESSIVE CARE CENTER 2715 ALBERT BICKNELL DR SHREVEPORT, LA 711033925 72-1047744	NURSING CARE-SKILLED NURSING FACILITY FOR THE ELDERLY AND DISABLED	LA	501(C)(3)	9	WILLIS-KNIGHTON MEDICAL CENTER		No
(2) MULTI-FAITH RETIREMENT SERVICES DBA LIVE OAK RETIREMENT 600 E FLOURNOY LUCAS ROAD SHREVEPORT, LA 711153855 72-0809402	PROVIDE HOUSING, HEALTHCARE AND RELATED SERVICES TO THE ELDERLY	LA	501(C)(3)	9	WILLIS-KNIGHTON MEDICAL CENTER		No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
(1) CLAIMS & BENEFITS ADMINISTRATORS OF LOUISIANA INC PO BOX 32600 SHREVEPORT, LA 711302600 72-1296277	INACTIVE	LA	WILLIS-KNIGHTON MEDICAL CENTER	C			100 000 %		No
(2) WILLIS-KNIGHTON LAB AND X-RAY SERVICES INC PO BOX 32600 SHREVEPORT, LA 711302600 72-1137503	INACTIVE	LA	WILLIS-KNIGHTON MEDICAL CENTER	C			100 000 %		No
(3) HEALTH PLUS OF LOUISIANA INC 2219 LINE AVENUE SHREVEPORT, LA 711042128 72-1264135	THIRD-PARTY ADMINISTRATOR	LA	WILLIS-KNIGHTON MEDICAL CENTER	C	44	110,044	100 000 %		No
(4) HPL INSURANCE AGENCY INC PO BOX 32625 SHREVEPORT, LA 711302625 20-2199735	HEALTH INSURANCE AGENT	LA	HEALTH PLUS OF LOUISIANA INC	C	129	40,115	100 000 %		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**	Yes	
b Gift, grant, or capital contribution to related organization(s)	**1b**		No
c Gift, grant, or capital contribution from related organization(s)	**1c**	Yes	
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**	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	**1l**	Yes	
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**	Yes	
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**		No

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
See Additional Data Table			

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

Additional Data

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

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
VIRGINIA HALL NURSING HOME DBA PROGRESSIVE CARE CENTER	A	213,111	FAIR MARKET VALUE
VIRGINIA HALL NURSING HOME DBA PROGRESSIVE CARE CENTER	K	520,875	FAIR MARKET VALUE
VIRGINIA HALL NURSING HOME DBA PROGRESSIVE CARE CENTER	O	1,437,654	FAIR MARKET VALUE
VIRGINIA HALL NURSING HOME DBA PROGRESSIVE CARE CENTER	L	1,434,398	FAIR MARKET VALUE
VIRGINIA HALL NURSING HOME DBA PROGRESSIVE CARE CENTER	J	213,111	FAIR MARKET VALUE
MULTI-FAITH RETIREMENT SERVICES DBA LIVE OAK RETIREMENT COMMUNITY	K	360,800	FAIR MARKET VALUE
WK ARBORS LLC	A	25,200	FAIR MARKET VALUE
MULTI-FAITH RETIREMENT SERVICES DBA LIVE OAK RETIREMENT COMMUNITY	C	2,500,000	FAIR MARKET VALUE