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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public
▶ 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
LAFAYETTE GENERAL MEDICAL CENTER INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1214 COOLIDGE BOULEVARD

City or town, state or province, country, and ZIP or foreign postal code
LAFAYETTE, LA 705032621

D Employer identification number
72-0535375

E Telephone number
(337) 289-8125

G Gross receipts $ 448,929,089

F Name and address of principal officer
DAVID CALLECOD
1214 COOLIDGE BOULEVARD
LAFAYETTE,LA 70503

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 LAFAYETTEGENERAL COM

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

L Year of formation 1911

M State of legal domicile LA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
LAFAYETTE GENERAL MEDICAL CENTER'S MISSION IS TO RESTORE, MAINTAIN, ANDIMPROVE HEALTH OF THE PEOPLE IN THE COMMUNITIES WE SERVE

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	21
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	14
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	**5**	2,001
6	Total number of volunteers (estimate if necessary)	**6**	122
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	3,610,697
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-2,002,427

		Prior Year	Current Year
Revenue **8**	Contributions and grants (Part VIII, line 1h)	211,434	223,744
9	Program service revenue (Part VIII, line 2g)	357,497,935	428,275,814
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,556,783	8,079,017
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	16,349,373	12,350,514
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	377,615,525	448,929,089
Expenses **13**	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	42,435	799,588
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)	100,374,500	103,893,735
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)	219,583,764	282,162,461
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	320,000,699	386,855,784
19	Revenue less expenses Subtract line 18 from line 12	57,614,826	62,073,305

		Beginning of Current Year	End of Year
Net Assets or Fund Balances **20**	Total assets (Part X, line 16)	315,475,291	395,964,202
21	Total liabilities (Part X, line 26)	60,503,351	86,160,004
22	Net assets or fund balances Subtract line 21 from line 20	254,971,940	309,804,198

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

****** | 2016-05-11
Signature of officer | Date

ROGER MATTKE CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
AMIE T WHITTINGTON CPA	AMIE T WHITTINGTON CPA	2016-05-09		P01082167

Firm's name ▶ HORNE LLP | Firm's EIN ▶ 20-1941244

Firm's address ▶ 1020 HIGHLAND COLONY PKWY STE 400
RIDGELAND, MS 39157

Phone no (601) 326-1000

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

LAFALAFAYETTE GENERAL MEDICAL CENTER'S MISSION IS TO RESTORE, MAINTAIN, ANDIMPROVE HEALTH OF THE PEOPLE IN THE COMMUNITIES 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 $ 368,724,722 including grants of $ 799,588) (Revenue $ 436,914,515)

PROGRAM SERVICES STATISTICS RELATED TO PROVIDING COMMUNITY MEDICAL CARE FOR THE HOSPITAL TOTAL ACUTE PATIENT DAYS WERE 79,612, TOTAL NURSERY DAYS WERE 5,753, TOTAL REHAB DAYS WERE 3,204 AND TOTAL MENTAL HEALTH DAYS WERE 8,136 OTHER SIGNIFICANT HEALTHCARE SERVICES PROVIDED INCLUDED 65,223 EMERGENCY ROOM VISITS, 15,684 SURGERIES (INPATIENT AND OUTPATIENT), AND 2,875 DELIVERIES THE ORGANIZATION PROVIDES NEEDED MEDICAL CARE TO THE COMMUNITY SERVICES INCLUDED INPATIENT AND OUTPATIENT CARE IN FURTHERANCE OF THE ORGANIZATION'S HEALTHCARE MISSION THE REVENUES FORM THESE SERVICES ARE $805,566,348 AND $525,928,891, RESPECTIVELY THERE WERE ACUTE AND SKILLED CARE SERVICES NOT FULLY COMPENSATED THESE INCLUDED MEDICARE / MEDICAID CONTRACTUALS WITH $588,655,945 OF UNCOMPENSATED SERVICES, OTHER CONTRACTUALS WITH $313,848,296 OF UNCOMPENSATED SERVICES, AND BAD DEBTS OF $54,125,948 THE NET REVENUES OF THE SERVICES PROVIDED WERE $374,865,050 LAFAYETTE GENERAL MEDICAL CENTER (LGMC) SERVES THE NINE PARISHES IN LOUISIANA DESIGNATED ACADIANA WITH 365 STAFFED BEDS (INCLUDING 26 NURSERY BEDS) AND 2,001 EMPLOYEES LGMC REMAINS THE AREA'S LARGEST, FULL SERVICE, ACUTE-CARE MEDICAL CENTER OUR HOSPITAL MISSION IS TO RESTORE, MAINTAIN, AND IMPROVE HEALTH OF PEOPLE IN THE COMMUNITIES WE SERVE WE ARE A COMMUNITY-OWNED AND LOCALLY MANAGED HOSPITAL THAT STAYS TRUE TO OUR MISSION BY DEDICATING SIGNIFICANT RESOURCES TO COMPENSATE A COMPASSIONATE, HIGHLY SKILLED STAFF, ACQUIRE ADVANCED TECHNOLOGY, AND DEVELOP SERVICE IMPROVEMENTS EACH YEAR IN LINE WITH OUR GOAL OF BUILDING A REGIONAL HEALTH CARE SYSTEM, LAFAYETTE GENERAL HAS ESTABLISHED CLINICAL AFFILIATIONS WITH OUTLYING HOSPITALS, EXTENDING OUR BEST PRACTICES IN CANCER TREATMENTS, CARDIOLOGY, AND NEUROSCIENCE SUPPORT TO OUTLYING PARISHES WE ALSO ENABLED PATIENTS TO PARTICIPATE MORE IN THEIR HEALTH CARE BY OFFERING AN ONLINE PATIENT PORTAL ON JULY 1, 2013, AFTER LAFAYETTE GENERAL HEALTH TOOK OVER MANAGEMENT OF UNIVERSITY HOSPITAL & CLINICS (FORMERLY UNIVERSITY MEDICAL CENTER) WHEN IT WAS RUN BY THE STATE OF LOUISIANA, THE RESIDENCY PROGRAM WAS EXPANDED TO LAFAYETTE GENERAL MEDICAL CENTER THESE TWO HOSPITALS SHARE IN A SYNERGISTIC RELATION, WHERE RESIDENTS BASED OUT OF LSU'S NEW ORLEANS AND BATON ROUGE CAMPUSES ROTATE THROUGHOUT EACH OF THESE HOSPITALS THESE RESIDENTS SPAN A WIDE RANGE OF SERVICE LINES, INCLUDING FAMILY MEDICINE, INTERNAL MEDICINE, OTOLARYNGOLOGY (EAR, NOSE AND THROAT), OPHTHALMOLOGY, GENERAL SURGERY, OBSTETRICS, ANESTHESIOLOGY AND ORTHOPEDICS FELLOWSHIPS (SPECIFIC MEDICAL TRAINING AVAILABLE TO THOSE WHO HAVE COMPLETED A RESIDENCY PROGRAM) ARE AVAILABLE IN GERIATRICS AND UROGYNECOLOGY LAFAYETTE GENERAL CONTINUES TO EXPAND ITS SERVICES AND FACILITIES IN ORDER TO MEET THE GROWING NEEDS OF OUR COMMUNITY TWO OF THE MORE RECENT RENOVATIONS AND EXPANSION TO OUR FACILITIES ARE DETAILED BELOW ORIGINALLY BUILT IN 1963, THE 10-STORY LAFAYETTE GENERAL MEDICAL CENTER MAIN BUILDING COMPLETED AN EXTERIOR AND INTERIOR DESIGN RENOVATION TO FOCUS ON PATIENT HEALTH CARE BY CREATING A HEALING-FOCUSED AND COMFORTABLE ENVIRONMENT THE $70 MILLION RENOVATION PROJECT ADDED MORE THAN 65 SQUARE FEET OF SPACE TO PATIENT ROOMS AND MORE THAN 12,500 SQUARE FEET OF OVERALL SPACE WITH LARGER PATIENT BATHROOMS, SHOWERS AND A MODERNIZED PATIENT CARE INFRASTRUCTURE LAFAYETTE GENERAL MEDICAL CENTER COMPLETED A $52 5 MILLION EMERGENCY DEPARTMENT AND OPERATING ROOM EXPANSION AND RENOVATION PROJECT THE EXPANSION INCREASED THE EMERGENCY DEPARTMENT BED CAPACITY FROM 31 BEDS TO 45 AND ADDED TWO NEW TRAUMA ROOMS A NEW TRAUMA ELEVATOR ADDED DIRECT ACCESS FROM THE EMERGENCY HELIPAD LANDING AREA TO THE ER, ICU, AND SURGERY AREAS BELOW THIS EXPANSION ALSO INCLUDED A 343 SPACE PARKING GARAGE LGMC WAS AMONG THE FIRST IN THE NATION USING A NEW SYSTEM TO TREAT CORONARY ARTERY DISEASE, AND TO USE A DRUGCOATED BALLOON CATHETER LGMC INTRODUCED ACADIANA'S FIRST DA VINCI XI SURGICAL SYSTEM LGMC WAS THE SECOND HOSPITAL IN THE WORLD TO PIONEER THE BRIGHTMATTER SERVO BRAIN SURGERY SYSTEM OUR ACCOLADES AND ACCREDITATIONS GROW EACH YEAR IN OUR FISCAL YEAR 2015 WE RECEIVED THE FOLLOWING WE WERE ALSO NAMED AS A 2015 WOMEN'S CHOICE AWARD RECIPIENT FOR BEING ONE OF AMERICA'S BEST HOSPITALS FOR PATIENT SAFETY, OBSTETRICS, ORTHOPEDICS, CANCER CARE, STROKE AND PATIENT EXPERIENCE THE HOSPITAL WAS ALSO RECOGNIZED AMONG THE NATIONS "MOST WIRED" BUY HOSPITALS & HEALTH NETWORKS MAGAZINE THE HOSPITAL WAS AS RECOGNIZED AS A 2014/2015 CONSUMER CHOICE AWARD WINNER FOR THE TENTH-CONSECUTIVE TIME BY NATIONAL RESEARCH CORPORATION THE CONSUMER CHOICE AWARD WINNERS ARE DETERMINED BY CONSUMER PERCEPTIONS ON MULTIPLE QUALITY AND IMAGE RATINGS COLLECTED IN NATIONAL RESEARCH'S MARKET INSIGHTS SURVEY, THE LARGEST ONLINE CONSUMER HEALTHCARE SURVEY IN THE COUNTRY THE HOSPITAL RECEIVED THE 2014 PRESS GANEY GUARDIAN OF EXCELLENCE AWARD AND THE 2014 PRESS GANEY BEACON OF EXCELLENCE AWARD FOR PATIENT EXPERIENCE THE PRESS GANEY AWARDS RECOGNIZE THE NATION'S TOP-PERFORMING HEALTH CARE FACILITIES THAT HAVE CONSISTENTLY ACHIEVED THE 95TH PERCENTILE IN PATIENT EXPERIENCE, AND HAVE CONSISTENTLY MAINTAINED A HIGH LEVEL OF EXCELLENCE FOR THREE CONSECUTIVE YEARS LAFAYETTE GENERAL MEDICAL CENTER WAS NAMED A 2015 WOMEN'S CHOICE AWARD RECIPIENT FOR BEING ONE OF AMERICA'S BEST HOSPITALS FOR PATIENT SAFETY THIS DISTINCTION IS THE ONLY EVIDENCE-BASED DESIGNATION THAT IDENTIFIES THE COUNTRY'S BEST HOSPITALS BASED ON ROBUST CRITERIA REGARDING PATIENT SAFETY, SPECIFICALLY WHAT WOMEN SAY THEY WANT FROM A HOSPITAL THE 310 HOSPITALS SELECTED AS AMERICA'S BEST HOSPITALS FOR PATIENT SAFETY NATIONWIDE WERE IDENTIFIED BASED ON HAVING A LOW INCIDENCE OF PROBLEMS ARISING FROM SURGICAL ERRORS AND INFECTIONS SOUTHERN EYE BANK (SEB) PRESENTED LGMC ITS 2014 "HOSPITAL OF THE YEAR" AWARD FOR BEING A LOCAL LEADER IN CORNEA DONATION THIS IS THE FIFTH TIME LGMC HAS RECEIVED THE SEB AWARD BOTH UNIVERSITY HOSPITAL & CLINICS (UHC) AND LAFAYETTE GENERAL MEDICAL CENTER (LGMC) EARNED QUALITY RESPIRATORY CARE RECOGNITION (QRCR) UNDER A NATIONAL PROGRAM AIMED AT HELPING PATIENTS AND FAMILIES MAKE INFORMED DECISIONS ABOUT THE QUALITY OF THE RESPIRATORY CARE SERVICES AVAILABLE IN HOSPITALS LAFAYETTE GENERAL MEDICAL CENTER (LGMC) GARNERED THE LOUISIANA QUALITY FOUNDATION'S (LQF) HIGHEST AWARD, THE LOUISIANA PERFORMANCE EXCELLENCE AWARD (LPEA) THE LQF AWARDS PROGRAM RECOGNIZES PERFORMANCE EXCELLENCE LEADERSHIP IN BOTH PROFIT AND NON-PROFIT LOUISIANA ORGANIZATIONS IN THE AREAS OF MANUFACTURING, SERVICE, HEALTH CARE, EDUCATION AND THE PUBLIC SECTOR LPEA RECIPIENTS HAVE SUCCESSFULLY ACHIEVED BENCHMARK CRITERIA IN ALIGNMENT WITH THE MALCOLM BALDRIGE NATIONAL QUALITY AWARD BALDRIGE, INITIATED IN 1987, IS AN INTERNATIONALLY RECOGNIZED STANDARD FOR PERFORMANCE EXCELLENCE IN BUSINESS, EDUCATION AND HEALTH CARE THE BALDRIGE PROGRAM HELPS ORGANIZATIONS ACHIEVE BEST-IN-CLASS LEVELS OF PERFORMANCE BY IDENTIFYING ROLE MODEL ORGANIZATIONS AND SHARING BEST PRACTICES LGMC'S APPLICATION, WHICH DETAILED PROCESSES THAT HAVE HELPED THE ORGANIZATION REACH AND SUSTAIN NATIONALLY RECOGNIZED LEVELS IN PATIENT CARE AND PATIENT SATISFACTION, WAS REVIEWED AT THE STATE LEVEL BY LQF A PANEL OF EXAMINERS THEN CONDUCTED A SITE VISIT LQF HAS THREE DIFFERENT AWARD WINNERS BASED ON SUBMISSION OF 1) ORGANIZATIONAL PROFILE 2) BALDRIGE CRITERIA 3) RESULTS PERFORMANCE CHALLENGE AWARD WINNERS HAVE DEMONSTRATED EXCELLENCE IN THE ORGANIZATIONAL PROFILE, WHILE COMMITMENT TO PERFORMANCE AWARD WINNERS SHOW PROFICIENCY IN BOTH THE ORGANIZATIONAL PROFILE AND BALDRIGE CRITERIA LPEA WINNERS EXCEL IN ALL THREE AREAS LAFAYETTE GENERAL MEDICAL CENTER ASSUMES THE ROLE OF A COMMUNITY PARTNER IN A VARIETY OF WAYS THROUGH FINANCIAL CONTRIBUTIONS WE WORK TO PRESERVE THE PROSPERITY OF OUR COMMUNITY, FURTHER MEDICAL EDUCATION AND RESEARCH AND HELP OUR CONSTITUENTS ACCESS THE MEDICAL CARE THEY NEED WE COORDINATE EVENTS AND SCREENINGS FREE OF CHARGE TO MAINTAIN THE HEALTH OF THE LOCAL PUBLIC, INCLUDING FREE EKG SCREENINGS AT MONTHLY HEART FAIRS AND FREE COLORECTAL SCREENING KITS WE ALSO EXTEND OUR WORKFORCE BEYOND THEIR DAILY RESPONSIBILITIES TO PARTICIPATE IN ACTIVITIES THAT PROVIDE FOR THE SAFETY AND BETTERMENT OF OUR COMMUNITY

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

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

4d Other program services (Describe in Schedule O)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 368,724,722

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	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		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)*

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**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
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**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **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	331		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	2,001		
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			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds.** 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**	21		
	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**	14		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**		Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**			No
6	Did the organization have members or stockholders?	**6**		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

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

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

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 ▶THE ORGANIZATION

1214 COOLIDGE BOULEVARD
LAFAYETTE,LA 70503 (337) 289-8125

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

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

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

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

1b	**Sub-Total**			
c	**Total from continuation sheets to Part VII, Section A**			
d	**Total (add lines 1b and 1c)**	423,194	8,463,235	647,480

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 ▶ 83

			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
ARAMARK CORPORATION 25271 NETWORK PLACE CHICAGO, IL 60673	HOUSEKEEPING AND DIETARY	10,661,972
CARDIOVASCULAR INSTITUTE OF THE SOUTH AP 225 DUNN STREET HOUMA, LA 703604413	CARDIOLOGY SERVICES	2,927,041
LSU HEALTH CARE SERVICES 433 BOLIVAR STREET NEW ORLEANS, LA 70112	MEDICAL SCHOOL RESIDENTS	2,242,670
PARISH ANESTHESIA OF LAFAYETTE 3510 N CAUSEWAY BOULEVARD METAIRIE, LA 70002	ANESTHESIA SERVICES	1,796,375
GBR LLC 155 HOSPITAL DRIVE SUITE 206 LAFAYETTE, LA 70503	CRITICAL CARE SERVICES	1,691,538

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

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	45,176			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	178,568			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . . ▶		223,744			
Program Service Revenue			Business Code				
	2a	PATIENT REVENUE	621990	428,275,814	428,275,814		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶		428,275,814			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		4,816,076			4,816,076
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . . ▶		6			6
			(i) Real / (ii) Personal				
	6a	Gross rents	98,751				
	b	Less rental expenses	0				
	c	Rental income or (loss)	98,751				
	d	Net rental income or (loss) . . . . . ▶		98,751			98,751
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	3,262,941				
	b	Less cost or other basis and sales expenses	0				
	c	Gain or (loss)	3,262,941				
	d	Net gain or (loss) . . . . . ▶		3,262,941			3,262,941
Other Revenue	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	2,359				
	b	Less cost of goods sold . . b	0				
	c	Net income or (loss) from sales of inventory . . ▶		2,359			2,359
		Miscellaneous Revenue	Business Code				
	11a	OTHER REVENUE	900099	12,249,398	8,638,701	3,610,697	
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . ▶		12,249,398			
	12	**Total revenue.** See Instructions . . . . . ▶		448,929,089	436,914,515	3,610,697	8,180,133

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	799,588	799,588		
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 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	322,166		322,166	
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	88,442,406	82,273,235	6,169,171	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,157,138	1,089,539	67,599	
9 Other employee benefits	7,800,151	7,046,339	753,812	
10 Payroll taxes	6,171,874	5,720,446	451,428	
11 Fees for services (non-employees)				
a Management	1,543,623	1,497,089	46,534	
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	378,201	378,201		
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	30,768	24,508	6,260	
13 Office expenses	5,050,414	4,365,870	684,544	
14 Information technology	19,752	18,652	1,100	
15 Royalties				
16 Occupancy	3,667,308	945,761	2,721,547	
17 Travel	210,228	177,759	32,469	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	47,539	47,539		
21 Payments to affiliates	62,355,108	62,355,108		
22 Depreciation, depletion, and amortization	4,221,796	3,959,144	262,652	
23 Insurance	124,582	112,942	11,640	
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 MEDICAL SUPPLIES	78,027,560	77,035,407	992,153	
b BAD DEBT	54,125,948	54,125,948		
c NONCLINICAL CONTRACT LA	17,132,582	16,327,111	805,471	
d EQUIPMENT RENTAL AND MA	14,408,498	11,243,966	3,164,532	
e All other expenses	40,818,554	39,180,570	1,637,984	
25 **Total functional expenses.** Add lines 1 through 24e	386,855,784	368,724,722	18,131,062	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		5,073	1	5,077
	2	Savings and temporary cash investments		46,943,521	2	20,320,527
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		33,668,553	4	43,623,741
	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		14,665,155	7	18,968,440
	8	Inventories for sale or use		9,478,061	8	9,456,922
	9	Prepaid expenses and deferred charges		1,030,465	9	987,885
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 89,036,399			
	b	Less accumulated depreciation	10b 69,435,294	34,628,363	10c	19,601,105
	11	Investments—publicly traded securities		83,906,002	11	
	12	Investments—other securities See Part IV, line 11		9,778	12	9,778
	13	Investments—program-related See Part IV, line 11		8,582,421	13	9,765,390
	14	Intangible assets		1,333,333	14	1,333,333
	15	Other assets See Part IV, line 11		81,224,566	15	271,892,004
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		315,475,291	16	395,964,202
Liabilities	17	Accounts payable and accrued expenses		37,566,383	17	29,876,732
	18	Grants payable			18	
	19	Deferred revenue		9,973,361	19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		3,957,634	23	390,273
	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		9,005,973	25	55,892,999
	26	**Total liabilities.** Add lines 17 through 25		60,503,351	26	86,160,004
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		254,971,940	27	309,804,198
	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		254,971,940	33	309,804,198
	34	Total liabilities and net assets/fund balances		315,475,291	34	395,964,202

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	448,929,089
2	Total expenses (must equal Part IX, column (A), line 25)	2	386,855,784
3	Revenue less expenses Subtract line 2 from line 1	3	62,073,305
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	254,971,940
5	Net unrealized gains (losses) on investments	5	-7,241,047
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	309,804,198

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: 72-0535375
Name: LAFAYETTE GENERAL MEDICAL CENTER INC

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) CLAY ALLEN CHAIRMAN	3 00 2 00	X						0	0	0
(1) MARTIN BECH TRUSTEE	1 00 1 00	X						0	0	0
(2) BRADLEY J CHASTANT MD TRUSTEE	8 00 1 00	X						7,500	0	0
(3) BRADEN DESPOT SECRETARY	1 00 2 00	X						0	0	0
(4) BENJAMIN DOGA MD TRUSTEE	3 50 1 00	X						22,600	0	0
(5) JULIE FALGOUT TRUSTEE	1 00 1 00	X						0	0	0
(6) WILLIAM H FENSTERMAKER PAST CHAIRMAN	1 00 2 00	X						0	0	0
(7) PHILIP GACHASSIN MD TRUSTEE	8 50 1 00	X						97,933	0	0
(8) ROBERT GILES TRUSTEE	1 00 1 00	X						0	0	0
(9) JOBY JOHN PHD TRUSTEE	1 00 3 00	X						0	0	0
(10) EDWARD KRAMPE VICE CHAIRMAN - PART YEAR	1 00 2 00	X						0	0	0
(11) FLO MEADOWS TREASURER	1 00 1 00	X						0	0	0
(12) DAVID CALHOUN TRUSTEE	1 00 1 00	X						0	0	0
(13) MANDI MITCHELL TRUSTEE	1 00 1 00	X						0	0	0
(14) GARY SALMON TRUSTEE	1 00 1 00	X						0	0	0
(15) SAMUEL SHUFFLER MD TRUSTEE	1 00 1 00	X						0	0	0
(16) DAVID WILSON TRUSTEE	1 00 2 00	X						0	0	0
(17) JOSEPH ZANCO TRUSTEE	1 00 1 00	X						0	0	0
(18) JUAN J PEREZ-RUIZ MD CHIEF OF STAFF - PART YEAR	1 00 41 00	X						0	271,163	10,667
(19) BRAD BROUSSARD MD TRUSTEE - PART YEAR	5 00 41 00	X						54,333	0	0
(20) JOHN SCHUTTE MD TRUSTEE - PART YEAR	21 00 41 00	X						52,000	1,428,105	19,469
(21) DENNIS ESCHETE MD CHIEF OF STAFF - PART YEAR	9 00 1 00	X						87,800	0	0
(22) DAVID CALLECOD PRESIDENT/CEO - LGHS	1 00 46 00			X				0	1,177,776	238,614
(23) PATRICK W GANDY JR EVP/CEO - LGMC	1 00 40 00			X				0	596,096	94,150
(24) ROGER MATTKE SVP/CFO	1 00 40 00			X				0	549,661	115,044

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			
(26) REBECCA F BENOIT VP/CNO	1 00 40 00			X				0	307,130	48,652
(1) GORDON E ROUNTREE JR SVP/GENERAL COUNSEL	1 00 40 00			X				0	480,889	86,033
(2) DEBORAH F JOHNSON MD PHYSICIAN	40 00 0 00					X		0	806,368	4,009
(3) MICHAEL CAIN MD PHYSICIAN	40 00 1 00					X		44,928	782,533	6,062
(4) SALMAN MALAD MD PHYSICIAN	40 00 0 00					X		0	753,651	5,145
(5) ANGELA MAYEUX-HEBERT MD PHYSICIAN	40 00 0 00					X		56,100	726,812	10,465
(6) WILLIAM ROY JR MD PHYSICIAN	40 00 0 00					X		0	583,051	9,170

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **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
LAFAYETTE GENERAL MEDICAL CENTER INC

Employer identification number
72-0535375

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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493133032266

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	Employer identification number
LAFAYETTE GENERAL MEDICAL CENTER INC	72-0535375

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)	0	174,268
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)	0	174,268
d Other exempt purpose expenditures	368,679,545	636,621,767
e Total exempt purpose expenditures (add lines 1c and 1d)	368,679,545	636,796,035
f Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	1,000,000

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

g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	250,000
h Subtract line 1g from line 1a If zero or less, enter -0-	0	0
i Subtract line 1f from line 1c If zero or less, enter -0-	0	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	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	23,762	24,586	189,962	174,268	412,578
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	23,762	24,586	189,962	174,268	412,578

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?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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
SCHEDULE C PART II-A, LINE 1A	ALL LOBBYING ACTIVITIES OCCUR INDIRECTLY THROUGH THE AMERICAN HOSPITAL ASSOCIATION AND THE LOUISIANA HOSPITAL ASSOCIATION THE HOSPITAL DOES NOT HAVE ANY CONTROL OR DIRECTION IN DETERMINING HOW SUCH DUES PAID TO THESE TWO ORGANIZATIONS ARE USED

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

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TY 2014 Affiliated Group Schedule

Name: LAFAYETTE GENERAL MEDICAL CENTER INC

EIN: 72-0535375

Affiliated Group Business Name:	LAFAYETTE GENERAL MEDICAL CENTER
Address. Either US or Foreign Type:	1214 COOLIDGE BOULEVARD LAFAYETTE, LA 705032621
EIN:	72-0535375
Electing Organization Checkbox:	☑
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	368,679,545
Total Exempt Purpose Expenditures:	368,679,545
Lobbying Nontaxable Amount:	1,000,000
Grassroots Nontaxable Amount:	250,000
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0
Affiliated Group Business Name:	ST MARTIN HOSPITAL
Address. Either US or Foreign Type:	210 CHAMPAGNE BOULEVARD BREAUX BRIDGE, LA 70517
EIN:	26-4626264
Electing Organization Checkbox:	☑
Total Grassroots Lobbying:	3,955
Total Direct Lobbying:	0
Total Lobbying Expenditures:	3,955
Other Exempt Purpose Expenditures:	16,829,149
Total Exempt Purpose Expenditures:	16,833,104
Lobbying Nontaxable Amount:	991,655
Grassroots Nontaxable Amount:	247,914
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	UNIVERSITY HOSPITAL AND CLINICS INC
Address. Either US or Foreign Type:	1214 COOLIDGE BOULEVARD LAFAYETTE, LA 705032621
EIN:	46-2605366
Electing Organization Checkbox:	☑
Total Grassroots Lobbying:	11,308
Total Direct Lobbying:	0
Total Lobbying Expenditures:	11,308
Other Exempt Purpose Expenditures:	147,818,414
Total Exempt Purpose Expenditures:	147,829,722
Lobbying Nontaxable Amount:	1,000,000
Grassroots Nontaxable Amount:	250,000
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	ACADIA GENERAL HOSPITAL INC
Address. Either US or Foreign Type:	1305 CROWLEY RAYNE HWY CROWLEY, LA 70526
EIN:	46-4958152
Electing Organization Checkbox:	☑
Total Grassroots Lobbying:	7,496
Total Direct Lobbying:	0
Total Lobbying Expenditures:	7,496
Other Exempt Purpose Expenditures:	34,827,637
Total Exempt Purpose Expenditures:	34,835,133
Lobbying Nontaxable Amount:	1,000,000
Grassroots Nontaxable Amount:	250,000
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	LAFAYETTE GENERAL HEALTH SYSTEMS
Address. Either US or Foreign Type:	1214 COOLIDGE BOULEVARD LAFAYETTE, LA 705032621
EIN:	38-3646817
Electing Organization Checkbox:	☑
Total Grassroots Lobbying:	151,509
Total Direct Lobbying:	0
Total Lobbying Expenditures:	151,509
Other Exempt Purpose Expenditures:	67,934,210
Total Exempt Purpose Expenditures:	68,085,719
Lobbying Nontaxable Amount:	1,000,000
Grassroots Nontaxable Amount:	250,000
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	LAFAYETTE GENERAL FOUNDATION
Address. Either US or Foreign Type:	1214 COOLIDGE BOULEVARD LAFAYETTE, LA 70503
EIN:	37-1766778
Electing Organization Checkbox:	☑
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	532,812
Total Exempt Purpose Expenditures:	532,812
Lobbying Nontaxable Amount:	104,922
Grassroots Nontaxable Amount:	26,231
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
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
LAFAYETTE GENERAL MEDICAL CENTER INC

Employer identification number
72-0535375

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				
b Buildings		5,401,334	1,874,702	3,526,632
c Leasehold improvements		1,728,102	1,213,906	514,196
d Equipment		80,324,220	66,280,649	14,043,571
e Other		1,582,743	66,037	1,516,706
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				19,601,105

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

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

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

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

(a) Description	(b) Book value
(1) BOND FUNDS	5,732,109
(2) DEPOSITS	7,453
(3) CSV OF EXEC/KEY LIFE INSURANCE	373,846
(4) UNINVESTED VALUE OF SERP	2,795,449
(5) DUE FROM RELATED PARTY	262,983,147
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	271,892,004

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	
DUE TO RELATED PARTY	55,892,999
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	55,892,999

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
PART X, LINE 2	THE ORGANIZATION ACCOUNTS FOR UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ASC 740 FASB ASC 740 PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT PROCESS FOR FINANCIAL STATEMENT RECOGNITION OF UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN THE INTERPRETATION ALSO PROVIDES GUIDANCE ON RECOGNITION, DE-RECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE AND TRANSITION THE ORGANIZATION'S VARIOUS FEDERAL INCOME TAX AND EXEMPT ORGANIZATION INCOME TAX RETURNS (IRS FORMS 1065, 1120, AND 990), WHETHER FILED ON A CALENDAR OR FISCAL YEAR BASIS, ARE SUBJECT TO EXAMINATION BY THE IRS THE INCOME TAX RETURNS ARE SUBJECT TO EXAMINATION BY THE TAXING AUTHORITIES, GENERALLY FOR THREE YEARS AFTER THEY ARE FILED

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
LAFAYETTE GENERAL MEDICAL CENTER INC

Employer identification number
72-0535375

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year ☐ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care ☑ 100% ☐ 150% ☐ 200% ☐ Other _____ %	3a	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care ☑ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____ %	3b	Yes	
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)			1,200,198		1,200,198	0 360 %
b Medicaid (from Worksheet 3, column a)			39,843,445	91,660,355	-51,816,910	0 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			41,043,643	91,660,355	-50,616,712	0 360 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			10,883,047		10,883,047	3 270 %
f Health professions education (from Worksheet 5)			3,142,570	684,674	2,457,896	0 740 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			78,454		78,454	0 020 %
j **Total.** Other Benefits			14,104,071	684,674	13,419,397	4 030 %
k **Total.** Add lines 7d and 7j			55,147,714	92,345,029	-37,197,315	4 390 %

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 54,125,948		
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 2,816,803		
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	102,772,279
6	Enter Medicare allowable costs of care relating to payments on line 5	6	104,307,686
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-1,535,407
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	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? 1

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)

	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 LAFAYETTE GENERAL MEDICAL CENTER INC

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

			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 2012			
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		No
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)			
	☑ Hospital facility's website (list url)			
a	HTTP //WWW LAFAYETTEGENERAL COM/SITES/WWW/UPLOADS/FILES/COMMUNITY%20REPORTS			
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 2012			
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)*

LAFAYETTE GENERAL MEDICAL CENTER INC

Name of hospital facility or letter of facility reporting group

			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 100.000000000000% and FPG family income limit for eligibility for discounted care of 200.000000000000%			
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) HTTP //WWW LAFAYETTEGENERAL COM/SITES/WWW/UPLOADS/FILES/FAP/FAP_LGMC_122815			
b	☑ The FAP application form was widely available on a website (list url) HTTP //WWW LAFAYETTEGENERAL COM/SITES/WWW/UPLOADS/FILES/FAP/LGMC_FINANCIAL_			
c	☑ A plain language summary of the FAP was widely available on a website (list url) HTTP //WWW LAFAYETTEGENERAL COM/SITES/WWW/UPLOADS/FILES/FAP/LGMC_FINANCIAL_			
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 LAFAYETTE GENERAL MEDICAL CENTER INC

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

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? _____

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

Part VI Supplemental Information

Provide the following information

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

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

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

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

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

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

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

Form and Line Reference	Explanation
PART I, LINE 6A	THE ANNUAL COMMUNITY BENEFIT REPORT INCLUDED ALL OF THE HEALTHCARE FACILITIES THAT LAFAYETTE GENERAL MEDICAL CENTER, INC IS AFFILIATED WITH THE COMMUNITY BENEFIT REPORT INCLUDED LAFAYETTE GENERAL HEALTH SYSTEM, UNIVERSITY HOSPITAL & CLINICS, ACADIA GENERAL HOSPITAL, KAPLAN GENERAL HOSPITAL, DBA ABROM KAPLAN MEMORIAL HOSPITAL, LAFAYETTE GENERAL SURGICAL HOSPITAL, OIL CENTER SURGIAL PLAZA, ST MARTIN HOSPITAL, LAFAYETTE HEALTH VENTURES, AND LAFAYETTE GENERAL FOUNDATION

Form and Line Reference	Explanation
PART I, LINE 7	THE HOSPITAL USED TOTAL EXPENSES FROM FORM 990, PART IX, LINE 25, EXCLUDING BAD DEBT EXPENSE A COST-TO-CHARGE RATIO WAS USED TO ESTIMATE COSTS INCLUDED IN LINE 7 THE COST-TO-CHARGE WAS DERIVED FROM WORKSHEET 2, RATIO OF PATIENT CARE COST-TO-CHARGE, AS PROVIDED IN THE INSTRUCTIONS TO SCHEDULE H PART I, LINE 7B, MEDICAID LGMC RECEIVES SUPPLEMENTAL MEDICAID PAYMENTS TO ASSIST IN OFFSETTING THE COSTS OF PROVIDING GRADUATE MEDICAL EDUCATION PROGRAMS AT BOTH LGMC AND UNIVERSITY HOSPITAL AND CLINICS THE PAYMENTS ARE PROVIDED THROUGH A COLLABORATIVE ENDEAVOR AGREEMENT CREATING A PUBLIC PRIVATE PARTNERSHIP WITH LGMC, UHC, LOUISIANA STATE UNIVERSITY AND THE STATE OF LOUISIANA

Form and Line Reference	Explanation
PART I, LINE 7, COLUMN (F)	THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS $ 54,125,948

Form and Line Reference	Explanation
PART 1, LINE 7, COLUMN F	THE HOSPITAL USED TOTAL EXPENSES FROM FORM 990, PART IX, LINE 25 WHICH EXCLUDED BAD DEBT EXPENSE A COST-TO-CHARGE RATIO WAS USED TO ESTIMATE COSTS INCLUDED IN LINE 7 THE COST-TO-CHARGE WAS DERIVED FROM WORKSHEET 2, RATIO OF PATIENT CARE COST-TO-CHARGE AS PROVIDED IN THE INSTRUCTIONS TO SCHEDULE H

Form and Line Reference	Explanation
PART III, LINE 4	THE FOOTNOTE TO THE AUDITED FINANCIAL STATEMENTS READS PATIENT ACCOUNTS RECEIVABLE ARE REPORTED AT NET REALIZABLE VALUE ACCOUNTS ARE WRITTEN OFF WHEN THEY ARE DETERMINED TO BE UNCOLLECTIBLE BASED UPON MANAGEMENT'S ASSESSMENT OF INDIVIDUAL ACCOUNTS PATIENTS' ACCOUNTS RECEIVABLE ARE REDUCED BY AN ALLOWANCE FOR DOUBTFUL ACCOUNTS IN EVALUATING THE COLLECTABILITY OF PATIENTS' ACCOUNTS RECEIVABLE, THE ORGANIZATION ANALYZES ITS PAST HISTORY AND IDENTIFIES TRENDS TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR DOUBTFUL ACCOUNTS MANAGEMENT REGULARLY REVIEWS DATA ABOUT THE ORGANIZATION'S MAJOR PAYOR SOURCES OF REVENUE IN EVALUATING THE SUFFICIENCY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY COVERAGE, THE ORGANIZATION ANALYZES CONTRACTUALLY DUE AMOUNTS AND PROVIDES AN ALLOWANCE FOR DOUBTFUL ACCOUNTS, IF NECESSARY (E G , FOR EXPECTED UNCOLLECTIBLE DEDUCTIBLES AND COPAYMENTS ON ACCOUNTS FOR WHICH THE THIRD-PARTY PAYOR HAS NOT YET PAID, OR FOR PAYERS WHO ARE KNOWN TO BE HAVING FINANCIAL DIFFICULTIES THAT MAKE THE REALIZATION OF AMOUNTS DUE UNLIKELY) FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS, THOSE WITH NO THIRD-PARTY COVERAGE, THE ORGANIZATION RECORDS A SIGNIFICANT PROVISION FOR BAD DEBTS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS PAST EXPERIENCE, WHICH INDICATES THAT MANY PATIENTS ARE UNABLE OR UNWILLING TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE THE DIFFERENCE BETWEEN THE STANDARD RATES (OR THE DISCOUNTED RATES IF NEGOTIATED) AND THE AMOUNTS ACTUALLY COLLECTED, AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED, IS WRITTEN OFF AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS THE DIFFERENCE BETWEEN THE STANDARD RATES (OR THE DISCOUNTED RATES IF NEGOTIATED) AND THEAMOUNTS ACTUALLY COLLECTED, AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED,IS WRITTEN-OFF AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS THE ORGANIZATION'S ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS REMAINED AT 99% OF SELF PAYACCOUNTS RECEIVABLE AT SEPTEMBER 30, 2015 AND 2014 THE ORGANIZATION HAS EXPERIENCED AN INCREASE IN CHARITY CARE AND BAD DEBT WRITE-OFFS AS A RESULT OF RISING PATIENT RESPONSIBILITIES DUE IN PART TO HIGH DEDUCTIBLE AND HIGH CO-PAY INSURANCE PLANS, AND AN OVERALL INCREASE IN UNINSURED PATIENTS RESULTING FROM THE COLLABORATION WITH THE STATE TO OPERATE THE FORMER LSU TEACHING HOSPITAL IN LAFAYETTE WHICH SERVES A PREDOMINATELY MEDICAID AND UNINSURED POPULATION BAD DEBT EXPENSE EQUALS THE BAD DEBT EXPENSE ON THE AUDITED FINANCIAL STATEMENTS THE HOSPITAL ANALYZED THE POPULATION THAT WAS WRITTEN OFF TO BOTH CHARITY AND BAD DEBT DURING THE YEAR IT WAS ESTIMATED THAT 44% OF THE UNINSURED OUTPATIENT EMERGENCY ROOM VISITS THAT WERE ADJUSTED TO BAD DEBT MAY HAVE BEEN PATIENTS THAT COULD HAVE QUALIFIED FOR THE HOSPITAL'S CHARITY CARE POLICY BUT DID NOT INITIATE OR COMPLETE THE NECESSARY DOCUMENTATION THE HOSPITAL DID NOT INCLUDE ANY BAD DEBTS IN OUR COMMUNITY BENEFIT CALCULATIONS

Form and Line Reference	Explanation
PART III, LINE 8	THE COSTING METHODOLOGY USED FOR LINE 6 WAS THE STANDARD MEDICARE COST REPORT COST SYSTEM THE AMOUNTS WERE RECAPPED FROM THE HOSPITALS FILED 2015 COST REPORT THE CORRESPONDING REVENUE AMOUNTS WERE INCLUDED ON LINE 5 THE HOSPITAL DID NOT INCLUDE THE MEDICARE SHORTFALL IN OUR COMMUNITY BENEFIT CALCULATIONS REPORTED ON PART I, LINE 7

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

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

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

Form and Line Reference	Explanation
PART VI, LINE 4	THE HOSPITAL SERVES THE NINE PARISHES IN LOUISIANA DESIGNATED AS ACADIANA AS THE LARGEST, FULL SERVICE, ACUTE CARE MEDICAL CENTER APPROXIMATELY ONE THIRD OF THE HOSPITAL'S DISCHARGES COME FROM LAFAYETTE PARISH THE HOSPITAL MAINTAINS AN EMERGENCY ROOM OPEN TO ALL PEOPLE REQUIRING EMERGENCY CARE

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

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

Additional Data

Software ID:
Software Version:
EIN: 72-0535375
Name: LAFAYETTE GENERAL MEDICAL CENTER INC

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
LAFAYETTE GENERAL MEDICAL CENTER INC	
LAFAYETTE GENERAL MEDICAL CENTER INC	PART V, SECTION B, LINE 11 THE HOSPITAL ADDRESSED NEEDS IDENTIFIED IN ITS MOST RECENTLY C ONDUCTED NEEDS ASSESSMENT BY -ADOPTION OF AN IMPLEMENTATION STRATEGY TO ADDRESS THE HEALTH NEEDS OF THE HOSPITAL FACILITY'S COMMUNITY-EXECUTION OF THE IMPLEMENTATION STRATEGY-PARTI CIPATION IN THE DEVELOPMENT OF A COMMUNITY-WIDE COMMUNITY BENEFIT PLAN-PARTICIPATION IN TH E EXECUTION OF A COMMUNITY-WIDE COMMUNITY BENEFIT PLAN-INCLUSION OF A COMMUNITY BENEFIT SE CTION IN OPERATIONAL PLANS-ADOPTION OF A BUDGET FOR PROVISION OF SERVICES THAT ADDRESS THE NEEDS IDENTIFIED IN THE NEEDS ASSESSMENT-PRIORITIZATION OF HEALTH NEEDS IN ITS COMMUNITY- PRIORITIZATION OF SERVICES THAT THE HOSPITAL FACILITY WILL UNDERTAKE TO MEET HEALTH NEEDS IN ITS COMMUNITYPLEASE SEE ATTACHED IMPLEMENTATION STRATEGY FOR FURTHER INFORMATION
LAFAYETTE GENERAL MEDICAL CENTER INC	PART V, SECTION B, LINE 16I THE POLICY IS DESCRIBED IN OUR PATIENT INFORMATION PACKETS PROVIDED DURING THE ADMISSION PROCESS
PART V, SECTION B, LINE 7A - CHNA WEBSITE	HTTP //WWW LAFAYETTEGENERAL COM/SITES/WWW/UPLOADS/FILES/COMMUNITY% 20REPORTS/LGMC-COMMUNITY-NEEDS-ASSESSMENT-FY2013 PDF
PART V, SECTION B, LINE 16	FINANCIAL ASSISTANCE POLICY WEBSITE AVAILABILITY
LAFAYETTE GENERAL MEDICAL CENTER INC PART V, SECTION B, LINE 16A WEBSITE	HTTP //WWW LAFAYETTEGENERAL COM/SITES/WWW/UPLOADS/FILES/FAP/FAP_LGMC_122815
LAFAYETTE GENERAL MEDICAL CENTER INC PART V, SECTION B, LINE 16B WEBSITE	HTTP //WWW LAFAYETTEGENERAL COM/SITES/WWW/UPLOADS/FILES/FAP/LGMC_FINANCIAL_
LAFAYETTE GENERAL MEDICAL CENTER INC PART V, SECTION B, LINE 16C WEBSITE	HTTP //WWW LAFAYETTEGENERAL COM/SITES/WWW/UPLOADS/FILES/FAP/FAP_LGMC_122815

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
LAFAYETTE GENERAL MEDICAL CENTER INC

Employer identification number
72-0535375

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
(1) AMERICAN CANCER SOCIETY 1064 W PINHOOK RD STE 203 LAFAYETTE,LA 70508	13-1788491	501(C)(3)	9,000				DONATION
(2) CAMP BON COEUR 405 W MAIN ST LAFAYETTE,LA 70501	58-1710741	501(C)(3)	10,000				DONATION
(3) LAFAYETTE COMMUNITY HEALTHCARE CLINIC 1317 JEFFERSON STREET LAFAYETTE,LA 70501	72-1221982	501(C)(3)	500	9,941	FEE SCHEDULE	LAB SERVICES	DONATION, REFERENCE LAB SERVICES
(4) LAFAYETTE GENERAL FOUNDATION 1214 COOLIDGE BLVD LAFAYETTE,LA 70503	37-1766778	501(C)(3)	730,634				DONATION
(5) MILES PERRET CANCER CENTER 2130 KALISTE SALOAM RD 200 LAFAYETTE,LA 70508	75-3023211	501(C)(3)	15,000				DONATION
(6) NAMI ACADIANA 1001 W PINHOOK RD LAFAYETTE,LA 70503	26-1801727	501(C)(3)	5,000				DONATION
(7) UNIVERSITY OF LOUISIANA AT LAFAYETTE 104 E UNIVERSITY CIRCLE LAFAYETTE,LA 70503	72-6023836	501(C)(3)	8,283				DONATION

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . ▶ 7

3 Enter total number of other organizations listed in the line 1 table . . . ▶ 0

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	CHARITABLE DONATIONS ARE MADE TO LOCAL NON-PROFIT ORGINIZATIONS THAT PARALLEL OUR HEALTHCARE MISSION IN THE COMMUNITY

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.**

▶ **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
LAFAYETTE GENERAL MEDICAL CENTER INC

Employer identification number
72-0535375

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☑ Travel for companions	☐ Payments for business use of personal residence		
	☑ Tax idemnification and gross-up payments	☑ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	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**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**	Yes	
b	Any related organization?	**6b**	Yes	
	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 ORGANIZATION DOES ALLOW FOR SPOUSAL TRAVEL FOR THE TRUSTEES AND OFFICERS SUCH EXPENSES ARE REPORTED ON THEIR W-2'S OR 1099'S SOCIAL CLUB DUES WERE PAID FOR THE PRESIDENT/CEO-LGHS AND THE EVP/CEO-LGMC AND WERE INCLUDED AS WELL AS COMPENSATION ON THEIR W-2'S
PART I, LINE 4B	A SUPPLEMENTAL EMPLOYEE RETIREMENT PLAN (SERP) WAS ADOPTED EFFECTIVE JANUARY 01,2008 THE SERP IS CLASSIFIED AS A SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN, THE PURPOSE OF WHICH IS TO PROVIDE PARTICIPANTS WITH SUPPLEMENTAL RETIREMENT BENEFITS CONTRIBUTION FOR THE YEAR WAS $498,900 THE BOARD DETERMINES WHICH EMPLOYEES ARE ELIGIBLE FOR PLAN CONTRIBUTIONS PARTICIPANTS WERE DAVID CALLECOD, PRESIDENT/CEO-LGHS, PATRICK GANDY, EVP/COO-LGMC, ROGER MATTKE, SVP/CFO, GORDON ROUNTREE, GENERAL COUNSEL, AND REBECCA BENOIT, CNO DISTRIBUTIONS FROM SERP PLAN, INCLUDED IN 2014 W-2 WAGES, TOTALLED $75,669 THE FOLLOWING RECEIVED DISTRIBUTIONS, INCLUDED IN THEIR 2014 W-2 WAGES DAVID CALLECOD, PRESIDENT/CEO-LGHS, PATRICK GANDY, EVP/COO-LGMC, ROGER MATTKE, SVP/CFO, AND GORDON ROUNTREE, GENERAL COUNSEL
PART I, LINE 6	THE ORGANIZATION DOES HAVE AN INCENTIVE PLAN FOR ALL EMPLOYEES IN GOOD STANDING, DETERMINED IN PART ON NET EARNINGS THE CRITERIA USED TO DETERMINE IF PROFIT SHARING WILL BE MADE IS BASED ON METRICS DEVELOPED WITHIN FIVE AREAS, 20% EMPLOYEES, 15% SERVICE, 20% QUALITY, 35% FUNDING OUR FUTURE, AND 10% GROWTH EARNINGS IN EXCESS OF BUDGETED EARNINGS MUST BE AVAILABLE FOR PROFIT SHARING TO BE PAID THE OFFICERS', AS LISTED ON PART VII OF FORM 990, CALCULATION OF INCENTIVE PLAN PAYMENTS ARE IN PART BASED ON THE CONSOLIDATED NET EARNINGS

Additional Data

Software ID:
Software Version:
EIN: 72-0535375
Name: LAFAYETTE GENERAL MEDICAL CENTER INC

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

(A) Name 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
JUAN J PEREZ-RUIZ MD, CHIEF OF STAFF - PART YEAR	(I)	0	0	0	0	0	0	0
	(II)	271,163	0	0	3,522	7,145	281,830	0
JOHN SCHUTTE MD, TRUSTEE - PART YEAR	(I)	0	0	52,000	0	0	52,000	0
	(II)	1,274,945	153,160	0	11,725	7,744	1,447,574	0
DAVID CALLECOD, PRESIDENT/CEO - LGHS	(I)	0	0	0	0	0	0	0
	(II)	774,176	309,670	93,930	228,970	9,644	1,416,390	0
PATRICK W GANDY JR, EVP/CEO - LGMC	(I)	0	0	0	0	0	0	0
	(II)	425,620	127,686	42,790	87,193	6,957	690,246	0
ROGER MATTKE, SVP/CFO	(I)	0	0	0	0	0	0	0
	(II)	393,952	118,186	37,523	104,281	10,763	664,705	0
REBECCA F BENOIT, VP/CNO	(I)	0	0	0	0	0	0	0
	(II)	236,912	59,228	10,990	46,105	2,547	355,782	0
GORDON E ROUNTREE JR, SVP/GENERAL COUNSEL	(I)	0	0	0	0	0	0	0
	(II)	345,644	103,693	31,552	77,922	8,111	566,922	0
DEBORAH F JOHNSON MD, PHYSICIAN	(I)	0	0	0	0	0	0	0
	(II)	806,368	0	0	1,782	2,227	810,377	0
MICHAEL CAIN MD, PHYSICIAN	(I)	0	0	44,928	0	0	44,928	0
	(II)	782,533	0	0	0	6,062	788,595	0
SALMAN MALAD MD, PHYSICIAN	(I)	0	0	0	0	0	0	0
	(II)	730,426	23,225	0	2,940	2,205	758,796	0
ANGELA MAYEUX-HEBERT MD, PHYSICIAN	(I)	0	0	56,100	0	0	56,100	0
	(II)	620,555	106,257	0	6,084	4,381	737,277	0
WILLIAM ROY JR MD, PHYSICIAN	(I)	0	0	0	0	0	0	0
	(II)	583,051	0	0	7,115	2,055	592,221	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
LAFAYETTE GENERAL MEDICAL CENTER INC

Employer identification number
72-0535375

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	(d) Corrected? No

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

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

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	(d) Loan to or from the organization? From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	(g) In default? No	(h) Approved by board or committee? Yes	(h) Approved by board or committee? No	(i) Written agreement? Yes	(i) Written agreement? 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
(1) SURGICAL HOSPITAL MANAGEMENT SYSTEM	PHILIP GACHASSIN, M D IS A TRUSTEE OF LGMC AND IS A MEMBER OF SHMS, LLC	1,267,500	LAFAYETTE GENERAL MEDICAL CENTER, INC HAS ENTERED INTO A CONTRACT WITH INTERESTED PERSON TO PROVIDE ACUTE CARE SURGICALIST SERVICES		No
(2) STREAMLINE ORTHOPEDIC SERVICES APMLLC	JOHN SCHUTTE, MD IS A TRUSTEE OF LGMC AND IS A MEMBER OF SOS, APMLLC	722,727	LAFAYETTE GENERAL MEDICAL CENTER, INC HAS ENTERED INTO A CONTRACT WITH STREAMLINE ORTHOPEDIC SERVICES, APMLLC TO PROVIDE MEDICAL DIRECTOR SERVICES AND OVERSIGHT OF THE ORTHOPEDIC SERVICES PRODUCT LINE		No
(3) LAFAYETTE UROLOGY CALL LLC	DR SAMUEL SHUFFLER IS A TRUSTEE OF LGMC AND IS A MEMBER OF LUC, LLC	182,500	LAFAYETTE GENERAL MEDICAL CENTER, INC HAS ENTERED INTO A CONTRACT WITH LAFAYETTE UROLOGY CALL, LLC TO ER CALL COVERAGE		No

Part V Supplemental Information

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

Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 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
LAFAYETTE GENERAL MEDICAL CENTER INC	72-0535375

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	TRUSTEES, CLAY ALLEN AND ROBERT GILES, ARE INVOLVED IN SEPARATE BUSINESS VENTURES TOGETHER THAT ARE WHOLLY UNRELATED TO THE ORGANIZATION ANGELA MAYEUX-HERBERT AND BRADLEY CHASTANT ARE PARTNERS IN LIG, WHICH LGMC IS ALSO A PARTNER IN THE FOLLOWING TRUSTEES ALL HAVE OWNERSHIP IN LAFAYETTE GENERAL SURGICAL HOSPITAL DR SCHUTTE, DR CHASTANT, DR SHUFFLER AND DR GACHASSIN

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATION IS A NON-STOCK NOT-FOR-PROFIT CORPORATION WITH ONE CLASS OF MEMBERSHIP

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

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

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

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

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

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	BASIC FINANCIAL INFORMATION IS MADE AVAILABLE AND SENT OUT TO THE COMMUNITY BY MEANS OF THE ORGANIZATION'S ANNUAL REPORT OTHER DOCUMENTS AND MORE DETAILED FINANCIAL INFORMATION ARE AVAILABLE TO THE PUBLIC UPON REQUEST WITHIN THE PARAMETERS OF REGULATORY / LEGAL AUTHORITIES

Return Reference	Explanation
FORM 990, PART VII, SECTION A, LINE A	PAYMENTS TO THE PHYSICIANS THAT SERVE AS TRUSTEES WERE REPORTED ON 1099 MISC BOX 6 FOR SUCH SERVICES AS PROVIDING CALL COVERAGE IN OUR EMERGENCY ROOM, OR SERVING AS MEDICAL DIRECTORS FOR VARIOUS HOSPITAL DEPARTMENTS NO PAYMENTS WERE MADE IN THEIR CAPACITY AS TRUSTEE.

Return Reference	Explanation
FORM 990, PART IX, LINE 24E	PHYSICIAN CLINICAL SERVICES PROGRAM SERVICE EXPENSES 11,996,979 MANAGEMENT AND GENERAL EXPENSES 74,500 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 12,071,479 COMMUNITY PHYSICIAN RELATIONS PROGRAM SERVICE EXPENSES 10,459,545 MANAGEMENT AND GENERAL EXPENSES 12,491 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 10,472,036 CLINICAL CONTRACT LABOR PROGRAM SERVICE EXPENSES 7,059,191 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 7,059,191 MEDICAL DIRECTORSHIPS PROGRAM SERVICE EXPENSES 3,161,033 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 3,161,033 FOOD SUPPLIES PROGRAM SERVICE EXPENSES 3,066,334 MANAGEMENT AND GENERAL EXPENSES 67 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 3,066,401 OTHER NONCLINICAL SERVICES PROGRAM SERVICE EXPENSES 1,453,567 MANAGEMENT AND GENERAL EXPENSES 206,726 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,660,293 RECRUITING PROGRAM SERVICE EXPENSES 57,033 MANAGEMENT AND GENERAL EXPENSES 1,203,893 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,260,926 LAUNDRY PROGRAM SERVICE EXPENSES 745,497 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 745,497 HOUSEKEEPING PROGRAM SERVICE EXPENSES 658,947 MANAGEMENT AND GENERAL EXPENSES 32,836 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 691,783 TAXES & LICENSES PROGRAM SERVICE EXPENSES 163,905 MANAGEMENT AND GENERAL EXPENSES 13,123 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 177,028 BANK CHARGES PROGRAM SERVICE EXPENSES 132,970 MANAGEMENT AND GENERAL EXPENSES 34,072 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 167,042 TELEPHONE PROGRAM SERVICE EXPENSES 83,330 MANAGEMENT AND GENERAL EXPENSES 21,028 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 104,358 EMPLOYEE ACTIVITIES PROGRAM SERVICE EXPENSES 78,175 MANAGEMENT AND GENERAL EXPENSES 19,887 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 98,062 DUES & SUBSCRIPTIONS PROGRAM SERVICE EXPENSES 63,255 MANAGEMENT AND GENERAL EXPENSES 11,289 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 74,544 OTHER COLLECTION SERVICE PROGRAM SERVICE EXPENSES 309 MANAGEMENT AND GENERAL EXPENSES 8,072 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 8,381 BOND FUND EXPENSE PROGRAM SERVICE EXPENSES 500 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 500

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

Return Reference	Explanation
FORM 990, PART III, LINE 4A - CONTINUED	FINANCIAL CONTRIBUTIONS IN 2015 WE DONATED OVER $78,000 SUPPORTING ORGANIZATIONS THAT PARALLEL OUR MISSION IN THE COMMUNITY, EMPLOYEES THROUGH CONTINUING EDUCATION, AND HELPING TO IMPROVE THE HEALTH OF THOSE WE SERVE. FROM OFFERING CLINICAL SUPPORT TO CAMP BON CEUR ATTENDEES TO SPONSORING EVENTS THAT RAISE RESEARCH MONEY AND AWARENESS FOR ILLNESSES LIKE BREAST CANCER, DIABETES AND HEART DISEASE. IN 2015 THESE MONIES WERE DONATED TO 13 DIFFERENT ORGANIZATIONS IN OUR COMMUNITY. COMMUNITY OUTREACH & HEALTH CARE ACCESS CONTRIBUTIONS LAFAYETTE GENERAL MEDIAL CENTER MAINTAINS A PROACTIVE APPROACH TO EDUCATION AND WELLNESS IN OUR COMMUNITY. ANNUALLY LGMC PROVIDES A MULTITUDE OF EDUCATIONAL SEMINARS AIMED AT EDUCATING THE PUBLIC ON PREVENTATIVE CARE AND MAINTAINING A HEALTHY LIFESTYLE. SOME OF THESE ACTIVITIES AND PROGRAMS INCLUDE: DONATED $9,941 IN DIAGNOSTIC SERVICES AS PART OF A PARTNERSHIP WITH THE LAFAYETTE COMMUNITY HEALTH CARE CLINIC. WOMEN'S AND CHILDREN'S SERVICES CURRENTLY OFFERS CLASSES WHICH INCLUDE NEWBORN CARE, LABOR AND DELIVERY PROCESS, SIBLING RELATIONSHIPS, BREASTFEEDING YOUR INFANT AND INFANT CPR. FREE SUPPORT GROUPS ARE OPEN TO RESIDENTS DEALING WITH STROKE SURVIVAL, WEIGHT LOSS SURGERY, INFANT BEREAVEMENT, AND MULTIPLE BIRTHS. LGMC ALSO PROVIDES FREE TRANSPORTATION FOR PATIENTS WITH SPECIAL NEEDS, IN ORDER TO ALLOW THEM ACCESS TO MEDICAL CARE AT THE HOSPITAL. TO IMPROVE HEALTH CARE ACCESS FOR THOSE UNINSURED WORKERS LIVING AT OR BELOW POVERTY LEVEL, LGMC MAINTAINS A REFERRAL AGREEMENT WITH THE LOCAL "LAFAYETTE COMMUNITY HEALTHCARE CLINIC" TO PROVIDE DIAGNOSTIC TESTING TO THEIR PATIENT POPULATION. LAFAYETTE GENERAL MEDICAL CENTER IS TRULY A COMMUNITY OWNED HOSPITAL CARING FOR THE NEEDS OF THE COMMUNITY AND INVESTING IN THE FUTURE WELLNESS OF OUR NEIGHBORS

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ 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
LAFAYETTE GENERAL MEDICAL CENTER INC

Employer identification number
72-0535375

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) ACADIANA CK LEASING LLC 1214 COOLIDGE BLVD LAFAYETTE, LA 70503 20-5069873	RADIOSURGERY SERVICES	LA			LAFAYETTE GENERAL MEDICAL CENTER LLC

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	(g) No
(1) ST MARTIN HOSPITAL INC 210 CHAMPAGNE BOULEVARD BREAUX BRIDGE, LA 70517 26-4626264	HOSPITAL	LA	501(C)(3)	170(B)(1)(A) (III)	LAFAYETTE GENERAL HEALTH SYSTEMS		No
(2) LAFAYETTE HEALTH VENTURES INC 1211 COOLIDGE STREET LAFAYETTE, LA 70503 72-1006966	PHYSICIAN PRACTICES	LA	501(C)(3)	509(A)(3)	LAFAYETTE GENERAL HEALTH SYSTEMS		No
(3) LAFAYETTE GENERAL HEALTH SYSTEMS INC 1214 COOLIDGE STREET LAFAYETTE, LA 70503 38-3646817	HEALTHCARE SUPPORT	LA	501(C)(3)	509(A)(3)			No
(4) UNIVERSITY HOSPITAL & CLINICS INC 1211 COOLIDGE STREET LAFAYETTE, LA 70503 46-2605366	HOSPITAL	LA	501(C)(3)	170(B)(1)(A) (III)	LAFAYETTE GENERAL HEALTH SYSTEMS		No
(5) ACADIA GENERAL HOSPITAL INC 1305 CROWLEY RAYNE HWY CROWLEY, LA 70526 46-4958152	HEALTHCARE SUPPORT	LA	PENDING 501(C)(3)	170(B)(1)(A) (III)	LAFAYETTE GENERAL HEALTH SYSTEMS		No
(6) LAFAYETTE GENERAL FOUNDATION INC 1214 COOLIDGE STREET LAFAYETTE, LA 70503 37-1766778	FOUNDATION	LA	501(C)(3)	509(A)(3)	LAFAYETTE GENERAL HEALTH SYSTEMS		No
(7) KAPLAN GENERAL HOSPITAL DBA ABROM KAPLAN MEMORIAL HOSPITAL 1211 COOLIDGE STREET LAFAYETTE, LA 70503 47-2540179	HOSPITAL	LA	PENDING 501(C)(3)	170(B)(1)(A) (III)	LAFAYETTE GENERAL HEALTH SYSTEMS		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
(1) LAFAYETTE INVESTMENT GROUP LLC 1000 WEST PINHOOK ROAD STE 206 LAFAYETTE, LA 70503 42-1594593	MANAGEMENT	LA	LAFAYETTE GENERAL MEDICAL CENTER	RELATED	197,944	1,905,376		No			No	51 720 %
(2) LAFAYETTE GENERAL SURGICAL HOSPITAL LLC 1000 WEST PINHOOK ROAD LAFAYETTE, LA 70503 48-1360080	SURGICAL HOSPITAL	LA	LAFAYETTE GENERAL MEDICAL CENTER	RELATED	3,178,546	3,057,248		No			No	50 000 %
(3) OIL CENTER SURGICAL PLAZA LLC 1000 WEST PINHOOK ROAD STE 204 LAFAYETTE, LA 70503 46-4090110	SURGERY CENTER	LA	LAFAYETTE GENERAL MEDICAL CENTER	RELATED	-684,572	969,625		No			No	50 000 %
(4) ACADIANA RADIATION THERAPY LLC 104 WOODMONT BLVD STE 500 NASHVILLE, TN 37205 47-1752607	RADIATION CENTER	TN	LAFAYETTE GENERAL MEDICAL CENTER	RELATED	-90,558	5,172,152		No			No	50 000 %

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

(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) GREATER LAFAYETTE PHYSICIANS HOSPITAL 117 AUDUBON BOULEVARD LAFAYETTE, LA 70503 72-1286969	SUPPORT SERVICES	LA	LAFAYETTE GENERAL MEDICAL CENTER	C			100 000 %	Yes	

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	Yes	
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	Yes	
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
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	Yes	
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s	Yes	

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: 72-0535375
Name: LAFAYETTE GENERAL MEDICAL CENTER INC

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

(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	(g) Section 512(b)(13) controlled entity? No
(1) ST MARTIN HOSPITAL INC 210 CHAMPAGNE BOULEVARD BREAUX BRIDGE, LA 70517 26-4626264	HOSPITAL	LA	501(C)(3)	170(B)(1)(A)(III)	LAFAYETTE GENERAL HEALTH SYSTEMS		No
(1) LAFAYETTE HEALTH VENTURES INC 1211 COOLIDGE STREET LAFAYETTE, LA 70503 72-1006966	PHYSICIAN PRACTICES	LA	501(C)(3)	509(A)(3)	LAFAYETTE GENERAL HEALTH SYSTEMS		No
(2) LAFAYETTE GENERAL HEALTH SYSTEMS INC 1214 COOLIDGE STREET LAFAYETTE, LA 70503 38-3646817	HEALTHCARE SUPPORT	LA	501(C)(3)	509(A)(3)			No
(3) UNIVERSITY HOSPITAL & CLINICS INC 1211 COOLIDGE STREET LAFAYETTE, LA 70503 46-2605366	HOSPITAL	LA	501(C)(3)	170(B)(1)(A)(III)	LAFAYETTE GENERAL HEALTH SYSTEMS		No
(4) ACADIA GENERAL HOSPITAL INC 1305 CROWLEY RAYNE HWY CROWLEY, LA 70526 46-4958152	HEALTHCARE SUPPORT	LA	PENDING 501(C)(3)	170(B)(1)(A)(III)	LAFAYETTE GENERAL HEALTH SYSTEMS		No
(5) LAFAYETTE GENERAL FOUNDATION INC 1214 COOLIDGE STREET LAFAYETTE, LA 70503 37-1766778	FOUNDATION	LA	501(C)(3)	509(A)(3)	LAFAYETTE GENERAL HEALTH SYSTEMS		No
(6) KAPLAN GENERAL HOSPITAL DBA ABROM KAPLAN MEMORIAL HOSPITAL 1211 COOLIDGE STREET LAFAYETTE, LA 70503 47-2540179	HOSPITAL	LA	PENDING 501(C)(3)	170(B)(1)(A)(III)	LAFAYETTE GENERAL HEALTH SYSTEMS		No

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
OIL CENTER SURGICAL PLAZA LLC	L	8,908	COST
OIL CENTER SURGICAL PLAZA LLC	Q	11,126	COST
OIL CENTER SURGICAL PLAZA LLC	R	281,633	COST
OIL CENTER SURGICAL PLAZA LLC	S	14,155	COST
LAFAYETTE GENERAL SURGICAL HOSPITAL LLC	Q	747,442	COST
LAFAYETTE GENERAL SURGICAL HOSPITAL LLC	S	2,925,000	COST
LAFAYETTE GENERAL SURGICAL HOSPITAL LLC	L	62,216	COST
LAFAYETTE GENERAL SURGICAL HOSPITAL LLC	R	1,962,662	COST
LAFAYETTE GENERAL SURGICAL HOSPITAL LLC	A	6,480	COST
OIL CENTER SURGICAL PLAZA LLC	A	91,104	COST