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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/foi/m990

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 10-01-2015, and ending 09-30-2016

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization
LAFAYETTE GENERAL HEALTH SYSTEM INC

Doing business as

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

1214 COOLIDGE BLVD

City or town, state or province, country, and ZIP or foreign postal code
LAFAYETTE, LA 70503

D Employer identification number

38-3646817

E Telephone number

(337) 289-8125

G Gross receipts \$ 115,282,775

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

H(a) Is this a group return for subordinates?

No

☐ Yes ☒

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 2002

M State of legal domicile LA

Part I Summary				
Activities & Governance	1 Briefly describe the organization's mission or most significant activities THE ORGANIZATION WAS ORGANIZED FOR THE BENEFIT AND SUPPORT OF ITS RELATED 501(C)(3) HEALTH CARE ENTITIES WHICH PROVIDE MEDICAL CARE TO RESTORE, MAINTAIN, AND IMPROVE THE HEALTH OF THE COMMUNITY IN WHICH IT SERVES			
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets			
Revenue	3 Number of voting members of the governing body (Part VI, line 1a)	3	22	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15	
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	4,709	
	6 Total number of volunteers (estimate if necessary)	6	15	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	3,006,942	
Expenses	b Net unrelated business taxable income from Form 990-T, line 34	7b	-551,296	
	8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	Prior Year	Current Year	
		260,986	0	
		71,226,555	90,350,185	
		25,039	-89,609	
		50,100,160	10,410,130	
Net Assets or Fund Balances		121,612,740	100,670,706	
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12	34,438,574	426,773		
	0	0		
	21,664,010	27,745,298		
	0	0		
	46,106,151	63,938,196		
			102,208,735	92,110,267
			19,404,005	8,560,439
20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20	Beginning of Current Year	End of Year		
	777,562,726	819,087,820		
	510,397,848	537,566,261		
	267,164,878	281,521,559		

Part II Signature Block

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

Sign Here

Signature of officer

2017-06-13

Date

ROGER MATTKE CHIEF FINANCIAL OFFICER

Type or print name and title

Print/Type preparer's name
AMIE T WHITTINGTON CPA

Preparer's signature
AMIE T WHITTINGTON CPA

Date
2017-05-24

Check ☐ if self-employed

PTIN
P01082167

Firm's name ▶ HORNE LLP

Firm's EIN ▶ 20-1941244

Firm's address ▶ 1020 HIGHLAND COLONY PKWY STE 400

Phone no (601) 326-1000

Paid Preparer Use Only

RIDGELAND, MS 39157

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2015)

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

THE ORGANIZATION WAS ORGANIZED FOR THE BENEFIT AND SUPPORT OF ITS RELATED 501(C)(3) HEALTH CARE ENTITIES WHICH PROVIDE MEDICAL CARE TO RESTORE, MAINTAIN AND IMPROVE THE HEALTH OF THE COMMUNITY IN WHICH IT SERVES

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 \$ 89,762,926 including grants of \$ 426,773) (Revenue \$ 97,753,373)

See Additional Data

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 ▶ 89,762,926

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)? <i>If "Yes," complete Schedule A</i> 	Yes	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> 		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? <i>If "Yes," complete Schedule C, Part II</i> 	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? <i>If "Yes," complete Schedule C, Part III</i> 		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? <i>If "Yes," complete Schedule D, Part I</i> 		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 		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? <i>If "Yes," complete Schedule D, Part IV</i> 		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 		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? <i>If "Yes," complete Schedule D, Part VI</i> 	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? <i>If "Yes," complete Schedule D, Part VII</i> 		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? <i>If "Yes," complete Schedule D, Part VIII</i> 		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? <i>If "Yes," complete Schedule D, Part IX</i> 	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 	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)? <i>If "Yes," complete Schedule D, Part X</i> 	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> 		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> 	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		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? <i>If "Yes," complete Schedule G, Part II</i>		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 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			
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	25a		No
		25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		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	114	
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	4,709	
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	22	
	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	15	
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 BLVD 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

[illegible]

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	5,874,507	322,620	706,159

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 ▶ 220

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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)	(B)	(C)
Name and business address	Description of services	Compensation
LSU HSC NEW ORLEANS 433 BOLIVAR STREET NEW ORLEANS, LA 70112	MEDICAL SCHOOL RESIDENTS	30,126,523
ARAMARK CORPORATION 25271 NETWORK PLACE CHICAGO, IL 60673	HOUSEKEEPING AND DIETARY	17,767,488
ACADIANA RADIATION THERAPY LLC 104 WOODMONT BLVD STE 500 NASHVILLE, TN 37205	RADIATION THERAPY	4,139,500
PARISH ANESTHESIA OF LAFAYETTE 3510 N CAUSEWAY BOULEVARD METAIRIE, LA 70002	ANESTHESIA SERVICES	4,129,469
CARDIOVASCULAR INSTITUTE OF THE SOUTH AP 225 DUNN STREET HOUMA, LA 70360	CARDIOLOGY SERVICES	3,778,538

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 ▶ 95

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a					
	b	Membership dues 1b					
	c	Fundraising events 1c					
	d	Related organizations 1d					
	e	Government grants (contributions) 1e					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f					
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f ▶					
Program Service Revenue	2a	MANAGEMENT FEE	Business Code 900099	90,350,185	90,350,185		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f ▶		90,350,185			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		1,653,078		1,653,078
4		Income from investment of tax-exempt bond proceeds . . ▶					
5		Royalties ▶					
6a			(i) Real	(ii) Personal			
		Gross rents	4,950,690				
		b	Less rental expenses	12,869,382			
		c	Rental income or (loss)	-7,918,692			
d		Net rental income or (loss) ▶		-7,918,692	-7,918,692		
7a			(i) Securities	(ii) Other			
		Gross amount from sales of assets other than inventory					
		b	Less cost or other basis and sales expenses	1,742,687			
		c	Gain or (loss)	-1,742,687			
d		Net gain or (loss) ▶		-1,742,687		-1,742,687	
8a		Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 a					
b		Less direct expenses b					
c		Net income or (loss) from fundraising events . . ▶					
9a		Gross income from gaming activities See Part IV, line 19 a					
b		Less direct expenses b					
c		Net income or (loss) from gaming activities . . . ▶					
10a		Gross sales of inventory, less returns and allowances a					
b	Less cost of goods sold b						
c	Net income or (loss) from sales of inventory . . ▶						
	Miscellaneous Revenue	Business Code					
11a	MISCELLANEOUS REVENUE	900099	13,792,842	10,785,900	3,006,942		
b	EQUITY INTEREST IN SUB EARNINGS	900099	4,535,980	4,535,980			
c							
d	All other revenue						
e	Total. Add lines 11a-11d ▶		18,328,822				
12	Total revenue. See Instructions ▶		100,670,706	97,753,373	3,006,942	-89,609	

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.	426,773	426,773		
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.	4,924,093	4,924,093		
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.	20,798,750	20,056,993	741,757	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	701,659	690,915	10,744	
9	Other employee benefits.	-228,553	-318,315	89,762	
10	Payroll taxes.	1,549,349	1,496,333	53,016	
11	Fees for services (non-employees):				
a	Management.	7,195,544	6,149,824	1,045,720	
b	Legal.				
c	Accounting.				
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	964,981	964,981		
12	Advertising and promotion.	1,064,381	1,059,460	4,921	
13	Office expenses.	3,815,851	3,596,857	218,994	
14	Information technology.				
15	Royalties.				
16	Occupancy.	3,307,537	3,235,758	71,779	
17	Travel.	528,293	525,048	3,245	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.				
20	Interest.	9,127,104	9,127,104		
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	8,618,947	8,610,796	8,151	
23	Insurance.	6,529,069	6,518,608	10,461	
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	EQUIP REPAIR & MAINT	16,536,201	16,483,240	52,961	
b	OTHER NONCLINICAL SERVI	1,652,947	1,652,947		
c	DISCONTINUED OPERATION	1,604,833	1,604,833		
d	NONCLINICAL CONTRACT LA	864,916	864,916		
e	All other expenses	2,127,592	2,091,762	35,830	
25	Total functional expenses. Add lines 1 through 24e.	92,110,267	89,762,926	2,347,341	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)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		35,706,115	1	43,032,332
	2	Savings and temporary cash investments		9,987,859	2	11,072,158
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		31,088	4	645,764
	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		406,791	7	329,276
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		3,898,174	9	5,154,711
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 407,374,872			
	b	Less: accumulated depreciation	10b 163,083,460	221,861,438	10c	244,291,412
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		505,671,261	15	514,562,167
	16	Total assets. Add lines 1 through 15 (must equal line 34)		777,562,726	16	819,087,820
Liabilities	17	Accounts payable and accrued expenses		16,923,160	17	25,251,819
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		141,011,987	20	182,018,250
	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		54,863,991	23	72,583,661
	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		297,598,710	25	257,712,531
	26	Total liabilities. Add lines 17 through 25		510,397,848	26	537,566,261
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		267,164,878	27	281,521,559
	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		267,164,878	33	281,521,559
	34	Total liabilities and net assets/fund balances		777,562,726	34	819,087,820

Part XI

Reconciliation 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	100,670,706
2	Total expenses (must equal Part IX, column (A), line 25)	2	92,110,267
3	Revenue less expenses Subtract line 2 from line 1	3	8,560,439
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	267,164,878
5	Net unrealized gains (losses) on investments	5	5,796,243
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	-1
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	281,521,559

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? 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		No
2b	Were the organization's financial statements audited by an independent accountant? 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	Yes	
2c	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?		No
3b	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		

Additional Data

Software ID:**Software Version:**

EIN: 38-3646817

Name: LAFAYETTE GENERAL HEALTH SYSTEM INC

Form 990, Part III, Line 4a

4a	(Code	) (Expenses \$	89,762,926	including grants of \$	426,773) (Revenue \$	97,753,373)
	LAFAYETTE GENERAL HEALTH SYSTEM, INC , THE PARENT ENTITY OF LAFAYETTE GENERAL MEDICAL CENTER, INC , ST MARTIN HOSPITAL INC , UNIVERSITY HOSPITAL AND CLINICS, ACADIA GENERAL HOSIPTAL,LAFAYETTE HEALTH VENTURES, INC , LAFAYETTE GENERAL FOUNDATION, AND KAPLAN GENERAL HOSPITAL PROVIDED SUPPORT OF THE MISSIONS OF THESE 501(C)(3) ORGANIZATIONS AND THEIR RELATED ORGANIZATIONS DURING THE YEAR THESE HOSPITALS PROVIDE NEEDED MEDICAL CARE TO THE COMMUNITY THE HEALTH SYSTEMS ALSO PROVIDES MANAGEMENT SUPPORT FOR THESE ORGANIZATIONS THE REVENUE RECORDED IS THE ORGANIZATIONS SHARE OF ITS SUBSIDIARIES' EARNINGS FOR THE YEAR, AS WELL AS MANAGEMENT FEES PAID BY THE OTHER ORGANIZATION TO THE HEALTH SYSTEM					

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			
CLAY ALLEN CHAIRMAN	1 00 4 00	X						0	0	0
MARTIN BECH SECRETARY	1 00 1 00	X						0	0	0
DAVID CALHOUN TRUSTEE	1 00 1 00	X						0	0	0
BRADLEY J CHASTANT MD TRUSTEE	1 00 8 00	X						0	9,100	0
BRADEN DESPOT TRUSTEE	1 00 2 00	X						0	0	0
BENJAMIN DOGA MD TRUSEE AND VICE CHAIR - PART YEAR	1 00 3 50	X						0	18,720	0
JULIE FALGOUT TRUSTEE	1 00 1 00	X						0	0	0
WILLIAM H FENSTERMAKER PAST CHAIRMAN	1 00 2 00	X						0	0	0
PHILIP GACHASSIN MD TRUSTEE	1 00 8 50	X						0	94,600	0
ROBERT GILES TRUSTEE	1 00 1 00	X						0	0	0

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			
JOBY JOHN PHD TRUSTEE	1 00	X						0	0	0
FLO MEADOWS TREASURER	1 00	X						0	0	0
MANDI MITCHELL TRUSTEE	1 00	X						0	0	0
GARY SALMON TRUSTEE	1 00	X						0	0	0
SAMUEL SHUFFLER MD TRUSTEE	1 00	X						0	0	0
DAVID WILSON CHAIR ELECT	1 00	X						0	0	0
JOSEPH ZANCO TRUSTEE	1 00	X						0	0	0
BRAD BROUSSARD MD TRUSTEE	1 00	X						0	56,000	0
JOHN SCHUTTE MD TRUSTEE	1 00	X						1,374,315	23,200	20,298
DENNIS ESCHETE MD CHIEF OF STAFF	1 00	X						0	121,000	0

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			
PEGGY GIGLIO TRUSTEE	1 00	X						0	0	0
RICKEY MINIEX TRUSTEE	1 00	X						0	0	0
EDWARD KRAMPE VICE CHAIRMAN - PART YEAR	1 00 2 00	X						0	0	0
DAVID CALLECOD PRESIDENT/CEO-LGHS	40 00 7 00			X				1,244,305	0	238,025
PATRICK W GANDY JR EVP-LGH/CEO-LGMC	40 00 1 00			X				637,362	0	95,311
ROGER MATTKE SVP/CFO - LGH	40 00 1 00			X				591,525	0	116,566
GORDON E ROUNTREE JR SVP/GENERAL COUNSEL	40 00 1 00			X				517,808	0	88,577
AMANDA LOGUE MD VP/CHIEF MEDICAL OFFICER	40 00 1 00					X		281,555	0	34,737
CRETAN MEADOWS SVP/STRATEGIC PLANNING	40 00 1 00					X		434,203	0	62,855
DEAN B DUCOTE VP/OPERATIONS	40 00 1 00					X		266,580	0	35,075

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			
EDWINA S MALLERY AVP/INFORMATION SYSTEMS	40 00					X		241,787	0	4,617
MICHAEL JAMES DOZIER VP/CIO	40 00					X		285,067	0	10,098

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
LAFAYETTE GENERAL HEALTH SYSTEM INC

Employer identification number
38-3646817

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 (Form 990 or 990-EZ))
- 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

5
- 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 (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
See Additional Data Table						
Total	5				0	

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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 2015 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2014 Schedule A , Part II, line 14		15				
16a 33 1/3% support test—2015.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—2014.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—2015.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—2014.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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2015. 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—2014. 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? <i>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.</i>	Yes	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		No
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		No
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		No
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		No
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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? <i>If "Yes," provide detail in Part VI.</i>		No
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		No
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part II of Schedule L (Form 990).</i>		No
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))? <i>If "Yes," provide detail in Part VI.</i>		No
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? <i>If "Yes," provide detail in Part VI.</i>		No
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? <i>If "Yes," provide detail in Part VI.</i>		No
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)? <i>If "Yes," answer b below.</i>		No
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		
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?		No
b A family member of a person described in (a) above?		No
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		No

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? <i>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.</i>	1	Yes
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? <i>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.</i>	2	No

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)? <i>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).</i>	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	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).		
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? <i>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.</i>	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? <i>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.</i>	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? <i>Provide details in Part VI.</i>	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	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). ☐		

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

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 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

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

Additional Data

Software ID:
Software Version:
EIN: 38-3646817
Name: LAFAYETTE GENERAL HEALTH SYSTEM INC

Form 990, Sch A, Part I, Line 11g - Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) UNIVERSITY HOSPITAL AND CLINICS INC	462605366		Yes		0	57,371,682
ACADIA GENERAL (A) HOSPITAL INC	464958152		Yes		0	19,347,824
(B) KAPLAN GENERAL HOSPITAL DBA ABROM KAPLAN MEMORIAL HOSPITAL	472540179		Yes		0	6,295,088
(C) ST MARTIN HOSPITAL INC	264626264		Yes		0	10,443,451
(D) LAFAYETTE GENERAL MEDICAL CENTER INC	720535375		Yes		0	209,054,308

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

2015

Open to Public Inspection

If the organization answered "Yes" on 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" on 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" on 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 LAFAYETTE GENERAL HEALTH SYSTEM INC	Employer identification number 38-3646817
---	--

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-
2				
3				
4				
5				
6				

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)	174,280	195,488												
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)	174,280	195,488												
d	Other exempt purpose expenditures	89,588,644	741,511,044												
e	Total exempt purpose expenditures (add lines 1c and 1d)	89,762,924	741,706,532												
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns	1,000,000	1,000,000												
<table><thead><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr></thead><tbody><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></tbody></table>		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		
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?														

☐ **Y e s** ☐ **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)2012	(b)2013	(c)2014	(d)2015	(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	24,586	189,962	174,268	195,488	584,304
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	24,586	189,962	174,268	195,488	584,304

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)).

<i>For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity</i>		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
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
FORM 990, SCHEDULE C, PART II-A, LINE 1A	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. ADDITIONALLY, LAFAYETTE GENERAL HEALTH SYSTEMS, INC. PAID THE PICARD GROUP, LLC \$146,200 FOR GOVERNMENTAL RELATIONS AND OTHER CONSULTING SERVICES. THIS IS ALSO CONSIDERED LOBBYING EXPENSE.

TY 2015 Affiliated Group Schedule

Name: LAFAYETTE GENERAL HEALTH SYSTEM INC
EIN: 38-3646817

Affiliated Group Business Name: LAFAYETTE GENERAL MEDICAL CENTER
Address. Either US or Foreign Type: 1214 COOLIDGE BOULEVARD
LAFAYETTE, LA 70503
EIN: 72-0535375
Electing Organization Checkbox: ☒

Total Grassroots Lobbying: 0
Total Direct Lobbying: 0
Total Lobbying Expenditures: 0
Other Exempt Purpose Expenditures: 451,173,960
Total Exempt Purpose Expenditures: 451,173,960
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: 4,019
Total Direct Lobbying: 0
Total Lobbying Expenditures: 4,019
Other Exempt Purpose Expenditures: 17,780,620
Total Exempt Purpose Expenditures: 17,784,639
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:	UNIVERSITY HOSPITAL AND CLINICS INC		
Address. Either US or Foreign Type:	1214 COOLIDGE BOULEVARD LAFAYETTE, LA 70503		
EIN:	46-2065366		
Electing Organization Checkbox:	☒		
Total Grassroots Lobbying:	8,668		
Total Direct Lobbying:	0		
Total Lobbying Expenditures:	8,668		
Other Exempt Purpose Expenditures:	132,391,095		
Total Exempt Purpose Expenditures:	132,399,763		
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:	7,056		
Total Direct Lobbying:	0		
Total Lobbying Expenditures:	7,056		
Other Exempt Purpose Expenditures:	37,281,667		
Total Exempt Purpose Expenditures:	37,288,723		
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 INC		
Address. Either US or Foreign Type:	1214 COOLIDGE BOULEVARD LAFAYETTE, LA 70503		
EIN:	38-3646817		
Electing Organization Checkbox:	☒		
Total Grassroots Lobbying:	174,280		
Total Direct Lobbying:	0		
Total Lobbying Expenditures:	174,280		
Other Exempt Purpose Expenditures:	89,588,644		
Total Exempt Purpose Expenditures:	89,762,924		
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:	527,246		
Total Exempt Purpose Expenditures:	527,246		
Lobbying Nontaxable Amount:	104,087		
Grassroots Nontaxable Amount:	26,022		
Tot Lobbying Grassroot Minus Non Tx:	0		
Tot Lobby Expend Mns Lobbying Non Tx:	0		
Share Of Excess Lobbying:	0		

Affiliated Group Business Name:	KAPLAN GENERAL HOSPITAL
Address. Either US or Foreign Type:	1214 COOLIDGE BOULEVARD LAFAYETTE, LA 70503
EIN:	47-2540179
Electing Organization Checkbox:	☒
Total Grassroots Lobbying:	1,465
Total Direct Lobbying:	0
Total Lobbying Expenditures:	1,465
Other Exempt Purpose Expenditures:	12,767,812
Total Exempt Purpose Expenditures:	12,769,277
Lobbying Nontaxable Amount:	788,464
Grassroots Nontaxable Amount:	197,116
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on 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

2015

Open to Public Inspection

Name of the organization
LAFAYETTE GENERAL HEALTH SYSTEM INC

Employer identification number
38-3646817

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on 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" on 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)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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

a

Total number of conservation easements

b

Total acreage restricted by conservation easements

c

Number of conservation easements on a certified historic structure included in (a)

d

Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

2a

Held at the End of the Year

2b

2c

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, handling of violations, and enforcing conservation easements during the year
►

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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 on 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 on 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" on 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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

(i) unrelated organizations

(ii) related organizations

3a(i)

3a(ii)

Yes

No

b

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

3b

Yes

No

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)	Accumulated (c)depreciation	(d)Book value
1a Land		13,055,330		13,055,330
b Buildings		271,511,196	94,921,664	176,589,532
c Leasehold improvements		2,286,451	1,293,823	992,628
d Equipment		116,512,481	66,867,973	49,644,508
e Other		4,009,414		4,009,414
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				244,291,412

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return
Complete if the organization answered 'Yes' on 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' on 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
See Additional Data Table	

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

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 38-3646817

Name: LAFAYETTE GENERAL HEALTH SYSTEM INC

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

(a) Description	(b) Book value
(1) INVESTMENT IN LAFAYETTE HEALTH VENTURES	8,720,302
(2) INVESTMENT IN LAFAYETTE GENERAL MEDICAL CENTER	360,536,420
(3) INVESTMENT IN UHC	25,974,359
(4) INVESTMENT IN AGH	4,550,944
(5) DUE FROM RELATED PARTY	1,912,093
(6) BOND ISSUE COSTS	2,573,013
(7) GOLDMAN SACHS	87,548,618
(8) INVESTMENT IN LAFAYETTE FOUNDATION	3,217,674
(9) INVESTMENT IN ABROM KAPLAN MEMORIAL HOSPITAL	3,808,333
(10) INVESTMENT IN ST MARTIN HOSPITAL	6,844,027
(11) BOND TRUSTEED FUNDS	8,876,384

Supplemental 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

2015

**Open to Public
Inspection**

38-3646817

☒ Yes ☐ No

(h) Purpose of grant or assistance

Schedule I (Form 990) 2015

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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 ORGANIZATIONS THAT PARALLEL OUR HEALTH MISSION IN THE COMMUNITY THESE CHARITIES MUST ALSO BETTER THE SOCIETY BY LEADING WITH PURPOSE AND SERVING WITH PASSION

Additional Data

Software ID:
Software Version:
EIN: 38-3646817
Name: LAFAYETTE GENERAL HEALTH SYSTEM INC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN HEART ASSOCIATION 312 GUILBEAU RD STE 6C LAFAYETTE, LA 70506	13-5613797	501(C)(3)	7,750				DONATION
CITY OF YOUNGSVILLE 305 IBERIA STREET YOUNGSVILLE, LA 70592	72-0593322	GOV'T	17,500				DONATION
COMMUNITY FOUNDATION OF ACADIA 1035 CAMELLIA BLVD SUITE 100 LAFAYETTE, LA 70508	72-1493023	501(C)(3)	19,800				DONATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
FESTIVAL INTERNATIONAL DE LOUISIANE 200 GARFIELD STREET LAFAYETTE, LA 70501	58-1705676	501(C)(3)	27,500				DONATION
LAFAYETTE YOUTH SOCCER ASSOCIATION 210 SONNY ROY LANE LAFAYETTE, LA 70507	58-1902571	501(C)(3)	50,000				DONATION
LOUISIANA OPEN INC 124 HEYMANN BLVD STE 202 LAFAYETTE, LA 70503	72-1043611	501(C)(3)	13,500				DONATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOUISIANA SUCCESS 9331 BLUEBONNET BLVD BATON ROUGE, LA 70810	20-5591232	501(C)(3)	7,500				DONATION
MILES PERRET CENTER CANCER SERVICES 2130 KALISTE SALOOM RD 200 LAFAYETTE, LA 70508	75-3023211	501(C)(3)	10,000				DONATION
NEW CARDIOVASCULAR HORIZONS FOUNDATION 3639 AMBASSADOR CAFFERY PARKWAY STE 605 LAFAYETTE, LA 70503	46-3186713	501(C)(3)	30,000				DONATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
SOUTH LOUISIANA COMMUNITY COLLEGE 1101 BERTRAND DRIVE LAFAYETTE, LA 70506	72-1425264	501(C)(3)	41,667				DONATION
LAFAYETTE GENERAL FOUNDATION 1214 COOLIDGE BLVD LAFAYETTE, LA 70503	37-1766778	501(C)(3)	56,200				AFFILIATE SUPPORT

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" on 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

2015

Open to Public Inspection

Name of the organization
LAFAYETTE GENERAL HEALTH SYSTEM INC

Employer identification number
38-3646817

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on 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 indemnification 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 on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?	4a Yes	
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on 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? If "Yes," on line 5a or 5b, describe in Part III.	5b	No
6 For persons listed on 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? If "Yes," on line 6a or 6b, describe in Part III.	6b Yes	
7 For persons listed on 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 on Form 990, Part VII, paid or accrued 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" on 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 on 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 on 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, LINES 4A-B	THE FOLLOWING EMPLOYEES RECEIVED SEVERANCE PAYMENTS DURING 9/30/16 - IN TOTAL THE PAYMENTS WERE, AS FOLLOWS, AND WERE INCLUDED IN THEIR W-2S FOR 2016 AND 2017: DEAN DUCOTE - \$227,836; CRETAN MEADOWS - \$300,562. 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 \$571,900. THE BOARD DETERMINES WHICH EMPLOYEES ARE ELIGIBLE FOR PLAN CONTRIBUTIONS. PARTICIPANTS WERE DAVID CALLECOD, PRESIDENT/CEO-LGHS, PATRICK GANDY, EVP/CEO - LGMC, ROGER MATTKE, SVP/CFO, GORDON ROUNTREE, GENERAL COUNSEL, MIKE DOZIER, VP/CIO, AMANDA LOGUE, VP/CHIEF MED INFO OFFICER, DEAN DUCOTE, VP/OPERATIONS, AND CRETAN MEADOWS, SVP. DISTRIBUTIONS FROM SERP PLAN, INCLUDED IN 2015 W-2 WAGES, TOTALLED \$151,338. 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 MADE 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: 38-3646817
Name: LAFAYETTE GENERAL HEALTH SYSTEM 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			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1JOHN SCHUTTE MD TRUSTEE	(i)	1,226,944	147,371	0	12,060	8,238	1,394,613	0
	(ii)	23,200	0	0	0	- 0	- 23,200	0
1DAVID CALLECOD PRESIDENT/CEO-LGHS	(i)	835,637	344,735	63,933	231,626	6,399	1,482,330	0
	(ii)	0	0	0	0	- 0	- 0	0
2PATRICK W GANDY JR EVP-LGH/CEO-LGMC	(i)	451,960	156,836	28,566	87,860	7,451	732,673	0
	(ii)	0	0	0	0	- 0	- 0	0
3ROGER MATTKE SVP/CFO - LGH	(i)	423,201	147,322	21,002	105,127	11,439	708,091	0
	(ii)	0	0	0	0	- 0	- 0	0
4GORDON E ROUNTREE JR SVP/GENERAL COUNSEL	(i)	368,279	132,063	17,466	78,576	10,001	606,385	0
	(ii)	0	0	0	0	- 0	- 0	0
5AMANDA LOGUE MD VP/CHIEF MEDICAL OFFICER	(i)	244,505	37,050	0	27,206	7,531	316,292	0
	(ii)	0	0	0	0	- 0	- 0	0
6CRETAN MEADOWS SVP/STRATEGIC PLANNING	(i)	305,325	116,597	12,281	57,837	5,018	497,058	0
	(ii)	0	0	0	0	- 0	- 0	0
7DEAN B DUCOTE VP/OPERATIONS	(i)	221,200	43,180	2,200	33,500	1,575	301,655	0
	(ii)	0	0	0	0	- 0	- 0	0
8EDWINA S MALLERY AVP/INFORMATION SYSTEMS	(i)	210,191	31,596	0	3,108	1,509	246,404	0
	(ii)	0	0	0	0	- 0	- 0	0
9MICHAEL JAMES DOZIER VP/CIO	(i)	225,492	59,575	0	4,300	5,798	295,165	0
	(ii)	0	0	0	0	- 0	- 0	0

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493173003087			
Schedule K (Form 990)		Supplemental Information on Tax Exempt Bonds				OMB No 1545-0047	
						2015	
		► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. ► Attach to Form 990. ► Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990 .					
Department of the Treasury Internal Revenue Service Name of the organization LAFAYETTE GENERAL HEALTH SYSTEM INC		Employer identification number 38-3646817					

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A LOUISIANA PUBLIC FACILITIES AUTHORITY	72-0895871	546395H80	08-12-2010	84,137,555	TOWER RENOVATION PROJECT AND REFUND OF 08-19-98 ISSUE		X		X		X
B LOUISIANA PUBLIC FACILITIES AUTHORITY	72-0895871		02-25-2011	3,850,000	REPLACE/UPGRADE CARDIAC CATH LAB		X		X		X
C LOUISIANA PUBLIC FACILITIES AUTHORITY	72-0895871		07-26-2012	60,000,000	A&B-EXPANSION/RENOVATION/EQUIPPING OF OR/ER AREA AND PARKING FACILITY		X		X		X
D LOUISIANA PUBLIC FACILITIES AUTHORITY	72-0895871	546395N42	01-21-2016	71,134,478	REFUND 2012A SERIES BOND AND FINANCE IMPROVEMENT PROJECT		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	3,245,000		3,850,000		30,000,000			
2	Amount of bonds legally defeased								
3	Total proceeds of issue	84,137,555		3,850,000		60,000,000		71,134,478	
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds	3,733,975							
6	Proceeds in refunding escrows							30,106,042	
7	Issuance costs from proceeds	1,550,751		59,703		414,018		1,020,528	
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	78,852,829		3,790,297		59,585,982		40,007,909	
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	2011		2011		2015		2016	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X			X		X	X	
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶							0 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	4 000 %		4 000 %		4 000 %		4 000 %	
6	Total of lines 4 and 5	4 000 %		4 000 %		4 000 %		4 000 %	
7	Does the bond issue meet the private security or payment test?	X		X		X		X	
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?.		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?.								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?.	X		X		X		X	

Part IV Arbitrage

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

Part IV

Arbitrage (Continued)

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

Part V

Procedures To Undertake Corrective Action

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

Part VI

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

Return Reference	Explanation
SCHEDULE K, PART I, LINE A, COLUMN C	546395H98, 546395J21, 546395J39, 546395J47, 546395J54

Return Reference	Explanation
SCHEDULE K, PART II, LINE 3, COLUMN C	BOTH SERIES A AND B BONDS WERE ISSUED AS DRAW-DOWN BONDS

Return Reference	Explanation
9 SCHEDULE K, PART III, LINE	THE BOND DOCUMENTS DO REQUIRE COMPLIANCE WITH THESE SECTIONS AND THE REQUIREMENTS ARE REVIEWED PERIODICALLY TO ENSURE CONTINUED COMPLIANCE WITH PRIVATE BUSINESS TESTS OR THE PRIVATE LOAN FINANCING TEST

Return Reference	Explanation
7 SCHEDULE K, PART IV, LINE	THE BOND DOCUMENTS DO REQUIRE COMPLIANCE WITH THIS SECTION AND THE REQUIREMENTS ARE REVIEWED PERIODICALLY TO ENSURE CONTINUED COMPLIANCE WITH YIELD RESTRICTIONS AND ARBITRAGE

Return Reference	Explanation
SCHEDULE K, PART IV, LINE 2C, COLUMN A	THE REBATE CALCULATION WAS PERFORMED NOV 24, 2014

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
See Additional Data Table					

Part V Supplemental Information

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

Return Reference	Explanation
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Additional Data

Software ID:
Software Version:
EIN: 38-3646817
Name: LAFAYETTE GENERAL HEALTH SYSTEM INC

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) GACHASSIN LAW FIRM	PHILIP GACHASSIN, M D , LGHS TRUSTEE, IS A FAMILY MEMBER OF PRINCIPLE OWNER	537,659	LAFAYETTE GENERAL HEALTH SYSTEM PAYS GACHASSIN LAW FIRM FOR LEGAL SERVICES		No
ACADIANA ORTHOPEDIC (1) PROPERTIES LLC	JOHN SCHUTTE MD IS A TRUSTEE OF LGHS AND IS A MEMBER OF AOP, LLC	104,763	LAFAYETTE GENERAL HEALTH SYSTEM, INC HAS ENTERED INTO A LEASE AGREEMENT WITH INTERESTED PERSON TO PROVIDE OFFICE BUILDING SPACE		No
(2) LAFAYETTE INVESTMENT GROUP LLC	BRADLEY J CHASTANT MD IS A TRUSTEE OF LGHS AND IS A MEMBER OF LIG, LLC	1,157,998	LAFAYETTE GENERAL HEALTH SYSTEM, INC HAS ENTERED INTO A LEASE AGREEMENT WITH LAFAYETTE INVESTMENT GROUP,LLC TO LEASE SPACE FROM THEM		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(4) PLACE DE LAFAYETTE LLC	EDWARD KRAMPE LGHS TRUSTEE, IS A MEMBER OF PLACE DE LAFAYETTE, LLC	642,481	LAFAYETTE GENERAL HEALTH SYSTEM HAS ENTERED INTO A LEASE AGREEMENT WITH INTERESTED PERSON TO PROVIDE OFFICE BUILDING SPACE		No
(1) PHILLIPP GACHASSIN MD	PHILIP GACHASSIN, M D IS A LGHS TRUSTEE	85,382	PHILIP GACHASSIN, MD LEASES MEDICAL OFFICE SPACE FROM LAFAYETTE GENERAL HEALTH SYSTEMS IN THE ANNUAL AMOUNT OF \$85,382		No
(2) ACADIANA FAMILY PHYSICIANS	DR BENJAMIN DOGA, TRUSTEE, IS A MEMBER OF ACADIANA FAMILY PHYSICIANS	221,687	ACADIANA FAMILY PHYSICIANS LEASES MEDICAL OFFICE SPACE FROM LAFAYETTE GENERAL HEALTH SYSTEMS IN THE ANNUAL AMOUNT OF \$221,687		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(7) DR BRADLEY CHASTANT II	DR BRADLEY CHASTANT, II IS THE SON OF TRUSTEE, BRADLEY J CHASTANT MD	353,893	DR BRADLEY CHASTANT, II IS A PAID EMPLOYEE OF LAFAYETTE GENERAL HEALTH SYSTEMS HIS GROSS EARNINGS, INCLUDING WAGES AND BENEFITS WAS 353,893 FOR FYE 9/30/16		No
(1) DR RYAN P CHASTANT	DR RYAN P CHASTANT IS THE SON OF TRUSTEE, BRADLEY J CHASTANT MD	438,396	DR RYAN P CHASTANT IS A PAID EMPLOYEE OF LAFAYETTE GENERAL HEALTH SYSTEMS HIS GROSS EARNINGS, INCLUDING WAGES AND BENEFITS WAS 438,396 FOR FYE 9/30/16		No
(2) ACADIANA UROLOGY LLC	DR SAMUEL SHUFFLER, TRUSTEE, IS A MEMBER OF ACADIANA UROLOGY, LLC	66,840	ACADIANA UROLOGY, LLC LEASES MEDICAL OFFICE SPACE FROM LAFAYETTE GENERAL HEALTH SYSTEMS IN THE ANNUAL AMOUNT OF \$66,840		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(10) MICHAEL SCHUTTE MD	MICHAEL SCHUTTE, M D IS THE BROTHER OF TRUSTEE, JOHN SCHUTTE, M D	722,164	MICHAEL SCHUTTE, M D IS A PAID EMPLOYEE OF LAFAYETTE GENERAL HEALTH SYSTEMS HIS GROSS EARNINGS, INCLUDING WAGES AND BENEFITS WAS 722,164 FOR FYE 9/30/16		No

**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

2015

**Open to Public
Inspection**

Name of the organization LAFAYETTE GENERAL HEALTH SYSTEM INC	Employer identification number 38-3646817
---	--

990 Schedule O, Supplemental Information

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 THE FOLLOWING TRUSTEES ALL HAVE OWNERSHIP I N LAFAYETTE GENERAL SURGICAL HOSPITAL DR SCHUTTE, DR CHASTANT, DR SHUFFLER AND DR GAC HASSIN PHILIP GACHASSIN, M D AND DENNIS ESCHETE, M D ARE PARTNERS IN A GENERAL SURGERY OFFICE PRACTICE AND SHARE OFFICE SPACE

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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 COMPLE TED FORMS ARE REVIEWED BY THE OFFICERS AND THEN PRESENTED TO THE BOARD FOR REVIEW, COMMENT AND CORRECTIONS IF NEEDED BEFORE FILING WITH THE IRS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	AN ANNUAL SURVEY IS SENT TO THE BOARD MEMBER AND OFFICERS REQUIRING THEM TO DISCLOSE CONFL ICTS OF INTEREST AFTER RECEIPT OF THESE SURVEY S, THE GOVERNANCE COMMITTEE AND ITS CHAIR-P ERSON REVIEW ALL CONFLICTS AND REPORT TO THE GOVERNANCE COMMITTEE THEREAFTER THE CHAIR-PE RSON OF THE GOVERNANCE COMMITTEE AND THE ORGAIZATION'S GENERAL COUNCIL (WHO ATTENDS ALL BO ARD MEETINGS) ENSURES THAT ALL CONFLICTS ARE TIMELY DISCLOSED AND THAT APPROPRIATE RECUSAL S ARE MADE ON BUSINESS MATTERS THAT MAY BE RELATED TO THE CONFLICT

990 Schedule O, Supplemental Information

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 A COMPENSATION SURVEY AND FAIR MARKET VALUE REPORT THE COMPENSATION COMMITTEE ANNUALLY REVIEWS THE MARKET COMPARABLES AND MAKES ADJUSTMENTS TO THE PRESIDENT/CEO'S COMPENSATION THEREAFTER THIS SAME PROCESS IS FOLLOWED FOR THE FOLLOWING SENIOR EXECUTIVES OF THE ORGANIZATION COO, CFO, CNO AND GENERAL COUNSEL

990 Schedule O, Supplemental Information

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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII, LINE 1A	PAYMENTS TO THE PHYSICIANS THAT SERVE AS TRUSTEES WERE REPORTED ON A 1099-MISC IN BOX 6 OR AN A W-2 ALL SUCH PAYMENTS WERE IN CONSIDERATION FOR PROVIDING CALL COVERAGE IN OUR EMER GENCY ROOM OR SERVING AS MEDICAL DIRECTORS FOR VARIOUS HOSPITAL DEPARTMENTS NO PAYMENTS W ERE MADE IN THEIR CAPACITY AS TRUSTEE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	ROUNDING -1

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE PROCESS FOR SELECTION OF AUDITOR HAS NOT CHANGED FROM THE PRIOR YEAR

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

2015

Open to Public Inspection

Name of the organization
LAFAYETTE GENERAL HEALTH SYSTEM INC

Employer identification number
38-3646817

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

Part II

Identification of Related Tax-Exempt Organizations

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)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 SYSTEM INC	Yes	
(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 SYSTEM INC	Yes	
(3)LAFAYETTE GENERAL MEDICAL CENTER INC 1214 COOLIDGE BOULEVARD LAFAYETTE, LA 70503 72-0535375	HOSPITAL	LA	501(C)(3)	170(B)(1)(A) (III)	LAFAYETTE GENERAL HEALTH SYSTEM INC	Yes	
(4)UNIVERSITY HOSPITAL AND CLINICS INC 1214 COOLIDGE BOULEVARD LAFAYETTE, LA 70503 46-2605366	HOSPITAL	LA	501(C)(3)	170(B)(1)(A) (III)	LAFAYETTE GENERAL HEALTH SYSTEM INC	Yes	
(5)ACADIA GENERAL HOSPITAL INC 1305 CROWLEY WAYNE HWY CROWLEY, LA 70526 46-4958152	HOSPITAL	LA	501(C)(3)	170(B)(1)(A) (III)	LAFAYETTE GENERAL HEALTH SYSTEM INC	Yes	
(6)LAFAYETTE GENERAL FOUNDATION INC 1214 COOLIDGE BOULEVARD LAFAYETTE, LA 70503 37-1766778	FOUNDATION	LA	501(C)(3)	509(A)(3)	LAFAYETTE GENERAL HEALTH SYSTEM INC	Yes	
(7)KAPLAN GENERAL HOSPITAL DBA ABROM KAPLAN MEMORIAL HOSPITAL 1214 COOLIDGE BOULEVARD LAFAYETTE, LA 70503 47-2540179	HOSPITAL	LA	501(C)(3)	170(B)(1)(A) (III)	LAFAYETTE GENERAL HEALTH SYSTEM INC	Yes	

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) Disproporionate 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	
(1) LAFAYETTE INVESTMENT GROUP LLC 1000 WEST PINHOOK ROAD STE 206 LAFAYETTE, LA 70503 42-1594593	MANAGEMENT	LA	N/A									
(2) LAFAYETTE GENERAL SURGICAL HOSPITAL LLC 1000 WEST PINHOOK ROAD LAFAYETTE, LA 70503 48-1360080	SURGICAL HOSPITAL	LA	N/A									
(3) OIL CENTER PLAZA LLC 1000 WEST PINHOOK ROAD STE 204 LAFAYETTE, LA 70503 46-4090110	SURGERY CENTER	LA	N/A									
(4) ACADIANA RADIATION THERAPY LLC 104 WOODMONT BLVD STE 500 NASHVILLE, TN 37205 47-1752607	RADIATION CENTER	TN	N/A									

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	No

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

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 organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i	Yes	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
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			

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.

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
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Additional Data

Software ID:
Software Version:
EIN: 38-3646817
Name: LAFAYETTE GENERAL HEALTH SYSTEM 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	No
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 SYSTEM INC	Yes	
LAFAYETTE HEALTH VENTURES INC 1211 COOLIDGE STREET LAFAYETTE, LA 70503 72-1006966	PHYSICIAN PRACTICES	LA	501(C)(3)	509(A)(3)	LAFAYETTE GENERAL HEALTH SYSTEM INC	Yes	
LAFAYETTE GENERAL MEDICAL CENTER INC 1214 COOLIDGE BOULEVARD LAFAYETTE, LA 70503 72-0535375	HOSPITAL	LA	501(C)(3)	170(B)(1)(A) (III)	LAFAYETTE GENERAL HEALTH SYSTEM INC	Yes	
UNIVERSITY HOSPITAL AND CLINICS INC 1214 COOLIDGE BOULEVARD LAFAYETTE, LA 70503 46-2605366	HOSPITAL	LA	501(C)(3)	170(B)(1)(A) (III)	LAFAYETTE GENERAL HEALTH SYSTEM INC	Yes	
ACADIA GENERAL HOSPITAL INC 1305 CROWLEY RAYNE HWY CROWLEY, LA 70526 46-4958152	HOSPITAL	LA	501(C)(3)	170(B)(1)(A) (III)	LAFAYETTE GENERAL HEALTH SYSTEM INC	Yes	
LAFAYETTE GENERAL FOUNDATION INC 1214 COOLIDGE BOULEVARD LAFAYETTE, LA 70503 37-1766778	FOUNDATION	LA	501(C)(3)	509(A)(3)	LAFAYETTE GENERAL HEALTH SYSTEM INC	Yes	
KAPLAN GENERAL HOSPITAL DBA ABROM KAPLAN MEMORIAL HOSPITAL 1214 COOLIDGE BOULEVARD LAFAYETTE, LA 70503 47-2540179	HOSPITAL	LA	501(C)(3)	170(B)(1)(A) (III)	LAFAYETTE GENERAL HEALTH SYSTEM INC	Yes	

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
(1)	LAFAYETTE GENERAL MEDICAL CENTER INC	I	522,042	COST
(1)	LAFAYETTE GENERAL MEDICAL CENTER INC	L	65,880,431	COST
(2)	LAFAYETTE GENERAL MEDICAL CENTER INC	R	12,807,455	COST
(3)	LAFAYETTE GENERAL MEDICAL CENTER INC	S	397,810,880	COST
(4)	UNIVERSITY HOSPITAL & CLINICS INC	L	14,140,060	COST
(5)	UNIVERSITY HOSPITAL & CLINICS INC	S	120,230,946	COST
(6)	ACADIA GENERAL HOSPITAL INC	L	2,829,628	COST
(7)	ACADIA GENERAL HOSPITAL INC	R	14,579,668	COST
(8)	LAFAYETTE HEALTH VENTURES INC	L	4,533,149	COST
(9)	LAFAYETTE HEALTH VENTURES INC	R	8,581,117	COST
(10)	ST MARTIN HOSPITAL INC	L	1,752,220	COST
(11)	ST MARTIN HOSPITAL INC	R	7,198,042	COST
(12)	LAFAYETTE GENERAL MEDICAL CENTER INC	N	21,507,605	COST
(13)	LAFAYETTE GENERAL MEDICAL CENTER INC	O	121,666,272	COST
(14)	UNIVERSITY HOSPITAL & CLINICS INC	O	43,231,622	COST
(15)	ACADIA GENERAL HOSPITAL INC	O	16,519,196	COST
(16)	LAFAYETTE HEALTH VENTURES INC	O	35,916,459	COST
(17)	ST MARTIN HOSPITAL INC	O	8,691,231	COST
(18)	LAFAYETTE GENERAL MEDICAL CENTER INC	P	176,748,885	COST
(19)	LAFAYETTE HEALTH VENTURES INC	J	655,546	COST
(20)	LAFAYETTE GENERAL FOUNDATION INC	B	56,200	COST
(21)	KAPLAN GENERAL HOSPITAL	R	6,901,089	COST
(22)	KAPLAN GENERAL HOSPITAL	L	1,181,998	COST
(23)	LAFAYETTE GENERAL FOUNDATION INC	L	32,700	COST
(24)	KAPLAN GENERAL HOSPITAL	O	5,113,090	COST

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
(26) LAFAYETTE GENERAL FOUNDATION INC	O	224,613	COST
(1) UNIVERSITY HOSPITAL & CLINICS INC	R	80,479,770	COST
(2) LAFAYETTE GENERAL FOUNDATION INC	R	461,351	COST
(3) LAFAYETTE HEALTH VENTURES INC	S	26,553,699	CASH
(4) KAPLAN GENERAL HOSPITAL	S	15,509,514	CASH
(5) ACADIA GENERAL HOSPITAL INC	S	30,290,987	CASH
(6) LAFAYETTE GENERAL FOUNDATION INC	S	768,494	CASH
(7) ST MARTIN HOSPITAL INC	S	18,794,852	CASH