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Form 990

Department of the
Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

- Do not enter social security numbers on this form as it may be made public
- Information about Form 990 and its instructions is at www.irs.gov/form990

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
UNIVERSITY HOSPITAL & CLINICS INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) 2390 WEST CONGRESS

City or town, state or province, country, and ZIP or foreign postal code
LAFAYETTE, LA 70506F Name and address of principal officer
KATHERINE D HEBERT
2390 WEST CONGRESS
LAFAYETTE, LA 70506I Tax-exempt status 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527

J Website: ► N/A

K Form of organization Corporation Trust Association Other ►D Employer identification number
46-2605366E Telephone number
(337) 261-6004

G Gross receipts \$ 145,984,978

H(a) Is this a group return for
subordinates? Yes NoH(b) Are all subordinates
Included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number ►

L Year of formation 2013

M State of legal domicile LA

Part I Summary

1 Briefly describe the organization's mission or most significant activities

THE ORGANIZATION PROVIDES MEDICAL CARE TO IMPROVE, MAINTAIN, AND RESTORE THE HEALTH OF THE PEOPLE IN THE COMMUNITIES WE SERVE, REGARDLESS OF THE PATIENTS' ABILITY TO PAY. THE ORGANIZATION ALSO SERVES THE COMMUNITY BY OPERATING AS A TEACHING FACILITY

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	4
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	2
5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	847
6 Total number of volunteers (estimate if necessary)	6	30
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	2,949,575
b Net unrelated business taxable income from Form 990-T, line 34	7b	-446,250

		Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	16,026,275	269,207	
9 Program service revenue (Part VIII, line 2g)	150,069,353	117,758,079	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	917	8,749	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,654,924	27,948,943	
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	173,751,469	145,984,978	

		Prior Year	Current Year
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,493	4,673	
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	41,243,180	43,129,546	
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0	
b Total fundraising expenses (Part IX, column (D), line 25) ► 0			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	137,484,240	127,022,064	
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	178,731,913	170,156,283	
19 Revenue less expenses Subtract line 18 from line 12	-4,980,444	-24,171,305	

		Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	47,874,338	54,088,070	
21 Total liabilities (Part X, line 26)	15,349,179	28,113,710	
22 Net assets or fund balances Subtract line 21 from line 20	32,525,159	25,974,360	

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	****	2017-06-13			
	Signature of officer	Date			
KATHERINE D HEBERT VP CHIEF EXECUTIVE OFFICER					
Type or print name and title					
Paid Preparer Use Only	Print/Type preparer's name AMIE T WHITTINGTON CPA	Preparer's signature AMIE T WHITTINGTON CPA	Date 2017-05-24	Check <input type="checkbox"/> if self-employed	PTIN P01082167
	Firm's name ► HORNE LLP	Firm's EIN ► 20-1941244			
	Firm's address ► 1020 HIGHLAND COLONY PKWY STE 400 RIDGELAND, MS 39157	Phone no (601) 326-1000			

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2015)

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?

3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

4 Section 501(c)(3) organizations.
Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III

6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV

10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V

11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

- a** Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI
- b** Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII
- c** Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII
- d** Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX
- e** Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
- f** Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII

b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

- b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

- b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? If "Yes," attach a copy of the audited financial statements to this return

	Yes	No
1	Yes	
2	Yes	
3		No
4	Yes	
5		No
6		No
7		No
8		No
9		No
10		No
11a	Yes	
11b		No
11c		No
11d	Yes	
11e	Yes	
11f	Yes	
12a		No
12b	Yes	
13		No
14a		No
14b		No
15		No
16		No
17		No
18		No
19		No
20a	Yes	
20b	Yes	

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
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		No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	83	
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	847	
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).	7a	No	
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?	7b		
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	No	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			
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.	8		
Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	9a		
9b			
10 Section 501(c)(7) organizations. Enter	10a		
a Initiation fees and capital contributions included on Part VIII, line 12	10b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11 Section 501(c)(12) organizations. Enter	11a		
a Gross income from members or shareholders	11b		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
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	13b		
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	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

1a Enter the number of voting members of the governing body at the end of the tax year

If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O

b Enter the number of voting members included in line 1a, above, who are independent

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?

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?

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

5 Did the organization become aware during the year of a significant diversion of the organization's assets?

6 Did the organization have members or stockholders?

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?

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following

a The governing body?

b Each committee with authority to act on behalf of the governing body?

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

		Yes	No
1a	4		
1b	2		
2		No	
3		No	
4		No	
5		No	
6	Yes		
7a	Yes		
7b	Yes		
8a	Yes		
8b	Yes		
9		No	

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

10a Did the organization have local chapters, branches, or affiliates?

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?

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?

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

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done

13 Did the organization have a written whistleblower policy?

14 Did the organization have a written document retention and destruction policy?

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

b Other officers or key employees of the organization

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?

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?

	Yes	No
10a		No
10b		
11a	Yes	
12a	Yes	
12b	Yes	
12c	Yes	
13	Yes	
14	Yes	
15a	Yes	
15b	Yes	
16a		No
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

►KATHERINE D HEBERT 2390 WEST CONGRESS LAFAYETTE, LA 70506 (337) 261-6004

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

- List all of the organization's **current** key employees, if any See instructions for definition of "key employee"

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099- MISC)	(E) Reportable compensation from related organizations (W-2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Officer	Individual Trustee	Institutional Trustee	Officer	Key Employee	Highest Compensated			
(1) JARED STARK CEO/VP - PART YEAR	40.00	X		X				0	387,332	73,039
(2) JAMES B FALTERMAN JR MD MEDICAL DIRECTOR	40.00	X						0	0	0
(3) DAVID CALLECOD PRESIDENT/CEO	1.00 46.00	X		X				0	1,244,305	238,025
(4) BETTY D BROWN TRUSTEE - NON VOTING	1.00	X						0	0	0
(5) ALLEN J CELESTINE TRUSTEE - NON VOTING	1.00	X						0	0	0
(6) JOBY JOHN TRUSTEE	1.00 2.00	X						0	0	0
(7) ROSEMARY ST CLERGY MD SECRETARY - NON VOTING	1.00	X						0	0	0
(8) DESIREE C AUZENNE TRUSTEE - NON VOTING	1.00	X						0	0	0
(9) KATHERINE D HEBERT CEO/VP - PART YEAR	40.00	X		X				0	298,156	49,954
(10) LAURENCE VINCENT CNO	40.00			X				0	164,499	3,306
(11) BRIAN KIRK CFO/VP	40.00			X				0	197,799	30,360
(12) CHRISTY E LEE NURSE PRACTITIONER	43.70				X			0	167,706	4,122
(13) TRUDI GAIL HOPPER LUQUETTE PHARMACIST	41.40				X			0	164,913	0
(14) WENDY DEAN-COLOMB PHYSICIAN	40.00				X			0	476,609	5,317

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (W-2/1099- MISC)	(E) Reportable compensation from related organizations (W-2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Officer or Director	Individual Trustee	Institutional Trustee	Contract Employee	Key Employee	Highest Compensated Position	Former			
(15) LAUREN S MYERS PHARMACIST	40 67				X			0	149,167	1,847	
(16) BLAIR CHISUM ERWIN PHARMACIST	40 13				X			0	143,932	6,183	
1b Sub-Total											
c Total from continuation sheets to Part VII, Section A											
d Total (add lines 1b and 1c)								0	3,394,418	412,153	

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 ► 31

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

Section B. Independent Contractors

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

(A)	Name and business address	(B)	Description of services	(C)	Compensation
LSU HSC-NEW ORLEANS			RESIDENTS AND FACULTY,		25,613,223
433 BOLIVAR STREET			TRANSITIONS SERVI		
NEW ORLEANS, LA 70112					
ARAMARK CORPORATION			HOUSEKEEPING AND DIETARY		4,011,929
25271 NETWORK PLACE					
CHICAGO, IL 60673					
CONGRESS EMERGENCY GROUP LLC			ER PROVIDER		3,494,121
PO BOX 82368					
LAFAYETTE, LA 70598					
MEDICAL IMAGING ASSOCIATES OF LA			RADIOLOGIST PROVIDER		1,625,088
PO BOX 60074					
LAFAYETTE, LA 70596					
PARISH ANESTHESIA OF LAFAYETTE			ANESTHESIA PROVIDER		1,358,442
PO BOX 7250					
METAIRIE, LA 70010					

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 ► 30

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	32,240				
	e Government grants (contributions)	1e	236,967				
	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		269,207				
Program Service Revenue	2a PATIENT REVENUE	Business Code					
			621990	117,758,079	117,758,079		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		117,758,079				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		8,749			8,749	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
	b Less rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
b Less cost or other basis and sales expenses							
c Gain or (loss)							
d Net gain or (loss)							
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 OUTPATIENT LAB	621500	22,945,421	20,667,165	2,278,256			
b OTHER REVENUE	900099	2,646,752	1,975,433	671,319			
c E H R REVENUE	900099	2,356,770	2,356,770				
d All other revenue							
e Total. Add lines 11a-11d		27,948,943					
12 Total revenue. See Instructions		145,984,978	142,757,447	2,949,575	8,749		

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	4,673	4,673		
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	1,047,786		1,047,786	
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	35,831,509	32,480,315	3,351,194	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	563,330	529,549	33,781	
9 Other employee benefits	3,093,729	2,819,471	274,258	
10 Payroll taxes	2,593,192	2,372,760	220,432	
11 Fees for services (non-employees)				
a Management			14,197,970	
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)				
12 Advertising and promotion	836	768	68	
13 Office expenses	1,502,181	1,350,091	152,090	
14 Information technology				
15 Royalties				
16 Occupancy	17,722,718	1,920,622	15,802,096	
17 Travel	75,064	62,648	12,416	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	75,841	52,441	23,400	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	812,870	186,935	625,935	
23 Insurance	49,205	49,205		
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 CONTRACT LABOR	39,061,126	37,474,890	1,586,236	
b BAD DEBT EXPENSE	30,525,459	30,525,459		
c MEDICAL SUPPLIES	18,832,727	18,832,727		
d EQUIPMENT RENTAL & MAIN	3,911,302	3,544,356	366,946	
e All other expenses	254,765	192,853	61,912	
25 Total functional expenses. Add lines 1 through 24e	170,156,283	132,399,763	37,756,520	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 ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year	(B) End of year
Assets	1 Cash—non-interest-bearing	742,511	1 5,960
	2 Savings and temporary cash investments	2	
	3 Pledges and grants receivable, net	3	
	4 Accounts receivable, net	9,140,752	4 11,408,642
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	6	
	7 Notes and loans receivable, net	7	
	8 Inventories for sale or use	2,134,989	8 1,957,318
	9 Prepaid expenses and deferred charges	15,790,500	9 15,790,500
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 7,032,242	
	b Less accumulated depreciation	10b 1,686,602	
		4,385,493	10c 5,345,640
	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	15,680,093	19,580,010
	16 Total assets. Add lines 1 through 15 (must equal line 34)	47,874,338	16 54,088,070
Liabilities	17 Accounts payable and accrued expenses	17	26,739,616
	18 Grants payable	18	
	19 Deferred revenue	19	
	20 Tax-exempt bond liabilities	20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D	21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	22	
	23 Secured mortgages and notes payable to unrelated third parties	23	
	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	25	1,374,094
	26 Total liabilities. Add lines 17 through 25	15,349,179	26 28,113,710
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	27 Unrestricted net assets	32,525,159	27 25,974,360
	28 Temporarily restricted net assets	28	
	29 Permanently restricted net assets	29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> 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	33	25,974,360
	34 Total liabilities and net assets/fund balances	34	54,088,070

Part XI Reconciliation of Net AssetsCheck 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	145,984,978
2	Total expenses (must equal Part IX, column (A), line 25)	2	170,156,283
3	Revenue less expenses Subtract line 2 from line 1	3	-24,171,305
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . .	4	32,525,159
5	Net unrealized gains (losses) on investments	5	
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	17,620,506
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	25,974,360

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII

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

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

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

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?

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

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:
Software Version:
EIN: 46-2605366
Name: UNIVERSITY HOSPITAL & CLINICS INC

Form 990, Part III, Line 4a

(Code) (Expenses \$	132,399,763	including grants of \$	4,673)	(Revenue \$	142,757,447)
<p>UNIVERSITY HOSPITAL AND CLINICS (UHC) WAS CREATED ON JUNE 24, 2013, AS A WHOLLY-OWNED SUBSIDIARY OF LAFAYETTE GENERAL HEALTH SYSTEM, AND WAS CREATED AS THE RESULT OF A COOPERATIVE ENDEAVOR AGREEMENT BETWEEN THE STATE OF LOUISIANA, LOUISIANA STATE UNIVERSITY, AND LAFAYETTE GENERAL HEALTH TO PROVIDE FOR THE OPERATION OF THE FORMER UNIVERSITY MEDICAL CENTER, ONE OF THE TEN (10) SAFETY-NET HOSPITALS PREVIOUSLY OPERATED BY LOUISIANA STATE UNIVERSITY THROUGH THEIR LSU HEALTH SYSTEM. UHC A GENERAL ACUTE CARE HOSPITAL PROVIDING THE NORMAL COMPLIMENT OF BOTH INPATIENT AND OUTPATIENT SERVICES, PROVIDING BOTH INPATIENT AND OUTPATIENT MEDICAL CARE, DIAGNOSTIC TESTING AND THERAPY SERVICES TO THOSE SEEKING CARE. HEALTHCARE SERVICES ARE PROVIDED ON A CONTINUOUS BASIS, TWENTY-FOUR HOURS PER DAY, SEVEN DAYS PER WEEK. TRADITIONALLY AND CURRENTLY, THIS FACILITY HAS BEEN THE MEDICAL CARE PROVIDER TO WHICH THOSE WHO WERE UNINSURED OR OTHERWISE UNABLE TO PAY FOR THEIR HEALTHCARE SERVICES TURNED TO FOR THOSE SERVICES THROUGH AN AGREEMENT WITH THE LSU SCHOOL OF MEDICINE IN NEW ORLEANS, UHC ALSO PROVIDES GRADUATE MEDICAL EDUCATION THROUGH A NUMBER OF RESIDENCY PROGRAMS WHICH PROVIDE THE PHYSICIAN SERVICES FOR SEVERAL OUTPATIENT PRIMARY CARE AND SPECIALTY CARE CLINICS. THE ENTIRE PURPOSE OF THE ORGANIZATION IS TO PROVIDE INPATIENT AND OUTPATIENT MEDICAL CARE AND GRADUATE MEDICAL EDUCATION TO PROVIDE FOR THE MEDICAL NEEDS OF THE CITIZENS OF THE ACADIANA REGION OF SOUTH LOUISIANA. THE MAJORITY OF THE MEDICAL CARE PROVIDED AT UHC IS PROVIDED BY BOTH MEDICAL RESIDENTS AND STAFF PHYSICIANS. UHC EMPLOYS NURSING AND OTHER ANCILLARY PROFESSIONALS TO PROVIDE NON-PHYSICIAN HEALTHCARE SERVICES AND SUPPORT TO THE PATIENTS FOR WHOM WE PROVIDE CARE. ADDITIONALLY, UHC ALSO EMPLOYS SOME PHYSICIAN PROVIDERS, TO PROVIDE CARE DIRECTLY. UHC PROVIDES CARE FOR PATIENTS REGARDLESS OF THEIR ABILITY TO PAY, BASED UPON WRITTEN GUIDELINES WHICH ALLOWS UHC TO PROVIDE CARE TO PATIENTS WITH VARYING FINANCIAL MEANS TO PAY FOR THAT CARE. THROUGH THE AGREEMENT WITH THE STATE OF LOUISIANA, UHC RECEIVES SOME REIMBURSEMENT FOR PATIENTS WHO QUALIFY FOR "FREE CARE", WITH A MAXIMUM ON THE AMOUNT THAT THE STATE WILL REIMBURSE THE HOSPITAL. THE HOSPITAL HAS ALSO ENTERED INTO CONTRACTS AND AGREEMENTS WITH VARIOUS STATE AND FEDERAL HEALTHCARE REIMBURSEMENT PROGRAMS, SUCH AS MEDICAID AND MEDICARE, AS WELL AS PRIVATE INSURANCE PLANS TO REIMBURSE THE HOSPITAL FOR SERVICES PROVIDED TO THEIR BENEFICIARIES IN ADDITION TO THE TRADITIONAL HOSPITAL SERVICES, UHC OPERATES SEVERAL CLINICS WHICH PROVIDE ONGOING MEDICAL CARE TO PATIENTS. THESE CLINICS OPERATE MONDAY THROUGH FRIDAY AND OPERATE JUST LIKE PRIVATE PHYSICIAN OFFICES. THEY ARE STAFFED BY NURSE PRACTITIONERS AND BY STAFF PHYSICIANS WHO SUPERVISE MEDICAL RESIDENTS, ALLOWING THEM TO GAIN VALUABLE CLINICAL EXPERIENCE AS PART OF THEIR MEDICAL RESIDENCY TRAINING. UHC HAS THREE "HOME-BASED" RESIDENCY PROGRAMS PROVIDING GRADUATE MEDICAL EDUCATION IN FAMILY MEDICINE, INTERNAL MEDICINE, AND A FELLOWSHIP PROGRAM IN GERIATRIC MEDICINE, OPERATED THROUGH THE FAMILY MEDICINE DEPARTMENT. IN ADDITION, UHC OPERATES SEVERAL ROTATING RESIDENCIES THAT ALLOWS RESIDENTS IN RESIDENCY PROGRAMS BASED IN NEW ORLEANS AT THE LSU SCHOOL OF MEDICINE TO SPEND PART OF THEIR RESIDENCY AT UHC PROVIDING CARE FOR OUR PATIENTS AND RECEIVING CLINICAL EXPERIENCE IN THEIR FIELD OF MEDICAL SPECIALTY. THESE RESIDENCIES ARE IN THE SPECIALTIES OF GENERAL SURGERY, OTORHINOLARYNGOLOGY, GYNECOLOGY, ORTHOPEDIC SURGERY, AND OPHTHALMOLOGY. UHC ALSO OPERATES A MEDICAL LIBRARY, STAFFED BY A DEGREED MEDICAL LIBRARIAN WHICH SERVES AS LEARNING RESOURCE CENTER FOR THE REGIONAL AREA HEALTH EDUCATION CENTER (AHEC) WHICH PROVIDES OUTREACH TO AREA HEALTH PROFESSIONALS AND POTENTIAL HEALTHCARE PROFESSIONALS, PROVIDING THEM TOOLS TO OBTAIN INFORMATION REGARDING HEALTHCARE CAREERS, AND RESEARCH ON SPECIFIC HEALTHCARE AND MEDICAL ISSUES. PROGRAM SERVICES STATISTICS RELATED TO PROVIDING COMMUNITY MEDICAL CARE FOR THE HOSPITAL DURING FYE 9/30/16 WERE 13,684 TOTAL ACUTE PATIENT DAYS, 47,561 EMERGENCY ROOM VISITS AND 2,614 SURGERIES (INPATIENT AND OUTPATIENT). UNIVERSITY HOSPITAL & CLINICS HAS ACHIEVED STAGE 6 OF THE HIMSS ANALYTICS ELECTRONIC MEDICAL RECORD (EMR) ADOPTION MODEL. THIS DISTINCTION HONORS AN ORGANIZATION'S ACCOMPLISHMENTS TO IMPLEMENT TECHNOLOGY SOLUTIONS THAT HAVE THE ABILITY TO IMPROVE PATIENT SAFETY AND QUALITY OF CARE. CURRENTLY ONLY 29% (1,600) HOSPITALS IN THE UNITED STATES CARRY A STAGE 6 DESIGNATION. UNIVERSITY HOSPITALS & CLINICS IS A GREAT EXAMPLE OF HOW A VISION CAN BECOME REALITY IN THE WORLD OF HEALTHCARE INFORMATION TECHNOLOGY. IT TAKES COMMITMENT, SUPPORT AND A GREAT TEAM OF HEALTHCARE PROFESSIONALS TO ACHIEVE THIS PINNACLE LEVEL. UHC ALSO BECAME A PUBLIC MEDICAID ENROLLMENT CENTER.</p>						

2015

Open to Public
Inspection**SCHEDULE A**
**(Form 990 or
990EZ)**Department of the
Treasury
Internal Revenue Service**Public Charity Status and Public Support**Complete if the organization is a section 501(c)(3) organization or a section
4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

UNIVERSITY HOSPITAL & CLINICS INC

Employer identification number

46-2605366

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
 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		
Total						

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)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

1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain

	Yes	No
1		

2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)

2		

3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

3a		
3b		

b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination

c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use

3c		

4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below

4a		

b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations

c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes

4c		

5a Did the organization add, substitute, or remove any supported organizations during the tax year?

If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)

5a		

b **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?

c **Substitutions only.** Was the substitution the result of an event beyond the organization's control?

5b		
5c		

6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.

6		

7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)

7		
8		

8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990)

8		
9a		

9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.

9a		
9b		

b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.

9b		
9c		

c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.

9c		
10a		

10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

10a		
10b		

11 Has the organization accepted a gift or contribution from any of the following persons?

a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?

11a		
11b		

b A family member of a person described in (a) above?

11c		

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in **Part VI**

Part IV Supporting Organizations (continued)**Section B. Type I Supporting Organizations**

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

	Yes	No
1		
2		

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization*

Section C. Type II Supporting Organizations

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

	Yes	No
1		

Section D. All Type III Supporting Organizations

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?

	Yes	No
1		

2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)*

	Yes	No
2		

3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

If "Yes," describe in Part VI the role the organization's supported organizations played in this regard

	Yes	No
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?

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

	Yes	No
2a		

b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in?

If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement

	Yes	No
2b		

3 Parent of Supported Organizations Answer (a) and (b) below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI

b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

	Yes	No
3a		
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

1 Net short-term capital gain
2 Recoveries of prior-year distributions
3 Other gross income (see instructions)
4 Add lines 1 through 3
5 Depreciation and depletion
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)
7 Other expenses (see instructions)
8 **Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)

	(A) Prior Year	(B) Current Year (optional)
1		
2		
3		
4		
5		
6		
7		
8		

Section B - Minimum Asset Amount

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

	(A) Prior Year	(B) Current Year (optional)
1		
1a		
1b		
1c		
1d		
2		
3		
4		
5		
6		
7		
8		

Section C - Distributable Amount

1 Adjusted net income for prior year (from Section A, line 8, Column A)
2 Enter 85% of line 1
3 Minimum asset amount for prior year (from Section B, line 8, Column A)
4 Enter greater of line 2 or line 3
5 Income tax imposed in prior year
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

		Current Year
1		
2		
3		
4		
5		
6		

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

2015

Open to Public
Inspection**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.

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 UNIVERSITY HOSPITAL & CLINICS INC	Employer identification number 46-2605366
---	--

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)	8,668	195,488
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)	8,668	195,488
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)	132,391,095	741,511,044
f Lobbying nontaxable amount Enter the amount from the following table in both columns	132,399,763	741,706,532
g Grassroots nontaxable amount (enter 25% of line 1f)	1,000,000	1,000,000
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		

 Yes No**4-Year Averaging Period Under section 501(h)**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount		1,000,000	1,000,000	1,000,000	3,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					4,500,000
c Total lobbying expenditures		189,962	174,268	195,488	559,718
d Grassroots nontaxable amount		250,000	250,000	250,000	750,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,125,000
f Grassroots lobbying expenditures		189,962	174,268	195,488	559,718

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a)	(b)
		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	Yes	
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).	2a	
a	Current year	2b	
b	Carryover from last year	2c	
c	Total	3	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
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?	5	
5	Taxable amount of lobbying and political expenditures (see instructions)		

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	ALL LOBBYING ACTIVITIES OCCUR INDIRECTLY THROUGH THE LOUISIANA HOSPITAL ASSOCIATION. THE HOSPITAL DOES NOT HAVE ANY CONTROL OR DIRECTION IN DETERMINING HOW SUCH DUES PAID TO THIS ORGANIZATION ARE USED. ALSO, A MINIMAL AMOUNT WAS SPENT TO HAVE LUNCHES WITH VARIOUS LEGISLATURES

TY 2015 Affiliated Group Schedule**Name:** UNIVERSITY HOSPITAL & CLINICS INC**EIN:** 46-2605366**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:	46-2605366
Electing Organization Checkbox:	<input checked="" type="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:	<input checked="" type="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:	<input checked="" type="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:	<input checked="" type="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

2015

Open to Public
Inspection**SCHEDULE D**
(Form 990)**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.Department of the
Treasury
Internal Revenue ServiceName of the organization
UNIVERSITY HOSPITAL & CLINICS INC

Employer identification number

46-2605366

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 No6 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

	Held at the End of the Year
2a	
2b	
2c	
2d	

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

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 No6 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 <input type="checkbox"/> Public exhibition	d <input type="checkbox"/> Loan or exchange programs
b <input type="checkbox"/> Scholarly research	e <input type="checkbox"/> Other
c <input type="checkbox"/> Preservation for future generations	

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

	Amount
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

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

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

Yes	No
3a(i)	
3a(ii)	
3b	

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

Part VI Land, Buildings, and Equipment.

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

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	Accumulated (c) depreciation	(d) Book value
1a Land					
b Buildings					
c Leasehold improvements		858,013	46,776	811,237	
d Equipment		5,493,308	1,639,826	3,853,482	
e Other		680,921			680,921
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ►					5,345,640

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		

Total. (Column (b) must equal Form 990, Part X, col (B) line 12)

Total. (Column (b) must equal Form 990, Part X, col (B) line 13)

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15	
(a) Description	(b) Book value
(1) THIRD PARTY PAYABLE	19,274,352
(2) DEPOSITS	116,415
(3) OTHER ASSETS	167,117
(4) INTERCOMPANY RECEIVABLES	22,126

Total. (Column (b) must equal Form 990, Part X, col (B) line 15) 19,580,010

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

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' 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: 46-2605366

Name: UNIVERSITY HOSPITAL & CLINICS INC

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.

**SCHEDULE H
(Form 990)**Department of the
Treasury
Internal Revenue
Service

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.

► Attach to Form 990.

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

OMB No. 1545-0047

2015**Open to Public
Inspection****Hospitals**

Name of the organization
UNIVERSITY HOSPITAL & CLINICS INC

Employer identification number

46-2605366

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			44,150,499	48,881,362	-4,730,863	0 %
b Medicaid (from Worksheet 3, column a)			46,083,075	18,856,254	27,226,821	19 500 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			90,233,574	67,737,616	22,495,958	19 500 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			916		916	0 %
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			4,673		4,673	0 %
j Total. Other Benefits			5,589		5,589	
k Total. Add lines 7d and 7j			90,239,163	67,737,616	22,501,547	19 500 %

Part II Community Building Activities

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

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

Part III Bad Debt, Medicare, & Collection Practices**Section A. Bad Debt Expense**

1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15?

2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount

3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit

4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements

	Yes	No
1	Yes	
2	30,525,459	
3	17,399,512	

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)

6 Enter Medicare allowable costs of care relating to payments on line 5

7 Subtract line 6 from line 5. This is the surplus (or shortfall)

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

Cost accounting system Cost to charge ratio Other

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?

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

9a	Yes
9b	Yes

Part IV Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

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

UNIVERSITY HOSPITAL & CLINICS INC

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

1

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes
If "Yes," indicate what the CHNA report describes (check all that apply)		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA	20 14	
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	No
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
<input checked="" type="checkbox"/> Hospital facility's website (list url)		
a HTTP://WWW.LAFAYETTEGENERAL.COM/SITES/WWW/UPLOADS/FILES/COMMUNITY%20REPORTS		
b <input type="checkbox"/> Other website (list url) _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy	20 14	
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	No
a If "Yes" (list url) _____		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	Yes
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____	12b	

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

UNIVERSITY HOSPITAL & CLINICS INC

Name of hospital facility or letter of facility reporting group

	Yes	No
13	13 Yes	
14	14 Yes	
15	15 Yes	
16	16 Yes	
17	17 Yes	

Did the hospital facility have in place during the tax year a written financial assistance policy that

13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?

If "Yes," indicate the eligibility criteria explained in the FAP

a Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of
200 000000000000 % and FPG family income limit for eligibility for discounted care of
200 000000000000 %

b Income level other than FPG (describe in Section C)

c Asset level

d Medical indigency

e Insurance status

f Underinsurance discount

g Residency

h Other (describe in Section C)

14 Explained the basis for calculating amounts charged to patients?

15 Explained the method for applying for financial assistance?

If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)

a Described the information the hospital facility may require an individual to provide as part of his or her application

b Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application

c Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process

d Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications

e Other (describe in Section C)

16 Included measures to publicize the policy within the community served by the hospital facility?

If "Yes," indicate how the hospital facility publicized the policy (check all that apply)

a The FAP was widely available on a website (list url)
HTTP //WWW LAFAYETTEGENERAL COM/SITES/WWW/UPLOADS/FILES/FAP/FAP_UHC_010416

b The FAP application form was widely available on a website (list url)
HTTP //WWW LAFAYETTEGENERAL COM/SITES/WWW/UPLOADS/FILES/FAP/FINANCIAL_ASSIS

c A plain language summary of the FAP was widely available on a website (list url)
HTTP //WWW LAFAYETTEGENERAL COM/SITES/WWW/UPLOADS/FILES/FAP/FINANCIAL_ASSIS

d The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)

e The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)

f A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)

g Notice of availability of the FAP was conspicuously displayed throughout the hospital facility

h Notified members of the community who are most likely to require financial assistance about availability of the FAP

i Other (describe in Section C)

Billing and Collections

17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?

18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP

a Reporting to credit agency(ies)

b Selling an individual's debt to another party

c Actions that require a legal or judicial process

d Other similar actions (describe in Section C)

e None of these actions or other similar actions were permitted

Part V Facility Information (continued)**UNIVERSITY HOSPITAL & CLINICS INC****Name of hospital facility or letter of facility reporting group**

19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?
 If "Yes," check all actions in which the hospital facility or a third party engaged

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

20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)

- a Notified individuals of the financial assistance policy on admission
- b Notified individuals of the financial assistance policy prior to discharge
- c Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- d Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- e Other (describe in Section C)
- f None of these efforts were made

	Yes	No
19		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

If "No," indicate why

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

21	Yes	

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

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d Other (describe in Section C)

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

23	No	
24	No	

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

Part V Facility Information (continued)**Section C. Supplemental Information for Part V, Section B.**

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

Form and Line Reference	Explanation

Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

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

Part VI Supplemental Information

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.)
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

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

Form and Line Reference	Explanation
PART I, LINE 7, COLUMN (F)	THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS \$ 30,525,459

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	THE HOSPITAL OFFERS A VARIETY OF SPECIALISTS, AND CONTINUES TO RECRUIT PHYSICIANS TO OUR AREA TO ENSURE THAT THE HOSPITAL WILL CONTINUE TO BE THE FULL SERVICE HEALTHCARE PROVIDER THAT THE COMMUNITY EXPECTS. THE HOSPITAL JOINS FORCES WITH OTHER LOCAL ORGANIZATIONS TO PROVIDE HEALTHCARE SCREENINGS AND TEST AT LOCAL EVENTS

Form and Line Reference	Explanation
PART III, LINE 4	<p>THE FOOTNOTE TO THE AUDITED FINANCIAL STATEMENTS READS PATIENT ACCOUNTS RECEIVABLE ARE REPORTED AT NET REALIZABLE VALUE ACCOUNTS ARE WRITTEN OFF WHEN THEY ARE DETERMINED TO BE UNCOLLECTIBLE BASED UPON MANAGEMENT'S ASSESSMENT OF INDIVIDUAL ACCOUNTS PATIENTS' ACCOUNTS RECEIVABLE ARE REDUCED BY AN ALLOWANCE FOR DOUBTFUL ACCOUNTS IN EVALUATING THE COLLECTABILITY OF PATIENTS' ACCOUNTS RECEIVABLE, THE ORGANIZATION ANALYZES ITS PAST HISTORY AND IDENTIFIES TRENDS TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR DOUBTFUL ACCOUNTS MANAGEMENT REGULARLY REVIEWS DATA ABOUT THE ORGANIZATION'S MAJOR PAYOR SOURCES OF REVENUE IN EVALUATING THE SUFFICIENCY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY COVERAGE, THE ORGANIZATION ANALYZES CONTRACTUALLY DUE AMOUNTS AND PROVIDES AN ALLOWANCE FOR DOUBTFUL ACCOUNTS, IF NECESSARY (E G , FOR EXPECTED UNCOLLECTIBLE DEDUCTIBLES AND COPAYMENTS ON ACCOUNTS FOR WHICH THE THIRD-PARTY PAYOR HAS NOT YET PAID, OR FOR PAYERS WHO ARE KNOWN TO BE HAVING FINANCIAL DIFFICULTIES THAT MAKE THE REALIZATION OF AMOUNTS DUE UNLIKELY) FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS, THOSE WITH NO THIRD-PARTY COVERAGE, THE ORGANIZATION RECORDS A SIGNIFICANT PROVISION FOR BAD DEBTS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS PAST EXPERIENCE, WHICH INDICATES THAT MANY PATIENTS ARE UNABLE OR UNWILLING TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE THE DIFFERENCE BETWEEN THE STANDARD RATES (OR THE DISCOUNTED RATES IF NEGOTIATED) AND THE AMOUNTS ACTUALLY COLLECTED, AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED, IS WRITTEN OFF AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS THE ORGANIZATION'S ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS REMAINED AT 99% OF SELF PAY ACCOUNTS RECEIVABLE AT SEPTEMBER 30, 2016 AND 2015 THE ORGANIZATION CONTINUES TO EXPERIENCE HIGH LEVELS OF CHARITY CARE AND BAD DEBT WRITE-OFFS AS A RESULT OF RISING PATIENT RESPONSIBILITIES DUE IN PART TO HIGH DEDUCTIBLE AND HIGH CO-PAY INSURANCE PLANS THE ORGANIZATION DID NOT CHANGE ITS CHARITY CARE OR UNINSURED DISCOUNT POLICIES DURING FISCAL YEARS 2016 OR 2015 BAD DEBT EXPENSE EQUALS THE BAD DEBT EXPENSE ON THE AUDITED FINANCIAL STATEMENTS THE HOSPITAL ANALYZED THE POPULATION THAT WAS WRITTEN OFF TO BOTH CHARITY AND BAD DEBT DURING THE YEAR IT WAS ESTIMATED THAT 57% OF THE UNINSURED OUTPATIENT EMERGENCY ROOM VISITS THAT WERE ADJUSTED TO BAD DEBT MAY HAVE BEEN PATIENTS THAT COULD HAVE QUALIFIED FOR THE HOSPITAL'S CHARITY CARE POLICY BUT DID NOT INITIATE OR COMPLETE THE NECESSARY DOCUMENTATION THE HOSPITAL DID NOT INCLUDE ANY BAD DEBTS IN OUR COMMUNITY BENEFIT CALCULATIONS</p>

Form and Line Reference	Explanation
PART III, LINE 8	THE COSTING METHODOLOGY USED FOR LINE 6 WAS THE STANDARD MEDICARE COST REPORT COST SYSTEM. THE AMOUNTS WERE ESTIMATED BASED ON PREVIOUS COST REPORTS FILED WHEN THE HOSPITAL WAS A GOVERNMENT RUN HOSPITAL. THE CORRESPONDING REVENUE AMOUNTS WERE INCLUDED ON LINE 5. THE HOSPITAL DID NOT INCLUDE THE MEDICARE SHORTFALL IN OUR COMMUNITY BENEFIT CALCULATIONS REPORTED ON PART I, LINE 7.

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

Form and Line Reference	Explanation
PART III, LINES 2 & 3	BAD DEBT EXPENSE REFLECTED IN PART III EQUALS BAD DEBT EXPENSE ON THE AUDITED FINANCIAL STATEMENTS THE HOSPITAL ANALYZED THE POPULATION THAT WAS WRITTEN OFF TO BAD DEBT DURING THE YEAR IT WAS ESTIMATED THAT AT LEAST 57% OF THE TOTAL SELF PAY REVENUE IN BAD DEBT WOULD HAVE QUALIFIED FOR THE HOSPITAL'S CHARITY CARE POLICY HOWEVER, SINCE NECESSARY DOCUMENTATION WAS NOT COMPLETED, THIS AMOUNT WAS INSTEAD WRITTEN OFF TO BAD DEBT THE HOSPITAL DID NOT INCLUDE ANY BAD DEBTS IN OUR COMMUNITY BENEFIT CALCULATIONS HOWEVER, HOSPITAL BELIEVES THAT THE COST OF THIS BAD DEBT IS A COMMUNITY BENEFIT BECAUSE BY CONTINUING TO TREAT PATIENTS THAT ARE UNABLE TO AFFORD CARE, HOSPITALS ALLEVIATE THE FEDERAL GOVERNMENT'S BURDEN FOR DIRECTLY PROVIDING MEDICAL CARE

Form and Line Reference	Explanation
PART VI, LINE 2	A FORMAL NEEDS ASSESSMENT WAS UNDERTAKEN FOR YEAR ENDING 9/30/15 WE ENGAGED AN OUTSIDE CONSULTANT TO COMPLETE A COMMUNITY HEALTH NEEDS ASSESSMENT DURING LATE 2014/EARLY 2015 THIS ASSESSMENT INCLUDES USING NATIONAL DATA, INTERVIEWS WITH HEALTHCARE PROVIDERS IN THE COMMUNITY AND FOCUS GROUPS MADE UP OF A DIVERSE GROUP OF COMMUNITY CITIZENS IN ADDITION, THE HOSPITAL DOES HAVE A BOARD OF TRUSTEES AND MEMBERS OF THE CORPORATION COMPRISED OF INDIVIDUALS FROM THE LOCAL COMMUNITY, WHICH ARE INDEPENDENTLY AWARE OF THE MEDICAL NEEDS OF THE COMMUNITY

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

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

Form and Line Reference

Explanation

PART VI, LINE 5

THE MAJORITY OF UHC'S BOARD IS COMPRISED OF PERSONS WHO RESIDE IN THE ORGANIZATION'S PRIMARY SERVICE AREA ONLY 2 ARE EMPLOYEES UHC, SINCE INCEPTION HAS NEVER MADE A SURPLUS AND BY CEA DESIGN, NEVER WILL MAKE A SURPLUS UHC TAKES CARE OF THE POOR AND INDIGENT IN OUR COMMUNITY AND RECEIVES A COST REPORT SUBSIDY THAT ONLY COVERS ALLOWABLE COSTS LGH SYSTEM INVESTED MORE THAN \$4 MILLION ON AN ELECTRONIC MEDICAL RECORD TO IMPROVE PATIENT SAFETY, SATISFACTION, AND EFFICIENCY UHC IS A TEACHING HOSPITAL WHICH TRAINS HUNDREDS OF RESIDENTS IN VARIOUS PROGRAMS TO HELP THEM BECOME DOCTORS UHC EXEMPLIFIED COMMUNITY OUTREACH BY OFFERING FREE MAMMOGRAMS, BREAST SCREENING AND FOLLOW UP CARE TO ELIGIBLE PATIENTS BY WORKING WITH SUSAN G KOMEN, INC AND THE LOUISIANA BREAST & CERVICAL HEALTH PROGRAM LOUISIANA EXCEEDS THE NATIONAL AVERAGE IN BREAST CANCER DEATHS, LARGELY DUE TO LATE OR INCURABLE-STAGE DIAGNOSIS, AND UHC IS NOW HELPING COMBAT THAT

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

Form and Line Reference

Explanation

PART VI, LINE 7, REPORTS FILED
WITH STATES

LA

Schedule H (Form 990) 2015

Additional Data

Software ID:

Software Version:

EIN: 46-2605366

Name: UNIVERSITY HOSPITAL & CLINICS INC

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

1

Name, address, primary website address, and state license number

Facility reporting group	Other (Describe)	Hospital Facilities							
		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other
1	UNIVERSITY HOSPITAL & CLINIC INC 2390 WEST CONGRESS STREET LAFAYETTE, LA 70506	X	X		X	X	X		

Schedule J
(Form 990)**Compensation Information****2015****Open to Public
Inspection**Department of the
Treasury
Internal Revenue ServiceFor 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.Name of the organization
UNIVERSITY HOSPITAL & CLINICS INC

Employer identification number

46-2605366

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

<input checked="" type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use
<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> 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**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?**1b** Yes**2** No**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

<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> 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?**4c** No

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of**5a** No**a** The organization?**5b** No**b** Any related organization?

If "Yes," on line 5a or 5b, describe in Part III

6a Yes**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**6b** Yes**a** The organization?**7** No**b** Any related organization?

If "Yes," on line 6a or 6b, describe in Part III

8 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**9** 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**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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 benefits	(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 AND HOUSING ALLOWANCE WAS PAID FOR THE CEO/VP AND WAS INCLUDED AS COMPENSATION ON HIS W-2
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-2'S FOR 2016 AND 2017. BRIAN KIRK - \$79,843 JARED STARK - \$300,000. A SUPPLEMENTAL EMPLOYEE RETIREMENT PLAN (SERP) WAS ADOPTED EFFECTIVE JANUARY 01, 2008. THE SERP IS CLASSIFIED AS A SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN, THE PURPOSE OF WHICH IS TO PROVIDE PARTICIPANTS WITH SUPPLEMENTAL RETIREMENT BENEFITS. CONTRIBUTION FOR THE YEAR WAS \$349,200. THE BOARD DETERMINES WHICH EMPLOYEES ARE ELIGIBLE FOR PLAN CONTRIBUTIONS. PARTICIPANTS WERE DAVID CALLEGOD, CHAIRMAN, BRIAN KIRK, CFO, JARED STARK, CEO, AND KATHERINE HEBERT, COO. DISTRIBUTIONS FROM SERP PLAN, INCLUDED IN 2015 W-2 WAGES, TOTALLED \$85,833. THE FOLLOWING RECEIVED DISTRIBUTIONS, INCLUDED IN THEIR 2015 W-2 WAGES. DAVID CALLEGOD, PRESIDENT/CEO-LGHS & KATHERINE D HEBERT, COO
PART I, LINE 6	THE ORGANIZATION DOES HAVE AN INCENTIVE PLAN FOR ALL EMPLOYEES IN GOOD STANDING, DETERMINED IN PART ON NET EARNINGS. THE CRITERIA USED TO DETERMINE IF PROFIT SHARING WILL BE MADE IS BASED ON METRICS DEVELOPED WITHIN FIVE AREAS, 20% EMPLOYEES, 15% SERVICE, 20% QUALITY, 35% FUNDING OUR FUTURE, AND 10% GROWTH. EARNINGS IN EXCESS OF BUDGETED EARNINGS MUST BE AVAILABLE FOR PROFIT SHARING TO BE PAID. THE OFFICERS', AS LISTED ON PART VII OF FORM 990, CALCULATION OF INCENTIVE PLAN PAYMENTS ARE IN PART BASED ON THE CONSOLIDATED NET EARNINGS

Additional Data

Software ID:
Software Version:
EIN: 46-2605366
Name: UNIVERSITY HOSPITAL & CLINICS 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				
1 JARED STARK CEO/VP - PART YEAR	(i) 0	0	0	0	0	0	0
	(ii) 310,679	64,078	12,575	65,400	7,639	460,371	0
1 DAVID CALLECOD PRESIDENT/CEO	(i) 0	0	0	0	0	0	0
	(ii) 835,637	344,735	63,933	231,626	6,399	1,482,330	0
2 KATHERINE D HEBERT CEO/VP - PART YEAR	(i) 0	0	0	0	0	0	0
	(ii) 244,635	40,158	13,363	42,572	7,382	348,110	0
3 LAURENCE VINCENTCNO	(i) 0	0	0	0	0	0	0
	(ii) 146,341	18,158	0	3,306	0	167,805	0
4 BRIAN KIRKCO/VP	(i) 0	0	0	0	0	0	0
	(ii) 175,873	21,926	0	25,513	4,847	228,159	0
5 CHRISTY E LEE NURSE PRACTITIONER	(i) 0	0	0	0	0	0	0
	(ii) 167,293	413	0	3,386	736	171,828	0
6 TRUDI GAIL HOPPER LUQUETTE PHARMACIST	(i) 0	0	0	0	0	0	0
	(ii) 164,500	413	0	0	0	164,913	0
7 WENDY DEAN-COLOMB PHYSICIAN	(i) 0	0	0	0	0	0	0
	(ii) 400,000	50,306	26,303	0	5,317	481,926	0
8 LAUREN S MYERS PHARMACIST	(i) 0	0	0	0	0	0	0
	(ii) 148,754	413	0	1,847	0	151,014	0
9 BLAIR CHISUM ERWIN PHARMACIST	(i) 0	0	0	0	0	0	0
	(ii) 143,519	413	0	2,958	3,225	150,115	0

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.

2015**Open to Public
Inspection**Name of the organization
UNIVERSITY HOSPITAL & CLINICS INC**Employer identification number**

46-2605366

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	AN ANNUAL SURVEY IS SENT TO THE BOARD MEMBERS AND OFFICERS REQUIRING THEM TO DISCLOSE CONFLICTS OF INTEREST. AFTER RECEIPT OF THESE SURVEYS, THE GOVERNANCE COMMITTEE AND ITS CHAIRPERSON REVIEW ALL CONFLICTS AND REPORT ON SAME TO THE GOVERNANCE COMMITTEE. THEREAFTER THE CHAIRPERSON OF THE GOVERNANCE COMMITTEE AND THE ORGANIZATION'S GENERAL COUNCIL (WHO ATTENDS ALL BOARD MEETINGS) INSURES THAT ALL CONFLICTS ARE TIMELY DISCLOSED AND APPROPRIATE RECALLS 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 COMPENSATION SURVEY AND FAIR MARKET VALUE REPORT. THE COMPENSATION COMMITTEE ANNUALLY REVIEWS THE MARKET COMPARABLES AND MAKES ADJUSTMENT TO THE PRESIDENT'S COMPENSATION THEREAFTER

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
PART VII, SECTION B, INDEPENDENT CONTRACTORS	LAFAYETTE GENERAL HEALTH SYSTEMS, INC (LGHS), A RELATED ORGANIZATION, PAID ALL CONTRACTORS ON BEHALF OF UNIVERSITY HOSPITAL AND CLINICS (UHC), AND UHC REIMBURSED LGHS FOR THESE PAYMENTS. ALL 1099S WERE ISSUED BY LGHS. THE INFORMATION LISTED REFLECTS THE TOTALS THAT WOULD HAVE BEEN REPORTED HAD UHC MADE THE PAYMENTS THEMSELVES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	FORGIVENESS OF DEBT BY PARENT COMPANY 17,620,506

990 Schedule O, Supplemental Information

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

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990

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

OMB No 1545-0047

2015

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
UNIVERSITY HOSPITAL & CLINICS INC

Employer identification number

46-2605366

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 SYSTEMS INC		No
(2) LAFAYETTE GENERAL HEALTH SYSTEMS INC 1214 COOLIDGE STREET LAFAYETTE, LA 70503 38-3646817	HEALTHCARE SUPPORT	LA	501(C)(3)	509(A)(3)			No
(3) LAFAYETTE HEALTH VENTURES INC PO BOX 53092 LAFAYETTE, LA 70503 72-1006966	PHYSICIAN PRACTICES	LA	501(C)(3)	509(A)(3)	LAFAYETTE GENERAL HEALTH SYSTEMS INC		No
(4) LAFAYETTE GENERAL MEDICAL CENTER INC 1214 COOLIDGE BLVD LAFAYETTE, LA 70503 72-0535375	HOSPITAL	LA	501(C)(3)	170(B)(1)(A)(III)	LAFAYETTE GENERAL HEALTH SYSTEMS INC		No
(5) 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 SYSTEMS INC		No
(6) LAFAYETTE GENERAL FOUNDATION INC 1214 COOLIDGE BLVD LAFAYETTE, LA 70503 37-1766778	FOUNDATION	LA	501(C)(3)	509(A)(3)	LAFAYETTE GENERAL HEALTH SYSTEMS INC		No
(7) KAPLAN GENERAL HOSPITAL DBA ABRON KAPLAN MEMORIAL HOSPITAL 1214 COOLIDGE BLVD LAFAYETTE, LA 70503 47-2540179	HOSPITAL	LA	501(C)(3)	170(B)(1)(A)(III)	LAFAYETTE GENERAL HEALTH SYSTEMS INC		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
									Yes	No	
(1) LAFAYETTE INVESTMENT GROUP LLC 1000 W PINHOOK SUITE 206 LAFAYETTE, LA 70503 42-1594593	MANAGEMENT	LA	N/A								
(2) LAFAYETTE GENERAL SURGICAL HOSPITAL LLC 1000 W PINHOOK LAFAYETTE, LA 70503 48-1300080	SURGICAL HOSPITAL	LA	N/A								
(3) OIL CENTER SURGICAL PLAZA LLC 1000 W PINHOOK 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?

- a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b		No
1c	Yes	
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k	Yes	
1l	Yes	
1m	Yes	
1n	Yes	
1o	Yes	
1p	Yes	
1q		No
1r	Yes	
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

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

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

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:** 46-2605366**Name:** UNIVERSITY HOSPITAL & CLINICS 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 SYSTEMS INC		No
LAFAYETTE GENERAL HEALTH SYSTEMS INC 1214 COOLIDGE STREET LAFAYETTE, LA 70503 38-3646817	HEALTHCARE SUPPORT	LA	501(C)(3)	509(A)(3)			No
LAFAYETTE HEALTH VENTURES INC PO BOX 53092 LAFAYETTE, LA 70503 72-1006966	PHYSICIAN PRACTICES	LA	501(C)(3)	509(A)(3)	LAFAYETTE GENERAL HEALTH SYSTEMS INC		No
LAFAYETTE GENERAL MEDICAL CENTER INC 1214 COOLIDGE BLVD LAFAYETTE, LA 70503 72-0535375	HOSPITAL	LA	501(C)(3)	170(B)(1)(A)(III)	LAFAYETTE GENERAL HEALTH SYSTEMS INC		No
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 SYSTEMS INC		No
LAFAYETTE GENERAL FOUNDATION INC 1214 COOLIDGE BLVD LAFAYETTE, LA 70503 37-1766778	FOUNDATION	LA	501(C)(3)	509(A)(3)	LAFAYETTE GENERAL HEALTH SYSTEMS INC		No
KAPLAN GENERAL HOSPITAL DBA ABRON KAPLAN MEMORIAL HOSPITAL 1214 COOLIDGE BLVD LAFAYETTE, LA 70503 47-2540179	HOSPITAL	LA	501(C)(3)	170(B)(1)(A)(III)	LAFAYETTE GENERAL HEALTH SYSTEMS INC		No