efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493319140617

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016

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

C Name of organization
LOUISIANA CHILDREN'S MEDICAL CENTER

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
200 HENRY CLAY AVENUE

City or town, state or province, country, and ZIP or foreign postal code
NEW ORLEANS, LA 701185720

D Employer identification number
94-3480131

E Telephone number
(504) 896-9388

G Gross receipts $ 294,875,351

F Name and address of principal officer
GREGORY C FEIRN
200 HENRY CLAY AVENUE
NEW ORLEANS, LA 701185720

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW LCMCHEALTH ORG

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

L Year of formation 2009

M State of legal domicile LA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE PRIMARY PURPOSE OF LCMC IS TO CREATE, MAINTAIN, AND GROW HEALTH CARE SERVICES IN THE GREATER NEW ORLEANS AREA CONSITENT WITH ITS OPERATION OF WEST JEFFERSON MEDICAL CENTER AND THE CHARITABLE MISSION OF THE LCMC AFFILIATES LCMC PROVIDES SUPPORT AND MANAGEMENT SERVICES TO THE SYSTEM ENTITIES SO THAT THE ENTITIES IN TURN CAN FOCUS THEIR EFFORTS ON CARRYING OUT THEIR EXEMPT PURPOSES

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**	28
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	26
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	**5**	2,191
6	Total number of volunteers (estimate if necessary)	**6**	120
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	7,327,939	6,805,777
9	Program service revenue (Part VIII, line 2g)	86,597,282	286,649,330
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	217,106	1,420,244
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	94,142,327	294,875,351
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	135,000	117,518
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)	35,963,741	117,389,176
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)	62,363,168	180,209,994
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	98,461,909	297,716,688
19	Revenue less expenses Subtract line 18 from line 12	-4,319,582	-2,841,337

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,822,366,042	1,812,600,599
21	Total liabilities (Part X, line 26)	560,268,629	475,535,058
22	Net assets or fund balances Subtract line 21 from line 20	1,262,097,413	1,337,065,541

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

****** 2017-11-15
Signature of officer Date

SUZANNE HAGGARD CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

SEE SCHEDULE O

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 117,518 including grants of $ 117,518) (Revenue $ 55,894,177)
See Additional Data

4b (Code) (Expenses $ 180,984,185 including grants of $) (Revenue $ 229,943,424)
See Additional Data

4c (Code) (Expenses $ 5,457,007 including grants of $) (Revenue $ 2,231,973)
See Additional Data

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

4e **Total program service expenses** ▶ 186,558,710

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c	Yes	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**	Yes	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**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**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	99		
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**		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	2,191		
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**		No
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**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .		**4a**		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .		**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		**7a**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7e**		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		**7f**		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		**8**		
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .		**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		**9b**		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		**14b**		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	28		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	26		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

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

Section C. Disclosure

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

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶JESSICA CAHILL 200 HENRY CLAY AVENUE NEW ORLEANS, LA 70118 (504) 896-9388

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								2,747,762	5,817,272	609,038

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 ▶ 79

			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
LABORATORY MANAGEMENT SERVICES 2915 MISSOURI AVENUE SHREVEPORT, LA 71109	OUTSOURCED LABORATORY SERVICES	6,926,368
SODEXO INC 1101 MEDICAL CENTER BLVD MARRERO, LA 70072	ENVIRONMENTAL & DIETARY SERVICES	6,755,986
REHABCARE GROUP PO BOX 502096 ST LOUIS, MO 63150	OUTSOURCED REHAB SERVICES	4,881,914
EPIC 1979 MILKY WAY VERONA, WA 53593	IT SERVICES	3,843,915
CERNER HEALTH SERVICES PO BOX 959167 ST LOUIS, MO 63195	IT SERVICES	2,372,499

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 ▶ 82

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	6,667,000		
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	138,777		
	g Noncash contributions included in lines 1a-1f $ 6,667,000				
	h **Total.** Add lines 1a-1f . . . . . ▶		6,805,777		

Program Service Revenue		Business Code				
	2a WEST JEFFERSON PATIENT SERVICE	621110	209,417,301	209,417,301		
	b LCMC MANAGEMENT FEE	561000	55,894,177	55,894,177		
	c WEST JEFFERSON NON-PATIENT SERVIC	621400	21,337,852	21,337,852		
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f . . . . ▶		286,649,330			

Other Revenue						
	3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶					
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties . . . . . ▶					
		(i) Real	(ii) Personal			
	6a Gross rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) . . . . . ▶					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory					
	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 WEST JEFFERSON MRI K-1	900099	895,154	895,154		
	b WEST JEFFERSON INDUSTRIAL MED	900099	259,921	259,921		
	c WEST JEFFERSON CT SCAN K-1	900099	145,169	145,169		
	d All other revenue		120,000	120,000		
	e **Total.** Add lines 11a–11d . . . . . ▶		1,420,244			
	12 Total revenue. See Instructions . . . . . ▶		294,875,351	288,069,574	0	0

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	117,518	117,518		
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, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	6,938,269		6,938,269	
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	92,225,818	75,548,907	16,676,911	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,391,691	613,058	778,633	
9 Other employee benefits	9,990,745	7,127,642	2,863,103	
10 Payroll taxes	6,842,653	5,429,592	1,413,061	
11 Fees for services (non-employees)				
a Management	23,690,765	10,973,128	12,717,637	
b Legal	1,155,920		1,155,920	
c Accounting	240,546		240,546	
d Lobbying	256,404		256,404	
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)	44,688,337	26,540,257	18,148,080	
12 Advertising and promotion	845,595	31,343	814,252	
13 Office expenses	3,041,714	390,696	2,651,018	
14 Information technology	27,888,431	355,947	27,532,484	
15 Royalties . .				
16 Occupancy	7,026,865	1,270,112	5,756,753	
17 Travel	230,739	79,264	151,475	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	123,530		123,530	
20 Interest	2,301,359		2,301,359	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization . .	790,218		790,218	
23 Insurance . . .	2,623,001	1,686,601	936,400	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MEDICAL SUPPLIES	49,772,445	49,147,997	624,448	
b REPAIRS & MAINTENANCE	6,209,810	935,618	5,274,192	
c ALL OTHER EXPENSES	4,666,123	2,951,998	1,714,125	
d LEASED FACILITIES & EQU	4,658,192	3,359,032	1,299,160	
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	297,716,688	186,558,710	111,157,978	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		15,885,610	1	89,764,009
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		37,240,193	4	32,036,527
	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		274,928,631	7	102,094,037
	8	Inventories for sale or use		6,798,015	8	6,711,584
	9	Prepaid expenses and deferred charges		210,907,137	9	202,880,839
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 32,551,393			
	b	Less accumulated depreciation	10b 1,113,872	4,590,544	10c	31,437,521
	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		1,270,474,326	13	1,346,042,592
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		1,541,586	15	1,633,490
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,822,366,042	16	1,812,600,599
Liabilities	17	Accounts payable and accrued expenses		23,415,640	17	31,533,993
	18	Grants payable			18	
	19	Deferred revenue		63,183	19	41,972
	20	Tax-exempt bond liabilities			20	200,000,000
	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		536,789,806	25	243,959,093
	26	**Total liabilities.** Add lines 17 through 25		560,268,629	26	475,535,058
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		1,262,097,413	27	1,337,065,541
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		1,262,097,413	33	1,337,065,541
	34	Total liabilities and net assets/fund balances		1,822,366,042	34	1,812,600,599

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	294,875,351
2	Total expenses (must equal Part IX, column (A), line 25)	2	297,716,688
3	Revenue less expenses Subtract line 2 from line 1	3	-2,841,337
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,262,097,413
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	77,809,465
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,337,065,541

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 94-3480131

Name: LOUISIANA CHILDREN'S MEDICAL CENTER

Form 990 (2016)

Form 990, Part III, Line 4a:

LOUISIANA CHILDREN'S MEDICAL CENTER (LCMC) IS A LOUISIANA NON-STOCK NOT-FOR-PROFIT CORPORATION THAT WAS INCORPORATED IN 2009, WITH ITS FOUNDING MEMBER BEING CHILDREN'S HOSPITAL (CHILDREN'S) THROUGH A HEALTH CARE SYSTEM AGREEMENT (SYSTEM AGREEMENT) BETWEEN LCMC, CHILDREN'S, TOURO INFIRMARY AND ITS SUBSIDIARIES (TOURO), AND COOPERATIVE ENDEAVOR AGREEMENTS (CEAS) WITH UNIVERSITY MEDICAL CENTER MANAGEMENT CORPORATION (UMCMC) AND WEST JEFFERSON HOLDINGS, LLC (WEST JEFFERSON), THESE PARTIES HAVE DETERMINED THAT TOGETHER THEY CAN PROVIDE A MULTI-HOSPITAL, NOT-FOR-PROFIT COMMUNITY-BASED, SYSTEM THAT WILL PROVIDE A CONTINUUM OF CARE TO THE FAMILIES OF THE GULF SOUTH REGION LCMC, CHILDREN'S, TOURO, UMCMC, AND WEST JEFFERSON ARE HEREINAFTER COLLECTIVELY REFERRED TO AS THE SYSTEM LCMC FUNCTIONS AS THE SYSTEM PARENT WITH RESERVE POWERS TO BE EXERCISED TO PROMOTE THE BEST INTERESTS OF THE SYSTEM AND ITS AFFILIATES ALL CORPORATE POWERS OF THE SYSTEM ARE VESTED IN THE BOARD OF TRUSTEES OF LCMC CHILDREN'S PROVIDES COMPREHENSIVE PEDIATRIC HEALTHCARE THAT MEETS THE SPECIAL NEEDS OF CHILDREN THROUGH EXCELLENCE AND CONTINUOUS IMPROVEMENT OF PATIENT CARE, EDUCATION, AND RESEARCH TOURO, FORMED IN 1852, SERVES THE GREATER NEW ORLEANS COMMUNITY AS A PREMIER, DIVERSE, MULTI-SPECIALTY HOSPITAL, CARING FOR THE SICK REGARDLESS OF RACE, COLOR, CREED, RELIGIOUS AFFILIATION, OR ABILITY TO PAY UMCMC OPERATES UNIVERSITY MEDICAL CENTER IN NEW ORLEANS (UMC) UMCMC IS A PROVIDER OF CHARITY CARE FOR THE UNINSURED AND PLAYS A VITAL ROLE AS A STATEWIDE REFERRAL CENTER FOR PATIENTS IN NEED OF TERTIARY CARE UMCMC ALSO PROVIDES MEDICAL AND ALLIED HEALTH TRAINING THROUGH ITS AFFILIATION WITH ACADEMIC INSTITUTIONS TO STRENGTHEN AND ENHANCE OPPORTUNITIES TO ACHIEVE THE STATE'S MEDICAL EDUCATION, CLINICAL CARE,AND RESEARCH GOALS IN TAX YEAR 2016, LCMC AND ITS AFFILIATES PROVIDED TOTAL COMMUNITY BENEFIT EXPENSE OF $648 3 MILLION THIS AMOUNT REPRESENTED 48 PERCENT OF THE AFFILIATES COMBINED TOTAL EXPENSE LCMC AND ITS AFFILIATES PROVIDE SERVICES TO MANY LOW-INCOME RESIDENTS OF THE GREATER NEW ORELANS AREA IN 2016, $421 7 MILLION IN EXPENSE (31 PERCENT OF THE AFFILIATES COMBINED TOTAL EXPENSE) WAS INCURRED IN PROVIDING SERVICES FOR MEDICAID RECIPIENTS AND IN PROVIDING FINANCIAL ASSISTANCE TOURO AND CHILDREN'S AND OTHER HEALTH CARE PROVIDERS IN LOUISIANA HAVE COLLABORATED WITH THE STATE AND UNITS OF LOCAL GOVERNMENT IN LOUISIANA, TO MORE FULLY FUND THE MEDICAID PROGRAM AND ENSURE THE AVAILABILITY OF QUALITY HEALTHCARE SERVICES FOR THE LOW INCOME AND NEEDY RESIDENTS IN THE COMMUNITY POPULATION THE PROVISION FOR THIS CHARITY CARE DIRECTLY TO LOW INCOME AND NEEDY PATIENTS WILL RESULT IN THE ALLEVIATION OF THE EXPENSE OF PUBLIC FUNDS THE GOVERNMENTAL ENTITIES PREVIOUSLY EXPENDED ON SUCH CARE, THEREBY ALLOWING THE GOVERNMENTAL ENTITIES TO INCREASE SUPPORT FOR THE STATE MEDICAID PROGRAM UP TO THE FEDERAL MEDICAID UPPER PAYMENT LIMITS (UPL) EACH STATE'S METHODOLOGY MUST COMPLY WITH ITS STATE PLAN AND BE APPROVED BY THE CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS) FEDERAL MATCHING FUNDS ARE NOT AVAILABLE FOR MEDICAID PAYMENTS THAT EXCEED UPLS IN TAX YEAR 2016, TOURO AND CHILDREN'S RECEIVED UPL PAYMENTS OF APPROXIMATELY $44 5 MILLION AND $103 MILLION RESPECTIVELY, WHICH ARE INCLUDED IN DIRECT OFFSETTING REVENUE ON PART I, LINE 7B IN SCHEDULE H F THE RESPECTIVE HOSPITAL'S 990S IN TAX YEAR 2016, WEST JEFFERSON INCLUDED APPROXIMATELY $9 MILLION OF ITS UPL RECEIPTS AS DIRECT OFFSETTING REVENUE ON PART I, LINE 7B IN SCHEDULE H OF THE RESPECTIVE 990

Form 990, Part III, Line 4b:

THE HOSPITAL PROVIDES INPATIENT, OUTPATIENT, EMERGENCY AND CRITICAL CARE, HOME HEALTH, AND REHABILITATION SERVICES THE HOSPITAL HAS A TOTAL OF 435 LICENSED PATIENT BEDS THE HOSPITAL TREATED 11,767 INPATIENTS AND HAD 211,724 OUTPATIENT VISITS DURING 2016 THERE WERE 9,166 SURGERIES (INPATIENT, OUTPATIENT, AND AMBULATORY SURGERY CENTER), 58,075 EMERGENCY DEPARTMENT VISITS AND 1,203 BABIES DELIVERED

Form 990, Part III, Line 4c:

COMMUNITY HEALTH SERVICES AND COMMUNITY BENEFIT OPERATIONS PROVIDE FREE HEALTH EDUCATION PROGRAMS AND SCREENINGS TO THE COMMUNITY THESE PROGRAMS ARE DESIGNED TO FOCUS ON SOME OF THE MOST PREVALENT DISEASES WITHING THE COMMUNITY, SUCH AS DIABETES, HEART DISEASE AND CANCER THESE PROGRAMS ADDRESS PREVENTION, EARLY DETECTION, TREATMENT, AND MAINTAINING HEALTHY LIFESTYLES

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIAM L MIMELES BOARD CHAIRMAN	1 00	X						0	0	0
KATIE ANDRY CROSBY BOARD VICE CHAIR	1 00	X						0	0	0
LEON J REYMOND BOARD SECRETARY/TREASURER	1 00	X						0	0	0
JULIE LIVAUDAIS GEORGE BOARD PAST CHAIRMAN	1 00	X						0	0	0
MICHAEL ADINOLFI MD BOARD MEMBER	1 00	X						0	0	0
BRIAN BARKEMEYER MD BOARD MEMBER	1 00	X						0	0	0
DARRYL D BERGER BOARD MEMBER	1 00	X						0	0	0
ALLAN BISSINGER BOARD MEMBER	1 00	X						0	0	0
RALPH O BRENNAN BOARD MEMBER	1 00	X						0	0	0
CHIP CAHILL BOARD MEMBER	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ELWOOD F CAHILL BOARD MEMBER	1 00	X						0	0	0
DAMON DIETRICH BOARD MEMBER	1 00	X						321,585	0	0
FANK DIVENCENTI MD BOARD MEMBER	1 00	X						0	0	0
LOU GOOD BOARD MEMBER	1 00	X						0	0	0
STEPHEN HALES MD BOARD MEMBER	1 00	X						0	0	0
JOHN HEATON MD BOARD MEMBER	1 00	X						0	0	0
A WHITFIELD HUGULEY IV BOARD MEMBER	1 00	X						0	0	0
RUTH KULLMAN BOARD MEMBER	1 00	X						0	0	0
STEPHEN KUPPERMAN BOARD MEMBER	1 00	X						0	0	0
THEODORE LE CLERGQ BOARD MEMBER	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
HUGH W LONG PHD BOARD MEMBER	1 00	X						0	0	0
ROBERT MAUPIN MD BOARD MEMBER	1 00	X						0	0	0
ANTHONEY RECASNER PHD BOARD MEMBER	1 00	X						0	0	0
STEPHEN SONTHEIMER BOARD MEMBER	1 00	X						0	0	0
MRS GEORGE VILLERE BOARD MEMBER	1 00	X						0	0	0
KNIGHT WORLEY MD BOARD MEMBER	1 00	X						0	0	0
ROYCE YOUNT JR MD BOARD MEMBER	1 00	X						0	0	0
GREGORY C FEIRN BOARD MEMBER, CEO	40 00 15 00	X		X				0	1,199,475	242,578
JIM MONTGOMERY PRESIDENT & COO	40 00 15 00			X				0	1,241,071	40,408
SUZZANE HAGGARD CHIEF FINANCIAL OFFICER	40 00 15 00			X				0	648,998	39,494

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RICK GUEVARA CHIEF LEGAL OFFICER	40 00 15 00			X				0	495,862	36,796
PAOLO ZAMBITO EVP - STRATEGY	40 00 15 00				X			0	446,868	21,127
NANCY R CASSAGNE CEO - WEST JEFFERSON HOLDINGS, LLC	55 00				X			600,101	0	21,636
SCOTT C LANDRY SVP - FACILITIES MGMT	55 00				X			0	278,039	25,993
CHAD COURREGE SVP - HUMAN RESOURCES	55 00				X			0	378,382	34,423
CHRISTINE ALBERT VP - MARKETING & COMMUNICATIONS	55 00				X			0	207,122	14,028
LISA GORE CHIEF CLINICAL EXCELLENCE OFFICER	55 00				X			0	536,425	16,623
TANYA TOWNSEND CHIEF INFORMATION OFFICER	55 00				X			0	385,030	27,790
RICHARD G HELMAN JR PHYSICIAN	55 00					X		415,853	0	11,767
CHARLES J BALLAY II PHYSICIAN	55 00					X		414,248	0	24,218

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CLIFTON S NICHOLSON-UHL PHYSICIAN	55 00					X		383,309	0	12,008
ANGELA W GREENER COO - WEST JEFFERSON HOLDINGS, LLC	55 00					X		325,103	0	20,647
DANIEL C LUCIO PHYSICIAN	55 00					X		287,563	0	19,502

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493319140617

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
LOUISIANA CHILDREN'S MEDICAL CENTER

Employer identification number
94-3480131

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 12, 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

_____

10 ☐ 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)

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

12 ☐ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

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- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 2016 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2015 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2016.** 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—2015.** 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—2016.** 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—2015.** 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 10 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) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 2016 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2016** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2015** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2016.** 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—2015.** 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 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

- a ☐ The organization satisfied the Activities Test Complete **line 2** below
- b ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- c ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

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

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

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

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

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 2016 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-2016**	**(iii) Distributable Amount for 2016**
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2017.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493319140617

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶**Complete if the organization is described below.** ▶**Attach to Form 990 or Form 990-EZ.**
▶**Information about Schedule C (Form 990 or 990-EZ) and its instructions is at** ***www.irs.gov/form990*****.**

OMB No 1545-0047

2016

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then
- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then
- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
LOUISIANA CHILDREN'S MEDICAL CENTER	94-3480131

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)	54,883	
b Total lobbying expenditures to influence a legislative body (direct lobbying)	201,521	
c Total lobbying expenditures (add lines 1a and 1b)	256,404	
d Other exempt purpose expenditures	297,658,536	
e Total exempt purpose expenditures (add lines 1c and 1d)	297,914,940	
f Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	
h Subtract line 1g from line 1a If zero or less, enter -0-	0	
i Subtract line 1f from line 1c If zero or less, enter -0-	0	

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount				1,000,000	1,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					1,500,000
c Total lobbying expenditures				256,404	256,404
d Grassroots nontaxable amount				250,000	250,000
e Grassroots ceiling amount (150% of line 2d, column (e))					375,000
f Grassroots lobbying expenditures				54,883	54,883

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

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

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

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

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

Return Reference	Explanation	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493319140617

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
LOUISIANA CHILDREN'S MEDICAL CENTER

Employer identification number
94-3480131

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

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

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

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

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

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

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

The percentages 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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c)Accumulated depreciation	(d)Book value
1a Land				
b Buildings		1,370,024	177,871	1,192,153
c Leasehold improvements		511,149	28,609	482,540
d Equipment		7,518,828	806,907	6,711,921
e Other		23,151,392	100,485	23,050,907
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				31,437,521

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		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) OTHER INVESTMENTS	160,024	C
(2) INVESTMENTS IN JOINT VENTURES	-432,114	C
(3) INVESTMENTS IN SUBSIDIARIES	1,344,226,454	C
(4) INVESTMENT IN PREMIER CLASS A	2,088,228	F
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶	1,346,042,592	

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	

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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
BOND INTEREST	157,333
EMPLOYEE BENEFITS	298,187
LT LIABILITY	7,257,170
CURRENT LIABILITIES	10,146,705
SELF-INSURANCE RESERVES	1,722,425
DUE TO/FROM RELATED ENTITIES	223,405,778
COST REPORT LIABILITIES	971,495
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	243,959,093

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: 94-3480131
Name: LOUISIANA CHILDREN'S MEDICAL CENTER

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	PER THE CONSOLIDATED AUDITED FINANCIALS LCMC, CHILDREN'S, UMCMC, TOURO INFIRMARY, AND CERTAIN OF THEIR RESPECTIVE SUBSIDIARIES ARE NOT-FOR-PROFIT ENTITIES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND ARE EXEMPT FROM FEDERAL INCOME TAXATION WEST JEFFERSON IS CONSIDERED A DISREGARDED ENTITY FOR FEDERAL AND STATE INCOME TAX PURPOSES WEST JEFFERSON'S PROFITS AND LOSSES ARE ALLOCATED TO LCMC ONE SUBSIDIARY OF TOURO AND ONE SUBSIDIARY OF WEST JEFFERSON ARE FOR-PROFIT ENTITIES THE OPERATIONS OF THESE SUBSIDIARIES HAVE RESULTED IN COMBINED CUMULATIVE NET OPERATING LOSSES FOR FEDERAL INCOME TAX PURPOSES AT DECEMBER 31, 2016 AND 2015, OF APPROXIMATELY $43,782,000 AND 42,943,000 RESPECTIVELY THESE NET OPERATING LOSS CARRYFORWARDS EXPIRE IN VARYING AMOUNTS BEGINNING IN 2018 THROUGH 2036 NO TAX BENEFITS RELATED TO THESE OPERATING LOSSES HAVE BEEN RECOGNIZED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS CHILDREN'S, UMCMC, AND TOURO INFIRMARY ARE SEPARATE NON-PROFIT ORGANIZATIONS WHO FILE THEIR OWN TAX FORM 990

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493319140617

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ 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

2016

Open to Public Inspection

Name of the organization
LOUISIANA CHILDREN'S MEDICAL CENTER

Employer identification number
94-3480131

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year			
	☐ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care	3a	Yes	
	☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %			
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b	Yes	
	☐ 200% ☐ 250% ☐ 300% ☐ 350% ☑ 400% ☐ Other _____ %			
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a		No
b	If "Yes," did the organization make it available to the public?	6b		
	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)			18,786,266	12,621,809	6,164,457	2 070 %
b Medicaid (from Worksheet 3, column a)			43,651,976	25,535,515	18,116,461	6 090 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			62,438,242	38,157,324	24,280,918	8 160 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			2,608,370	1,040,484	1,567,886	0 530 %
f Health professions education (from Worksheet 5)			2,496,442	1,191,489	1,304,953	0 440 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			167,520		167,520	0 060 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j **Total.** Other Benefits			5,272,332	2,231,973	3,040,359	1 030 %
k **Total.** Add lines 7d and 7j			67,710,574	40,389,297	27,321,277	9 190 %

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			184,675		184,675	0 060 %
10 Total			184,675		184,675	0 060 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1		No
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	7,819,000		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	46,036,860	
6	Enter Medicare allowable costs of care relating to payments on line 5	6	47,004,088	
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-967,228	
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used			

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 1 CRESCENT CITY RESEARCH CONSORTIUM LLC	CLINICAL TRIALS	50 000 %		50 000 %
2 2 WEST JEFFERSON INDUSTRIAL MEDICINE LLC	PHYSICIAN PRACTICE	50 000 %		50 000 %
3 3 WEST JEFFERSON CT SCAN LLC	OUTPATIENT IMAGING FACILITY	50 000 %		50 000 %
4 4 WEST JEFFERSON MRI LLC	OUTPATIENT IMAGING FACILITY	50 000 %		50 000 %
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)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group WEST JEFFERSON MEDICAL CENTER

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	Yes	
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☐ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 15			
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	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a		No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7		No
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☐ Hospital facility's website (list url)			
b	☐ Other website (list url)			
c	☐ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 15			
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?	12b		
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? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

WEST JEFFERSON MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of 400 000000000000 %			
b	☑ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☑ Underinsurance discount			
g	☐ Residency			
h	☑ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) WWW WJMC ORG/DOCS/WJMC-FINANCIAL-ASSISTANCE			
b	☑ The FAP application form was widely available on a website (list url) WWW WJMC ORG/DOCS/WJMC-FINANCIAL-ASSISTANCE			
c	☐ A plain language summary of the FAP was widely available on a website (list url)			
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	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

WEST JEFFERSON MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	**17**	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			
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?	**19**		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ 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 ☐ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b ☐ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c ☐ Processed incomplete and complete FAP applications			
d ☑ Made presumptive eligibility determinations			
e ☐ Other (describe in Section C)			
f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**21**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

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

WEST JEFFERSON MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

		Yes	No
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 a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c ☐	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d ☑	The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? **23**		No
	If "Yes," explain in Section C		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? **24**		No
	If "Yes," explain in Section C		

Part V **Facility Information** *(continued)*

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

Form and Line Reference	Explanation
See Add'l Data	

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? **1**

	Name and address	Type of Facility (describe)
1	1 - NEW ORLEANS PHYSICIANS SERVICES INC 1101 MEDICAL CENTER BLVD MARRERO, LA 70072	PHYSICIAN PRACTICE
2		
3		
4		
5		
6		
7		
8		
9		
10		

Part VI Supplemental Information

Provide the following information

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

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

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

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

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

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

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7	
PART III, LINE 2	PART III, LINE 2 AND LINE 4 THE TEXT OF THE FOOTNOTE TO THE ORGANIZATION'S FINANCIAL STAT EMENTS DESCRIBES BAD DEBT EXPENSE AND ADDITIONALLY DESCRIBES, IN BRIEF, THE METHOD USED, I N ACCORDANCE WITH GAAP, TO ESTIMATE THE BAD DEBT EXPENSE OF THE HOSPITAL FOR THE FISCAL YE AR

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 4	
PART III, LINE 8	THE TOTAL AMOUNT OF THE SHORTFALL REPORTED ON LINE 7 SHOULD BE TREATED AS COMMUNITY BENEFI T WEST JEFFERSON IS COSTING SERVICES USING A RATIO OF COST TO CHARGES (RCC) OF ADJUSTED TO TAL EXPENSE AS A RATIO OF GROSS PATIENT CHARGES WE APPLY THE RATIO TO GROSS CHARGES OF TH E POPULATION BEING MEASURED IN ORDER TO ESTIMATE COST ADJUSTED TOTAL EXPENSE IS WEST JEFF ERSON'S TOTAL EXPENSE LESS NON-PATIENT REVENUE AND REMOVING DIRECT COMMUNITY BENEFIT COST DISCLOSED ON SCHEDULE H LINE 7J(C) WEST JEFFERSON USES THE RATIO OF ADJUSTED COST TO GROS S PATIENT CHARGES, USING WORKSHEET 2 IN THE SCHEDULE H INSTRUCTIONS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 9B	
PART VI, LINE 2	WEST JEFFERSON HOLDINGS PARTICIPATED IN A COMPREHENSIVE REGIONAL COMMUNITY HEALTH NEEDS AS SESSMENT RESULTING IN THE IDENTIFICATION OF THE TOP COMMUNITY HEALTH NEEDS THE ASSESSMENT PROCESS INCLUDED INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITIES SERVED BY THE HOSPITAL FACILITIES, INCLUDING THOSE WITH SPECIAL KNOWLEDGE AND EXPERTISE OF THE PUBLIC HEALTH ISSUES AND THE UNDERSERVED COMMUNITY THE ASSESSMENT PROCESS INCLUDED C OMMUNITY HEALTH ASSESSMENT PLANNING A SERIES OF CONFERENCE CALLS WERE FACILITATED BY THE CONSULTANTS AND THE PROJECT TEAM SECONDARY DATA THE HEALTH OF A COMMUNITY IS LARGELY RELA TED TO THE CHARACTERISTICS OF ITS RESIDENTS AN INDIVIDUAL'S AGE, RACE, GENDER, EDUCATION, AND ETHNICITY OFTEN DIRECTLY OR INDIRECTLY IMPACT HEALTH STATUS AND ACCESS TO CARE A COM PREHENSIVE ANALYSIS WAS COMPLETED OF HEALTH STATUS AND SOCIO-ECONOMIC ENVIRONMENTAL FACTOR S RELATED TO THE HEALTH OF RESIDENTS IN THE DEFINED PROJECT AREA FROM EXISTING DATA SOURCE S SUCH AS STATE AND PARISH PUBLIC HEALTH AGENCIES, THE CENTERS FOR DISEASE CONTROL AND PRE VENTION, AND OTHER ADDITIONAL DATA SOURCES INTERVIEW WITH KEY COMMUNITY STAKEHOLDERS LEAD ERS FROM ORGANIZATIONS THAT HAVE SPECIAL KNOWLEDGE AND/OR EXPERTISE IN PUBLIC HEALTH WERE IDENTIFIED SUCH PERSONS WERE INTERVIEWED AS PART OF THE REGIONAL NEEDS ASSESSMENT PLANNIN G PROCESS A SERIES OF APPROXIMATLEY 100 INTERVIEWS WERE COMPLETED WITH KEY STAKEHOLDERS I N THE GREATER NEW ORLEANS METROPOLITAN AREA FOCUS GROUPS WITH COMMUNITY RESIDENTS THE OVE RSIGHT COMMITTEE ASSURED THAT COMMUNITY MEMBERS, INCLUDING UNDER-REPRESENTED RESIDENTS, WE RE INCLUDED IN THE NEEDS ASSESSMENT PLANNING PROCESS VIA TWO FOCUS GROUPS FOCUS GROUP AUD IENCES WERE DEFINED BY THE OVERSIGHT COMMITTEE UTILIZING SECONDARY DATA TO IDENTIFY HEALTH NEEDS AND DEFICITS IN TARGET POPULATIONS THE FOCUS GROUP AUDIENCES INCLUDED WOMEN OF CHI LDBEARING AGE AND SENIOR POPULATION (INDEPENDENT LIVING) IDENTIFICATION OF TOP REGIONAL CO MMUNITY HEALTH NEEDS TOP COMMUNITY HEALTH NEEDS WERE IDENTIFIED BY ANALYZING SECONDARY DA TA, KEY STAKEHOLDER INTERVIEWS AND FOCUS GROUP INPUT THE ANALYSIS PROCESS IDENTIFIED IN T HE ASSESSMENT WERE SUPPORTD BY SECONDARY DATA (WHERE AVAILABLE) AND STRONG CONSENSUS WAS P ROVIDED BY KEY COMMUNITY STAKEHOLDERS AND FOCUS GROUPS AN INDEPENDENT REVIEW OF EXISTING DATA AND IN-DEPTH INTERVIEWS WITH STAKEHOLDERS REPRESENTING A CROSS-SECTION OF AGENCIES AN D FOCUS GROUP INPUT RESULTED IN THE IDENTIFICATION OF THREE KEY HEALTH NEEDS IN THE WEST J EFFERSON SERVICE AREA THAT ARE SUPPORTED BY SECONDARY AND/OR PRIMARY DATA 1)ACCESS TO HEAL THCARE AND MEDICAL SERVICES (I E , PRIMARY, SPECIALTY, PREVENTIVE, AND MENTAL) 2)ACCESS TO COMMUNITY/SUPPORT SERVICES TO SUSTAIN A HEALTHY AND SAFE ENVIRONMENT 3)PROMOTION OF HEALT HY LIFESTYLES AND BEHAVIORS (SPECIFIC FOCUS ON CHRONIC DISEASES) THE WEST JEFFERSON COMMUN ITY IS DIVERSE THE HEALTH RISKS ASSOCIATED WITH CHRONIC DISEASE LIKE DIABETES AND OBESITY ARE PARTICULARLY HIGH AMONG OUR GROWING, MEDCIALLY UNDERSERVED AFRICAN-AMERICAN, HISPANIC , AND VIETNAMESE POPULATIONS WEST JEFFERSON PERFORMS COMMUNITY OUTREACH TO THESE GROUPS T HROUGH CHURCHES, LOCAL COMMUNITY ORGANIZATIONS, AND OTHER GRASSROOTS EFFORTS WEST JEFFERS ON'S GOAL IS TO HELP RESIDENTS LEARN HOW TO ACCESS THE CARE THEY NEED AND TO HELP THEM LEA RN TO MANAGE THEIR HEALTH CONDITIONS AND LIVE HEALTHIER LIVES

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 3	
PART VI, LINE 4	GEOGRAPHIC SERVICE AREA THE WEST JEFFERSON COMMUNITY INCLUDES SEVEN ZIP CODE AREAS (70072 , 70058, 70094, 70056, 70053, 70131, AND 70114) IN TWO PARISHES (5 IN JEFFERSON, 2 IN ORLE ANS) THESE AREAS PROVIDED 74% OF INPATIENT ADMISSIONS IN 2016 DEMOGRAPHIC SERVICE AREA TH E TOTAL POPULATION ESTIMATE FOR JEFFERSON PARISH FOR 2016 WAS 436,523 (SOURCE JULY 1, 201 6 US CENSUS BUREAU QUICK FACTS)RACE/ETHNICITYJEFFERSON PARISH WHITE/NON HISPANIC = 53 2%(232,230), BLACK/NON HISPANIC = 27 5% (120,044), HISPANIC = 14 5% (63,296), ASIAN/ISL = 4 3 % (18,770), ALL OTHER = 0 5% (2,183) JEFFERSON PARISH POPULATION OF CHILDREN (AGES 0-17) = 21 9% (95,599)JEFFERSON PARISH MEDIAN HOUSEHOLD INCOME (2011-2015 IN 2015 DOLLARS) COMPAR ED TO THE STATE LOUISIANA = $45,047, JEFFERSON PARISH = $47,947PERCENT OF PEOPLE LIVING B ELOW THE POVERTY LEVEL (2011-2015) WAS 20 2% FOR LOUISIANA, 16 3% FOR JEFFERSON PARISH CHI LD POVERTY RATES IN 2013 WERE 28 0% FOR LOUISIANA, 25 7% FOR JEFFERSON PARISH (SOURCE UNI TED STATES DEPARTMENT OF AGRICULTURE, PERCENT OF TOTAL POPULATION IN POVERTY, 2014) LOUISI ANA RANKS 47TH IN THE NATION FOR THE PERCENT OF CHILDREN IN POVERTY, 49TH AMONG STATES IN PERCENT OF BABIES BORN AT LOW BIRTHWEIGHT, 48TH AMONG STATES IN ITS INFANT MORTALITY RATE (SOURCE KAISER FAMILY FOUNDATION, 2011-2013, AMERICA'S HEALTH RANKING UNITED HEALTH FOUN DATION, STATISTICS AS OF 2015)PERCENT OF UNINSURED ADULTS UNDER AGE 65 IN 2015 WAS 21% FOR JEFFERSON PARISH PERCENT OF UNINSURED CHILDREN UNDER 19 IN 2013 WAS 5 3% (SOURCE LOUISIA NA HEALTH INSURANCE SURVEY, 2013 (SPONSORED BY DHH)) LOUISIANA'S UNINSURED RATE DROPPED FR OM 21 7% IN 2013 TO 14 77% IN 2014 AFTER THE AFFORDABLE CARE ACT TOOK EFFECT AT THE BEGINN ING OF 2014, ACCORDING TO A SURVEY CONDUCTED BY THE GALLUP ORGANIZATION HOWEVER, THE PERC ENTAGE OF LOUISIANA RESIDENTS WITHOUT HEALTH INSURANCE WAS LOWER THAN ONLY THREE STATES T EXAS, WYMONG, AND OKLAHOMA, GIVING LOUISIANA THE 4TH HIGHEST PERCENTAGE OF UNINSURED RESID ENTS IN THE UNITED STATES HEALTH OUTCOMES JEFFERSON PARISH RANKED AS FOLLOW OUT OF 64 PAR ISHES IN THE STATE OF LOUISIANA OUTCOMES RANK - 11THLENGTH OF LIFE - 17TH QUALITY OF LIFE - 17THHEALTHY BEHAVIORS - 5THTHE PERCENTAGE OF POPULATION IN JEFFERSON PARISH THAT SMOKES IS 19% IN LOUISIANA, OBESITY IS MORE PREVALENT AMONG NON-HISPANIC BLACK AT 43 4% THAN NON- HISPANIC WHITES AT 31 3% AND HISPANICS AT 32 9% (SOURCE HTTP //WWW AMERICASHEALTHRANKINGS ORG/LA)32% OF JEFFERSON PARISH WAS CONSIDERED OBESE DIABETES VARIES BY RACE AND ETHNICITY IN THE STATE, 12 9% OF NON-HISPANIC BLACKS HAVE DIABETES COMPARED TO 9 2% OF NON- HISPANIC WHITES AND 8 1% OF HISPANICS LOUISIANA HAS THE 7TH HIGHEST DIABETES MORTALITY RATE IN TH E NATION DIABETES IS THE 6TH LEADING CAUSE FOR DEATHS AMONG LOUISIANA RESIDENTS LOUISIANA RANKS 46TH FOR CARDIOVASCULAR DEATH (SOURCE AMERICA'S HEALTH RANKINGS BY THE UNITED HEAL TH FOUNDATION HTTP //WWW AMERICASHEALTHRANKINGS ORG/LA) REDUCING DEATHS FROM CIRCULATORY SYSTEM DISEASES IS ANOTHER COMMUNITY NEED WEST JEFFERSON IS WORKING TO DELIVER CRITICAL C ARDIAC CARE AND STROKE SERVICES TO THESE PATIENTS CANCER RATES LOUISIANA RANKS 47TH IN CA NCER DEATHS AND HAS CONSISTENTLY HAD ONE OF THE HIGHEST CANCER INCIDENCE RATE AND HIGHEST CANCER MORTALITY RATE IN THE COUNTRY (SOURCE AMERICA'S HEALTH RANKINGS BY THE UNITED HEAL TH FOUNDATION HTTP //WWW AMERICASHEALTHRANKINGS ORG/LA) WEST JEFFERSON'S CANCER CENTER PR OVIDES A COMPREHENSIVE CANCER CARE PROGRAM INFANT MORTALITY THE STATE OF LOUISIANA CURREN TLY RANKS 48TH AMONG STATE IN ITS INFANT MORTALITY RATE (SOURCE AMERICA'S HEALTH RANKINGS BY THE UNITED HEALTH FOUNDATION HTTP //WWW AMERICASHEALTHRANKINGS ORG/LA) THE OTHER ACUT E CARE HOSPITALS SERVING THE GREATER NEW ORLEANS COMMUNITY ARE CHILDREN'S HOSPITAL, OCHSN ER HOSPITAL, TULANE MEDICAL CENTER, UNIVERSITY MEDICAL CENTER, EAST JEFFERSON GENERAL HOSP ITAL, TOURO INFIRMARY, AND ST BERNARD PARISH HOSPITAL

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 5	
PART VI, LINE 6	WEST JEFFERSON HOLDING, LLC IS A LOUISIANA LIMITED LIABILITY COMPANY WHOSE SOLE MEMBER IS LOUISIANA CHILDREN'S MEDICAL CENTER (LCMC) LCMC IS ALSO THE PARENT ORGANIZATION OF TOURO INFIRMARY, CHILDREN'S HOSPITAL, AND UNIVERSITY MEDICAL CENTER MANAGEMENT CORPORATION LCMC IS A LOUISIANA NON-STOCK, NOT-FOR-PROFIT CORPORATION THAT WAS INCORPORATED IN 2009 LCMC, THE SOLE MEMBER OF CHILDREN'S HOSPITAL INC ("CHILDREN'S") ALSO BECAME THE SOLE MEMBER OF TOURO INFIRMARY ("TOURO") IN 2009 TO CREATE A TWO-HOSPITAL MEDICAL SYSTEM PROVIDING A COMP LETE CONTINUUM OF CARE FROM BIRTH TO GERIATRICS CHILDREN'S PROVIDES COMPREHENSIVE PEDIATR IC HEALTHCARE THAT MEETS THE SPECIAL NEEDS OF CHILDREN THROUGH EXCELLENCE AND CONTINUOUS I MPROVEMENT OF PATIENT CARE, EDUCATION, AND RESEARCH TOURO, FOUNDED IN 1852, SERVES THE GR EATER NEW ORLEANS COMMUNITY AS A PREMIER, DIVERSE, MULTI-SPECIALTY HOSPITAL, CARING FOR TH E SICK REGARDLESS OF RACE, COLOR, CREED, RELIGIOUS AFFILIATION, OR ABILITY TO PAY IN TAX Y EAR 2013, FOLLOWING STATE BUDGET REDUCTIONS THAT CAUSED SEVERE CUTS TO THE LOUISIANA PUBLI C HOSPITAL SYSTEM, AND AT THE REQUEST OF STATE OFFICIALS, LCMC EMBARKED ON A COOPERATIVE E NDEAVOR WITH THE STATE OF LOUISIANA ("STATE") FOR THE PURPOSE OF CREATING AN ACADEMIC MEDI CAL CENTER (1) TO SERVE THE STATE AND ITS CITIZENS AS A PREMIER SITE FOR GRADUATE MEDICAL EDUCATION AND (2) TO FULFILL THE STATE'S HISTORICAL MISSION OF ASSURING ACCESS TO SAFETY N ET SERVICES FOR ALL CITIZENS OF THE STATE, INCLUDING ITS MEDICALLY INDIGENT, HIGH-RISK MED ICAID, AND STATE INMATE POPULATIONS UNDER THIS AGREEMENT, LCMC AGREED TO ASSUME RESPONSIB ILITY FOR THE MANAGEMENT AND OPERATIONS OF THE INTERIM LSU PUBLIC HOSPITAL (ILH) AND THE U NIVERSITY MEDICAL CENTER THROUGH THIS ENDEAVOR, LCMC AND ITS AFFILIATES ARE FULFILLING TH EIR MISSIONS TO ENHANCE THE HEALTH OF THE GREATER NEW ORLEANS COMMUNITY BY DELIVERING HIGH QUALITY HEALTH CARE SERVICES TO ALL PATIENTS THROUGH A COMMITMENT TO CLINICAL EXCELLENCE, EDUCATION, TECHNOLOGY, RESEARCH, AND COMMUNITY OUTREACH IN TAX YEAR 2015, LCMC AND WEST J EFFERSON HOLDINGS ENTERED INTO A COOPERATIVE ENDEAVOR WITH JEFFERSON PARISH HOSPITAL SERVI CE DISTRICT NO 1 TO LEASE AND OPERATE THE FACILITY KNOWN AS WEST JEFFERSON MEDICAL CENTER ("FACILITY") THIS WAS DONE TO (1) TRANSFORM THE HEALTH CARE DELIVERY LANDSCAPE IN NEW OR LEANS THROUGH THE CREATION OF AN INTEGRATED HEALTHCARE DELIVERY NETWORK, (2) ALLOW FOR AN ENHANCED INTEGRATED DELIVERY SYSTEM WELL-POSITIONED FOR THE CHALLENGES OF HEALTHCARE REFOR M AND POPULATION HEALTH MANAGEMENT IN THE FUTURE, (3) ENHANCE PHYSICIAN RECRUITMENT AND EN GAGEMENT AT THE FACILITY THROUGH DEVELOPMENT OF HIGH-QUALITY, OPEN MEDICAL STAFFS WITH SIG NIFICANT COMMUNITY INVOLVEMENT, A COMMITMENT TO MEDICAL RESEARCH AND EDUCATION, THE ESTABL ISHMENT OF A PHYSICIAN NETWORK THAT MAY PARTICIPATE IN CLINICAL INTEGRATION, AND A COMMITM ENT TO PLURALISTIC PHYSICIAN ALIGNMENT MODELS, AND (4) ACHIEVE FOR THE FACILITY THE BENEFI TS OF SCALE ACHIEVED BY A LARGER HEALTH SYSTEM BY PROVIDING FOR GREATER STANDARDIZATION AN D COST EFFICIENCY, ALLOWING FOR THE ABILITY TO LEVERAGE BEST PRACTICES AND GENERATE OPERAT IONAL EFFICIENCIES

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 7	FILING OF A COMMUNITY BENEFIT REPORT IS NOT REQUIEED IN THE STATE OF LOUISIANA

Additional Data

Software ID:

Software Version:

EIN: 94-3480131

Name: LOUISIANA CHILDREN'S MEDICAL CENTER

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		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
1	WEST JEFFERSON MEDICAL CENTER 1101 MEDICAL CENTER BLVD MARRERO, LA 70072 WWW WJMC ORG 1982090742	X	X					X			

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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
WEST JEFFERSON MEDICAL CENTER	PART V, SECTION B, LINE 5 WEST JEFFERSON MEDICAL CENTER (WJMC) JOINED WITH ELEVEN MEMBERS OF THE METROPOLITAN HOSPITAL COUNCIL OF NEW ORLEANS (MHCNO), A NON-PROFIT, REGIONAL MEMBERSHIP AND SERVICE ORGANIZATION REPRESENTING HOSPITALS AND HEALTHCARE ORGANIZATIONS IN THE GREATER NEW ORLEANS METROPOLITAN AREA TO INITIATE THE PROCESS OF CONDUCTING A COMPREHENSIVE REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) THE COLLABORATIVE STUDY LAID THE FOUNDATION FOR INDIVIDUAL HOSPITAL CHNA'S (INDIVIDUAL-LEVEL CHNA REPORTS REQUIRED BY THE IRS EVERY THREE YEARS), SUCH AS WJMC'S CHNA SPECIFICALLY, THE COLLABORATIVE EFFORT PLAYED AN IMPORTANT ROLE WITH OBTAINING INPUT THROUGH CONDUCTING OVER 100 KEY STAKEHOLDER CALLS IN THE GREATER NEW ORLEANS REGION AND FACILITATING 14 FOCUS GROUPS WITH OVER 200 RESIDENTS A SERIES OF APPROXIMATELY 18 INTERVIEWS WERE COMPLETED WITH KEY STAKEHOLDERS IN THE GREATER NEW ORLEANS METROPOLITAN AREA AS FOLLOWS 1 METHODIST HEALTH FOUNDATION, RICK HENAULT, EXECUTIVE VICE PRESIDENT, 2 BAPTIST COMMUNITY MINISTRIES, LIZ SCHEER, HEALTH GRANTS PROGRAM DIRECTOR, 3 AGENDA FOR CHILDREN, DR ANTHONY RECASNER, CEO, 4 ACADIAN AMBULANCE, STEVE KUIPER, VP - OPERATIONS, 5 LSUHSC, DR RICARDO SORENSON, CHAIR - DEPT OF PEDIATRICS, 6 CHILDREN'S SPECIAL HEALTH SERVICES, DR SUSAN BERRY, DIRECTOR, 7 BLUE CROSS BLUE SHIELD, SHANNON TAYLOR, DIRECTOR - NETWORK DEVELOPMENT, 8 ST BERNARD SCHOOLS, DORIS VOLTIER, SUPERINTENDENT, 9 VOA - NEW ORLEANS, JIM LEBLANC, PRESIDENT/CEO, 10 UNITED WAY FOR THE GNO AREA, GARY OSTROSKE, PRESIDENT, 11 CATHOLIC CHARITIES, GORDON WADGE, CEO/PRESIDENT, 12 EXECUTIVE DIRECTOR, STACY HORN KOCH, COVENANT HOUSE NEW ORLEANS, 13 PRESIDENT & CEO, NATALIE JAYROE, SECOND HARVEST FOOD BANK, 14 LA CHAPTER - AAP, ASHLEY POLITZ, LMSW, DIRECTOR, 15A CITY OF NEW ORLEANS, LUCAS DIAZ, DIRECTOR - OFFICE OF NEIGHBORHOOD ENGAGEMENT, 15B CITY OF NEW ORLEANS, DR KAREN DISALVO, HEALTH COMMISSIONER, 16 KINGSLEY HOUSE, KEITH LEIDERMAN, P H D CEO, 17 URBAN LEAGUE OF GNO, NOLAN ROLLINS, PRESIDENT/CEO, 18 DELGADO-CHARITY SCHOOL OF NURSING, CHERYL E MYERS, PH D, R N , EXECUTIVE DEAN & DEAN OF NURSING NEEDS IDENTIFIED INCLUDE (NOT LISTED IN ANY SPECIFIC ORDER) 1) ACCESS TO HEALTH SERVICES, 2) BEHAVIORAL HEALTH AND SUBSTANCE ABUSE, 3) RESOURCE AWARENESS AND HEALTH LITERACY, 4) ACCESS TO HEALTHY OPTIONS, AND 5) BEHAVIORS THAT IMPACT HEALTH

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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
WEST JEFFERSON MEDICAL CENTER	PART V, SECTION B, LINE 2 IN NOVEMBER 2014, WEST JEFFERSON HOLDINGS, LLC (COMPANY) WAS FORMED PURSUANT TO AN OPERATING AGREEMENT WITH LOUISIANA CHILDREN'S MEDICAL CENTER (LCMC), WITH LCMC BEING THE SOLE MEMBER OF THE COMPANY THE COMPANY WAS FORMED FOR THE PURPOSE OF OPERATING ASSETS LEASED TO IT BY JEFFERSON PARISH HOSPITAL SERVICE DISTRICT NO 1, PARISH OF JEFFERSON, STATE OF LOUISIANA, D/B/A WEST JEFFERSON MEDICAL CENTER (THE DISTRICT) UNDER THE TERMS OF A COOPERATIVE ENDEAVOR AGREEMENT AND A MASTER HOSPITAL LEASE THE COMPANY BEGAN OPERATING THE ASSETS LEASED TO IT BY THE DISTRICT EFFECTIVE OCTOBER 1, 2015

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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
WEST JEFFERSON MEDICAL CENTER	PART V, SECTION B, LINE 11 WEST JEFFERSON MEDICAL CENTER IS A 435-BED NOT-FOR-PROFIT ACUTE CARE COMMUNITY HOSPITAL LOCATED IN MARRERO, LOUISIANA, OPERATED BY THE NONPROFIT LCMC HEALTH SYSTEM WJMC PROUDLY JOINED LCMC HEALTH SYSTEM ON OCTOBER 1, 2015 IN RESPONSE TO ITS COMMUNITY COMMITMENT, WEST JEFFERSON MEDICAL CENTER CONTRACTED WITH TRIPP UMBACH TO FACILITATE A COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) THE COMMUNITY HEALTH NEEDS ASSESSMENT WAS CONDUCTED BETWEEN MARCH 2015 AND OCTOBER 2015 (SEE THE WEST JEFFERSON MEDICAL CENTER COMMUNITY HEALTH NEEDS ASSESSMENT FOR THE FULL REPORT) THIS REPORT IS THE FOLLOW-UP IMPLEMENTATION PLAN THAT FULFILLS THE REQUIREMENTS OF THE INTERNAL REVENUE CODE 501(R)(3), A STATUTE ESTABLISHED WITHIN THE PATIENT PROTECTION AND AFFORDABLE CARE ACT (ACA) REQUIRING THAT NON-PROFIT HOSPITALS DEVELOP IMPLEMENTATION STRATEGIES TO ADDRESS THE NEEDS IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT COMPLETED IN THREE-YEAR INTERVALS THE COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION PLANNING PROCESS UNDERTAKEN BY WEST JEFFERSON MEDICAL CENTER, WITH PROJECT MANAGEMENT AND CONSULTATION BY TRIPP UMBACH, INCLUDED EXTENSIVE INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED BY THE HOSPITAL FACILITY, INCLUDING THOSE WITH SPECIAL KNOWLEDGE OF PUBLIC HEALTH ISSUES TRIPP UMBACH WORKED CLOSELY WITH LEADERSHIP FROM WEST JEFFERSON MEDICAL CENTER AND A PROJECT OVERSIGHT COMMITTEE, TO ACCOMPLISH THE ASSESSMENT AND IMPLEMENTATION PLAN THIS IMPLEMENTATION PLAN INCLUDES STRATEGIES TO ADDRESS THE COMMUNITY HEALTH PRIORITIES WHICH WERE IDENTIFIED AND PRIORITIZED BASED ON THE INPUT OF COMMUNITY LEADERS REPRESENTING THE COMMUNITIES SERVED BY WEST JEFFERSON MEDICAL CENTER THOSE PRIORITIES ARE 1) ACCESS TO HEALTH SERVICES, 2) BEHAVIORAL HEALTH AND SUBSTANCE ABUSE, 3) RESOURCE AWARENESS AND HEALTH LITERACY, 4) ACCESS TO HEALTHY OPTIONS, AND 5) BEHAVIORS THAT IMPACT HEALTH AS A NON-PROFIT HOSPITAL, WEST JEFFERSON MEDICAL CENTER PROVIDES CARE AND SERVICES TO RESIDENTS OF VULNERABLE POPULATIONS TRIPP UMBACH FACILITATED AND MANAGED AN IMPLEMENTATION PLANNING PROCESS ON BEHALF OF WEST JEFFERSON MEDICAL CENTER, RESULTING INT HE DEVELOPMENT OF AN IMPLEMENTATION STRATEGY AND PLA TO ADDRESS THE NEEDS IDENTIFIED IN THEIR COMMUNITY HEALTH NEEDS ASSESSMENT COMPLETED IN 2015 (

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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
WEST JEFFERSON MEDICAL CENTER	PART V, SECTION B, LINE 13B THERE ARE INSTANCES WHEN A PATIENT MAY APPEAR ELIGIBLE FOR AN INDIGENT CARE DISCOUNT, BUT THERE IS NO FINANCIAL ASSISTANCE FORM ON FILE OFTEN THERE IS ADEQUATE INFORMATION PROVIDED BY THE PATIENT OR THROUGH EXTERNAL DATA SOURCES THAT COULD SUPPLY SUFFICIENT EVIDENCE TO PROVIDE THE PATIENT WITH ASSISTANCE EXTERNAL DATA SOURCES IN THE EVEN THAT THERE IS NO WRITTEN DOCUMENTATION TO SUPPORT A PATIENT'S ELIGIBILITY, WJMC MAY USE OUTSIDE SOURCES FOR ESTIMATING FAMILY INCOME AND POTENTIAL DISCOUNTS SUCH AS THE PATIENT'S ELIGIBILITY FOR THE FOLLOWING PROGRAMS IN CONJUNCTION WITH CHARITY PROBABILITY SCORING DATA 1 STATE-FUNDED PRESCRIPTION PROGRAMS2 HOMELESS OR RECEIVED CARE FROM A HOMELESS CLINIC3 PARTICIPATION IN WOMEN, INFANTS, AND CHILDRENS PROGRAM (WIC)4 FOOD STAMP ELIGIBILITY5 ELIGIBILITY FOR OTHER STATE OR LOCAL ASSISTANCE PROGRAMS THAT ARE UNFUNDED (E G , MEDICAID SPEND-DOWN)6 PATIENT IS DECEASED WITH NO KNOWN ESTATE OR RESPONSIBLE PARTY7 PATIENTS WHO ARE INCARCERATED MAY BE CONSIDERED ELIGIBLE IN THE EVENT THE STATE AND PARISH HAS MADE A DETERMINATION THAT THE STATE AND PARISH ARE NOT RESPONSIBLE FOR CHARGES AND THE INMATE/PATIENT IS RESPONSIBLE FOR THE BILL

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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
WEST JEFFERSON MEDICAL CENTER	PART V, SECTION B, LINE 13H SEE EXPLANATION FOR LINE 13B

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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, SECTION B, LINE 22	WJMC SELF PAY DISCOUNT POLICY WAS AS FOLLOWS OUTPATIENT SERVICES - 50% DISCOUNT OFF OF TOTAL CHARGES OR LESSOR OF MEDICARE CMS REIMBURSEMENT AS PAYMENT IN FULL WITHIN 10 DAYS OR SET THE ACCOUNT UP ON THE APPROPRIATE SHORT TERM PAYMENT ARRANGEMENT LISTED WITH THE SAME DISCOUNT INPATIENT SERVICES - MEDICARE CMS DRG RATE IS OFFERED TO THE PATIENT AS PAYMENT IN FULL WITHIN 10 DAYS OR SET THE APPROPRIATE SHORT TERM PAYMENT ARRANGEMENT LISE ABOVE WITH THE SAME DISCOUNT % OF POVERTY GUIDELINES DISCOUNT % 101% - 125% 80% OF BILLED CHARGES126% - 150% 65% OF BILLED CHARGES151% - 175% 50% OF BILLED CHARGES176% - 200% 40% OF BILLED CHARGES

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493319140617

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
LOUISIANA CHILDREN'S MEDICAL CENTER

Employer identification number
94-3480131

Part I General Information on Grants and Assistance

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

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

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

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2	SINCE GRANTS WERE GIVEN TO RELATED PARTIES OF WHICH LCMC IS THE PARENT ORGANIZATION,EFFECTIVE OVERSIGHT IS MAINTAINED

Additional Data

Software ID:
Software Version:
EIN: 94-3480131
Name: LOUISIANA CHILDREN'S MEDICAL CENTER

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHILDREN'S HOSPITAL 200 HENRY CLAY AVENUE NEW ORLEANS, LA 70118	72-0467503	501(C)(3)	46,259				COKE SALES COMMISSIONS GO DIRECTLY TO THE LA REHAB WORK (BLIND PROGRAM)
TOURO INFIRMARY 1401 FOUCHER STREET NEW ORLEANS, LA 70115	72-0423689	501(C)(3)	46,259				COKE SALES COMMISSIONS GO DIRECTLY TO THE LA REHAB WORK (BLIND PROGRAM)

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BATON ROUGE AREA FOUNDATION 100 NORTH STREET SUITE 900 BATON ROUGE, LA 70802	72-6030391	501(C)(3)	25,000				DONATION WAS INTO THE LOUISIANA FLOOD RELIEF FUND TO BENEFIT VICTIMS OF THE 2016 FLOOD IN THE SOUTH LOUISIANA AREA

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493319140617

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
LOUISIANA CHILDREN'S MEDICAL CENTER

Employer identification number
94-3480131

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

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

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Return Reference	Explanation
PART I, LINE 3	BASE COMPENSATION, INCENTIVE COMPENSATION AND ALL OTHER REPORTABLE AND NON-REPORTABLE COMPENSATION IS REVIEWED ANNUALLY BY THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES THE EXECUTIVE COMMITTEE IS A SUBSET OF THE BOARD OF TRUSTEES DECISIONS MADE BY THE EXECUTIVE COMMITTEE ARE DOCUMENTED AND REPORTED IN SUMMARY TO THE FULL BOARD OF TRUSTEES IN ADDITION TO BOARD REVIEW, THIRD-PARTY CONSULTANTS PERIODICALLY REVIEW COMPENSATION AND INCENTIVE AMOUNTS TO ENSURE MARKET REASONABLENESS AND COMPETITIVENESS THIRD-PARTY PREPARED COMPENSATION AND INCENTIVE REVIEW IS PRESENTED TO THE EXECUTIVE COMMITTEE

Additional Data

Software ID:
Software Version:
EIN: 94-3480131
Name: LOUISIANA CHILDREN'S MEDICAL CENTER

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1DAMON DIETRICH BOARD MEMBER	(I)	321,585	0	0	0	0	321,585	0
	(II)	0	0	0	0	0	0	0
1GREGORY C FEIRN BOARD MEMBER, CEO	(I)	0	0	0	0	0	0	0
	(II)	922,823	240,652	36,000	214,494	28,084	1,442,053	0
2JIM MONTGOMERY PRESIDENT & COO	(I)	0	0	0	0	0	0	0
	(II)	1,052,516	179,519	9,036	23,763	16,645	1,281,479	760,000
3SUZZANE HAGGARD CHIEF FINANCIAL OFFICER	(I)	0	0	0	0	0	0	0
	(II)	517,413	125,048	6,537	30,798	8,696	688,492	0
4RICK GUEVARA CHIEF LEGAL OFFICER	(I)	0	0	0	0	0	0	0
	(II)	367,060	86,802	42,000	17,225	19,571	532,658	0
5PAOLO ZAMBITO EVP - STRATEGY	(I)	0	0	0	0	0	0	0
	(II)	335,634	76,234	35,000	10,600	10,527	467,995	0
6NANCY R CASSAGNE CEO - WEST JEFFERSON HOLDINGS, LLC	(I)	547,752	49,219	3,130	7,420	14,216	621,737	130,189
	(II)	0	0	0	0	0	0	0
7SCOTT C LANDRY SVP - FACILITIES MGMT	(I)	0	0	0	0	0	0	0
	(II)	225,724	49,860	2,455	8,399	17,594	304,032	0
8CHAD COURREGE SVP - HUMAN RESOURCES	(I)	0	0	0	0	0	0	0
	(II)	310,492	65,297	2,593	12,737	21,686	412,805	0
9CHRISTINE ALBERT VP - MARKETING & COMMUNICATIONS	(I)	0	0	0	0	0	0	0
	(II)	205,898	0	1,224	8,075	5,953	221,150	0
10LISA GORE CHIEF CLINICAL EXCELLENCE OFFICER	(I)	0	0	0	0	0	0	0
	(II)	383,116	147,208	6,101	10,827	5,796	553,048	0
11TANYA TOWNSEND CHIEF INFORMATION OFFICER	(I)	0	0	0	0	0	0	0
	(II)	314,241	68,707	2,082	10,827	16,963	412,820	0
12RICHARD G HELMAN JR PHYSICIAN	(I)	299,220	114,894	1,739	6,454	5,313	427,620	0
	(II)	0	0	0	0	0	0	0
13CHARLES J BALLAY II PHYSICIAN	(I)	317,989	94,375	1,884	6,550	17,668	438,466	0
	(II)	0	0	0	0	0	0	0
14 CLIFTON S NICHOLSON-UHL PHYSICIAN	(I)	293,866	87,632	1,811	6,454	5,554	395,317	0
	(II)	0	0	0	0	0	0	0
15ANGELA W GREENER COO - WEST JEFFERSON HOLDINGS, LLC	(I)	300,618	22,500	1,985	5,904	14,743	345,750	0
	(II)	0	0	0	0	0	0	0
16DANIEL C LUCIO PHYSICIAN	(I)	144,633	142,024	906	6,004	13,498	307,065	0
	(II)	0	0	0	0	0	0	0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493319140617

Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
LOUISIANA CHILDREN'S MEDICAL CENTER

Employer identification number
94-3480131

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	LOUISIANA PUBLIC FACILITIES AUTHORITY	72-0895871	546395N67	10-21-2016	200,000,000	REFINANCE PORTION OF INTERIM TAXABLE DEBT AND FINANCE NEW CAPITAL EXPENDITUR		X	X			X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	200,000,000			
4	Gross proceeds in reserve funds	2,571			
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds				
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	5,307,003			
11	Other spent proceeds	194,692,997			
12	Other unspent proceeds				
13	Year of substantial completion	2016			

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

Part III Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X							
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X						
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		4 200 %						
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 %						
6	Total of lines 4 and 5		4 200 %						
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X							

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
SCHEDULE K, PART II, LINE 11	OTHER SPENT PROCEEDS REPRESENT AMOUNTS PAID TO REFUND THE SERIES 2015A TAXABLE BONDS AND REFINANCE AMOUNTS AS TAX-EXEMPT

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493319140617

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
LOUISIANA CHILDREN'S MEDICAL CENTER

Employer identification number
94-3480131

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (VARIOUS ASSETS)	X	1	6,667,000	COST
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement — 29

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		No
b	If "Yes," describe the arrangement in Part II		
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		No
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b	If "Yes," describe in Part II		
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II **Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, COLUMN (B)	IN NOVEMBER 2014, WEST JEFFERSON HOLDINGS, LLC (THE COMPANY) WAS FORMED PURSUANT TO AN OPERATING AGREEMENT WITH LOUISIANA CHILDREN'S MEDICAL CENTER (LCMC) WITH LCMC BEING THE SOLE MEMBER OF THE COMPANY THE COMPANY WAS FORMED FOR THE PURPOSE OF OPERATING ASSETS LEASED TO IT BY JEFFERSON PARISH HOSPITAL SERVICE DISTRICT NO 1, PARISH OF JEFFERSON, STATE OF LOUISIANA, D/B/A WEST JEFFERSON MEDICAL CENTER (THE DISTRICT UNDER THE TERMS OF A COOPERATIVE ENDEAVOR AGREEMENT (CEA) AND A MASTER HOSPITAL LEASE THE COMPANY BEGAN OPERATING THE ASSETS LEASED TO IT BY THE DISTRICT EFFECTIVE OCTOBER 1, 2015 THE DISTRICT ASSIGNED THE BUSINESS, CONTROLS AND OPERATION OF THE HOSPITAL FACILITIES (THE FACILITIES) TO THE COMPANY, INCLUDING ALL RIGHT, TITLE AND INTEREST OF THE DISTRICT IN ALL ASSETS, PROPERTIES, CONTRACTS AND BUSINESSES USED OR HELD FOR USE IN, OR OTHERWISE CONSTITUTING OR RELATING TO, THE OPERATING OF THE FACILITIES TEH VALUE OF TEH ASSETS LESS ANY LIABILITIES RECORDED WAS $7,192,939, AND WAS RECORDED AS A NON-CASH CONTRIBUTION IN THE 2015 FINANCIAL STATEMENTS AS PART OF THAT CONTRIBUTION, A LIABILITY FOR POTENTIAL PAYMENTS UNDER ESTABLISHED PERFORMANCE CONSIDERATION WAS RECORDED THE PERFORMANCE CONSIDERATION IS TO BE PAID TO THE DISTRICT FOR FORESEEABLE STEADY FINANCIAL PERFORMANCE OF THE HOSPITAL BUSINESS, WITH PAYMENT OF $6,667,000 PER YEAR FOR EACH OF THE FIRST THREE YEARS OF THE TERM WITH THE PAYMENT DUE NO LATER THAN 90 DAYS FOLLOWING THE LAST DAY OF SUCH PERFORMANCE YEAR THESE AMOUNTS ARE RECORDED ON THE CONSOLIDATED BALANCE SHEETS WITH $6,667,000 CLASSIFIED AS CURRENT WITHIN OTHER CURRENT LIABILITIES, AND THE LONG-TERM PORTION TOTALING $6,667,000 WITHIN OTHER LONG-TERM LIABILITIES THE SYSTEM'S PAYMENT MAY BE REDUCED SHOULD THE OPERATING EBIDA, AS DEFINED, OF WEST JEFFERSON BE LESS THAN 7 5% OF THE PERFORMANCE CONSIDERATION FOR THAT PERFORMANCE YEAR IN THAT EVENT, THE PERFORMANCE CONSIDERATION MAY BE OFFSET, AT THE DISCRETION OF WEST JEFFERSON, BY THE INDIGENT COSTS FOR SUCH PERFORMANCE YEAR, UP TO A MAXIMUM OFFSET OF $20,000,000 IN THE AGGREGATE FOR THE FIRST THREE YEARS OF THE TERM OF THE WJ CEA WEST JEFFERSON CONCLUDED THAT IT HAD NOT MET THE FINANCIAL PERFORMANCE REQUIREMENT AS OUTLINED ABOVE FOR THE PERFORMANCE YEAR ENDING DECEMBER 31, 2016 AS A RESULT, $6,667,000 OF THE ACCRUED PERFORMANCE CONSIDERATION HAS BEEN RECOGNIZED WITHIN OTHER NON-OPERATING REVENUES

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493319140617

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
LOUISIANA CHILDREN'S MEDICAL CENTER

Employer identification number
94-3480131

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III, LINE 1	THE PRIMARY PURPOSE OF LCMC IS TO CREATE, MAINTAIN, AND GROW HEALTH CARE SERVICES IN THE G REATER NEW ORLEANS AREA CONSITENT WITH ITS OPERATION OF WEST JEFFERSON MEDICAL CENTER AND THE CHARITABLE MISSION OF THE LCMC AFFILIATES LCMC PROVIDES SUPPORT AND MANAGEMENT SERVIC ES TO THE SYSTEM ENTITIES SO THAT THE ENTITIES IN TURN CAN FOCUS THEIR EFFORTS ON CARRYING OUT THEIR EXEMPT PURPOSES TO THAT END, THE EXECUTIVE MANAGEMENT OF THE SYSTEM AND THEIR SUPPORT STAFF AND SYSTEMS ARE CENTRALIZED AT LCMC THE REVENUE OF LCMC IS DERIVED FROM PRO VIDING PATIENT SERVICES AT WEST JEFFERSON MEDICAL CENTER AND FROM MANAGEMENT FEES RECEIVED FROM THE SYSTEM ENTITIES CHILDREN'S HOSPITAL AND ITS SUBSIDIARIES, TOURO INFIRMARY AND I TS SUBSIDIARIES, UNIVERSITY MEDICAL CENTER MANAGEMENT CORPORATION (UMCMC), AND WEST JEFFER SON HOLDINGS, LLC AND ITS SUBSIDIARIES ARE MEMBERS OF THE SYSTEM (LCMC) WHILE CHILDREN'S, TOURO, AND UMCMC ARE TAX-EXEMPT ORGANIZATIONS, SOME OF THE AFFILIATES AND/OR SUBSIDIARIES OF CHILDREN'S AND TOURO ARE FOR-PROFIT ENTITIES ANY SERVICES PROVIDED TO SUCH ENTITIES W ILL BE AT THE EXPRESS DIRECTION AND FOR THE BENEFIT OF CHILDREN'S AND TOURO

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990S ARE PREPARED AND REVIEWED IN DETAIL BY THE ORGANIZATION'S CONTROLLER AND THE RESPECTIVE ACCOUNTING STAFF THE CFO/SENIOR VICE-PRESIDENT REVIEWS THE 990 IN FINAL DRAFT FORMAT, INCLUDING SUPPORTING WORK PAPERS AND RECONCILIATIONS THE CFO THEN REVIEWS THE CO MPLETED 990 WITH THE ORGANIZATIONS'S CEO , CHAIRPERSON OF THE BOARD OF TRUSTEES AND CHAIRP ERSON OF THE FINANCE/AUDIT COMMITTEE OF THE BOARD OF TRUSTEES THE 990S ARE THEN DISTRIBUT ED TO THE FULL BOARD FOR REVIEW AND COMMENT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	AT THE TIME OF HIRE, EACH EMPLOYEE REVIEWS THE CONFLICT OF INTEREST FORM, HAS AN OPPORTUNI TY TO ASK QUESTIONS ABOUT THE POLICY, AND SIGNS A DOCUMENT STATING THAT THEY HAVE REVIEWED AND UNDERSTAND THE POLICY THIS IS A PART OF THE EMPLOYEE'S PERMANENT RECORD, AND APPLIES TO ALL EMPLOYEES SENIOR MANAGEMENT (DIRECTORS, VICE PRESIDENTS, CEO) AND MEMBERS OF THE BOARD OF DIRECTORS ARE REQUIRED TO REVIEW AND SIGN A CONFLICT OF INTEREST FORM ON AN ANNUA L BASIS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE CORPORATION RELIES ON COMPARABLE DATA FROM UNRELATED ENTITIES TO DETERMINE THE AMOUNT OF COMPENSATION FOR ITS EXECUTIVES, AND DOCUMENTATION IS MAINTAINED REGARDING THE DETERMIN ATION OF THESE AMOUNTS THE FINAL DECISION REGARDING THE AMOUNT OF COMPENSATION IS SUBJECT TO APPROVAL BY THE LCMC EXECUTIVE COMMITTEE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	DOCUMENTS ARE AVAILABLE UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	PURCHASED SERVICES PROGRAM SERVICE EXPENSES 15,726,482 MANAGEMENT AND GENERAL EXPENSES 7 ,431,961 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 23,158,443 PURCHASED MEDICAL SERVICES P ROGRAM SERVICE EXPENSES 9,698,691 MANAGEMENT AND GENERAL EXPENSES 71,185 FUNDRAISING EXP ENSES 0 TOTAL EXPENSES 9,769,876 OTHER CONTRACTUAL SERVICES PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 9,168,999 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 9,168,9 99 DUES & MEMBERSHIPS PROGRAM SERVICE EXPENSES 311,149 MANAGEMENT AND GENERAL EXPENSES 669,220 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 980,369 CONTRACT LABOR PROGRAM SERVICE E XPENSES 800,095 MANAGEMENT AND GENERAL EXPENSES 337,601 FUNDRAISING EXPENSES 0 TOTAL EX PENSES 1,137,696 OTHER CONTRACTUAL SERVICES PROGRAM SERVICE EXPENSES 3,840 MANAGEMENT A ND GENERAL EXPENSES 469,114 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 472,954

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	EARNINGS FROM EQUITY INVESTMENTS IN RELATED TAX-EXEMPT HOSPITALS 77,809,465

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XIII, LINE 2C	THE ORGANIZATION DID NOT CHANGE EITHER ITS OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE TAX YEAR

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, QUESTION 16B	SEE SCHEDULE M DETAIL AMONGST THE ASSETS ACQUIRED ON 10/1/15 FROM THE DISTRICT WERE 5 PAR TNERSHIPS, THEREFORE, LCMC IS NOW INVESTED IN THESE JOINT VENTURES THE ORGANIZATION IS IN THE PROCESS OF FORMALIZING A POLICY TO SAFEGUARD THE ORGANIZATION'S TAX-EXEMPT STATUS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493319140617

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
LOUISIANA CHILDREN'S MEDICAL CENTER

Employer identification number
94-3480131

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) WEST JEFFERSON HOLDINGS LLC 1101 MEDICAL CENTER BLVD MARRERO, LA 70072 47-2667968	FULL-SERVICE COMMUNITY HOSPITAL	LA			LOUISIANA CHILDREN'S MEDICAL CENTER (LCMC)

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1)CHILDREN'S HOSPITAL 200 HENRY CLAY AVENUE NEW ORLEANS, LA 70118 72-0467503	PEDIATRIC HOSPITAL	LA	501(C)(3)	LINE 3	LCMC	Yes	
(2)TOURO INFIRMARY 1401 FOUCHER STREET NEW ORLEANS, LA 70115 72-0423659	FULL-SERVICE COMMUNITY HOSPITAL	LA	501(C)(3)	LINE 3	LCMC	Yes	
(3)UNIVERSITY MEDICAL CENTER MANAGEMENT 2021 PERDIDO STREET NEW ORLEANS, LA 70112 25-1925187	FULL-SERVICE COMMUNITY & TEACHING HOSPITAL	LA	501(C)(3)	LINE 3	LCMC	Yes	
(4)NEW ORLEANS PHYSICIAN SERVICES 1101 MEDICAL CENTER BLVD MARRERO, LA 70072	PHYSICIAN PRACTICES	LA	501(C)(3)	LINE 3	WJMC	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) COMMUNITY SERVICES COLLABORATIVE 1101 MEDICAL CENTER BLVD MARRERO, LA 70072 36-4819943	MEDICAL COLLABORATION	LA		RELATED		149,954		No			No	50 000 %
(2) GULF SOUTH QUALITY NETWORK - NEW ORLEANS LLC 3501 NORTH CAUSEWAY BLVD STE 710 METAIRIE, LA 70002 90-0911137	PHYSICIAN NETWORK	LA		RELATED		619,474		No			No	14 700 %
(3) CRESCENT CITY RESEARCH CONSORTIUM LLC 1111 MEDICAL CENTER BLVD STE N-701 MARRERO, LA 70072 38-3880814	MEDICAL RESEARCH	LA	LCMC	RELATED	42,762	180,856		No			No	50 000 %
(4) WEST JEFFERSON INDUSTRIAL MEDICINE LLC 107 WALL BOULEVARD STE A GRETNA, LA 70056 27-1015093	OCCUPATIONAL HEALTH PROVIDER	LA		RELATED	142,141	1,322,910		No			No	50 000 %
(5) WEST JEFFERSON CT SCAN LLC 1111 MEDICAL CENTER BLVD STE N-406 MARRERO, LA 70072 20-0405536	DIAGNOSTIC IMAGING	LA		RELATED	111,420	189,445		No			No	50 000 %
(6) WEST JEFFERSON MRI LLC 1101 MEDICAL CENTER BLVD STE N-201 MARRERO, LA 70072 72-1502747	DIAGNOSTIC IMAGING	LA		RELATED	751,621	524,820		No			No	50 000 %

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

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

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

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

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

See Additional Data Table

(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.

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

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 94-3480131
Name: LOUISIANA CHILDREN'S MEDICAL CENTER

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	CHILDREN'S HOSPITAL	L	14,088,836	COST
(1)	TOURO INFIRMARY	L	13,896,227	COST
(2)	UNIVERISTY MEDICAL CENTER MANAGEMENT CORPORATION	L	27,914,384	COST
(3)	CHILDREN'S HOSPITAL	O	5,501,687	COST
(4)	TOURO INFIRMARY	O	7,876,647	COST
(5)	UNIVERISTY MEDICAL CENTER MANAGEMENT CORPORATION	O	8,482,486	COST
(6)	TOURO INFIRMARY	Q	12,841,793	COST
(7)	UNIVERISTY MEDICAL CENTER MANAGEMENT CORPORATION	R	230,600,000	COST
(8)	UNIVERISTY MEDICAL CENTER MANAGEMENT CORPORATION	S	205,000,000	COST
(9)	CHILDREN'S HOSPITAL	S	109,600,000	COST