

C&E
945

Form

990

Department of the Treasury
Internal Revenue Service

Extended to November 15, 2018

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2017

Open to Public
Inspection

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning and ending

B Check if
applicable

C Name of organization

University Medical Center Management
Corporation

D Employer identification number

25 1025187

294933281

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 a 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

a Total number of conservation easements

b Total acreage restricted by conservation easements

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

d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register

Held at the End of the Tax Year

2a

2b

2c

2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

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

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

\$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

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

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

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

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

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

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

\$

(ii) Assets included in Form 990, Part X

\$

University Medical Center Management Corporation

Form 990 (2017)

25-1925187 Page 2

Part III Statement of Program Service Accomplishments

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

☒ X

1 Briefly describe the organization's mission

University Medical Center New Orleans will be a leading world-class academic medical center and the destination of choice for exceptional healthcare. University Medical Center will provide exceptional patient-centered care and a world-class academic experience through

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 \$ 109,060,589. including grants of \$) (Revenue \$ 27,367,449.)
Resident Teaching & Graduate Medical Education Programs: University Medical Center New Orleans (UMCNO) is a major teaching hospital for both LSU and Tulane University Schools of Medicine, as well as the LSU School of Dentistry and other academic institutions such as Delgado and LSU Schools of Nursing and Xavier University. 357 Resident FTE Positions actively rotated throughout a variety of specialties at UMCNO. All hospital based services are provided in conjunction with the LSU School of Medicine teaching programs. Residents in Pathology also perform reference lab work as a benefit of their teaching curriculum.

4b (Code) (Expenses \$ 99,790,922. including grants of \$) (Revenue \$ 513,056,268.)
Patient Care: UMCNO provides core safety net services to the New Orleans region. These services include the operation of an emergency room, an HIV outpatient clinic, oncology services, mental health services, and a Level I trauma center. UMCNO provides a wide range of medical services covering over 70 specialties and ambulatory care in over 75 specialty clinics and provides free or reduced cost health care to medically indigent and uninsured patients, including medically complex and otherwise high-risk Medicaid patients. It also provides medically necessary health care to the Louisiana Department of Corrections population. The hospital has 446 licensed beds and treated 13,436 Inpatients and 355,435 Outpatients.

4c (Code) (Expenses \$ 2,619,946. including grants of \$) (Revenue \$ 683,663.)
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 in the New Orleans community, such as diabetes, heart disease and cancer. These programs address prevention, early detection, treatment and maintaining healthy lifestyles. In 2017, UMCNO participated in and offered numerous outreach events including a senior bootcamp in partnership with the American Diabetes Association, free breast health lunch lectures and screenings for skin cancer, head and neck cancer and abdominal aortic aneurysm. The Injury Prevention Program in UMCNO's Level 1 Trauma Center provides programming throughout the state. This includes the Sudden Impact program for high school students, hemorrhage

4d Other program services (Describe in Schedule O)

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

4e Total program service expenses ► 211,471,457.

Form 990 (2017)

University Medical Center Management Corporation

Form 990 (2017)

25-1925187 Page 3

Part IV Checklist of Required Schedules

- 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?

If "Yes," complete Schedule A

- 2 Is the organization required to complete Schedule B, Schedule of Contributors?

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

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

- 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or

	Yes	No
1	X	
2	X	
3		X
4	X	
5		

University Medical Center Management Corporation

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Form 990 (2017)

25-1925187 Page 4

Part IV Checklist of Required Schedules (continued)

- 20a** Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*
- b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
- 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*
- 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*
- 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*
- 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*
- b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?
- 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?
- d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?
- 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*

	Yes	No
20a	X	
20b	X	
21		X
22		X
23	X	
24a		X
24b		
24c		
24d		
25		X

University Medical Center Management Corporation

Form 990 (2017)

25-1925187 Page 5

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.	202		
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			
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.	2876		
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).		X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?			X
b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O.			
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)?			X
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?			X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
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?			X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
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?			X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			X
d If "Yes," indicate the number of Forms 8282 filed during the year.			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			X
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			X
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?			X
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?			X
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			X
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12.			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.			
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders.			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
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.			
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.			
c Enter the amount of reserves on hand.			
14a Did the organization receive any payments for indoor tanning services during the tax year?			X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.			

Form 990 (2017)

University Medical Center Management Corporation

Form 990 (2017)

25-1925187 Page **6**

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

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

Section A. Governing Body and Management

- 1a** Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.
- 1b** Enter the number of voting members included in line 1a, above, who are independent.
- 2** Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?
- 3** Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?
- 4** Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?
- 5** Did the organization become aware during the year of a significant diversion of the organization's assets?
- 6** Did the organization have members or stockholders?
- 7a** Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?
- b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?
- 8** Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:
- a** The governing body?
- b** Each committee with authority to act on behalf of the governing body?
- 9** Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed: **None**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 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: **Christine Bond - 504-702-4380**
2000 Canal Street, New Orleans, LA 70112

University Medical Center Management
Corporation

Form 990 (2017)

25-1925187 Page 7

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 ☐

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

732054 10-09-17

Schedule D (Form 990) 2017

33

10521115 149208 30001

2017.05000 University Medical Center M 300011

3	Community support					
4	Environmental improvements					
5	Leadership development and training for community members					
6	Coalition building					
7	Community health improvement advocacy					
8	Workforce development					
9	Other					
10	Total					

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

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

	Yes	No
1	X	

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	34,549,372.
---	-------------

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	52,418,884.
---	-------------

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

6	51,677,938.
---	-------------

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

7	740,946.
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**University Medical Center Management
Corporation**

Form 990

25-1925187

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 line)	(C) Position (check all that apply)						(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			
(27) Lisa Napier Martin Former Chief Financial Officer	50.00						X	445,215.	0.	23,270.
(28) Paolo Zambito Former Vice President of Operations	50.00						X	0.	473,301.	31,761.
(29) Troy Bond Former VP Human Resources	50.00						X	0.	254,921.	27,302.
(30) Jay A. Buras Former Vice President of Operations	50.00						X	45,221.	250,401.	22,849.
Total to Part VII, Section A, line 1c								490,436.	978,623.	105,182.

University Medical Center Management Corporation

Form 990 (2017)

25-1925187 Page **9**

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	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	54,818,345.				
	e Government grants (contributions)	1e	2,744,772.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f			57,563,117.			
Program Service Revenue	2 a Net Patient Service Revenue	Business Code	622110	512,733,235.	512,733,235.		
	b Non-Patient Service Revenue		622110	28,374,145.	28,374,145.		
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			541,107,380.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)					
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross rents		(i) Real	(ii) Personal				
b Less rental expenses							
c Rental income or (loss)							
d Net rental income or (loss)							
7 a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
b Less cost or other basis and sales expenses							
c Gain or (loss)							
d Net gain or (loss)							
8 a 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							
9 a Gross income from gaming activities See Part IV, line 19		a					
b Less direct expenses		b					
c Net income or (loss) from gaming activities							
10 a 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				
11 a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue See instructions.				598,670,497.	541,107,380.	0.	0.

**University Medical Center Management
Corporation**

Form 990 (2017)

25-1925187 Page **10**

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

☒ **X**

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	4,250,359.		4,250,359.	
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	130,108,181.	105,744,166.	24,364,015.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,483,418.		3,483,418.	
9 Other employee benefits	11,080,869.		11,080,869.	
10 Payroll taxes	9,353,383.	7,397,580.	1,955,803.	
11 Fees for services (non-employees)				
a Management	35,965,699.		35,965,699.	
b Legal	415,313.		415,313.	
c Accounting	4,554,789.		4,554,789.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	115,158,101.	74,244.	115,083,857.	
12 Advertising and promotion	528,624.		528,624.	
13 Office expenses	5,295,013.	3,161,327.	2,133,686.	
14 Information technology	634,561.	303,987.	330,574.	
15 Royalties				
16 Occupancy	91,605,933.	68,435.	91,537,498.	
17 Travel	105,820.	32,887.	72,933.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	47,499.	2,958.	44,541.	
20 Interest	21,843,650.		21,843,650.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	13,233,116.		13,233,116.	
23 Insurance	2,399,668.		2,399,668.	
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	88,289,696.	87,825,462.	464,234.	
b Leased Equipment	28,339,880.	851,355.	27,488,525.	
c Other Contractual Servi	25,852,354.	3,511,895.	22,340,459.	
d Non-Operating Expense	8,275,055.		8,275,055.	
e All other expenses	6,065,779.	2,497,161.	3,568,618.	
25 Total functional expenses Add lines 1 through 24e	606,886,760.	211,471,457.	395,415,303.	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)

University Medical Center Management
Corporation

Form 990 (2017)

25-1925187 Page 11

University Medical Center Management
Corporation

Form 990 (2017)

25-1925187 Page 12

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	598,670,497.
2	Total expenses (must equal Part IX, column (A), line 25)	2	606,886,760.
3	Revenue less expenses Subtract line 2 from line 1	3	-8,216,263.

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.

University Medical Center New Orleans:

Part V, Section B, Line 5: Tripp Umbach worked closely with the CHNA
oversight committee to identify leaders from organizations that included:
1) Public health expertise; 2) Professionals with access to community
health related data; and 3) Representatives of underserved populations

(i.e., seniors, low-income residents, Latino/a residents, Vietnamese

SCHEDULE A
(Form 990 or 990-EZ)

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017

**Open to Public
Inspection**

Name of the organization **University Medical Center Management Corporation**

Employer identification number
25-1925187

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 **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college.

03

University Medical Center Management

Schedule A (Form 990 or 990-EZ) 2017 Corporation

25-1925187 Page 2

financial assistance or are deemed eligible as outlined in the presumptive eligibility section in this document.

- If a Louisiana resident is already deemed medically indigent and receives benefits from any Medicaid or state assistance program such as SNAP, WIC, TANF, or GNOCHC, they will automatically qualify for financial assistance.

University Medical Center Management

Schedule A (Form 990 or 990-EZ) 2017 Corporation

25-1925187 Page 3

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 in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1. Grants and contributions received						

documented previously incurred eligible medical expenses for the twelve (12) months of immediately preceding treatment from any health provider, which are equal or above twenty percent (20%) of the gross income of the family unit. Only approved valid medical expenses will qualify the patient

University Medical Center Management

Schedule A (Form 990 or 990-EZ) 2017 Corporation

25-1925187 Page 4

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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

- 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.
- 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

	Yes	No
1		

University Medical Center Management

Schedule A (Form 990 or 990-EZ) 2017 Corporation

25-1925187 Page 5

Part IV Supporting Organizations *(continued)*

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

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

Yes No

University Medical Center Management

Schedule A (Form 990 or 990-EZ) 2017 **Corporation**

25-1925187 Page 6

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 (explain in Part VI.) **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	

(B) Current Year

University Medical Center Management

Schedule A (Form 990 or 990-EZ) 2017 **Corporation**

25-1925187 Page 7

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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI . See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 **Corporation**

Part VI

[illegible]

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.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2017

**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

University Medical Center Management

Schedule C (Form 990 or 990-EZ) 2017 **Corporation**

25-1925187 Page 2

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														

University Medical Center Management

Schedule C (Form 990 or 990-EZ) 2017 Corporation

25-1925187 Page 3

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)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		41,228.
j Total Add lines 1c through 1i			41,228.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
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 campaign activity 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

Part II-B, Line 1, Lobbying Activities:

University Medical Center paid a portion of dues to various

organizations that were deemed to be for lobbying or related

activities. Of the total expense of \$41,228 amounts were paid to: 1)

Louisiana Hospital Association - \$21,228 (21% of dues); and 2) The

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization **University Medical Center Management Corporation**

Employer identification number
25-1925187

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 a 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 Tax 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 7/25/06, 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	▶ \$ _____

**University Medical Center Management
Corporation**

Schedule D (Form 990) 2017

25-1925187 Page **2**

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 | d ☐ Loan or exchange programs |
| b ☐ Scholarly research | e ☐ Other _____ |
| c ☐ Preservation for future generations | |

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

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

- c** Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance

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

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

- (i) unrelated organizations
(ii) related organizations

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

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

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				
c Leasehold improvements				
d Equipment		36,785,779.	11,564,464.	25,221,315.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				25,221,315.

Schedule D (Form 990) 2017

**University Medical Center Management
Corporation**

Schedule D (Form 990) 2017

25-1925187 Page **3**

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 (Col. (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)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(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	
(2)	Due to Related Parties	233,268,130.
(3)	Self-Insurance Liability	8,244,308.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)		241,512,438.

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 ☒

Schedule D (Form 990) 2017

**University Medical Center Management
Corporation**

Schedule D (Form 990) 2017

25-1925187 Page 4

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	598,670,497.
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	0.
3	Subtract line 2e from line 1		3	598,670,497.
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	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	598,670,497.

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	606,886,760.
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	0.
3	Subtract line 2e from line 1		3	606,886,760.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	606,886,760.

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.

Part X, Line 2:

The Corporation follows the provisions of Accounting for Uncertainty in Income Taxes Topic of the FASB ASC. The Corporation recognizes a threshold and measurement process for financial statement recognition of uncertain tax positions taken or expected to be taken in a tax return. The interpretation also provides guidance on recognition, de-recognition, classification, interest and penalties, accounting in the interim periods, disclosure and transition. The Corporation's tax filings are subject to audit by various taxing authorities. There are currently no returns under examination. Management evaluated the Corporations tax position and considered that the Corporation has taken no uncertain tax positions that require adjustments to the financial statements to comply with the

Part XIII Supplemental Information (continued)

provisions of this guidance.

Schedule D, Part V, Line 4

Government grants were received to cover costs of trauma prevention training, passenger safety and seatbelt training, HIV treatment, Breast Cancer Research, and the purchase of Ebola emergency preparedness supplies. These funds were accounted for as temporarily restricted funds.

**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.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017

Open to Public
Inspection

Name of the organization **University Medical Center Management Corporation** Employer identification number **25-1925187**

Part I Financial Assistance and Certain Other Community Benefits at Cost

- 1a** Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a
- b** If "Yes," was it a written policy?
If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year
- ☒ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities
☐ Generally tailored to individual hospital facilities
- 3** Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year
- a** Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care?
If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care
☐ 100% ☐ 150% ☐ 200% ☒ Other 250 %
- b** Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care
☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____ %
- 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"?
- 5a** Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?
- b** If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?
- c** If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?
- 6a** Did the organization prepare a community benefit report during the tax year?
- b** If "Yes," did the organization make it available to the public?

	Yes	No
1a	☒	
1b	☒	
3a	☒	
3b		☒
4	☒	
5a	☒	
5b		☒
5c		
6a		☒
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

	(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
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			23524324.	23524324.		.00%
b Medicaid (from Worksheet 3, column a)			193056582	191286016	1770566.	.30%
c Costs of other means-tested government programs (from Worksheet 3, column b)			55,859.	55,859.		.00%
d Total Financial Assistance and Means-Tested Government Programs			216636765	214866199	1770566.	.30%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			2619946.	683,663.	1936283.	.32%
f Health professions education (from Worksheet 5)			109360935	13390556.	95970379.	16.03%
g Subsidized health services (from Worksheet 6)						.00%
h Research (from Worksheet 7)			5534244.		5534244.	.92%
i Cash and in-kind contributions for community benefit (from Worksheet 8)						.00%
j Total. Other Benefits			117515125	14074219.	103440906	17.27%
k Total. Add lines 7d and 7j			334151890	228940418	105211472	17.57%

Part III	Bad Debt, Medicare, & Collection Practices
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2017.05000 University Medical Center M 300011

[illegible]

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.

University Medical Center New Orleans:

Part V, Section B, Line 5: Tripp Umbach worked closely with the CHNA oversight committee to identify leaders from organizations that included: 1) Public health expertise; 2) Professionals with access to community health related data; and 3) Representatives of underserved populations (i.e., seniors, low income residents, Latino(a) residents, Vietnamese residents, youth, residents with disabilities, and residents that are uninsured). Such persons were interviewed as part of the needs assessment planning process. A total of 36 interviews were completed with key stakeholders in the University Medical Center New Orleans community. A complete list of organizations represented in the stakeholder interviews can be found in the Key Stakeholder Interviews section of this report. This process lasted from April 2015 until August 2015. In 2018, University Medical Center has again contracted Tripp Umbach to perform a current Community Health Needs Assessment. This information will be provided on the 2018 Form 990.

University Medical Center New Orleans:

Part V, Section B, Line 11: The top two needs identified by the CHNA and prioritized by UMC are Access to Health Services and Behavioral Health. To address the need of increased Access to Health Services, UMC has expanded current services or open new services. These services include the Cancer Center, Radiation Oncology, Neurosurgery, ENT, IBD, Primary Care, Ophthalmology and Dermatology. UMC has also expanded 340b services through a partnership with Walgreen's. Additionally, the facility's

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.

financial assistance policy had been revised, effective 5/1/2016, to allow for a 75% indigent care adjustment for 251 - 400% FPL and 100% adjustment for 250% and below. Finally, UMC has improved collaboration of services with the FGQHC's through quarterly meetings. To address the increased Behavioral Health needs of the community, UMC initially expanded its capacity by 15 beds. By late 2016, all 60 Behavioral Health beds were opened. Additionally, the Emergency Department has expanded its Behavioral Health beds. UMC has also created a Governing Board Mental Health Task Force consisting of community partners.

University Medical Center New Orleans:

Part V, Section B, Line 13h: The following factors will be considered when determining the amount of financial assistance for which a patient is eligible based on resources:

- Patient must request assistance by submitting an application for financial assistance or are deemed eligible as outlined in the presumptive eligibility section in this document.
- If a Louisiana resident is already deemed medically indigent and receives benefits from any Medicaid or state assistance program such as SNAP, WIC, TANF, or GNOCHC, they will automatically qualify for financial assistance.
- If an individual has been screened by a 504HealthNet member clinic and has been declared both a Louisiana resident and medically indigent in a manner consistent with this policy and state guidelines, and the member clinic attests in writing to the individual's eligibility, he/she will automatically qualify for financial assistance.

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,

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.

www.umcno.org/financialassistance

Part V Facility Information (continued)

Section B Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Designated as a Hospital Facility

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)

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 University Medical Center New OrleansLine 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	X
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.		

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

Part I, Line 3c:

UMCNO uses the FPG in determining financial assistance eligibility.

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group University Medical Center New Orleans

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

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

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

- a ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 250 %
and FPG family income limit for eligibility for discounted care of 400 %
- b ☐ Income level other than FPG (describe in Section C)
- c ☒ Asset level
- d ☐ Medical indigency
- e ☒ Insurance status
- f ☐ Underinsurance status
- g ☒ Residency
- h ☐ Other (describe in Section C)

- 14 Explained the basis for calculating amounts charged to patients?

- 15 Explained the method for applying for financial assistance?

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

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

	Yes	No
13	X	
14	X	
15	X	

deaths related to motor vehicle crashes. A 6-hour hospital based program developed for teenagers during their sophomore level in high school, the program promotes good decision making as a driver or passenger in a motor vehicle. The day consists of presentations by medical team, law

Part V Facility Information (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group University Medical Center New Orleans

- 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 nonpayment?
- 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?
- 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 reasonable efforts to determine the individual's eligibility under the FAP or FAP

	Yes	No
17	X	
18		
19		X
20		

developed as a follow up to the hospital based sophomore level Sudden Impact Program. A mock crash portrays a motor vehicle crash to increase the awareness of the dangers of driving impaired, driving unrestrained and

Part V Facility Information (continued)**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**Name of hospital facility or letter of facility reporting group **University Medical Center New Orleans****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?

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?

If "Yes," explain in Section C

	Yes	No
23		X
24		X

Schedule H (Form 990) 2017

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

Part I, Line 3c:

UMCNO uses the FPG in determining financial assistance eligibility.

Specifically, a person whose family unit resources or property and income is at or below 250% of the Federal Poverty Level for the size of the family unit, rounded to the nearest dollar. In addition to income-based criteria, UMC applies an asset test and residency.

Part I, Line 7:

UMC uses a ratio of patient care cost to gross patient charges, adjusted for Medicaid Provider Tax and other non-patient related items to establish total community benefit expense for Financial Assistance, Medicaid, and other means-tested government programs.

Part II, Community Building Activities:

Injury Prevention Programs: University Medical Center's Level 1 Trauma Center is verified every 3 years as a Trauma Center. As a Level 1 Trauma Center UMC participates in the research, development, implementation and evaluation of injury prevention programs. There are several research

Part VI Supplemental Information (Continuation)

based prevention programs within the UMC Trauma Center. The following is a synopsis of the UMC programs to reduce the number of injuries and fatalities within Louisiana. Sudden Impact: Enforcement, education and engineering must work together to decrease the number of injuries and deaths related to motor vehicle crashes. A 6-hour hospital based program developed for teenagers during their sophomore level in high school, the program promotes good decision making as a driver or passenger in a motor vehicle. The day consists of presentations by medical team, law enforcement, Louisiana Organ Procurement Agency and a trauma victim and concludes with visits to the Emergency Department and the Intensive Care Unit. The students are pre-tested for a baseline of knowledge, attitude and behavior, then post tested upon conclusion of the program. The results are interpreted by a MPH student. The change in responses guides the program development and proves program effectiveness. The program was developed 20 years ago and has expanded into 15 hospitals in 9 regions of the state. During the 2017-18 school year, UMC presented to 1,797 students in our facility and statewide the program reached over 17,428 students. Mock Crashes: The Consequences of Impact Mock Crash was developed as a follow up to the hospital based sophomore level Sudden Impact Program. A mock crash portrays a motor vehicle crash to increase the awareness of the dangers of driving impaired, driving unrestrained and participating in high risk behaviors. The drivers and passengers are student role players. First responders, Trauma Center personnel, and the coroner's office demonstrate the following: crash investigation, rescue/extrication, medical attention, DWI arrest, lock -up, hospital trauma activation, injury notification and death notification. The goal is to increase compliance with Louisiana traffic safety laws, reinforce healthy decision making and decrease the number of injuries and fatalities

Part VI Supplemental Information (Continuation)

associated with motor vehicle crashes. The Consequences of Impact Mock Trial was created and developed to reinforce the education from the Mock Crash. The perceived certainty of legal consequences is of significant value, especially among teens. All participants from the Mock Crash return and are placed on trial for the decisions and outcomes from the crash. Senior Sessions: The Senior Sessions were developed at the request of participating schools to reinforce the sophomore hospital based Sudden Impact Program. The seniors receive updated information on laws and consequences, followed by education that parallels the hospital based program on a more mature level. The students are post tested to evaluate the information retained and of behavioral changes since attending the sophomore hospital based program. School -Based Trauma Prevention Outreach Program (STOP): This school age injury prevention program focuses on grades Kindergarten. 1st and 2nd grades. Through age appropriate

associated with motor vehicle crashes. The Consequences of Impact Mock Trial was created and developed to reinforce the education from the Mock Crash. The perceived certainty of legal consequences is of significant value, especially among teens. All participants from the Mock Crash return and are placed on trial for the decisions and outcomes from the crash. Senior Sessions: The Senior Sessions were developed at the request of participating schools to reinforce the sophomore hospital based Sudden Impact Program. The seniors receive updated information on laws and consequences, followed by education that parallels the hospital based

Part VI Supplemental Information (Continuation)

belts, the use of child safety seats reduces the risk of injury among young children by 71 to 82% and fatal injury by 28%. Among children ages 4 to 8, the use of booster seats reduces the risk of nonfatal injury by 45% compared to seat belts. (www.safekids.org) Louisiana has a 96% misuse of child restraints, which is considerably above the national average of 73%. To reach our goal of reducing injuries and fatalities, it was necessary to develop a large network to gain the infrastructure needed for program support. It is the goal of the Louisiana Passenger Safety Task Force to provide education to agencies and the community throughout the state to increase the proper use of child restraints and seat belts and encourage the proper installation of the restraint. This can be accomplished through partnerships with law enforcement, fire, medical, judicial and advocates. The Louisiana Passenger Safety Task Force is a network of child passenger safety technicians and advocates who work together to make the unrestrained and incorrectly restrained population unacceptable in Louisiana. The infrastructure of the network produces success, as events, education and activities are disseminated for personalization on a local level. The project director and assistant administrator, employees at University Medical Center's Trauma Center in New Orleans guide the state task force, which is divided into 9 areas within the state. In addition to the recurring annual efforts, the LPSTF places an emphasis on targeting the adult population to increase the 88% seat belt usage rate and promoting partnerships with medical facilities for involvement in traffic safety programs. Grant Funded Fitting Stations: Fitting stations are a one on one tutorial for the community to learn the benefits of proper occupant protection. Parents learn the correct installation of child restraints and the benefits of a lap shoulder seat belt. To become a grant supported fitting station, the agency must show commitment to the

Part VI Supplemental Information (Continuation)

passenger safety program. This can be accomplished by supporting the personnel in a role of community prevention education, allow for participation in community events, at LPSTF meetings and participation at established fitting stations. Personnel must attend a mandatory fitting station in-service hosted by UMCNO and show compliance with the approved child installation forms and documentation, as grant funded fitting stations are mandated to send copies of installation forms to the LPSTF. Once criteria are met, supplies will be issued to support the development and sustainability of the fitting station by UMC. Grant funded supplies and in-services promote and maintain standardization within the state. The UMCNO supports 99 fitting stations in Louisiana. Occupant Protection Awareness Class: The course was developed to provide injury prevention education to law enforcement, fire and rescue personnel, EMS, healthcare

Part VI Supplemental Information (Continuation)

and inexpensive. Following recent activities in Sandy Hook Elementary, Newtown, Connecticut, Aurora, Colorado, and the Boston Marathon, the American College of Surgeons brought together leaders from law enforcement, the military, fire/rescue and medicine to review the active shooter events and develop policies which would decrease the number of fatalities in mass casualty shootings. The documents are referred to as the Hartford Consensus and the paper is titled "Improving Survival from Active Shooter Events". Using existing tactics and a method already in existence, we have the means to increase survivability, however it is underutilized.

Part III, Line 2:

The amount reported in Part III, Section A, Line 2 is based on UMC's provision for doubtful accounts. The amount is determined as gross charges reserved on a slope percentage specific to historical collections by payor.

Part III, Line 3:

UMC has procedures that assure that all Self-Pay (Uninsured) and Medically Indigent patients in households up to 250% of FPG receive free care.

Part III, Line 4:

From Note 2, "Net Patient Service Revenues and Related Receivables." Patient accounts receivable are reduced by an allowance of doubtful accounts. In establishing its estimate of collectability of accounts receivable, each entity within the System analyzes its history and collection patterns of its major payor sources of revenue. These allowances are adjusted monthly for volume and service mix, and annually

Part VI Supplemental Information (Continuation)

for rate increases. For receivables associated with self-pay patients (which includes patients without insurance who are not covered by the charity care program of each entity within the System and patients with deductible and copayment balances due for which third-party coverage

Part VI Supplemental Information (Continuation)

adjustment. Patients between 250% and 400% will have their balances reduced by 75%.

Part 5, Section A, Line 1

University Medical Center Management Corporation (UMCMC) was originally established on October 12, 2005 as the Earl K. Long Medical Foundation, Inc. and qualified at that time as a tax exempt corporation under the

University Medical Center Management
Corporation

Schedule H (Form 990)

25-1925187 Page 10

Part VI Supplemental Information (Continuation)

on required documentation and eligibility procedures. If the patient is determined to be medically indigent and unable to obtain Medicaid benefits, UMC will inform them of alternative possibilities for financial assistance. If the patient is found to be unable to qualify for any public assistance but is not below the 250% FPG limits on charity care, they are informed that they will be considered self-pay and entitled to a 63% discount on charges. UMC works with the patient to formulate a payment plan. If the patient is found to fall below the 250% FPG level, he or she is classed as charity care and all charges are adjusted off. UMC has a long standing reputation of being the safety net hospital for the indigent medically ill patients of New Orleans and surrounding areas. Our commitment to our community is to care for all who need our care.

Part VI, Line 4:

With respect to University Medical Center, the community served is defined as the 47 zip codes, across 11 different parishes, which hold a majority (75%) of the inpatient discharges for the hospital. In discussing demographic data, UMC's service area will draw comparisons to Jefferson Parish and Orleans Parish, the two parishes containing the greatest number of patient discharge zip codes. In addition, comparison are drawn to the State of Louisiana as a whole. The information below is gleamed from UMC's Community Health Needs Assessment performed in 2015 by Tripp Umbach.

In 2015, the total population of UMC's service area is 1,111,212. By comparison, the total population of Orleans and Jefferson Parish were 435,154 and 392,762, respectively. The overall 2015 population of the State of Louisiana was 4,662,874. By 2020, UMC anticipates a 4.9% increase in population to 1,165,284. This compares to 1.6% and 9.2%

Part VI Supplemental Information (Continuation)

growth for Jefferson Parish and Orleans Parish, respectively. The population of Louisiana is expected to increase by 2.9% to 4,800,027 by 2020.

UMC's population is comprised 48.7% males and 51.3% females. This ration mirrors that of Jefferson Parish and Orleans parish. By comparison, the State of Louisiana is comprised of 49% males and 51% females, as of 2016.

The age dispersion for UMC's service area is as follows: 0 -14: 19%, 15 - 17: 3.7%, 18 - 24: 9.1%, 25 - 34: 15.2%, 35 - 54: 25.9%, 55 - 64: 13.2%, 64+: 14%. This dispersion is consistent, for the most part, with Jefferson Parish, Orleans Parish, and the State of Louisiana as a whole.

Racially, there are significant differences within UMC's service area. In the service area, 48.4% of the population is White/Non-Hispanic, 37.4% is Black/Non-Hispanic, and 8.8% is Hispanic. By comparison, Jefferson Parish's breakdown is 53.6%, 26.1%, and 14%; whereas, Orleans Parish's makeup is 30.9%, 54.7%, and 5.5%. As a state, Louisiana is comprised of 59.1% White/Non-Hispanics, 32.0% Black/Non-Hispanic, and 4.9% Hispanics.

The average annual household income for UMC's service area is \$62,642. This is higher than Orleans Parish (\$59,059) average and lower than the Jefferson Parish (\$63,672) average. The average is also below that of the State of Louisiana as a whole, \$64,209. It is also important to note that all average household incomes highlighted below fall substantially below the national average of \$74,165. The poverty rates of Jefferson Parish, Orleans Parish, and Louisiana are as follows: 16.48%, 27.34%, and 21.7%. All substantially greater than the 15.3% of the United States as a whole.

Part VI Supplemental Information (Continuation)

In reviewing the UMC Service Area's 45 zip codes based on the Community Needs Index, it was found that 43 of the 45 zip codes scored higher than the median score of 3. This would indicate that these zip codes have more than average the number of barriers to proper health care access. The factors that are taken into account when calculating a zip-code's CNI score area as follows: income barriers, cultural barriers, educational barriers, insurance barriers, and housing barriers. Five zip codes in UMC's service area scored a 5. This indicates significant barriers to health care access. In addition, a review of Prevention Quality Indicators finds that the following ailments drive a higher than normal preventable admissions rate: Diabetes Short-term complications, Diabetes Long-term complications, lower extremity amputations among diabetics, perforated appendix, and low birth weight.

From a health rankings perspective, Louisiana ranks 48th overall. This includes ranking 44th for smoking, 45th for diabetes, and 45th for obesity. The states challenges include a high incidence of infectious diseases, a high prevalence of low birth-weights, and a high rate of preventable hospitalizations.

Part VI, Line 5:

The top two needs identified by the CHNA and prioritized by UMC are Access to Health Services and Behavioral Health. To address the need of increased Access to Health Services, UMC has expanded current services or open new services. These services include the Cancer Center, Radiation Oncology, Neurosurgery, ENT, IBD, Primary Care, Ophthalmology and Dermatology. UMC has also expanded 340b services through a partnership

Part VI Supplemental Information (Continuation)

with Walgreen's. Additionally, the facility's financial assistance policy had been revised, effective 5/1/2016, to allow for a 75% indigent care adjustment for 251 - 400% FPL and 100% adjustment for 250% and below. Finally, UMC has improved collaboration of services with the FGQHC's through quarterly meetings. To address the increased Behavioral Health The amount reported in Part III, Section A, Line 2 is based on UMC's provision for doubtful accounts. The amount is determined as gross charges reserved on a slope percentage specific to historical collections by payor.

Part III, Line 3:

UMC has procedures that assure that all Self-Pay (Uninsured) and Medically Indigent patients in households up to 250% of FPG receive free care.

Part III, Line 4:

From Note 2, "Net Patient Service Revenues and Related Receivables." Patient accounts receivable are reduced by an allowance of doubtful accounts. In establishing its estimate of collectability of accounts receivable each entity within the System analyzes its history and

needs of the community, UMC has 60 licensed behavioral health beds.

Additionally, the Emergency Department has expanded its Behavioral Health beds. UMC has also created a Governing Board Mental Health Task Force

**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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017

Open to Public
Inspection

Name of the organization

**University Medical Center Management
Corporation**

Employer identification number

25-1925187

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,

Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items

☐ First-class or charter travel

☐ Travel for companions

☐ Tax indemnification and gross-up payments

☐ Discretionary spending account

☐ Housing allowance or residence for personal use

☐ Payments for business use of personal residence

☐ Health or social club dues or initiation fees

☐ Personal services (such as, maid, chauffeur, chef)

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

☐ Compensation committee

☒ Independent compensation consultant

☐ Form 990 of other organizations

☒ Written employment contract

☐ Compensation survey or study

☒ Approval by the board or compensation committee

4 During the year, did any person listed 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?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

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

Only section 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?

b Any related organization?

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?

b Any related organization?

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 nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2017

University Medical Center Management Corporation

Schedule J (Form 990) 2017

25-1925187

Page 2

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 aren't 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				
(1) Gregory C. Feirn Board Member	(i) 0. (ii) 978,670.	0. 310,227.	0. 311,885.	0. 234,090.	0. 27,746.	0. 1,862,618.	0. 0.
(2) William J. Masterton President and CEO	(i) 444,287. (ii) 0.	211,770. 0.	125,022. 0.	8,380. 0.	12,189. 0.	801,648. 0.	0. 0.
(3) Christine M Bond Chief Financial Officer	(i) 209,117. (ii) 0.	34,186. 0.	2,224. 0.	8,547. 0.	9,156. 0.	263,230. 0.	0. 0.
(4) Peter Deblieux Chief Medical Officer	(i) 456,529. (ii) 0.	112,612. 0.	7,236. 0.	10,800. 0.	702. 0.	587,879. 0.	0. 0.
(5) Denise Danna Chief Nursing Officer	(i) 223,418. (ii) 0.	63,280. 0.	6,720. 0.	10,973. 0.	6,271. 0.	310,662. 0.	0. 0.
(6) Lisa Miranda Chief Operating Officer	(i) 221,479. (ii) 0.	50,340. 0.	3,449. 0.	9,516. 0.	6,617. 0.	291,401. 0.	0. 0.
(7) Jyotsna Fuloria VP Clinical Research	(i) 341,649. (ii) 0.	0. 0.	4,891. 0.	10,800. 0.	488. 0.	357,828. 0.	0. 0.
(8) Robert Smith VP Business Development	(i) 171,149. (ii) 0.	0. 0.	1,761. 0.	6,627. 0.	12,491. 0.	192,028. 0.	0. 0.
(9) Dean J. Melancon Supervisor Anesthesia	(i) 226,875. (ii) 0.	0. 0.	1,771. 0.	9,565. 0.	22,351. 0.	260,562. 0.	0. 0.
(10) Kenneth J. Steele Nurse Anesthetist	(i) 221,828. (ii) 0.	0. 0.	3,251. 0.	9,210. 0.	17,023. 0.	251,312. 0.	0. 0.
(11) Linda J. Davis RN/Staff Nurse	(i) 211,618. (ii) 0.	0. 0.	0. 0.	0. 0.	0. 0.	211,618. 0.	0. 0.
(12) Lionel Bourgeois Physician	(i) 198,657. (ii) 0.	0. 0.	5,826. 0.	8,185. 0.	12,792. 0.	225,460. 0.	0. 0.
(13) C'Lita H. Lombard Director Anesthesia	(i) 196,693. (ii) 0.	0. 0.	2,285. 0.	7,958. 0.	6,087. 0.	213,023. 0.	0. 0.
(14) Lisa Napier Martin Former Chief Financial Officer	(i) 335,578. (ii) 0.	109,063. 0.	574. 0.	10,800. 0.	12,470. 0.	468,485. 0.	0. 0.
(15) Paolo Zambito Former Vice President of Operations	(i) 372,197. (ii) 0.	94,330. 0.	6,774. 0.	10,800. 0.	20,961. 0.	505,062. 0.	0. 0.
(16) Troy Bond Former VP Human Resources	(i) 198,679. (ii) 0.	52,213. 0.	4,029. 0.	10,375. 0.	16,927. 0.	282,223. 0.	0. 0.

Schedule J (Form 990) 2017

University Medical Center Management Corporation

Schedule J (Form 990) 2017

25-1925187

Page 3

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

Part I, Line 3:

Base compensation, incentive compensation and all other reportable and non-reportable compensation for UMC's President / CEO is reviewed annually by the Executive Committee of the Board of Trustees of Louisiana Children's Medical Center which is UMCNO's sole member. The Executive Committee is a 9 voting-member 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.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No 1545-0047

2017

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- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization **University Medical Center Management Corporation**

Employer identification number
25-1925187

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 ▶ (<u>Equipment</u>)	X	12	1,382,476.	Acquisition 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

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 isn't required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

	Yes	No
30a		X
31		X

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.

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

Open to Public
Inspection

Name of the organization

University Medical Center Management
Corporation

Employer identification number
25-1925187

Form 990, Part I, Doing Business As:

University Medical Center New Orleans

Form 990, Part I, Line 1, Description of Organization Mission:

the destination of choice for exceptional healthcare. University
Medical Center will provide exceptional patient-centered care and a
world-class academic experience through advanced research, leading
technology and innovation.

Form 990, Part III, Line 1, Description of Organization Mission:

advanced research, leading technology and innovation.

debts in the period of service on the basis of its past experience, which
indicates that many patients are unwilling to pay the portion of their
bill for which they are financially responsible. The difference between

Name of the organization **University Medical Center Management Corporation**

Employer identification number
25-1925187

UMCNO has 12 voting members of the Board of Directors who have the power to elect or appoint one or more members of the governing body.

Form 990, Part VI, Section A, line 7b:

LCMC Health is the sole member of University Medical Center Management Corporation and retains the right of all governance decisions. The governing board is appointed under the requirements of the Cooperative Endeavor Agreement with the State of Louisiana.

Form 990, Part VI, Section B, line 11b:

The Form 990 was prepared and reviewed in detail by the organizations Controller and respective accounting staff. The information presented herein, including supporting work papers and reconciliations, has been reviewed by the CFO of UMCNO. Finally, a draft of UMCNO's Form 990 was presented to all the Members of the UMCNO Board of Directors for review via an email link to a secure, online drop box.

Form 990, Part VI, Section C, Line 19

All governing documents, the conflict of interest policies, and financial

Name of the organization **University Medical Center Management Corporation**

Employer identification number
25-1925187

they reviewed and understand the policy. The affected individuals are required to review the policy annually. Members of the board of directors are required to review and sign a conflict of interest form on an annual basis.

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 costs of care.

Part III, Line 9b:

According to UMC's Financial Assistance Policy, all patients determined to be medically indigent and eligible for free or reduced cost care will have their balances adjusted according to a sliding scale. Patients at or below 250% FPG will have their accounts adjusted to zero balance.

is maintained regarding the determination of these amounts. The final decision regarding the amount of compensation is subject to approval of the LCMC's President and CEO and the LCMC Compensation Committee and LCMC Executive Committee.

Form 990, Part VI, Section C, Line 19:

All governing documents, the conflict of interest policy, and financial statements are made available to the public upon request. The governing documents are also posted online by the State of Louisiana.

Name of the organization	University Medical Center Management Corporation	Employer identification number	25-1925187
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General Medical Professional Fees:

Program service expenses	0.
Management and general expenses	114,974,296.
Fundraising expenses	0.
Total expenses	114,974,296.
Total Other Fees on Form 990, Part IX, line 11g, Col A	115,158,101.

Form 990, Part XII, Line 2c

LCMC's finance committee assumes responsibility for the oversight of its subsidiaries' (including UMC) financial statements and selection of an independent auditor. LCMC also has created a separate Finance Committees for each facility to assist in monitoring the financial performance of the individual member hospitals.

There will be no collection activity on the account following this

Schedule H (Form 990)

732271 08-21-17

53

10521115 149208 30001

2017.05000 University Medical Center M 300011

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2017

Open to Public Inspection

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

Go to www.irs.gov/Form990 for instructions and the latest information.

Organization **University Medical Center Management Corporation**

Employer identification number
25-1925187

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

(a) address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
Children's Medical Center - 00 Henry Clay Avenue, New Orleans, LA 70118 Phone - 72-0423659	Healthcare delivery	Louisiana	501 (c) (3)				X
Street LA 70118	Healthcare delivery	Louisiana	501 (c) (3)		LCMC EIN 94-3480131		X
Hospital Inc - 72-0467503 1000 Poydras Avenue LA 70118	Healthcare delivery	Louisiana	501 (c) (3)		LCMC EIN 94-3480131		X

Education Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2017

Page 2

Page 2

Page 2

Page 2

Page 2

Page 2

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

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

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

(a) Name of related organization	(b) Transaction type (a's)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

[illegible]

Schedule R (Form 990) 2017

Schedule H (Form 990)

Master Lease now provides for a 60 day termination without cause in lieu of any required funding provisions and the Cooperative Endeavor Agreement permits LCMC to withdraw as the sole member of UMCMC upon 60 days' notice.

Part VI, Line 2:

UMC agrees to the health care needs of the community.