efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493223015160

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 10-01-2018 , and ending 09-30-2019

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

C Name of organization
WILLIS-KNIGHTON MEDICAL CENTER

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
POST OFFICE BOX 32600

City or town, state or province, country, and ZIP or foreign postal code
SHREVEPORT, LA 711302600

D Employer identification number
72-0400933

E Telephone number
(318) 212-4000

G Gross receipts $ 1,203,953,298

F Name and address of principal officer
JAMES K ELROD
POST OFFICE BOX 32600
SHREVEPORT, LA 711302600

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW WKHS COM

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

L Year of formation 1949

M State of legal domicile LA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE MEDICAL CENTER PROVIDES A FULL-RANGE OF HEALTH CARE SERVICES TO THE GENERAL PUBLIC

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	8
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	**5**	7,868
6	Total number of volunteers (estimate if necessary)	**6**	242
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	3,699,286
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	5,290	4,580
9	Program service revenue (Part VIII, line 2g)	1,113,447,531	1,133,815,484
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,848,262	14,276,797
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,764,392	20,581,223
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,125,065,475	1,168,678,084
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,754,111	1,783,377
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	447,077,389	448,306,160
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	643,273,242	685,745,587
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,092,104,742	1,135,835,124
19	Revenue less expenses Subtract line 18 from line 12	32,960,733	32,842,960

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,332,102,539	1,575,864,430
21	Total liabilities (Part X, line 26)	256,183,230	567,973,692
22	Net assets or fund balances Subtract line 21 from line 20	1,075,919,309	1,007,890,738

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2020-08-10

JAMES K ELROD PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
				P00024584

Firm's name ▶ COLE EVANS & PETERSON — Firm's EIN ▶ 72-0506596

Firm's address ▶ POST OFFICE DRAWER 1768
SHREVEPORT, LA 711661768 — Phone no (318) 222-8367

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

TO CONTINUOUSLY IMPROVE THE HEALTH AND WELL-BEING OF THE PEOPLE WE SERVE

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 933,115,240 including grants of $ 1,783,377) (Revenue $ 1,145,950,910)
See Additional Data

4b (Code) (Expenses $ 9,527,560 including grants of $) (Revenue $ 4,103,378)
See Additional Data

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

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

4e **Total program service expenses ▶** 942,642,800

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	477		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c** Yes	

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	7,868		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			**3a**	Yes
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .			**3b**	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .			**4a**	No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	No
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**	
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .			**9a**	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			**9b**	
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N			**15**	Yes
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O			**16**	No

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	10		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**		Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	**3**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	**5**			No
6	Did the organization have members or stockholders?	**6**			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

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

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

Section C. Disclosure

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

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records
▶MR JAMES K ELROD 2600 GREENWOOD ROAD SHREVEPORT, LA 711033908 (318) 212-4000

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, **Section A** ▶										
d Total (add lines 1b and 1c) ▶								13,487,889	6,000	478,075

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 679

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
LSU HEALTH SCIENCES CENTER PO BOX 33932 SHREVEPORT, LA 71130	MEDICAL STAFFING	7,577,514
RED RIVER CARDIOVASCULAR 2751 ALBERT BICKNELL DR SUITE 5C SHREVEPORT, LA 71103	PHYSICIAN SERVICES	6,188,712
IBA PROTON THERAPY INC 2000 EDMUND HALLEY DR SUITE 210 RESTON, VA 20191	PROTON THERAPY SERVICES	5,253,253
RADIATION ONCOLOGY SERVICES APMC 2600 KINGS HIGHWAY SHREVEPORT, LA 71103	MEDICAL STAFFING	4,362,115
PATHOLOGY RESOURCE NETWORK LLC 3000 KNIGHT ST BLD 5 SUITE 220 SHREVEPORT, LA 71105	CONTRACTUAL SERVICES	3,805,412

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 130

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	**1a** Federated campaigns . .	1a			
	b Membership dues . .	1b			
	c Fundraising events . .	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 4,580			
	g Noncash contributions included in lines 1a - 1f $ _____				
	h Total. Add lines 1a-1f . . . . . ▶	4,580			
Program Service Revenue		Business Code			
	2a HOSPITAL SERVICES	900099	1,129,986,335	1,129,986,335	
	b RESIDENTIAL COMMUNITY	900099	3,829,149	3,829,149	
	c _____				
	d _____				
	e _____				
	f All other program service revenue				
	g Total. Add lines 2a–2f . . . . ▶	1,133,815,484			
Other Revenue	**3** Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	14,520,072			14,520,072
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties . . . . . ▶				
		(i) Real / (ii) Personal			
	6a Gross rents	2,983,012			
	b Less rental expenses	2,586,283			
	c Rental income or (loss)	396,729			
	d Net rental income or (loss) . . . . . ▶	396,729	396,729		
		(i) Securities / (ii) Other			
	7a Gross amount from sales of assets other than inventory	32,445,656			
	b Less cost or other basis and sales expenses	32,479,954 / 208,977			
	c Gain or (loss)	-34,298 / -208,977			
	d Net gain or (loss) . . . . . ▶	-243,275	-243,275		
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . **a**				
	b Less direct expenses . . . **b**				
	c Net income or (loss) from fundraising events . . ▶				
	9a Gross income from gaming activities See Part IV, line 19 . . . **a**				
	b Less direct expenses . . . **b**				
	c Net income or (loss) from gaming activities . . ▶				
	10a Gross sales of inventory, less returns and allowances . . **a**				
	b Less cost of goods sold . . **b**				
	c Net income or (loss) from sales of inventory . . ▶				
	Miscellaneous Revenue	Business Code			
	11a NONOPERATING COMPONENTS OF NET PE	900099	15,013,755	15,013,755	
	b LABORATORY REVENUE	621500	3,264,990		3,264,990
	c (LOSS) FROM SUBSIDIARY - VIRGINIA	623000	-198,191	-198,191	
	d All other revenue		2,103,940	1,669,644	434,296
	e Total. Add lines 11a–11d . . . . . ▶		20,184,494		
	12 Total revenue. See Instructions . . . . . ▶		1,168,678,084	1,150,054,288	3,699,286	14,520,072

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,783,377	1,783,377		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	6,194,550		6,194,550	
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	335,814,848	298,072,726	37,742,122	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	6,798,414	5,925,047	873,367	
9 Other employee benefits	69,804,111	60,836,637	8,967,474	
10 Payroll taxes	29,694,237	26,647,347	3,046,890	
11 Fees for services (non-employees)				
a Management				
b Legal	1,026,001		1,026,001	
c Accounting	2,425,453		2,425,453	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion	3,214,449	1,648,498	1,565,951	
13 Office expenses				
14 Information technology	30,873,750		30,873,750	
15 Royalties . .				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings				
20 Interest	17,132,144		17,132,144	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization . .	77,461,674	33,849,094	43,612,580	
23 Insurance . . .	7,639,917		7,639,917	
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 DIRECT DEPARTMENTAL EXP	511,734,709	511,734,709		
b TAXES & LICENSES	9,195,884		9,195,884	
c BUSINESS OFFICE	4,529,780		4,529,780	
d				
e All other expenses	20,511,826	2,145,365	18,366,461	
25 **Total functional expenses.** Add lines 1 through 24e	1,135,835,124	942,642,800	193,192,324	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		15,515,818	1	16,056,838
	2	Savings and temporary cash investments		295,635,975	2	242,508,248
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		204,945,638	4	212,475,919
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		2,642,642	7	3,329,234
	8	Inventories for sale or use		25,277,766	8	27,094,014
	9	Prepaid expenses and deferred charges		8,315,407	9	9,265,806
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 1,373,361,635			
	b	Less accumulated depreciation	10b 830,745,653	593,817,553	10c	542,615,982
	11	Investments—publicly traded securities		124,967,861	11	507,708,448
	12	Investments—other securities See Part IV, line 11		12,230,181	12	11,830,323
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets		112,589	14	14,813
	15	Other assets See Part IV, line 11		48,641,109	15	2,964,805
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,332,102,539	16	1,575,864,430
Liabilities	17	Accounts payable and accrued expenses		117,388,259	17	114,147,047
	18	Grants payable			18	
	19	Deferred revenue		9,775,010	19	8,222,680
	20	Tax-exempt bond liabilities		112,972,268	20	400,711,396
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		10,883,610	23	5,100,000
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D		5,164,083	25	39,792,569
	26	**Total liabilities.** Add lines 17 through 25		256,183,230	26	567,973,692
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		1,075,919,309	27	1,007,890,738
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		1,075,919,309	33	1,007,890,738
	34	Total liabilities and net assets/fund balances		1,332,102,539	34	1,575,864,430

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,168,678,084
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,135,835,124
3	Revenue less expenses Subtract line 2 from line 1	3	32,842,960
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,075,919,309
5	Net unrealized gains (losses) on investments	5	32,485,926
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-133,357,457
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,007,890,738

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 72-0400933

Name: WILLIS-KNIGHTON MEDICAL CENTER

Form 990, Part III, Line 4a:

WILLIS-KNIGHTON MEDICAL CENTER STRIVES TO PROVIDE HIGH QUALITY, COST-EFFECTIVE MEDICAL CARE TO THE COMMUNITIES OF NORTHWEST LOUISIANA, NORTHEAST TEXAS, AND SOUTHWEST ARKANSAS THE MEDICAL CENTER OFFERS SOPHISTICATED TECHNOLOGY AND PROCEDURES THAT MAKE IT A TERTIARY CARE REFERRAL CENTER GENERAL THE MEDICAL CENTER PROVIDES 24-HOUR EMERGENCY CARE, REGARDLESS OF THE PATIENT'S ABILITY TO PAY, AT ITS FOUR HOSPITALS THE MEDICAL CENTER PROVIDES AN ORGAN TRANSPLANT PROGRAM, OBSTETRICS, COMPREHENSIVE HEART AND CANCER PROGRAMS, EXTENSIVE SURGICAL OPTIONS, LEADING-EDGE DIAGNOSTICS AS WELL AS A BROAD NETWORK OF PHYSICIANS ENCOMPASSING MOST SPECIALTIES AND SUBSPECIALTIES THE MEDICAL CENTER PROVIDES THESE SERVICES REGARDLESS OF RACE, COLOR, RELIGION, SEX, ETHNIC ORIGIN, VETERAN STATUS, DISABILITY OR AGE THE MEDICAL CENTER HAD 54,520 ADMITTANCES DURING THE YEAR ENDED SEPTEMBER 30, 2019 WITH A TOTAL OF 216,901 PATIENT DAYS AND 2,862 BIRTHS THE MEDICAL CENTER PARTICIPATES IN THE MEDICAID PROGRAM AND ADMINISTERS A CHARITY CARE POLICY WHEREBY FREE OR DISCOUNTED SERVICES ARE AVAILABLE TO QUALIFIED INDIVIDUALS WITH LIMITED FINANCIAL MEANS DURING THE YEAR ENDED SEPTEMBER 30, 2019, THE MEDICAL CENTER PROVIDED AN ESTIMATED $25,700,000 IN UNREIMBURSED COSTS ATTRIBUTABLE TO CHARITY CARE (EXCLUDING PROJECT NEIGHBORHEALTH) AND AN ESTIMATED $74,800,000 IN UNREIMBURSED COSTS ATTRIBUTABLE TO MEDICAID PATIENTS THESE ESTIMATES ARE BASED ON THE MEDICAL CENTER'S OVERALL COST-TO-CHARGE RATIO IN ADDITION TO THESE SERVICES, WILLIS-KNIGHTON PROJECT NEIGHBORHEALTH OPERATES TWO CLINICS IN COMMUNITIES THAT ARE ECONOMICALLY DISTRESSED AND/OR DESIGNATED AS MEDICALLY UNDER-SERVED AREAS WITH HEALTH PROFESSIONAL SHORTAGES SEE SCHEDULE H FOR DETAILED INFORMATION REGARDING PROJECT NEIGHBORHEALTH REGIONAL TRANSPLANT CENTER THE MEDICAL CENTER OPERATES THE JOHN C MCDONALD REGIONAL TRANSPLANT CENTER AT WILLIS-KNIGHTON MEDICAL CENTER ALL TRANSPLANT PATIENTS RECEIVE TRANSPLANTS WITHOUT REGARD TO THEIR ECONOMIC STATUS THE REGIONAL TRANSPLANT CENTER PROVIDES KIDNEY, PANCREAS, AND LIVER TRANSPLANTS SUBSTANTIALLY ALL THE COSTS OF OPERATING THE REGIONAL TRANSPLANT CENTER ARE BORNE BY WILLIS-KNIGHTON MEDICAL CENTER DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2019, 76 PATIENTS RECEIVED ORGAN TRANSPLANTS, CONSISTING OF 53 KIDNEYS (12 OF THOSE PATIENTS ALSO HAD A PANCREAS TRANSPLANT, AND 4 OF THOSE PATIENTS ALSO HAD A LIVER TRANSPLANT), 3 PANCREASES AND 20 LIVERS OF THE 76 TRANSPLANT SURGERIES PERFORMED AT THE MEDICAL CENTER DURING THE YEAR ENDED SEPTEMBER 30, 2019, 46 PATIENTS WERE BENEFICIARIES OF THE MEDICARE PROGRAM AS SUCH, THESE TRANSPLANTS WERE PERFORMED AT VERY LITTLE, IF ANY, COST TO THE PATIENTS EMERGENCY CARE THE MEDICAL CENTER PROVIDES EMERGENCY SERVICES AT FOUR LOCATIONS ON A 24-HOUR BASIS STAFFED BY FULL-TIME EMERGENCY ROOM PHYSICIANS EMERGENCY PATIENTS ARE TREATED REGARDLESS OF THEIR ABILITY TO PAY DURING THE YEAR ENDED SEPTEMBER 30, 2019, THE MEDICAL CENTER'S EMERGENCY ROOMS WERE VISITED BY 177,965 PATIENTS, OF WHOM 21,585 WERE ADMITTED TO THE HOSPITAL FOR FURTHER TREATMENT WOMEN AND CHILDREN'S HEALTH THE MEDICAL CENTER PROVIDES A VARIETY OF MEDICAL SERVICES FOR WOMEN AND CHILDREN, INCLUDING OBSTETRICS, GYNECOLOGY, NEONATOLOGY, MATERNAL/FETAL HEALTH SERVICES FOR HIGH RISK PREGNANCY, PEDIATRIC INTENSIVE CARE AND PEDIATRIC SUPPORT SERVICES SUCH AS PEDIATRIC GASTROENTEROLOGY, SURGERY, AND PULMONOLOGY THESE SERVICES INCLUDE BOTH HIGH-RISK AND LOW-RISK OBSTETRICS MATERNAL TRANSPORTS ARE ACCEPTED THE LABOR AND DELIVERY (L&D) UNITS ARE DIRECTED BY BOARD CERTIFIED OB-GYN PHYSICIANS AND MANY OF THE NURSES ARE CERTIFIED BY THE ASSOCIATION OF WOMEN'S HEALTH, OBSTETRIC & NEONATAL NURSES (AWHON) THERE WERE 2,862 BIRTHS, 6,496 OBSTETRICAL VISITS TO THE L&D UNITS, AND 3,156 OBSTETRICAL AND GYNECOLOGICAL INPATIENTS DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2019HEALTH AND WELLNESS CENTERS THE MEDICAL CENTER HAS FIVE MEDICALLY-SUPERVISED HEALTH AND WELLNESS CENTERS DEDICATED TO THE PREVENTION OF HEALTH PROBLEMS, FOUR IN SHREVEPORT AND ONE IN BOSSIER CITY WITH A TOTAL MEMBER ENROLLMENT AT SEPTEMBER 30, 2019 OF 4,651 THE CENTERS ARE LOCATED ON EACH OF THE FOUR HOSPITAL CAMPUSES AND IN THE WK COMMUNITY HEALTH & WELLNESS CENTER - ALLENDALE A MEDICAL EVALUATION, INCLUDING A BLOOD CHEMISTRY WORK-UP, IS REQUIRED FOR MEMBERSHIP THE CENTERS SERVE PULMONARY AND CARDIAC REHABILITATION PATIENTS AND PROVIDE HEALTH AND WELLNESS SERVICES TO THE COMMUNITIES IN WHICH THEY ARE LOCATED NEONATAL INTENSIVE CARE UNIT WILLIS-KNIGHTON'S CENTER FOR WOMEN'S HEALTH HOUSES A 42-BED LEVEL III REGIONAL OBSTETRICAL AND NEONATAL UNIT THIS UNIT ACCEPTS REFERRALS FROM THE ARK-LA-TEX AREA AND IS SERVICED BY BOTH AIR AND GROUND EMERGENCY TRANSPORT ON A 24-HOUR BASIS THIS UNIT IS DIRECTED BY A BOARD CERTIFIED NEONATOLOGIST THE MAJORITY OF THE NURSING STAFF IS CERTIFIED BY AWHON THE AVERAGE LENGTH OF STAY PER ADMIT IS 29 06 DAYS HOSPICE HOSPICE OF LOUISIANA IS A DEPARTMENT OF WILLIS-KNIGHTON MEDICAL CENTER THAT PROVIDES COMPREHENSIVE END-OF-LIFE CARE INCLUDING SKILLED AND SUPPORTIVE SERVICES TO TERMINALLY ILL PATIENTS AND THEIR FAMILIES THE HOSPICE TEAM, UNDER THE GUIDANCE OF THE ATTENDING PHYSICIAN, FOCUSES ON THE ALLEVIATION OF THE PAIN AND DISCOMFORT CONNECTED WITH LIFE-ENDING ILLNESS QUALITY OF LIFE, EMOTIONAL AND SPIRITUAL BALANCE, SYMPTOM MANAGEMENT, AND PAIN CONTROL ARE THE GOALS THAT TEAM MEMBERS STRIVE FOR AS THEY ASSIST DYING PATIENTS AND THEIR FAMILIES BEREAVEMENT SUPPORT FOR THE IMMEDIATE FAMILY AND COMPANIONS IS PROVIDED FOR AT LEAST ONE YEAR FOLLOWING THE PATIENT'S DEATH FOR THE YEAR ENDED SEPTEMBER 30, 2019, HOSPICE OF LOUISIANA SERVED 151 PATIENTS AND THEIR FAMILIES AS DIRECT ADMITS, NOT INCLUDING VISITATION AND COUNSELING PROVIDED THROUGH PRE-ADMIT AND/OR BEREAVEMENT SERVICES THE TEAM INCLUDES REGISTERED NURSES, CERTIFIED NURSING ASSISTANTS, SOCIAL WORKERS, CHAPLAINS, VOLUNTEERS, ATTENDING PHYSICIANS, AND MEDICAL DIRECTOR BEHAVIORAL MEDICINE CENTER THE BEHAVIORAL MEDICINE CENTER AT WILLIS-KNIGHTON MEDICAL CENTER OFFERS INPATIENT AND OUTPATIENT SERVICES TO INDIVIDUALS IN NEED OF MENTAL HEALTH CARE DURING THE YEAR ENDED SEPTEMBER 30, 2019, THE BEHAVIORAL MEDICINE CENTER SPONSORED NUMEROUS INFORMATION SESSIONS FOR VARIOUS GROUPS IN THE SHREVEPORT/BOSSIER AND NORTHWEST LOUISIANA AREAS SUCH SESSIONS AMOUNTED TO APPROXIMATELY 36 HOURS AND WERE ATTENDED BY APPROXIMATELY 360 PEOPLE TOPICS INCLUDED MARRIAGE/FAMILY - DEVELOPMENT OF SKILLS TO ENRICH MARRIAGE AND FAMILY LIFE SELF-ESTEEM - CONCENTRATES ON HOW GOOD SELF-ESTEEM CAN ENHANCE AN INDIVIDUAL'S QUALITY OF LIFE PARENTING - FOCUSES ON APPROPRIATE PARENTING SKILLS AT VARIOUS DEVELOPMENTAL STAGES STRESS MANAGEMENT - DEVELOPING SKILLS TO COPE WITH EVERYDAY STRESSES IN LIFE PERSONAL ENRICHMENT - EMPOWERING OURSELVES TO REACH MAXIMUM POTENTIAL MOTIVATION/ATTITUDE - HOW ATTITUDE AFFECTS OUR MENTAL AND PHYSICAL HEALTH COUNSELING ISSUES/TECHNIQUES - ISSUES CONCERNING PROFESSIONAL DEVELOPMENT FOR COUNSELORS/THERAPISTS AGING - DEVELOPMENT OF A POSITIVE ATTITUDE TO DEAL WITH ISSUES OF AGING DEPRESSION/SUICIDE - ASSESSMENT OF DEPRESSION AND SUICIDE, AND LEGAL AND ETHICAL ISSUES SURROUNDING SUICIDE

Form 990, Part III, Line 4b:

THE MEDICAL CENTER PROVIDES HOUSING, HEALTHCARE, AND RELATED SERVICES TO THE ELDERLY THROUGH THE OAKS OF LOUISIANA THE OAKS OF LOUISIANA IS A RESIDENTIAL COMMUNITY DESIGNED SPECIFICALLY FOR ADULTS AGED 55 AND OVER THIS RESIDENTIAL COMMUNITY PROVIDES SECURE, MAINTENANCE-FREE LIVING AND PROMOTES AN ACTIVE, HEALTHY LIFESTYLE THE CAMPUS OF THE OAKS OF LOUISIANA INCLUDES THE TOWER AT THE OAKS, A RESIDENTIAL COMMUNITY, AND SAVANNAH AT THE OAKS, AN ASSISTED LIVING FACILITY

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JAMES K ELROD PRESIDENT/CEO/TRUSTEE	53 00	X		X				1,692,968	6,000	7,409
PIERRE V BLANCHARDIV MD TRUSTEE/PHYSICIAN	40 00	X						221,977	0	9,362
FRANK B HUGHES MD TRUSTEE/CHAIRMAN	4 00	X						0	0	0
SAM J TALBOT TRUSTEE	4 00	X						0	0	0
JOHN C MICIOTTO MD TRUSTEE	4 00	X						0	0	0
GILBERT R SHANLEY CPA TRUSTEE	4 00	X						0	0	0
WILLIAM J COLE CPA TRUSTEE/TREASURER	8 00	X		X				0	0	0
RICHARD H SALE TRUSTEE/ SECRETARY	4 00	X		X				0	0	0
EUGENE W BRYSON JR TRUSTEE	4 00	X						0	0	0
ELAINE SIMPKINS PHD TRUSTEE	4 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARY JANE WARD SR VP OF FINANCE/CFO	40 00			X				327,419	0	29,218
MARGARET G ELROD SR VP/IND WELLNESS/COMMUN	40 00			X				206,151	0	10,844
JERRY A FIELDER II SR VP - HOSPITAL OPERATIONS	40 00			X				346,308	0	32,435
CLIFFORD M BROUSSARD VP/ADMIN WK BOSSIER/QUALIT	40 00			X				205,773	0	24,130
JANET K ELROD VP/ADMIN WK SOUTH	40 00			X				203,560	0	9,491
IRA L MOSS VP/ADMIN WK PIERREMONT	40 00			X				237,986	0	26,239
JILL K ELROD VP OF LEGAL AFFAIRS	40 00			X				264,014	0	12,090
PEGGY J GAVIN SR VP OF PHYSICIAN SERVICE	40 00			X				205,294	0	11,345
DEBORAH D OLDS VP NURSING - PATIENT SERVICES	40 00			X				170,748	0	26,470
JOHN L FORTENBERRY JR VP/MARKETING & STRATEGY	40 00			X				138,750	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHRISTOPHER E MANGIN SR VP - CLINICAL LINES	40 00			X				271,810	0	34,366
MICHAEL CHANDLER SR VP/ADMINISTRATOR WKMC	40 00			X				219,401	0	11,345
GREGORY J GAVIN VP/PHYSICIAN NETWORK	40 00			X				235,419	0	11,862
TODD J BLANCHARD VP/ADMIN WK BOSSIER/QUALIT	40 00			X				143,104	0	33,474
KRISTY WALTMAN MD CHIEF-MEDICAL AFFAIRS-WKMC	40 00			X				626,475	0	30,932
BRIAN A CRAWFORD SR VP & CAO	40 00			X				0	0	0
WYCHE TAYLOR COLEMAN III MD PHYSICIAN	40 00					X		1,288,104	0	31,309
MILAN G MODY MD PHYSICIAN	40 00					X		1,856,503	0	31,003
CHRISTOPHER L SHELBY MD PHYSICIAN	40 00					X		1,678,063	0	30,982
JOHN GRAY NOLES MD PHYSICIAN	40 00					X		1,457,004	0	33,520

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SARAH GLORIOSO MD PHYSICIAN	40 00					X		1,491,058	0	30,249

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493223015160

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
WILLIS-KNIGHTON MEDICAL CENTER

Employer identification number
72-0400933

Part I **Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))

3 ☑ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170 (b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

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

_____

10 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170 (b)(1)(A)(ix)**

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) **12**

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2017 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2018** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2017** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (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		

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

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

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

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

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**) See instructions	
9 Distributable amount for 2018 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-2018**	**(iii) Distributable Amount for 2018**
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 **Excess distributions carryover to 2019.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:

Software Version:

EIN: 72-0400933

Name: WILLIS-KNIGHTON MEDICAL CENTER

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493223015160

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

2018

Open to Public Inspection

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

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

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

Name of the organization	Employer identification number
WILLIS-KNIGHTON MEDICAL CENTER	72-0400933

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

	(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1					
2					
3					
4					
5					
6					

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
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		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2015	**(b)** 2016	**(c)** 2017	**(d)** 2018	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		1,591,253
j	Total Add lines 1c through 1i			1,591,253
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV **Supplemental Information**

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

Return Reference	Explanation
PART II-B, LINE 1	DURING THE YEAR ENDED SEPTEMBER 30, 2019, THE MEDICAL CENTER PAID DUES TOTALING $54,090 TO THE LOUISIANA STATE MEDICAL SOCIETY ON BEHALF OF DOCTORS IN THE MEDICAL CENTER'S PHYSICIAN NETWORK, WHICH CONSISTS OF PHYSICIANS EMPLOYED BY OR UNDER CONTRACT WITH THE MEDICAL CENTER A PORTION OF THE DUES, $15,145 WAS RELATED TO LOBBYING ACTIVITIES DURING THE YEAR ENDED SEPTEMBER 30, 2019, THE MEDICAL CENTER PAID DUES TOTALING $4,620 TO THE AMERICAN MEDICAL ASSOCIATION ON BEHALF OF DOCTORS IN THE MEDICAL CENTER'S PHYSICIAN NETWORK, WHICH CONSISTS OF PHYSICIANS EMPLOYED BY OR UNDER CONTRACT WITH THE MEDICAL CENTER A PORTION OF THE DUES, $2,772 WAS RELATED TO LOBBYING ACTIVITIES DURING THE YEAR ENDED SEPTEMBER 30, 2019, THE MEDICAL CENTER PAID DUES TOTALING $261,916 TO THE LOUISIANA HOSPITAL ASSOCIATION FOR THE MEDICAL CENTER'S MEMBERSHIP IN THE ASSOCIATION AND ON BEHALF OF DOCTORS IN THE MEDICAL CENTER'S PHYSICIAN NETWORK, WHICH CONSISTS OF PHYSICIANS EMPLOYED BY OR UNDER CONTRACT WITH THE MEDICAL CENTER A PORTION OF THE DUES, $73,336 WAS RELATED TO LOBBYING ACTIVITIES IN ADDITION TO THE PORTION OF THE DUES ABOVE RELATED TO LOBBYING EXPENSES, THE MEDICAL CENTER HAS ENTERED INTO A WRITTEN SERVICES AGREEMENT WITH PRADOS ENTERPRISES, LLC FOR THE LLC TO PROVIDE LOBBYING SERVICES ON BEHALF OF THE MEDICAL CENTER SERVICES SHALL INCLUDE STRATEGIC PLANNING, BUSINESS DEVELOPMENT AND LOBBYING THE CONTRACT CALLS FOR A $125,000 MONTHLY RETAINER FEE FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2019, TOTAL LOBBYING EXPENSES UNDER THIS CONTRACT TOTALED $1,500,000 HEALTHCARE POLICY IS CRITICAL TO THE MISSION OF THE MEDICAL CENTER, AND ITS MANAGEMENT BELIEVES THAT HEALTHCARE PROVIDERS SHOULD PARTICIPATE IN FORMING HEALTHCARE POLICY BY INTERACTING WITH NATIONAL, STATE, AND LOCAL REPRESENTATIVES AND THEIR STAFFS, WHEN POSSIBLE, TO HELP THEM BETTER UNDERSTAND THE COMPLEXITIES AND RAMIFICATIONS OF KEY HEALTHCARE ISSUES THE MEDICAL CENTER'S MANAGEMENT IS AVAILABLE TO LAWMAKERS, GOVERNMENT OFFICIALS, AND THEIR STAFF MEMBERS, FOR INFORMATION AND OCCASIONALLY RESPONDS TO QUESTIONS AND INITIATES COMMUNICATIONS ABOUT HOW PROPOSED LAWS, POLICIES, REGULATIONS, ETC MIGHT AFFECT THE MEDICAL CENTER'S ABILITY TO DELIVER COST-EFFECTIVE, QUALITY HEALTHCARE THE AMOUNT OF TIME AND MONEY RESOURCES INVOLVED IN THESE ACTIVITIES IS INSUBSTANTIAL THE MEDICAL CENTER HAS NOT AND DOES NOT INTERVENE IN ANY POLITICAL CAMPAIGN

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493223015160

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 the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
WILLIS-KNIGHTON MEDICAL CENTER

Employer identification number
72-0400933

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

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

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

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

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

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

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

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

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 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 ▶ $ _____

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

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

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

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

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

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

The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	998,600	52,377,972		53,376,572
b Buildings	8,320,812	803,926,860	465,063,902	347,183,770
c Leasehold improvements		1,880,598	1,644,826	235,772
d Equipment		454,034,517	344,700,116	109,334,401
e Other		51,822,276	19,336,809	32,485,467
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* . . ▶				542,615,982

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

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

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
(1)	
(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	
INVESTMENT IN SUB - VIRGINIA HALL, INC	5,362,274
LIABILITY FOR PENSION BENEFITS	34,430,295
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	39,792,569

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

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	1,220,094,630
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	32,485,926		
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	32,485,926
3	Subtract line **2e** from line **1**			3	1,187,608,704
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	-18,930,620		
c	Add lines **4a** and **4b**			4c	-18,930,620
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	1,168,678,084

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	1,288,123,201
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	152,288,077		
e	Add lines **2a** through **2d**			2e	152,288,077
3	Subtract line **2e** from line **1**			3	1,135,835,124
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	1,135,835,124

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 72-0400933
Name: WILLIS-KNIGHTON MEDICAL CENTER

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	UNRELATED BUSINESS INCOME-EXTERNAL HOUSEKEEPING, DATA PROCESSING, LAUNDRY SUBSIDIARIES EXPENSES

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	SUBSIDIARIES INCOME/EXPENSE UNRELATED BUSINESS INCOME-EXTERNAL HOUSEKEEPING, DATA PROCESSNG, LAUNDRY FASB ASC 715-30 PENSION

Supplemental Information

Return Reference	Explanation
FORM 990, SCHEDULE D, PART XI, LINE 4D AND PART XII, LINE 2D	PART XI, LINE 4B UNRELATED BUSINESS GROSS INCOME DATA PROCESSING 361,206 SUBSIDIARIES EXP ENSES (19,291,826) TOTAL (18,930,620) PART XII, LINE 2D UNRELATED BUSINESS GROSS INCOME D ATA PROCESSING (361,206) SUBSIDIARIES EXPENSES 19,291,826 PENSION RELATED CHANGES 133,357, 457 TOTAL 152,288,077

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493223015160

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/Form990EZ* for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
WILLIS-KNIGHTON MEDICAL CENTER

Employer identification number
72-0400933

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			25,738,518		25,738,518	2 270 %
b Medicaid (from Worksheet 3, column a)			185,125,256	110,360,521	74,764,735	6 580 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			210,863,774	110,360,521	100,503,253	8 850 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			4,056,628		4,056,628	0 360 %
f Health professions education (from Worksheet 5)			8,088,222		8,088,222	0 710 %
g Subsidized health services (from Worksheet 6)			1,550,722	465,825	1,084,897	0 100 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,783,377		1,783,377	0 160 %
j **Total.** Other Benefits			15,478,949	465,825	15,013,124	1 330 %
k **Total.** Add lines 7d and 7j			226,342,723	110,826,346	115,516,377	10 180 %

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	10,882,656		
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	0		
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	252,260,821
6	Enter Medicare allowable costs of care relating to payments on line 5	6	273,431,657
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-21,170,836
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

Part V Facility Information

Section A. Hospital Facilities

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

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

4

	Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group WILLIS-KNIGHTON HEALTH SYSTEM

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

		Yes	No
Community Health Needs Assessment			
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	**1**		No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	**2**		No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	**3**	Yes	
If "Yes," indicate what the CHNA report describes (check all that apply)			
a ☑ A definition of the community served by the hospital facility			
b ☑ Demographics of the community			
c ☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☑ How data was obtained			
e ☑ The significant health needs of the community			
f ☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☑ The process for consulting with persons representing the community's interests			
i ☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j ☐ Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA 20 18			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**5**	Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	**6a**	Yes	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	**6b**		No
7 Did the hospital facility make its CHNA report widely available to the public?	**7**	Yes	
If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a ☑ Hospital facility's website (list url) WWW WKHS COM			
b ☐ Other website (list url)			
c ☐ Made a paper copy available for public inspection without charge at the hospital facility			
d ☐ Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	**8**	Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 18			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**	Yes	
If "Yes" (list url) WWW WKHS COM **a**			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	**10b**		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**12a**		No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	**12b**		
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

WILLIS-KNIGHTON HEALTH SYSTEM

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of 400 000000000000 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☑ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) WWW WKHS COM			
b	☑ The FAP application form was widely available on a website (list url) WWW WKHS COM			
c	☑ A plain language summary of the FAP was widely available on a website (list url) WWW WKHS COM			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

WILLIS-KNIGHTON HEALTH SYSTEM

Name of hospital facility or letter of facility reporting group

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☐ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a ☐ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c ☑ Processed incomplete and complete FAP applications			
d ☑ Made presumptive eligibility determinations			
e ☐ Other (describe in Section C)			
f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

WILLIS-KNIGHTON HEALTH SYSTEM

Name of hospital facility or letter of facility reporting group

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

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

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

Form and Line Reference	Explanation
See Add'l Data	

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? **5**

	Name and address	Type of Facility (describe)
1	1 - OUTPATIENT CLINICS VARIOUS LOCATIONS SHREVEPORT, LA 71130	OUTPATIENT CLINICS
2	2 - THE OAKS OF LOUISIANA 600 EAST FLOURNOY LUCUS ROAD SHREVEPORT, LA 71115	RESIDENTIAL COMMUNITY FOR ADULTS AGE 55 AND OVER
3	3 - SAVANNAH AT THE OAKS 600 EAST FLOURNOY LUCUS ROAD SHREVEPORT, LA 71115	ASSISTED LIVING FACILITY
4	4 - EXTENDED CARE CENTER 2550 KINGS HIGHWAY SHREVEPORT, LA 71103	SUBACUTE REHABILITATION
5	5 - WK REHABILITATION SERVICES 1111 LINE AVENUE SHREVEPORT, LA 71101	REHABILITATION/DIALYSIS
6		
7		
8		
9		
10		

Part VI Supplemental Information

Provide the following information

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

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

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

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

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

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

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7	ALL ITEMS IN THE TABLE, EXCEPT FOR LINE 7G, USE THE COST-TO-CHARGE RATIO COSTING METHOD PROJECT NEIGHBORHEALTH, WHICH IS INCLUDED ON LINE 7G, USES THE ACTUAL COST METHOD

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 4	PRIOR TO THE ADOPTION OF THE REVENUE RECOGNITION STANDARD, THE MEDICAL CENTER MAINTAINED AN ALLOWANCE FOR BAD DEBTS ASSOCIATED WITH SELF-PAY PATIENTS WHICH WAS BASED ON ESTIMATED UNCOLLECTIBILITY PERCENTAGES APPLIED TO VARIOUS AGE GROUPS OF THE ACCOUNT BALANCES UNDER THE CRITERIA OF THE REVENUE RECOGNITION STANDARD, THE MEDICAL CENTER HAS DETERMINED THAT THESE UNCOLLECTIBLE AMOUNTS REPRESENT IMPLICIT PRICE CONCESSIONS AS SUCH, AMOUNTS DETERMINED TO BE IMPLICIT PRICE CONCESSIONS ARE NOT INCLUDED IN THE TRANSACTION PRICE AND NOT INCLUDED IN NET PATIENT ACCOUNTS RECEIVABLE ACCORDINGLY, AN ALLOWANCE FOR DOUBTFUL ACCOUNTS FOR SELF-PAY PATIENTS IS NO LONGER MAINTAINED IN REGARDS TO RECEIVABLES FROM THIRD-PARTY PAYORS, BAD DEBT LOSSES HAVE NOT BEEN MATERIAL IN THE MEDICAL CENTER'S EXPERIENCE, ACCORDINGLY, AN ALLOWANCE FOR BAD DEBTS ON ACCOUNTS FROM THIRD-PARTY PAYORS IS ALSO NOT MAINTAINED SEE NOTES 3 AND 33 (PAGES 14 AND 45), IN THE SEPTEMBER 30, 2019, AUDITED FINANCIAL STATEMENTS ATTACHED

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 8	THE MEDICAL CENTER HAS NOT TO DATE INCLUDED MEDICARE SHORTFALLS IN ANY PUBLIC REPRESENTATION OF ITS COMMUNITY BENEFITS THE MEDICAL CENTER IS AWARE OF THE VARIOUS ARGUMENTS CIRCULATING WITH REGARDS TO WHETHER THE SO CALLED MEDICARE SHORTFALL SHOULD BE IN WHOLE OR PART TREATED AS A COMMUNITY BENEFIT THE MOST COMPELLING OF THE PROPONENTS' ARGUMENTS IS THAT BECAUSE TAX EXEMPT HOSPITALS MUST SERVE MEDICARE BENEFICIARIES AT NONNEGOTIABLE RATES SET BY THE GOVERNMENT, SHORTFALLS RESULT FROM UNDERPAYMENTS AND AS SUCH ARE UNAVOIDABLE COMMUNITY BENEFITS OPPONENTS ARGUE SHORTFALLS ARE RELATED TO EFFICIENCY THE MEDICAL CENTER IS CONFIDENT THAT ITS MEDICARE SHORTFALL IS NOT ATTRIBUTABLE TO INEFFICIENCIES BUT INSTEAD TO UNDERPAYMENTS FOR COSTS OF PROVIDING HIGH QUALITY MEDICAL CARE AND PATIENT SERVICES BY AN APPROPRIATE NUMBER OF COMPETENT STAFF IN HIGH QUALITY WELL EQUIPPED FACILITIES THE COSTING METHODOLOGY USED TO DETERMINE THE MEDICARE ALLOWABLE COSTS REPORTED IN THE MEDICARE COST REPORT IS BASED ON REGULATORY REQUIREMENTS AND GUIDELINES

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 9B	1 MONTHLY STATEMENTS ARE GENERATED AND MAILED BY THE MEDICAL CENTER TO PATIENTS/GUARANTORS TO MAKE THEM AWARE OF OUTSTANDING BALANCES 2 THE ACCOUNTS RECEIVABLE FILE IS REVIEWED MONTHLY FOR ACCOUNTS THAT HAVE AN OUTSTANDING BALANCE SHOWN TO BE THE PATIENT/GUARANTOR'S RESPONSIBILITY AN ACCOUNT IS CONSIDERED TO BE IN THE EARLY STAGES OF DELINQUENCY AT A MINIMUM OF 136 DAYS FROM THE FIRST STATEMENT DATE, AT LEAST 3 STATEMENTS HAVE BEEN GENERATED FROM THE MEDICAL CENTER AND IT HAS BEEN GREATER THAN 45 DAYS SINCE THE LAST PAYMENT WAS RECEIVED FROM INSURANCE OR THE PATIENT/GUARANTOR 3 ACCOUNTS MEETING THE ABOVE CRITERIA ARE REFERRED TO AN EARLY OUT AGENCY FOR COLLECTION THE EARLY OUT AGENCY WILL ATTEMPT TO COLLECT THE OUTSTANDING BALANCE FOR A PERIOD OF 90 DAYS THE EARLY OUT COLLECTION EFFORTS WILL INCLUDE BOTH PHONE AND WRITTEN COMMUNICATIONS PAYMENTS AND PATIENT CORRESPONDENCE WILL BE DIRECTED TO THE MEDICAL CENTER, NOT THE EARLY OUT AGENCY 4 THE EARLY OUT AGENCY WILL RETURN FILES TO THE MEDICAL CENTER AT THE END OF THE 90 DAY PERIOD WITH STATUS INFORMATION AS FOLLOWS A RETURNED WITH A PAYMENT ARRANGEMENT - ACCOUNTS ARE MAINTAINED IN-HOUSE AND MONITORED BY THE BUSINESSS OFFICE THE BAD DEBT AGENCY IS CHANGED TO WK-REG STATEMENTS ARE GENERATED AND MAILED TO THE PATIENT/GUARANTOR MONTHLY ACCOUNTS ARE MONITORED MONTHLY IF THE PATIENT DEFAULTS ON THE PAYMENT ARRANGEMENT, THE MEDICAL CENTER WILL MAIL NOTIFICATION CONCERNING THE WILLIS-KNIGHTON HEALTH SYSTEM FINANCIAL ASSISTANCE POLICY AND A FINANCIAL ASSISTANCE APPLICATION AND ALLOW A MINIMUM OF 30 DAYS FOR RESPONSE APPLICATIONS RECEIVED WILL BE PROCESSED AND NOTIFICATION WILL BE SENT TO THE PATIENT ACCOUNTS WILL NOT BE REFERRED TO AN OUTSIDE COLLECTION AGENCY UNLESS THE PATIENT FAILS TO RESPOND OR DOES NOT MEET THE FINANCIAL REQUIREMENTS FOR FINANCIAL ASSISTANCE B RETURNED WITH NO PAYMENT ARRANGEMENT - THE MEDICAL CENTER WILL MAIL NOTIFICATION CONCERNING THE WILLIS-KNIGHTON HEALTH SYSTEM FINANCIAL ASSISTANCE POLICY AND A FINANCIAL ASSISTANCE APPLICATION AND ALLOW A MINIMUM OF 30 DAYS FOR RESPONSE APPLICATIONS RECEIVED WILL BE PROCESSED AND NOTIFICATION WILL BE SENT TO THE PATIENT ACCOUNTS WILL NOT BE REFERRED TO AN OUTSIDE COLLECTION AGENCY UNLESS THE PATIENT FAILS TO RESPOND OR DOES NOT MEET THE FINANCIAL REQUIREMENTS FOR FINANCIAL ASSISTANCE THE BUSINESS OFFICE DIRECTOR WILL HAVE THE FINAL AUTHORITY FOR DETERMINING THAT THE MEDICAL CENTER HAS MADE REASONABLE EFFORTS TO DETERMINE THAT A PATIENT IS NOT FINANCIAL ASSISTANCE ELIGIBLE AND MAY THEREFORE ENGAGE IN EXTRAORDINARY COLLECTION ACTIONS AGAINST THE PATIENT COLLECTION EFFORTS MAY INCLUDE REPORTING TO CREDIT AGENCIES, LAWSUITS OR WAGE GARNISHMENTS 5 THE BUSINESS OFFICE DIRECTOR WILL HAVE THE FINAL AUTHORITY FOR DETERMINING THAT THE MEDICAL CENTER HAS MADE REASONABLE EFFORTS TO DETERMINE THAT A PATIENT IS NOT FINANCIAL ASSISTANCE ELIGIBLE AND MAY THEREFORE ENGAGE IN EXTRAORDINARY COLLECTION ACTIONS AGAINST THE PATIENT COLLECTION EFFORTS MAY INCLUDE REPORTING TO CREDIT AGENCIES, LAWSUITS OR WAGE GARNISHMENT

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 2	WILLIS-KNIGHTON MEDICAL CENTER OPERATES THROUGHOUT SHREVEPORT, BOSSIER CITY AND NEARBY PARISHES AND PROVIDES FOUR HOSPITALS, NUMEROUS SATELLITE CLINICS, A SKILLED NURSING FACILITY, A RETIREMENT COMMUNITY, AN ASSISTED LIVING FACILITY, AND A REHABILITATION INSTITUTE THE ORGANIZATION ASSESSES THE HEALTH CARE NEEDS OF THE COMMUNITIES THAT IT SERVES BY STAYING INFORMED ABOUT THE RELEVANT TRENDS OCCURRING IN THE AREAS IN WHICH IT OPERATES

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 3	WILLIS-KNIGHTON HEALTH SYSTEM IS COMMITTED TO PROVIDING CHARITY CARE TO PERSONS WHO HAVE HEALTHCARE NEEDS AND ARE UNINSURED, UNDERINSURED, INELIGIBLE FOR A GOVERNMENT PROGRAM, OR OTHERWISE UNABLE TO PAY FOR MEDICALLY NECESSARY CARE CONSISTENT WITH ITS MISSION TO DELIVER COMPASSIONATE, HIGH QUALITY, AFFORDABLE HEALTHCARE SERVICES AND TO BE AN ADVOCATE FOR THOSE WHO ARE MOST IN NEED, WILLIS-KNIGHTON HEALTH SYSTEM STRIVES TO ENSURE THAT THE FINANCIAL CAPACITY OF PEOPLE WHO NEED HEALTH CARE SERVICES DOES NOT PREVENT THEM FROM SEEKING OR RECEIVING CARE PATIENTS ARE EXPECTED TO COOPERATE WITH WILLIS-KNIGHTON HEALTH SYSTEM'S PROCEDURES FOR OBTAINING CHARITY OR OTHER FORMS OF PAYMENT OR FINANCIAL ASSISTANCE, AND TO CONTRIBUTE TO THE COST OF THEIR CARE BASED ON THEIR INDIVIDUAL ABILITY TO PAY

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 4	WILLIS-KNIGHTON'S PRIMARY SERVICE AREA (PSA) COVERS AN APPROXIMATE 35 MILE RADIUS OF SHREVEPORT, COVERING THE LOUISIANA PARISHES OF CADDO, BOSSIER, WEBSTER, CLAIBORNE, RED RIVER, DESOTO AND BIENVILLE, AND WHICH HAS AN ESTIMATED POPULATION OF APPROXIMATELY 474,070 PERSONS THE MEDIAN HOUSEHOLD INCOME ACCORDING TO THE UNITED STATES ECONOMIC DEVELOPMENT ADMINISTRATION FOR THE PSA IS $42,216

Form and Line Reference	Explanation
PART VI, LINE 5	OTHER COMMUNITY BENEFITS THE MEDICAL CENTER OPERATES THE FOLLOWING COMMUNITY CARE CLINICS SIMPKINS COMMUNITY HEALTH & EDUCATION CENTER AND THE WK COMMUNITY HEALTH & WELLNESS CENTE R - ALLENDALE SIMPKINS COMMUNITY HEALTH & EDUCATION CENTER ON SEPTEMBER 1, 1995, AT A COST OF APPROXIMATELY $1,300,000, THE MEDICAL CENTER OPENED A 6,463 SQUARE FOOT, FEDERALLY DES IGNATED INDIGENT CARE MEDICAL CLINIC AND A 3,914 SQUARE FOOT COMMUNITY EDUCATION BUILDING ON HILRY HUCKABY AVENUE IN SHREVEPORT, LOUISIANA LOCATED IN AN ECONOMICALLY DISTRESSED CO MMUNITY, THESE FACILITIES ARE CONVENIENT TO AND PRIMARILY FOR THE BENEFIT OF THE PEOPLE IN THAT COMMUNITY SERVICES ARE PROVIDED WITHOUT REGARD TO THE PATIENTS' ABILITY TO PAY THE LOCATION OF THE CLINIC (CENSUS TRACT 246 IN THE DR MARTIN LUTHER KING DRIVE AREA IN CADD O PARISH) WAS DESIGNATED BY THE DEPARTMENT OF HEALTH AND HOSPITALS AS A HEALTH-PROFESSIONA L-SHORTAGE AREA AND AS A MEDICALLY UNDER-SERVED AREA PRIOR TO THE CLINIC'S OPENING, THIS AREA WAS THE SECOND LARGEST CONTIGUOUS POPULATION OF MEDICALLY UNDER-SERVED PEOPLE IN THE UNITED STATES THE CLINIC HAS AN EMERGENCY AND SPECIAL PROCEDURES ROOM, AN X-RAY DEPARTMEN T, AND A FULLY EQUIPPED LABORATORY AND DENTAL FACILITY PREVENTATIVE CARE PROGRAMS INCLUDE BLOOD PRESSURE CHECKS, HEALTH SCREENINGS, IMMUNIZATIONS, AND DIABETES COUNSELING THE CLI NIC'S STAFF INCLUDES A FAMILY PRACTICE PHYSICIAN SPECIALIST, A NURSE PRACTITIONER, AND SUP PORT STAFF THE CLINIC HAD 2,376 MEDICAL PATIENT VISITS DURING THE YEAR ENDED SEPTEMBER 30 , 2019 THE EDUCATION FACILITY HOUSES CLASSROOMS, AN AUDITORIUM, A NURSERY, A CONFERENCE R OOM, AND A LIBRARY WITH STUDY AREAS WK PIERRE AVENUE COMMUNITY HEALTH & WELLNESS CENTER - ALLENDALE ON AUGUST 1, 1998, THE MEDICAL CENTER OPENED A 15,062 SQUARE FOOT MEDICAL CLINIC KNOWN AS THE "WK PIERRE AVENUE COMMUNITY CENTER" ON PIERRE AVENUE IN SHREVEPORT AT A COST OF APPROXIMATELY $1,375,000 LOCATED IN AN ECONOMICALLY DISTRESSED COMMUNITY, THIS FACILI TY IS CONVENIENT TO AND PRIMARILY FOR THE BENEFIT OF THE PEOPLE IN THAT COMMUNITY THIS FA CILITY ALSO CONTAINS A HEALTH AND FITNESS CENTER THE MEDICAL CENTER PROVIDES EQUIPMENT AN D MEDICAL STAFF FOR THE CLINIC THE CLINIC'S STAFF INCLUDES A FAMILY PRACTICE PHYSICIAN SP ECIALIST, A NURSE PRACTITIONER, AND SUPPORT STAFF THE CLINIC HAD 2,210 MEDICAL PATIENTS D URING THE YEAR ENDED SEPTEMBER 30, 2019 OTHER COMMUNITY SERVICESTHE MEDICAL CENTER MAKES AVAILABLE, FREE-OF-CHARGE, MEETING SPACE TO OUTSIDE COMMUNITY OUTREACH ORGANIZATIONS SUCH AS BOSSIER MEDICAL SOCIETY, CADDO PARISH SHERIFF'S OFFICE, ICE (INNER CITY ENTREPRENEUR), NORTH LOUISIANA AHEC, LIFESHARE BLOOD CENTER, LSU PSYCHIATRY PROGRAM, TEXAS WESLEYAN UNIVE RSITY CRNA PROGRAM, NORTHWEST LOUISIANA COALITION FOR WOMEN AND CHILDREN, NORTHWEST LOUISI ANA INTERFAITH PHARMACY, VOLUNTEERS FOR YOUTH JUSTICE, UNITED WAY, NORTHWEST LOUISIANA FAM ILY JUSTICE CENTER, CADDO COUNCIL ON AGING, COMMON GROUND COMMUNITY AND OTHER CHARITABLE A ND GOVERNMENTAL ORGANIZATIONS ROOMS ARE ALSO PROVIDED FOR OFF CAMPUS CLASSES TAUGHT BY BO SSIER PARISH COMMUNITY COLLEGE AT WK TRAINING AND DEVELOPMENT THE MEDICAL CENTER OFFERS EX TENSIVE ONLINE HEALTH INFORMATION ON ITS WEB SITE FREE HEALTH INFORMATION IS AVAILABLE, T ARGETED TO BOTH ADULTS AND CHILDREN INFORMATION FOR ADULTS INCLUDES A HEALTH LIBRARY, DRU G INTERACTION CHECKER, NUTRITION AND WELLNESS INFORMATION AND DESCRIPTION OF PROCEDURES, W RITTEN BY HEALTH PROFESSIONALS AND REVIEWED AND UPDATED REGULARLY THE MEDICAL CENTER ALSO PARTNERS WITH THE NEMOURS FOUNDATION TO OFFER KIDSHEALTH, A HEALTH AND WELLNESS INFORMATI ON SITE TARGETED TO CHILDREN, TEENS AND THEIR PARENTS THE WILLIS-KNIGHTON CANCER CENTER W EB SITE OFFERS INFORMATION ON VARIOUS TYPES OF CANCER AND TREATMENTS AS WELL AS AN UPDATED LIST OF CLINICAL TRIALS DURING THE PAST YEAR THE WK WEBSITE ATTRACTED 445,157 VISITORS W ITH MORE THAN 1,400,000 PAGE VIEWS THE ONLINE HEALTH LIBRARY HAD 39,555 VISITORS KIDSHEA LTH HAD 12,822 VISITORS IMMUNIZATIONS FOR CHILDREN WILLIS-KNIGHTON PROVIDES A MOBILE UNIT THAT OFFERS "SHOTS FOR TOTS" USING ITS MOBILE VAN AND STAFF, VACCINES ARE TAKEN TO VARIOU S NEIGHBORHOODS TO MAKE THEM CONVENIENT FOR PARENTS UNDER THIS PROGRAM, ANY CHILD MAY REC EIVE IMMUNIZATION SHOTS, FREE OF CHARGE, FOR MEASLES, MUMPS, RUBELLA, DIPHTHERIA, PERTUSSI S, TETANUS, HEPATITIS B, POLIO, MENINGITIS, FLU, AND CHICKEN POX THE MEDICAL CENTER SUBSI DIZES ALL EXPENSES OF THE PROGRAM EXCEPT THE VACCINE, WHICH IS PROVIDED BY THE LOUISIANA D EPARTMENT OF PUBLIC HEALTH DURING THE YEAR ENDED SEPTEMBER 30, 2019, THE MEDICAL CENTER I MMUNIZED 1,418 PATIENTS UNDER THIS PROGRAM HEALTH PROFESSIONS EDUCATIONTHE MEDICAL CENTER PROVIDES VARIOUS EDUCATION PROGRAMS THAT RESULT IN HEALTHCARE PROFESSIONALS RECEIVING DEGR EES, CERTIFICATES OR TRAINING THAT IS NECESSARY TO BE LICENSED TO PRACTICE AS HEALTH CARE PROFESSIONALS WHILE THE MEDICAL CENTER ALSO PROVIDES A VARIETY OF EDUCATION, TRAINING AND STIPEND PROGRAMS THAT ARE EXCLUSIVE TO THE MEDICA

Form and Line Reference	Explanation
PART VI, LINE 5	L CENTER'S EMPLOYEES AND MEDICAL STAFF, THOSE COSTS ARE NOT INCLUDED IN THIS CATEGORY THE MEDICAL CENTER MAINTAINS AN ASSOCIATION WITH LSU HEALTH SCIENCES CENTER (A PUBLIC TEACHIN G, RESEARCH, AND INDIGENT CARE FACILITY) BY PROVIDING GRANTS, ASSISTANCE WITH RESIDENTS AN D FELLOWS, ALONG WITH UNDERWRITING THE COST OF CLINICAL SETTINGS FOR TRAINING AND INTERNSH IPS FOR A VARIETY OF OTHER HEALTH PROFESSIONALS SPORTS MEDICINESPORTS MEDICINE EXPERTS AT WILLIS-KNIGHTON SPORTS MEDICINE WORK WITH ATHLETES ON THE PREVENTION AND TREATMENT OF SPOR TS-RELATED INJURIES, HELPING THEM TO MAINTAIN A HEALTHY LIFESTYLE THIS SERVICE IS OFFERED TO VARIOUS SCHOOLS AND PROGRAMS THROUGHOUT THE LOCAL AREA THE MEDICAL CENTER SPONSORS A FREE ATHLETIC PHYSICAL DAY FOR YOUNG ATHLETES, STAFFED BY SPORTS MEDICINE PHYSICIANS AND S TAFF

Additional Data

Software ID:
Software Version:
EIN: 72-0400933
Name: WILLIS-KNIGHTON MEDICAL CENTER

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **4** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
1	WILLIS-KNIGHTON MEDICAL CENTER 2600 GREENWOOD ROAD SHREVEPORT, LA 71103 232	X	X		X			X		REHAB CTR, SNF, PHYSICIAN CLINICS	A
2	WK PIERREMONT HEALTH CENTER 8001 YOUREE DRIVE SHREVEPORT, LA 71115 232-C	X	X		X			X		PHYSICIAN CLINICS	A
3	WK BOSSIER HEALTH CENTER 2400 HOSPITAL DRIVE BOSSIER CITY, LA 71111 387	X	X					X		PHYSICIAN CLINICS	A
4	WILLIS-KNIGHTON SOUTH 2510 BERT KOUNS INDUSTRIAL LOOP SHREVEPORT, LA 71118 232-A	X	X		X			X		PHYSICIAN CLINICS	A

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B	FACILITY REPORTING GROUP A
FACILITY REPORTING GROUP A CONSISTS OF	- FACILITY 1 WILLIS-KNIGHTON MEDICAL CENTER, - FACILITY 4 WILLIS-KNIGHTON SOUTH, - FACILITY 3 WK BOSSIER HEALTH CENTER, - FACILITY 2 WK PIERREMONT HEALTH CENTER

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 1 -- WILLIS-KNIGHTON MEDICAL CENTER PART V, SECTION B, LINE 5	THE COMMUNITY NEEDS ASSESSMENT TEAM ENTERED INTO DIALOGUE WITH KEY HOSPITAL ADMINISTRATORS, PHYSICIANS, KEY COMMUNITY MEMBERS, THOSE WITH KNOWLEDGE/EXPERTISE IN PUBLIC HEALTH, AND THOSE SERVING UNDERSERVED AND CHRONIC DISEASE POPULATIONS DURING THIS PHASE, THE TEAM CONDUCTED FOCUS GROUPS AND SURVEYS TO GAIN THIS KNOWLEDGE THE SURVEY PARTICIPANT LIST IN THIS PHASE - PRESIDENT SHREVEPORT / BOSSIER CONVENTION AND TOURIST BUREAU - CADDO PARISH SHERIFF - STATE REPRESENTATIVE - CITY OF SHREVEPORT COMMUNITY DEVELOPMENT OFFICE - STATE SENATOR V DISTRICT 37 - SHREVEPORT CITY COUNCILMAN DISTRICT A - FOOD BANK OF NORTHWEST LOUISIANA - UNITED WAY OF NORTHWEST LOUISIANA - WILLIS-KNIGHTON BOARD MEMBER - MARTIN LUTHER KING HEALTH CENTER - WILLIS-KNIGHTON STAFF - AFFILIATED PHYSICIANS - FOOD BANK OF NORTHWEST LOUISIANAEACH PERSON PARTICIPATING RANKED THE CURRENT HEALTH OF THE COMMUNITY ON A SCALE OF 1 TO 10, 10 BEING THE BEST THE SCORE AFTER AVERAGING THE NINE RESPONDENTS' FEEDBACK WAS 3 8 RESPONDENTS WERE ASKED WHAT THEY VIEWED AS THE TOP HEALTH ISSUES FACING THE SERVICE AREA PARISHES AND ITS RESIDENTS THEY WERE THEN ASKED TO ELABORATE ON CERTAIN BARRIERS, GAPS, AND ACCESS TO CARE ISSUES BASED ON THE FEEDBACK PROVIDED IN THE COMMUNITY INPUT PHASE OF THE CHNA, THE FOLLOWING BARRIERS AND OPPORTUNITIES WERE IDENTIFIED WHEN EVALUATING THE HEALTH OF CADDO AND BOSSIER PARISHES ACCESS / BARRIERS - ACCESSING HEALTHCARE - HEALTHCARE LITERACY - INSURANCE COVERAGE TO PAY FOR CAREOPPORTUNITY - PARTNER TO EDUCATE THE POPULATION ON HEALTH LIFESTYLE CHOICES AND DISEASE PREVENTION - COLLABORATE WITH COMMUNITY RESOURCES AND INCREASE AWARENESS - TARGET SPECIFIC AT-RISK COMMUNITIES WITH HEALTH IMPROVEMENT OPPORTUNITIES - ALIGN WITH POPULATION HEALTH STRATEGIESANOTHER COMPONENT DISCUSSED AND EXPLORED IN THE SURVEYS WAS WHICH SPECIALTIES/HEALTH SERVICES WERE LACKING IN THE COMMUNITY THESE WERE SOME OF THE AREAS MENTIONED IN ALPHABETICAL ORDER COMMUNITY FEEDBACK GAPS IN SERVICES OF CARDIOVASCULAR, DERMATOLOGY, ENDOCRINOLOGY, NEUROLOGY, PEDIATRIC NEUROLOGY, AND STROKE SERVICES
GROUP A-FACILITY 1 -- WILLIS-KNIGHTON MEDICAL CENTER PART V, SECTION B, LINE 6A	WK PIERREMONT HEALTH CENTERWK BOSSIER HEALTH CENTERWILLIS-KNIGHTON SOUTH

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 2 -- WK PIERREMONT HEALTH CENTER PART V, SECTION B, LINE 3J	THE COMMUNITY NEEDS ASSESSMENT TEAM ENTERED INTO DIALOGUE WITH KEY HOSPITAL ADMINISTRATORS, PHYSICIANS, KEY COMMUNITY MEMBERS, THOSE WITH KNOWLEDGE/EXPERTISE IN PUBLIC HEALTH, AND THOSE SERVING UNDERSERVED AND CHRONIC DISEASE POPULATIONS DURING THIS PHASE, THE TEAM CONDUCTED FOCUS GROUPS AND SURVEYS TO GAIN THIS KNOWLEDGE THE SURVEY PARTICIPANT LIST IN THIS PHASE - PRESIDENT SHREVEPORT / BOSSIER CONVENTION AND TOURIST BUREAU - CADDO PARISH SHERIFF - STATE REPRESENTATIVE - CITY OF SHREVEPORT COMMUNITY DEVELOPMENT OFFICE - STATE SENATOR V DISTRICT 37 - SHREVEPORT CITY COUNCILMAN DISTRICT A - FOOD BANK OF NORTHWEST LOUISIANA - UNITED WAY OF NORTHWEST LOUISIANA - WILLIS-KNIGHTON BOARD MEMBER - MARTIN LUTHER KING HEALTH CENTER - WILLIS-KNIGHTON STAFF - AFFILIATED PHYSICIANS - FOOD BANK OF NORTHWEST LOUISIANAEACH PERSON PARTICIPATING RANKED THE CURRENT HEALTH OF THE COMMUNITY ON A SCALE OF 1 TO 10, 10 BEING THE BEST THE SCORE AFTER AVERAGING THE NINE RESPONDENTS' FEEDBACK WAS 3 8 RESPONDENTS WERE ASKED WHAT THEY VIEWED AS THE TOP HEALTH ISSUES FACING THE SERVICE AREA PARISHES AND ITS RESIDENTS THEY WERE THEN ASKED TO ELABORATE ON CERTAIN BARRIERS, GAPS, AND ACCESS TO CARE ISSUES BASED ON THE FEEDBACK PROVIDED IN THE COMMUNITY INPUT PHASE OF THE CHNA, THE FOLLOWING BARRIERS AND OPPORTUNITIES WERE IDENTIFIED WHEN EVALUATING THE HEALTH OF CADDO AND BOSSIER PARISHES ACCESS / BARRIERS - ACCESSING HEALTHCARE - HEALTHCARE LITERACY - INSURANCE COVERAGE TO PAY FOR CAREOPPORTUNITY - PARTNER TO EDUCATE THE POPULATION ON HEALTH LIFESTYLE CHOICES AND DISEASE PREVENTION - COLLABORATE WITH COMMUNITY RESOURCES AND INCREASE AWARENESS - TARGET SPECIFIC AT-RISK COMMUNITIES WITH HEALTH IMPROVEMENT OPPORTUNITIES - ALIGN WITH POPULATION HEALTH STRATEGIESANOTHER COMPONENT DISCUSSED AND EXPLORED IN THE SURVEYS WAS WHICH SPECIALTIES/HEALTH SERVICES WERE LACKING IN THE COMMUNITY THESE WERE SOME OF THE AREAS MENTIONED IN ALPHABETICAL ORDER COMMUNITY FEEDBACK GAPS IN SERVICES OF CARDIOVASCULAR, DERMATOLOGY, ENDOCRINOLOGY, NEUROLOGY, PEDIATRIC NEUROLOGY, AND STROKE SERVICES
GROUP A-FACILITY 2 -- WK PIERREMONT HEALTH CENTER PART V, SECTION B, LINE 6A	WILLIS-KNIGHTON MEDICAL CENTERWK BOSSIER HEALTH CENTERWILLIS-KNIGHTON SOUTH

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 3 -- WK BOSSIER HEALTH CENTER PART V, SECTION B, LINE 3J	THE COMMUNITY NEEDS ASSESSMENT TEAM ENTERED INTO DIALOGUE WITH KEY HOSPITAL ADMINISTRATORS, PHYSICIANS, KEY COMMUNITY MEMBERS, THOSE WITH KNOWLEDGE/EXPERTISE IN PUBLIC HEALTH, AND THOSE SERVING UNDERSERVED AND CHRONIC DISEASE POPULATIONS DURING THIS PHASE, THE TEAM CONDUCTED FOCUS GROUPS AND SURVEYS TO GAIN THIS KNOWLEDGE THE SURVEY PARTICIPANT LIST IN THIS PHASE - PRESIDENT SHREVEPORT / BOSSIER CONVENTION AND TOURIST BUREAU - CADDO PARISH SHERIFF - STATE REPRESENTATIVE - CITY OF SHREVEPORT COMMUNITY DEVELOPMENT OFFICE - STATE SENATOR V DISTRICT 37 - SHREVEPORT CITY COUNCILMAN DISTRICT A - FOOD BANK OF NORTHWEST LOUISIANA - UNITED WAY OF NORTHWEST LOUISIANA - WILLIS-KNIGHTON BOARD MEMBER - MARTIN LUTHER KING HEALTH CENTER - WILLIS-KNIGHTON STAFF - AFFILIATED PHYSICIANS - FOOD BANK OF NORTHWEST LOUISIANAEACH PERSON PARTICIPATING RANKED THE CURRENT HEALTH OF THE COMMUNITY ON A SCALE OF 1 TO 10, 10 BEING THE BEST THE SCORE AFTER AVERAGING THE NINE RESPONDENTS' FEEDBACK WAS 3 8 RESPONDENTS WERE ASKED WHAT THEY VIEWED AS THE TOP HEALTH ISSUES FACING THE SERVICE AREA PARISHES AND ITS RESIDENTS THEY WERE THEN ASKED TO ELABORATE ON CERTAIN BARRIERS, GAPS, AND ACCESS TO CARE ISSUES BASED ON THE FEEDBACK PROVIDED IN THE COMMUNITY INPUT PHASE OF THE CHNA, THE FOLLOWING BARRIERS AND OPPORTUNITIES WERE IDENTIFIED WHEN EVALUATING THE HEALTH OF CADDO AND BOSSIER PARISHES ACCESS / BARRIERS - ACCESSING HEALTHCARE - HEALTHCARE LITERACY - INSURANCE COVERAGE TO PAY FOR CAREOPPORTUNITY - PARTNER TO EDUCATE THE POPULATION ON HEALTH LIFESTYLE CHOICES AND DISEASE PREVENTION - COLLABORATE WITH COMMUNITY RESOURCES AND INCREASE AWARENESS - TARGET SPECIFIC AT-RISK COMMUNITIES WITH HEALTH IMPROVEMENT OPPORTUNITIES - ALIGN WITH POPULATION HEALTH STRATEGIESANOTHER COMPONENT DISCUSSED AND EXPLORED IN THE SURVEYS WAS WHICH SPECIALTIES/HEALTH SERVICES WERE LACKING IN THE COMMUNITY THESE WERE SOME OF THE AREAS MENTIONED IN ALPHABETICAL ORDER COMMUNITY FEEDBACK GAPS IN SERVICES OF CARDIOVASCULAR, DERMATOLOGY, ENDOCRINOLOGY, NEUROLOGY, PEDIATRIC NEUROLOGY, AND STROKE SERVICES
GROUP A-FACILITY 3 -- WK BOSSIER HEALTH CENTER PART V, SECTION B, LINE 6A	WILLIS-KNIGHTON MEDICAL CENTERWK PIERREMONT HEALTH CENTERWILLIS-KNIGHTON SOUTH

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 4 -- WILLIS-KNIGHTON SOUTH PART V, SECTION B, LINE 5	THE COMMUNITY NEEDS ASSESSMENT TEAM ENTERED INTO DIALOGUE WITH KEY HOSPITAL ADMINISTRATORS, PHYSICIANS, KEY COMMUNITY MEMBERS, THOSE WITH KNOWLEDGE/EXPERTISE IN PUBLIC HEALTH, AND THOSE SERVING UNDERSERVED AND CHRONIC DISEASE POPULATIONS DURING THIS PHASE, THE TEAM CONDUCTED FOCUS GROUPS AND SURVEYS TO GAIN THIS KNOWLEDGE THE SURVEY PARTICIPANT LIST IN THIS PHASE - PRESIDENT SHREVEPORT / BOSSIER CONVENTION AND TOURIST BUREAU - CADDO PARISH SHERIFF - STATE REPRESENTATIVE - CITY OF SHREVEPORT COMMUNITY DEVELOPMENT OFFICE - STATE SENATOR V DISTRICT 37 - SHREVEPORT CITY COUNCILMAN DISTRICT A - FOOD BANK OF NORTHWEST LOUISIANA - UNITED WAY OF NORTHWEST LOUISIANA - WILLIS-KNIGHTON BOARD MEMBER - MARTIN LUTHER KING HEALTH CENTER - WILLIS-KNIGHTON STAFF - AFFILIATED PHYSICIANS - FOOD BANK OF NORTHWEST LOUISIANAEACH PERSON PARTICIPATING RANKED THE CURRENT HEALTH OF THE COMMUNITY ON A SCALE OF 1 TO 10, 10 BEING THE BEST THE SCORE AFTER AVERAGING THE NINE RESPONDENTS' FEEDBACK WAS 3 8 RESPONDENTS WERE ASKED WHAT THEY VIEWED AS THE TOP HEALTH ISSUES FACING THE SERVICE AREA PARISHES AND ITS RESIDENTS THEY WERE THEN ASKED TO ELABORATE ON CERTAIN BARRIERS, GAPS, AND ACCESS TO CARE ISSUES BASED ON THE FEEDBACK PROVIDED IN THE COMMUNITY INPUT PHASE OF THE CHNA, THE FOLLOWING BARRIERS AND OPPORTUNITIES WERE IDENTIFIED WHEN EVALUATING THE HEALTH OF CADDO AND BOSSIER PARISHES ACCESS / BARRIERS - ACCESSING HEALTHCARE - HEALTHCARE LITERACY - INSURANCE COVERAGE TO PAY FOR CAREOPPORTUNITY - PARTNER TO EDUCATE THE POPULATION ON HEALTH LIFESTYLE CHOICES AND DISEASE PREVENTION - COLLABORATE WITH COMMUNITY RESOURCES AND INCREASE AWARENESS - TARGET SPECIFIC AT-RISK COMMUNITIES WITH HEALTH IMPROVEMENT OPPORTUNITIES - ALIGN WITH POPULATION HEALTH STRATEGIESANOTHER COMPONENT DISCUSSED AND EXPLORED IN THE SURVEYS WAS WHICH SPECIALTIES/HEALTH SERVICES WERE LACKING IN THE COMMUNITY THESE WERE SOME OF THE AREAS MENTIONED IN ALPHABETICAL ORDER COMMUNITY FEEDBACK GAPS IN SERVICES OF CARDIOVASCULAR, DERMATOLOGY, ENDOCRINOLOGY, NEUROLOGY, PEDIATRIC NEUROLOGY, AND STROKE SERVICES
GROUP A-FACILITY 4 -- WILLIS-KNIGHTON SOUTH PART V, SECTION B, LINE 6A	WILLIS-KNIGHTON MEDICAL CENTERWK BOSSIER HEALTH CENTERWK PIERREMONT HEALTH CENTER

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493223015160

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
WILLIS-KNIGHTON MEDICAL CENTER

Employer identification number
72-0400933

Part I General Information on Grants and Assistance

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

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 30

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 2

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

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

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

Return Reference	**Explanation**
PART I, LINE 2	THE MEDICAL CENTER HAS A CONTRIBUTION COMMITTEE THAT APPROVES SUBSTANTIALLY ALL CONTRIBUTIONS THE CONTRIBUTION COMMITTEE REQUESTS THAT THE ORGANIZATION REQUESTING THE DONATION COMPLETE A CONTRIBUTION REQUEST FORM THAT IS AVAILABLE ON THE MEDICAL CENTER'S WEBSITE BEFORE THE MEDICAL CENTER'S CONTRIBUTION COMMITTEE WILL APPROVE THE CONTRIBUTIONS THE PURPOSE OF THE CONTRIBUTION MUST BE STATED ON THE CONTRIBUTION REQUEST FORM THE MEDICAL CENTER CONRIBUTIONS ARE USUALLY PROVIDED TO ORGANIZATIONS FOR GENERAL OPERATIONS AND ARE NOT MONITORED

Additional Data

Software ID:
Software Version:
EIN: 72-0400933
Name: WILLIS-KNIGHTON MEDICAL CENTER

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN CANCER SOCIETY 920 PIERREMONT SUITE 300 SHREVEPORT, LA 71106	23-7040934	501(C)(3)	10,000				SPONSORSHIP OF 2019 FUNDRAISER
BOSSIER CHAMBER OF COMMERCE 710 BENTON ROAD BOSSIER CITY, LA 71111	72-0382231	501(C)(6)	9,000				DONATION FOR PATRIOT AWARDS, SPONSORSHIP OF MILITARY BREAKFAST

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CADDO BOSSIER SOCCER ASSOCIATION 1780 EAST BERT KOUNS SUITE 901 SHREVEPORT, LA 71105	58-1652966	501(C)(3)	32,500				SPONSORSHIP
CADDO-BOSSIER CANCER FOUNDATION 3300 ALBERT BICKNELL DRIVE SHREVEPORT, LA 71103	45-3188641	501(C)(3)	25,000				SPONSORSHIP FOR TRANSPORTATION AND LODGING TO CANCER PATIENTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN AND ARTHRITIS 2751 ALBERT BICKNELL DRIVE SUITE 2E 2E SHREVEPORT, LA 71103	72-1170530	501(C)(3)	15,000				SPONSORSHIP OF THE ANNUAL JAMBALAYA RETREAT
DESOTO REGIONAL HEALTH SYSTEM PO BOX 1636 MANSFIELD, LA 71052	72-1491325	501(C)(3)	310,000				DONATION FOR OPERATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SHREVEPORT CHAMBER OF COMMERCE 400 EDWARDS STREET SHREVEPORT, LA 71101	72-0315700	501(C)(6)	55,000				DONATION FOR OPERATIONS AND SPONSORSHIP
HOLY ANGELS RESIDENTIAL FACILITY INC 10450 ELLERBE ROAD SHREVEPORT, LA 71106	72-0628035	501(C)(3)	60,000				DONATION FOR OPERATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
INDEPENDENCE BOWL FOUNDATION PO BOX 1723 SHREVEPORT, LA 71166	72-0297228	501(C)(3)	37,000				SPONSORSHIP
INSTITUTE FOR GLOBAL OUTREACH 1024 PIERRE AVENUE ROOM B SHREVEPORT, LA 71103	33-1180777	501(C)(3)	25,000				SPONSORSHIP FOR CREATING AWARENESS FOR GLOBAL SUFFERING, CLOTHING AND FOOD

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LOUISIANA TECH UNIVERSITY FOUNDATION PO BOX 3046 RUSTON, LA 71272	72-6021176	501(C)(3)	89,750				DONATION TO DISASTER RELIEF FUND AND DONATION FOR OPERATIONS
LA TROOPER FOUNDATION PO BOX 65076 BATON ROUGE, LA 70896	74-2918404	501(C)(3)	25,000				DONATION FOR SHOOT FOR THE BLUE FUNDRAISER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LSUHSC PO BOX 31650 SHREVEPORT, LA 71115	72-1402222	GOVERNMENT	155,000				DONATION FOR OPERATIONS AND SPONSORSHIP
NEW CARDIOVASCULAR HORIZONS 3639 AMBASSADOR CAFFERY PARKWAY SUITE 605 LAFAYETTE, LA 70503	46-3186713	501(C)(3)	7,500				SPONSORSHIP

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NORTHWEST LOUISIANA FOOD BANK 2307 TEXAS AVENUE SHREVEPORT, LA 71103	72-1328890	501(C)(3)	15,000				SPONSORSHIP FOR EMPTY BOWLS HUNGER AWARENESS EVENT
NORTHWESTERN STATE UNIVERSITY FOUNDATION UNIVERSITY PARKWAY NATCHITOCHES, LA 71497	72-6021495	501(C)(3)	210,000				DONATION FOR UNDERGRADUATE NURSING PROGRAM AND SCHOLARSHIPS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SHREVEPORT-BOSSIER RESCUE MISSION 2033 TEXAS AVENUE SHREVEPORT, LA 71103	23-7050551	501(C)(3)	49,265				HEALTH INSURANCE FOR RESCUE MISSION EMPLOYEES AND DONATION FOR OPERATIONS
SHREVEPORT LITTLE THEATRE 812 MARGARET PLACE SHREVEPORT, LA 71101	72-0363143	501(C)(3)	10,000				SPONSORSHIP

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SHREVEPORT OPERA 212 TEXAS STREET NO 1 SHREVEPORT, LA 71101	72-6021455	501(C)(3)	10,000				DONATION FOR OPERATIONS
SHREVEPORT SYMPHONY 619 LOUISIANA AVENUE SHREVEPORT, LA 71101	72-6001334	501(C)(3)	76,383				DONATION FOR OPERATIONS AND SPONSORSHIP

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ST LUKE'S EPISCOPAL MOBILE MINISTRY INC PO BOX 53074 SHREVEPORT, LA 71135	45-3786377	501(C)(3)	10,000				DONATION FOR TRAVEL EXPENSES TO UNDERSERVED URBAN & RURAL AREAS IN NORTHWEST LOUISIANA
ST JUDE'S CHILDREN'S RESEARCH HOSPITAL PO BOX 810 MEMPHIS, TN 38101	62-0646012	501(C)(3)	15,000				SPONSORSHIP FOR ST JUDE'S DREAM HOME

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VOLUNTEERS FOR YOUTH JUSTICE 900 JORDAN STREET SHREVEPORT, LA 71101	72-1057695	501(C)(3)	220,000				DONATION FOR OPERATIONS
YMCA 400 MCNEIL SHREVEPORT, LA 71101	72-0408997	501(C)(3)	45,800				DONATION FOR OPERATIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOUNDATION FOR EXCELLENCE IN LOUISIANA PUBLIC BROADCASTING 7733 PERKINS ROAD BATON ROUGE, LA 70810	72-1233347	501(C)(3)	30,000				DONATION FOR OPERATIONS AND SPONSORSHIP
MARTIN LUTHER KING HEALTH CENTER POST OFFICE BOX 393 SHREVEPORT, LA 71162	72-1079721	501(C)(3)	61,500				DONATION FOR OPERATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NORTHWEST LOUISIANA FAMILY JUSTICE CENTER 1513 DOCTORS DRIVE BUILDING 1 BATON ROUGE, LA 71111	47-4843925	501(C)(3)	8,910				DONATION FOR OPERATIONS
CITY OF SHREVEPORT 263 NORTH COMMON STREET SHREVEPORT, LA 71101	72-6001326	GOVERNMENT	5,500				SPONSORSHIP OF PAINT YOUR HEART OUT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOUISIANA HIGH SCHOOL ATHLETIC ASSOCIATION 12720 OLD HAMMOND HWY BATON ROUGE, LA 70816	72-0513180	501(C)(3)	17,500				SPONSORSHIP
RED RIVER RADIO PO BOX 5250 SHREVEPORT, LA 71135	72-0702001	501(C)(3)	27,000				DONATION FOR OPERATIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHRINER'S HOSPITAL FOR CHILDREN 3100 SAMFORD AVENUE SHREVEPORT, LA 71103	36-2192608	501(C)(3)	10,000				DONATION FOR OPERATIONS
VOLUNTEERS OF AMERICA 360 JORDAN STREET SHREVEPORT, LA 71101	72-0506820	501(C)(3)	30,000				DONATION FOR OPERATIONS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493223015160

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

2018

Open to Public Inspection

Name of the organization
WILLIS-KNIGHTON MEDICAL CENTER

Employer identification number
72-0400933

Part I Questions Regarding Compensation

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

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
FORM 990, SCHEDULE J, PART II, COLUMN (B)(III)	EXPLANATION OF PART II, COLUMN (B)(III) OTHER COMPENSATION JAMES K ELROD UNUSED SICK PAY-$33,826 VALUE ADDED FOR COMPUTER USAGE-$200 VALUE ADDED FOR CELL PHONE USAGE-$875 COST OF GROUP TERM LIFE INSURANCE IN EXCESS OF $50,000-$16,068 SECTION 457(B) DEFERRED COMPENSATION PLAN-$18,500 SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN CONTRIBUTION-$211,190 EMPLOYEE CAFETERIA PLAN CONTRIBUTIONS-$(1,692) TOTAL--$278,967 MARY JANE WARD UNUSED SICK PAY-$7,269 VALUE ADDED FOR HEALTH & FITNESS USAGE-$768 COST OF GROUP TERM LIFE INSURANCE IN EXCESS OF $50,000-$3,643 SECTION 457(B) DEFERRED COMPENSATION PLAN-$18,500 EMPLOYEE CAFETERIA PLAN CONTRIBUTIONS-$(7,755) TOTAL--$22,425 MARGARET G ELROD UNUSED SICK PAY-$4,266 VALUE ADDED FOR CELL PHONE USAGE-$1,127 COST OF GROUP TERM LIFE INSURANCE IN EXCESS OF $50,000-$5,959 SECTION 457(B) DEFERRED COMPENSATION PLAN-$18,500 EMPLOYEE CAFETERIA PLAN CONTRIBUTIONS-$(2,692) TOTAL--$27,160 JERRY A FIELDER,II UNUSED SICK PAY-$5,815 VALUE ADDED FOR COMPUTER USAGE-$200 VALUE ADDED FOR CELL PHONE USAGE-$1,248 COST OF GROUP TERM LIFE INSURANCE IN EXCESS OF $50,000-$1,269 SECTION 457(B) DEFERRED COMPENSATION PLAN-$18,500 EMPLOYEE CAFETERIA PLAN CONTRIBUTIONS-$(7,695) VALUE ADDED FOR SCHOLARSHIP-$812 VALUE ADDED FOR CABLE/INTERNET- $1,396 VALUE ADDED FOR HEALTH & FITNESS USAGE-$768 RETENTION BONUS-$80,000 TOTAL--$102,313 CLIFFORD M BROUSSARD UNUSED SICK PAY-$4,725 VALUE ADDED FOR HEALTH & FITNESS USAGE-$768 VALUE ADDED FOR CELL PHONE USAGE-$594 COST OF GROUP TERM LIFE INSURANCE IN EXCESS OF $50,000-$6,754 EMPLOYEE CAFETERIA PLAN CONTRIBUTIONS-$(5,311) TOTAL--$7,530 JANET K ELROD UNUSED SICK PAY-$4,280 VALUE ADDED FOR HEALTH & FITNESS USAGE-$384 VALUE ADDED FOR CELL PHONE USAGE-$1,413 COST OF GROUP TERM LIFE INSURANCE IN EXCESS OF $50,000-$1,082 SECTION 457(B) DEFERRED COMPENSATION PLAN-$18,500 EMPLOYEE CAFETERIA PLAN CONTRIBUTIONS-$(1,692) TOTAL--$23,967 IRA L MOSS UNUSED SICK PAY-$4,967 VALUE ADDED FOR HEALTH & FITNESS USAGE-$768 VALUE ADDED FOR CELL PHONE USAGE-$648 COST OF GROUP TERM LIFE INSURANCE IN EXCESS OF $50,000-$11,276 SECTION 457(B) DEFERRED COMPENSATION PLAN-$18,500 EMPLOYEE CAFETERIA PLAN CONTRIBUTIONS-$(6,760) PERSONAL USE OF EMPLOYER VEHICLES-$182 TOTAL--$29,581 JILL K ELROD UNUSED SICK PAY-$5,580 VALUE ADDED FOR HEALTH & FITNESS USAGE-$384 VALUE ADDED FOR CELL PHONE USAGE-$2,338 COST OF GROUP TERM LIFE INSURANCE IN EXCESS OF $50,000-$2,321 SECTION 457(B) DEFERRED COMPENSATION PLAN-$18,500 EMPLOYEE CAFETERIA PLAN CONTRIBUTIONS-$(4,210) VALUE ADDED FOR CABLE/INTERNET- $1,396 PERSONAL USE OF EMPLOYER VEHICLES-$3,585 TOTAL--$29,894 PEGGY J GAVIN UNUSED SICK PAY-$4,248 VALUE ADDED FOR CELL PHONE USAGE-$1,127 COST OF GROUP TERM LIFE INSURANCE IN EXCESS OF $50,000-$5,928 SECTION 457(B) DEFERRED COMPENSATION PLAN-$18,500 EMPLOYEE CAFETERIA PLAN CONTRIBUTIONS-$(3,210) PERSONAL USE OF EMPLOYER VEHICLES-$488 TOTAL--$27,081 DEBORAH D OLDS UNUSED SICK PAY-$656 VALUE ADDED FOR HEALTH & FITNESS USAGE-$384 VALUE ADDED FOR CELL PHONE USAGE-$1,139 VALUE ADDED FOR NSU CONTRACT-$2,000 COST OF GROUP TERM LIFE INSURANCE IN EXCESS OF $50,000-$5,589 EMPLOYEE CAFETERIA PLAN CONTRIBUTIONS-$(4,260) TOTAL--$5,508 PIERRE V BLANCHARD,IV, M D SECTION 457(B) DEFERRED COMPENSATION PLAN-$18,500 COST OF GROUP TERM LIFE INSURANCE IN EXCESS OF $50,000-$3,213 EMPLOYEE CAFETERIA PLAN CONTRIBUTIONS-$(1,692) TOTAL--$20,021 TODD J BLANCHARD UNUSED SICK PAY-$3,497 VALUE ADDED FOR HEALTH & FITNESS USAGE-$384 VALUE ADDED FOR CELL PHONE USAGE-$1,127 COST OF GROUP TERM LIFE INSURANCE IN EXCESS OF $50,000-$581 EMPLOYEE CAFETERIA PLAN CONTRIBUTIONS-$(9,195) TOTAL--($3,606) MICHAEL CHANDLER UNUSED SICK PAY-$4,604 VALUE ADDED FOR CELL PHONE USAGE-$1,326 COST OF GROUP TERM LIFE INSURANCE IN EXCESS OF $50,000-$3,409 SECTION 457(B) DEFERRED COMPENSATION PLAN-$18,500 EMPLOYEE CAFETERIA PLAN CONTRIBUTIONS-$(3,368) TOTAL--$24,471 GREGORY J GAVIN UNUSED SICK PAY-$4,944 VALUE ADDED FOR HEALTH & FITNESS USAGE-$768 VALUE ADDED FOR CELL PHONE USAGE-$647 COST OF GROUP TERM LIFE INSURANCE IN EXCESS OF $50,000-$6,858 SECTION 457(B) DEFERRED COMPENSATION PLAN-$18,500 EMPLOYEE CAFETERIA PLAN CONTRIBUTIONS-$(3,710) TOTAL--$28,007 CHRISTOPHER E MANGIN UNUSED SICK PAY-$4,846 VALUE ADDED FOR CELL PHONE USAGE-$1,128 COST OF GROUP TERM LIFE INSURANCE IN EXCESS OF $50,000-$834 EMPLOYEE CAFETERIA PLAN CONTRIBUTIONS-$(9,096) VALUE ADDED FOR HEALTH & FITNESS USAGE-$768 RETENTION BONUS-$70,000 TOTAL--$68,480 KRISTY M WALTMAN, M D COST OF GROUP TERM LIFE INSURANCE IN EXCESS OF $50,000-$1,275 EMPLOYEE CAFETERIA PLAN CONTRIBUTIONS-$(6,695) TOTAL--($5,420) WYCHE T COLEMAN, III, M D COST OF GROUP TERM LIFE INSURANCE IN EXCESS OF $50,000-$502 EMPLOYEE CAFETERIA PLAN CONTRIBUTIONS-$(6,696) TOTAL--($6,194) MILAN G MODY, M D COST OF GROUP TERM LIFE INSURANCE IN EXCESS OF $50,000-$828 EMPLOYEE CAFETERIA PLAN CONTRIBUTIONS-$(6,696) TOTAL--($5,868) JOHN G NOLES, M D COST OF GROUP TERM LIFE INSURANCE IN EXCESS OF $50,000-$834 VALUE ADDED FOR HEALTH & FITNESS USAGE-$384 EMPLOYEE CAFETERIA PLAN CONTRIBUTIONS-$(9,195) TOTAL--($7,977) CHRISTOPHER SHELBY, M D COST OF GROUP TERM LIFE INSURANCE IN EXCESS OF $50,000-$837 EMPLOYEE CAFETERIA PLAN CONTRIBUTIONS-$(6,696) TOTAL--($5,859) SARAH GLORIOSO, M D COST OF GROUP TERM LIFE INSURANCE IN EXCESS OF $50,000-$564 VALUE ADDED FOR HEALTH & FITNESS USAGE-$768 EMPLOYEE CAFETERIA PLAN CONTRIBUTIONS-$(5,700) TOTAL--($4,368) EXPLANATION OF PART II, COLUMN (C) DEFERRED COMPENSATION THIS EMPLOYEE PARTICIPATES IN A DEFINED BENEFIT PENSION PLAN, THE CONTRIBUTIONS TO WHICH ARE ACTUARIALLY DETERMINED THE AMOUNT SHOWN IS THE INCREASE IN THE ANNUAL VESTED BENEFIT AT NORMAL RETIREMENT FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2017 (NOT DISCOUNTED TO PRESENT VALUE) (NORMAL RETIREMENT IS AGE 65 WITH 5 YEARS OF PARTICIPATION) MR ELROD HAS REACHED THE MAXIMUM BENEFIT UNDER THE PLAN EXPLANATION OF PART II, COLUMN (D) NONTAXABLE BENEFITS INCLUDED IN THIS COLUMN IS THE COST OF THE FOLLOWING NONTAXABLE BENEFITS LONG-TERM DISABILITY INCOME INSURANCE PLAN, GROUP TERM-LIFE INSURANCE, AND THE ESTIMATED COST OF SELF-FUNDED HEALTH INSURANCE PLAN

Additional Data

Software ID:
Software Version:
EIN: 72-0400933
Name: WILLIS-KNIGHTON MEDICAL CENTER

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(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				
JAMES K ELROD PRESIDENT/CEO/TRUSTEE	(I)	1,414,001	0	278,967	0	7,409	1,700,377	0
	(II)	6,000	0	0	0	0	6,000	0
PIERRE V BLANCHARDIV MD TRUSTEE/PHYSICIAN	(I)	201,956	0	20,021	1,953	7,409	231,339	0
	(II)	0	0	0	0	0	0	0
MARY JANE WARD SR VP OF FINANCE/CFO	(I)	304,994	0	22,425	4,436	24,782	356,637	0
	(II)	0	0	0	0	0	0	0
MARGARET G ELROD SR VP/IND WELLNESS/COMMUN	(I)	178,991	0	27,160	2,435	8,409	216,995	0
	(II)	0	0	0	0	0	0	0
JERRY A FIELDER II SR VP - HOSPITAL OPERATIONS	(I)	243,995	0	102,313	2,082	30,353	378,743	0
	(II)	0	0	0	0	0	0	0
CLIFFORD M BROUSSARD VP/ADMIN WK BOSSIER/QUALIT	(I)	198,243	0	7,530	1,792	22,338	229,903	0
	(II)	0	0	0	0	0	0	0
JANET K ELROD VP/ADMIN WK SOUTH	(I)	179,593	0	23,967	2,082	7,409	213,051	0
	(II)	0	0	0	0	0	0	0
IRA L MOSS VP/ADMIN WK PIERREMONT	(I)	208,405	0	29,581	2,452	23,787	264,225	0
	(II)	0	0	0	0	0	0	0
JILL K ELROD VP OF LEGAL AFFAIRS	(I)	234,120	0	29,894	2,163	9,927	276,104	0
	(II)	0	0	0	0	0	0	0
PEGGY J GAVIN SR VP OF PHYSICIAN SERVICE	(I)	178,213	0	27,081	2,418	8,927	216,639	0
	(II)	0	0	0	0	0	0	0
DEBORAH D OLDS VP NURSING - PATIENT SERVICES	(I)	165,240	0	5,508	5,183	21,287	197,218	0
	(II)	0	0	0	0	0	0	0
CHRISTOPHER E MANGIN SR VP - CLINICAL LINES	(I)	203,330	0	68,480	2,533	31,833	306,176	0
	(II)	0	0	0	0	0	0	0
MICHAEL CHANDLER SR VP/ADMINISTRATOR WKMC	(I)	194,930	0	24,471	2,260	9,085	230,746	0
	(II)	0	0	0	0	0	0	0
GREGORY J GAVIN VP/PHYSICIAN NETWORK	(I)	207,412	0	28,007	2,435	9,427	247,281	0
	(II)	0	0	0	0	0	0	0
TODD J BLANCHARD VP/ADMIN WK BOSSIER/QUALIT	(I)	146,710	0	-3,606	1,509	31,965	176,578	0
	(II)	0	0	0	0	0	0	0
KRISTY WALTMAN MD CHIEF-MEDICAL AFFAIRS- WKMC	(I)	599,988	31,907	-5,420	1,578	29,354	657,407	0
	(II)	0	0	0	0	0	0	0
WYCHE TAYLOR COLEMAN III MD PHYSICIAN	(I)	799,985	494,313	-6,194	1,544	29,765	1,319,413	0
	(II)	0	0	0	0	0	0	0
MILAN G MODY MD PHYSICIAN	(I)	1,199,977	662,394	-5,868	1,564	29,439	1,887,506	0
	(II)	0	0	0	0	0	0	0
CHRISTOPHER L SHELBY MD PHYSICIAN	(I)	799,985	883,937	-5,859	1,552	29,430	1,709,045	0
	(II)	0	0	0	0	0	0	0
JOHN GRAY NOLES MD PHYSICIAN	(I)	1,008,314	456,667	-7,977	1,588	31,932	1,490,524	0
	(II)	0	0	0	0	0	0	0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
SARAH GLORIOSO MD PHYSICIAN	(I)	719,986	775,440	-4,368	1,542	28,707	1,521,307	0
	(II)	0	0	0	0	0	0	0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493223015160

Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶**Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
WILLIS-KNIGHTON MEDICAL CENTER

Employer identification number
72-0400933

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	(d) Corrected? No

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

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

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	(d) Loan to or from the organization? From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	(g) In default? No	(h) Approved by board or committee? Yes	(h) Approved by board or committee? No	(i) Written agreement? Yes	(i) Written agreement? No
Total				▶ $								

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

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

Part V Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 72-0400933
Name: WILLIS-KNIGHTON MEDICAL CENTER

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
FRANK B HUGHES MD	TRUSTEE	124,616	RENT-BUILDING		No
CHARLES E MULLINS	FAMILY MEMBER OF PEGGY GAVIN, OFFICER	100,588	EMPLOYMENT		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
SHARLENE A BROUSSARD	FAMILY MEMBER OF CLIFFORD BROUSSARD, OFFICER	80,867	EMPLOYMENT		No
PIERRE V BLANCHARD MD	TRUSTEE	3,584,003	RENT-BUILDING, PURCHASED SERVICE AGREEMENT WITH LIFECARE HOSPITALS, INC , FOR WHICH PIERRE BLANCHARD, M D IS THE MEDICAL DIRECTOR		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
WILLIAM J COLE CPA	TRUSTEE	2,693,816	ACCOUNTING, PAYROLL AND CONSULTING SERVICES PAID TO COLE, EVANS & PETERSON FOR WHICH WILLIAM J COLE IS THE MANAGING PARTNER		No
ARIEN WARD PYSD	FAMILY MEMBER OF MARY JANE WARD, OFFICER	104,210	EMPLOYMENT		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
HOLLI T MANGIN	FAMILY MEMBER OF CHRISTOPHER E MANGIN, OFFICER	28,750	EMPLOYMENT		No
GREGORY J BLANCHARD	FAMILY MEMBER OF PIERRE V BLANCHARD, M D , TRUSTEE	29,247	EMPLOYMENT		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
LAUREN L CRAWFORD	FAMILY MEMBER OF BRIAN A CRAWFORD, OFFICER	60,944	EMPLOYMENT		No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493223015160

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

2018

Open to Public Inspection

Name of the organization
WILLIS-KNIGHTON MEDICAL CENTER

Employer identification number
72-0400933

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	1 FAMILY RELATIONSHIPS WITH JAMES K ELROD - PRESIDENT, CEO, AND TRUSTEE MARGARET ELROD, SPOUSE - VP-MARKETING, LIVE OAK RETIREMENT COMMUNITY, QUICK CARE, OCCUPATIONAL MEDICINE, A ND WELLNESS CENTERS JILL K ELROD, DAUGHTER - VP OF LEGAL AFFAIRS JANET K ELROD, DAUGHTER - VP AND ADMINISTRATOR OF WK SOUTH HOSPITAL

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE MEDICAL CENTER'S CPA FIRM PREPARES THE FORM 990 WITH THE ASSISTANCE OF SEVERAL OF THE MEDICAL CENTER'S EMPLOYEES THE FORM 990 IS THEN REVIEWED BY THE MEDICAL CENTER'S PRESIDEN T AFTER THIS REVIEW, A COMPLETE COPY OF THE FORM 990 IS PROVIDED TO EACH MEMBER OF THE BO ARD OF TRUSTEES, AND THE PRESIDENT, VICE-PRESIDENT AND CPA FIRM REVIEW AND DISCUSS THE FOR M 990 WITH THE TRUSTEES BEFORE THE FORM 990 IS FILED

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE CONFLICTS OF INTEREST POLICY COVERS ALL "INTERESTED PERSONS " AN "INTERESTED PERSON" I S DEFINED AS ANY TRUSTEE, PRINCIPAL OFFICER, OR MEMBER OF A COMMITTEE WITH BOARD DESIGNATE D POWERS WHO HAS A DIRECT OR INDIRECT FINANCIAL INTEREST IN AN ENTITY WITH WHICH THE MEDIC AL CENTER HAS A TRANSACTION OR ARRANGEMENT, OR A COMPENSATION ARRANGEMENT WITH THE MEDICAL CENTER OR WITH ANY ENTITY OR INDIVIDUAL WITH WHICH THE MEDICAL CENTER HAS A TRANSACTION O R ARRANGEMENT, OR A POTENTIAL OWNERSHIP OR INVESTMENT INTEREST IN, OR COMPENSATION ARRANGE MENT WITH, ANY ENTITY OR INDIVIDUAL WITH WHICH THE MEDICAL CENTER IS NEGOTIATING A TRANSAC TION OR ARRANGEMENT INTERESTED PERSONS HAVE A DUTY TO DISCLOSE ANY ACTUAL OR POSSIBLE CON FLICTS OF INTEREST AND ALL MATERIAL FACTS RELATED TO THE PROPOSED TRANSACTION OR ARRANGEME NT TO THE TRUSTEES AND MEMBERS OF COMMITTEES WITH BOARD DESIGNATED POWERS THE INTERESTED PERSON IS ALLOWED TO MAKE A PRESENTATION AT THE BOARD OR COMMITTEE MEETING, BUT AFTER SUCH PRESENTATION THE INTERESTED PERSON SHALL LEAVE THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR ARRANGEMENT THAT RESULTS IN THE CONFLICT OF INTEREST IF T HE BOARD OR COMMITTEE BELIEVES A MEMBER HAS VIOLATED THE CONFLICTS OF INTEREST POLICY, IT SHALL INFORM THE MEMBER OF THE BASIS FOR SUCH BELIEF AND AFFORD THE MEMBER AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE IF THE BOARD OR COMMITTEE DETERMINES THAT THE MEMBER HAS, IN FACT, FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT SHALL TAKE APPR OPRIATE DISCIPLINARY AND CORRECTIVE ACTION PERIODIC REVIEWS ARE CONDUCTED WHICH, AT A MIN IMUM, INCLUDE THE FOLLOWING SUBJECTS 1 WHETHER COMPENSATION ARRANGEMENTS AND BENEFITS AR E REASONABLE AND ARE THE RESULT OF ARM'S-LENGTH BARGAINING 2 WHETHER ACQUISITIONS OF GOO DS OR SERVICES RESULT IN INUREMENT OR IMPERMISSIBLE PRIVATE BENEFIT 3 WHETHER PARTNERSHI P AND JOINT VENTURE ARRANGEMENTS AND ARRANGEMENTS WITH MANAGEMENT SERVICE ORGANIZATIONS AN D PHYSICIAN HOSPITAL ORGANIZATIONS CONFORM TO WRITTEN POLICIES, ARE PROPERLY RECORDED, REF LECT REASONABLE PAYMENTS FOR GOODS AND SERVICES, FURTHER THE CORPORATION'S CHARITABLE PURP OSES AND DO NOT RESULT IN INUREMENT OR IMPERMISSIBLE PRIVATE BENEFIT 4 WHETHER AGREEMENT S TO PROVIDE HEALTH CARE AND AGREEMENTS WITH OTHER HEALTH CARE PROVIDERS, EMPLOYEES, AND T HIRD PARTY PAYORS FURTHER THE CORPORATION'S CHARITABLE PURPOSES AND DO NOT RESULT IN INURE MENT OR IMPERMISSIBLE PRIVATE BENEFIT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES DETERMINES THE COMPENSATION OF THE CEO OF THE MEDICAL CENTER A SECOND COMPENSATION COMMITTEE DETERMINES THE COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES THE COMPENSATION COMMITTEES STUDY DATA FROM INDEPENDENT SALARY SURVEYS (SUCH AS "MANAGER AND EXECUTIVE COMPENSATION IN HOSPITALS AND HEALTH SYSTEMS," WHICH IS AN ANNUAL SURVEY PREPARED BY SULLIVAN COTTER) TO UNDERSTAND COMPENSATION PAID TO SIMILARLY QUALIFIED INDIVIDUALS IN COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS THE COMPENSATION COMMITTEES ALSO COMPILE DATA FROM OTHER TAX-EXEMPT HEALTH SYSTEMS OF SIMILAR SIZE AND COMPLEXITY AND USE THAT INFORMATION AS COMPARATIVE COMPENSATION THE COMMITTEES USE THE INFORMATION FROM THESE SOURCES AS BENCHMARKS IN DETERMINING OFFICER AND KEY EMPLOYEE COMPENSATION THE COMMITTEES ALSO CONSIDER OTHER FACTORS IN DETERMINING OFFICER AND KEY EMPLOYEE COMPENSATION, SUCH AS LENGTH OF EMPLOYMENT AND THEIR RESPONSIBILITIES THE EXECUTIVE COMPENSATION COMMITTEE PERIODICALLY HIRES INDEPENDENT CONSULTANTS FOR ANALYSIS OF THE COMPENSATION OF THE MEDICAL CENTER'S CEO THE COMMITTEES MAINTAIN CONTEMPORANEOUS DOCUMENTATION OF THE BASIS FOR THEIR DECISIONS REGARDING COMPENSATION ARRANGEMENTS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	WILLIS-KNIGHTON MEDICAL CENTER'S GOVERNING DOCUMENTS AND ITS CONFLICT OF INTEREST POLICY A RE AVAILABLE ON ITS WEBSITE WWW WKHS COM THE FINANCIAL STATEMENTS ARE AVAILABLE ON THE F OLLOWING WEBSITE HTTP //WWW EMMA MSRB ORG

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	FASB ASC 715-30 PENSION -133,357,457

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493223015160

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
WILLIS-KNIGHTON MEDICAL CENTER

Employer identification number
72-0400933

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) WK ARBORS LLC 2600 GREENWOOD ROAD SHREVEPORT, LA 71103 46-4783413	INDEPENDENT LIVING	LA	1,611,221	9,260,830	WILLIS-KNIGHTON MEDICAL CENTER

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1)VIRGINIA HALL NURSING HOME DBA PROGRESSIVE CARE CENTER 2715 ALBERT BICKNELL DR SHREVEPORT, LA 711033925 72-1047744	NURSING CARE-SKILLED NURSING FACILITY FOR THE ELDERLY AND DISABLED	LA	501(C)(3)	9	WILLIS-KNIGHTON MEDICAL CENTER		No
(2)MULTI-FAITH RETIREMENT SERVICES DBA LIVE OAK RETIREMENT 600 E FLOURNOY LUCAS ROAD SHREVEPORT, LA 711153855 72-0809402	PROVIDE HOUSING, HEALTHCARE AND RELATED SERVICES TO THE ELDERLY	LA	501(C)(3)	9	WILLIS-KNIGHTON MEDICAL CENTER		No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)CLAIMS & BENEFITS ADMINISTRATORS OF LOUISIANA INC PO BOX 32600 SHREVEPORT, LA 711302600 72-1296277	INACTIVE	LA	WILLIS-KNIGHTON MEDICAL CENTER	C			100 000 %		No
(2)WILLIS-KNIGHTON LAB AND X-RAY SERVICES INC PO BOX 32600 SHREVEPORT, LA 711302600 72-1137503	INACTIVE	LA	WILLIS-KNIGHTON MEDICAL CENTER	C			100 000 %		No
(3)HEALTH PLUS OF LOUISIANA INC PO BOX 32600 SHREVEPORT, LA 711302600 72-1264135	THIRD-PARTY ADMINISTRATOR	LA	WILLIS-KNIGHTON MEDICAL CENTER	C	150	110,150	100 000 %		No
(4)HPL INSURANCE AGENCY INC PO BOX 32625 SHREVEPORT, LA 711302625 20-2199735	HEALTH INSURANCE AGENT	LA	HEALTH PLUS OF LOUISIANA INC	C	186	40,948	100 000 %		No

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

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

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

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 72-0400933
Name: WILLIS-KNIGHTON MEDICAL CENTER

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	VIRGINIA HALL NURSING HOME DBA PROGRESSIVE CARE CENTER	A	213,111	FAIR MARKET VALUE
(1)	VIRGINIA HALL NURSING HOME DBA PROGRESSIVE CARE CENTER	K	495,000	FAIR MARKET VALUE
(2)	VIRGINIA HALL NURSING HOME DBA PROGRESSIVE CARE CENTER	O	1,558,492	FAIR MARKET VALUE
(3)	VIRGINIA HALL NURSING HOME DBA PROGRESSIVE CARE CENTER	L	1,660,666	FAIR MARKET VALUE
(4)	VIRGINIA HALL NURSING HOME DBA PROGRESSIVE CARE CENTER	J	213,111	FAIR MARKET VALUE
(5)	MULTI-FAITH RETIREMENT SERVICES DBA LIVE OAK RETIREMENT COMMUNITY	K	402,400	FAIR MARKET VALUE
(6)	WK ARBORS LLC	A	83,930	FAIR MARKET VALUE
(7)	WK ARBORS LLC	R	4,701,485	FAIR MARKET VALUE