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Form **990-T****Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

OMB No 1545-0687

For calendar year 2017 or other tax year beginning **OCT 1, 2017**, and ending **SEP 30, 2018****2017**Open to Public Inspection for  
501(c)(3) Organizations OnlyDepartment of the Treasury  
Internal Revenue ServiceGo to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

<b>A</b> <input type="checkbox"/> Check box if address changed		Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions ) <b>WOMAN'S HOSPITAL FOUNDATION</b>		<b>D</b> Employer identification number (Employees' trust, see instructions) <b>72-0652905</b>	
<b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <b>03</b> <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)		Print or Type <b>D/B/A WOMAN'S HEALTH FOUNDATION</b> Number, street, and room or suite no. If a P.O. box, see instructions <b>P. O. BOX 95009</b> City or town, state or province, country, and ZIP or foreign postal code <b>BATON ROUGE, LA 70895</b>		<b>E</b> Unrelated business activity codes (See instructions) <b>541900 624410</b>	
<b>C</b> Book value of all assets at end of year <b>83,437,487.</b>		<b>F</b> Group exemption number (See instructions)		<b>G</b> Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	

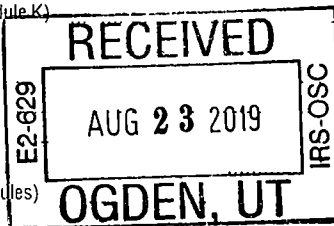
**H** Describe the organization's primary unrelated business activity **SEE STATEMENT 1**

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidary controlled group? ☐ Yes ☒ No  
If "Yes," enter the name and identifying number of the parent corporation

**J** The books are in care of **APRIL F. CHAISSON** Telephone number **225-924-8107**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales	21,697,243.			
b Less returns and allowances		1c 21,697,243.		
2 Cost of goods sold (Schedule A, line 7)		2		
3 Gross profit Subtract line 2 from line 1c		3 21,697,243.		21,697,243.
4a Capital gain net income (attach Schedule D)		4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from partnerships and S corporations (attach statement)		5 19,487.		19,487.
6 Rent income (Schedule C)		6		
7 Unrelated debt-financed income (Schedule E)		7		
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)		8 84,962.	77,499.	7,463.
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9		
10 Exploited exempt activity income (Schedule I)		10		
11 Advertising income (Schedule J)		11		
12 Other income (See instructions, attach schedule) <b>STATEMENT 2</b>		12 212,289.		212,289.
13 Total. Combine lines 3 through 12		13 22,013,981.	77,499.	21,936,482.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income)			
14 Compensation of officers, directors, and trustees (Schedule K)		14	.
15 Salaries and wages		15	2,955,211.
16 Repairs and maintenance		16	
17 Bad debts		17	461,274.
18 Interest (attach schedule)		18	
19 Taxes and licenses		19	
20 Charitable contributions (See instructions for limitation rules)		20	
21 Depreciation (attach Form 4562)		21	284,932.
22 Less depreciation claimed on Schedule A and elsewhere on return		22a	284,932.
23 Depletion		23	
24 Contributions to deferred compensation plans		24	
25 Employee benefit programs		25	466,875.
26 Excess exempt expenses (Schedule I)		26	
27 Excess readership costs (Schedule J)		27	
28 Other deductions (attach schedule)		28	17,911,520.
29 Total deductions Add lines 14 through 28		29	22,079,812.
30 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13		30	-143,330.
31 Net operating loss deduction (limited to the amount on line 30)		31	
32 Unrelated business taxable income before specific deduction Subtract line 31 from line 30		32	-143,330.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)		33	1,000.
34 Unrelated business taxable income Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32		34	-143,330.



SEE STATEMENT 3

WOMAN'S HOSPITAL FOUNDATION  
D/B/A WOMAN'S HEALTH FOUNDATION

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**Part III Tax Computation**

<b>35 Organizations Taxable as Corporations</b> See instructions for tax computation	
Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and	
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)	
(1) \$ (2) \$ (3) \$	
b Enter organization's share of (1) Additional 5% tax (not more than \$11,750) (2) Additional 3% tax (not more than \$100,000)	
c Income tax on the amount on line 34	35c 0.
<b>36 Trusts Taxable at Trust Rates</b> See instructions for tax computation Income tax on the amount on line 34 from	
<input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	36
<b>37 Proxy tax</b> See instructions	37
<b>38 Alternative minimum tax</b>	38
<b>39 Tax on Non-Compliant Facility Income</b> See instructions	39
<b>40 Total</b> Add lines 37, 38 and 39 to line 35c or 36, whichever applies	40 0.

**Part IV Tax and Payments**

<b>41a Foreign tax credit</b> (corporations attach Form 1118, trusts attach Form 1116)	41a	
<b>b Other credits</b> (see instructions)	41b	
<b>c General business credit</b> Attach Form 3800	41c	
<b>d Credit for prior year minimum tax</b> (attach Form 8801 or 8827)	41d	
<b>e Total credits</b> Add lines 41a through 41d	41e	
<b>42 Subtract line 41e from line 40</b>	42	0.
<b>43 Other taxes.</b> Check if from <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	43	
<b>44 Total tax</b> Add lines 42 and 43	44	0.
<b>45a Payments</b> A 2016 overpayment credited to 2017	45a	25,275.
<b>b 2017 estimated tax payments</b>	45b	296,022.
<b>c Tax deposited with Form 8868</b>	45c	
<b>d Foreign organizations' Tax paid or withheld at source</b> (see instructions)	45d	
<b>e Backup withholding</b> (see instructions)	45e	
<b>f Credit for small employer health insurance premiums</b> (Attach Form 8941)	45f	
<b>g Other credits and payments</b> <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other	45g	
<b>46 Total payments</b> Add lines 45a through 45g	46	321,297.
<b>47 Estimated tax penalty</b> (see instructions) Check if Form 2220 is attached <input type="checkbox"/>	47	
<b>48 Tax due</b> If line 46 is less than the total of lines 44 and 47, enter amount owed	48	
<b>49 Overpayment</b> If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49	321,297.
<b>50 Enter the amount of line 49 you want Credited to 2018 estimated tax Refunded</b>	50	0.

**Part V Statements Regarding Certain Activities and Other Information** (see instructions)

<b>51</b> At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	Yes	No
		X
<b>52</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file		X
<b>53</b> Enter the amount of tax-exempt interest received or accrued during the tax year	\$	

**Sign Here**

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer Stephane H Adena Date 8/15/19 Title EXECUTIVE VP/ COO

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

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
BRANDON LAGARDE	<u>[Signature]</u>	8/15/19		P01428217
Firm's name	Firm's EIN			
POSTLETHWAITE & NETTERVILLE	72-1202445			
Firm's address	Phone no			
BATON ROUGE, LA 70809	(225) 922-4600			

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## WOMAN'S HOSPITAL FOUNDATION

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**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation **N/A**

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3				
4a Additional section 263A costs (attach schedule)	4a		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
b Other costs (attach schedule)	4b				
5 Total. Add lines 1 through 4b	5				

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**  
(see instructions)

## 1. Description of property

(1)
(2)
(3)
(4)

2 Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total 0.	Total 0.	
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) 0.		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) 0.

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property		2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A) 0.	Enter here and on page 1, Part I, line 7, column (B) 0.
Total dividends-received deductions included in column 8			0.	0.

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**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1) WOMAN'S RENTAL					
(2) VENTURES, LLC	04-3845778				
(3)					
(4)					

**Nonexempt Controlled Organizations**

7 Taxable income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2) 222,236.		84,962.	84,962.	77,499.
(3)				
(4)				
			Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)
<b>Totals</b>			84,962.	77,499.

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization**  
(see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1 Part I, line 9, column (A)		Enter here and on page 1, Part I, line 9, column (B)
<b>Totals</b>		0.		0.

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income**  
(see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)			Enter here and on page 1, Part II, line 26
<b>Totals</b>		0.	0.			0.

**Schedule J - Advertising Income** (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals (carry to Part II, line (5))</b>		0.	0.			0.

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**Part II** **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b>	0.	0.				0.
<b>Totals, Part II (lines 1-5)</b>	Enter here and on page 1, Part I, line 11, col (A) 0.	Enter here and on page 1, Part I, line 11, col (B) 0.				Enter here and on page 1, Part II, line 27 0.

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total</b> Enter here and on page 1, Part II, line 14			0.

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FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY	STATEMENT	1
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THE REFERENCE LAB, INCLUDING THE CANCER DETECTION LABORATORY, IS WOMAN'S HOSPITAL'S PRIMARY UNRELATED BUSINESS ACTIVITY. THE REFERENCE LAB PROVIDES LAB SERVICES FOR AREA DOCTORS, CLINICS, AND HOSPITALS. OTHER UNRELATED BUSINESS ACTIVITIES INCLUDED SERVICES TO THE PUBLIC FOR CHILDCARE, PHARMACY, PRINTING, RETAIL, AND OUTSIDE CATERING.

TO FORM 990-T, PAGE 1

FORM 990-T	OTHER INCOME	STATEMENT	2
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DESCRIPTION	AMOUNT
DISALLOWED TRANSPORTATION FRINGE BENEFITS	212,289.
TOTAL TO FORM 990-T, PAGE 1, LINE 12	212,289.

FORM 990-T	OTHER DEDUCTIONS	STATEMENT	3
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DESCRIPTION	AMOUNT
ADMINISTRATIVE & GENERAL	1,222,281.
BUILDING OPERATIONS	287,932.
BUSINESS AND TECHNOLOGY	13,393.
CAFETERIA	13,255.
CONTRACTUAL OBLIGATIONS	7,521,798.
HOUSEKEEPING	67,102.
HUMAN RESOURCES	84,926.
INTEREST/AMORTIZATION	518,947.
LAB SUPPLIES	6,579,436.
LAUNDRY	1,109.
MATERIALS MANAGEMENT	97,391.
NURSING ADMINISTRATION	19.
OTHER	284,000.
PHYSICIAN SERVICES	271,644.
PURCHASED SERVICES	364,658.
UTILITIES	11,199.
WELLNESS CENTER	572,430.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	17,911,520.

FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT	4
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PARTNERSHIP NAME	GROSS INCOME	DEDUCTIONS	NET INCOME OR (LOSS)
PREMIER HEALTHCARE ALLIANCE UBTI	19,487.	0.	19,487.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	19,487.	0.	19,487.

FORM 990-T	SCHEDULE F - DEDUCTIONS OF CONTROLLED ORGANIZATIONS DIRECTLY CONNECTED WITH COLUMN 10 INCOME	STATEMENT	5
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DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
RENTAL EXPENSES		77,499.	
- SUBTOTAL -	1		77,499.
TOTAL OF FORM 990-T, SCHEDULE F, COLUMN 11			77,499.