Form 990

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

A For the 2017 calendar year, or tax year beginning

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. Inspection 07/01, 2017, and ending 06/30,20 18

_			C Nam	e of c	organization											D Employer Ide	ntifica	ation number
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_	Tay ou	empt sta		1										1	= F)	#6_ ` ·		list, (see Instructions)
÷		te:			501(c)(3)	تلـــــــــــــــــــــــــــــــــــــ	501(c) () ◀	(inse	it no)	Щ.	4947(a)(1)	Or .	<u>l i</u>	527	4		
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90 93				-		-		-	_					-			4	26.
į	5	Total r	umber	of ir	ndividuals e	mploye	ed in ca	lendar ye	ar 2011	7 (Part	V, lin	e 2a)					5	0.
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₹																	7a	0.
	b	Net un	related	bus	iness taxab	ie moo	me tron	Form 99	OT, lir	ne 34							7b	0.
					1 -					ً اد						Prior Year		Current Year
۵	8	Contri	butions	and	grans(Par	t VIII, li	ne 1 <u>h</u>) .	0. aaın	[9						. 🗀	2,069,26	59.	2,300,454.
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9	10	Invest	ment in	com	ie (PartWill,	colum	n (A), îli	nes 3, 4, a	and 7d	ĔI.						66,8	74.	204,681.
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	12	Total r	evenue	· ac	art VIII, cold dd Imes 8,th	rough	11 (mu	st equal P	i art VIII	ı colun	nn (A)), line 12) .				2,079,06	6.	2,459,120.
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ũ	17			_	Part IX, colu	-									-	458,98	39.	108,065.
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tru	е, сопе	ct, and	complet	De	claration of pr	eparer (other th	an officer)	is based	d on all	inform	ation of wh	ich pr	epare	r has any k	nowledge		
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For	Pape	rwork i	Reduct	ion /	Act Notice,	see the	sepan	ate instru	ctions.	•								Form 990 (2017)

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Ρ	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
	WE SEEK AND FACILITATE GIFTS TO PROVIDE CHARITABLE HEALTHCARE
	PROGRAMS AND SERVICES THAT SUPPORT THE MISSION OF OUR LADY OF LOURDES
	REGIONAL MEDICAL CENTER, INC. AND ARE NOT FUNDED BY TRADITIONAL
_	RESOURCES.
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 X No If "Yes," describe these new services on Schedule O
3	
	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 \$ 306,632 including grants of \$ 278,527) (Revenue \$) GRANTS ARE MADE TO OR ON BEHALF OF OUR LADY OF THE LOURDES
	REGIONAL MEDICAL CENTER TO PROMOTE THE WELFARE OF THE HOSPITAL AND
	INCREASE ITS USEFULNESS TO THE CITIZENS OF LAFAYETTE PARISH,
	LOUISIANA AND THE USA.
	
	- ·
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
_	
, 4C	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$)
	Total program service expenses ▶ 306,632.
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Part IV **Checklist of Required Schedules** No Yes Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Х Х Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?.... 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Х 3 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.............. Х 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, Х 5 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 Х 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Х the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Х 8 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 Х 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted Х endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. 10 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," Х complete Schedule D, Part VI 11a b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more 11b c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more Х 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets Х 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If Х "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional. 12b Х 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. Х 14a Did the organization maintain an office, employees, or agents outside of the United States?......... 14a 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 Х foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other Х 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Х Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)........... 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Х 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

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Part	Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
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		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
20	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
244	\$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	- 1	х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization invest any proceeds of tax-exempt boilds beyond a temporary period exception			
·	to defease any tax-exempt bonds?	24c		
d	·	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	27U		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
		25a		
	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?	25b		х
	If "Yes," complete Schedule L, Part I	230		
	current or former officers, directors, trustees, key employees, highest compensated employees, or	26		х
	disqualified persons? If "Yes," complete Schedule L, Part II	26		
	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	27		х
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	21		
	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)	28a		х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	20a		
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28b		х
_	Schedule L, Part IV	200		
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28c		х
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
	Did the organization receive more than \$25,000 in non-cash contributions in Yes, complete scriedule in Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	23		
30	conservation contributions? If "Yes," complete Schedule M	30		х
24	·	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	24		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		
		32	i	х
	complete Schedule N, Part II	32		
		33		х
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		
		24	\mathbf{x}	
	or IV, and Part V, line 1	34		х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	255	i	
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	26	ļ	х
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
	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,			
		37		х
	Part VI	۱ ډ		
38	19? Note. All Form 990 filers are required to complete Schedule O	38	x	
	10 Model / mil / only obstance required to complete ochedule o		990	

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Par				$\overline{}$
	Check if Schedule O contains a response or note to any line in this Part V		• • •	للا
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			-
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0.			لــــا
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		- 1
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			لــــا
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	- X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4.		х
	account)?	4a		1
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?	5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	- 50		
оа	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
D	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	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	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			1
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
_ f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		ļ
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			J
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			ا ــــا
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII. line 12			
	Initiation fees and capital contributions included on Part VIII, line 12			
11	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O		-	
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b ISA	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	L	<u> </u>

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Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O Check if Schedule O contains a response or note to any line in this Part VI	See ın	struc	
Sect	ion A. Governing Body and Management			
0000	1011 A. Coverning Body and management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar			
b	committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are independent	,		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1]
-	any other officer, director, trustee, or key employee?	2	x	
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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
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	X	
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members,	1		
	stockholders, or persons other than the governing body?	7b	<u> </u>	<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			. · [
	the year by the following			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			x
Casti	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	1	^_
Secu	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Coae	/ Yes	No
		10a		x
	Did the organization have local chapters, branches, or affiliates?	IVa		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10ь		
44.	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . Describe in Schedule O the process, if any, used by the organization to review this Form 990	· · · ·		1
12a		12a	x	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	1		
Б	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	х	
40	describe in Schedule O how this was done	13		х
13	Did the organization have a written whistleblower policy?	14		Х
14	Did the organization have a written document retention and destruction policy?			J
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? The organization's CEO, Executive Director, or top management official.	15a		X
a b	The organization's CEO, Executive Director, or top management official	15b		х
U	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			1
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		x
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		
Secti	on 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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply Own website	501(c)(3)s	only)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	, and
20	financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and record	c -		
20	State the name, address, and telephone number of the person who possesses the organization's books and record AMANDA HYMEL SHERWOOD FOREST BLVD BATON ROUGE, LA 70809	J 🏲		
JSA 7E1042	1 000	Form	990	(2017)

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

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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, and 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	orga	nıza	tion	COI	mpen	sate	ed any current offic	er, director, or trus	stee
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	unle	Pos heck ss pe	rson	e that highest compensated employee	an ee)	(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
(1)EJ KRAMPE	.50									
BOARD MEMBER	0.	x				,		ο.	ο.	0.
(2)JIMMY MALLIA	.50									
TREASURER	0.	х		x				٥.	0.	0.
(3)JOE GIGLIO	.50		┢──							
PAST CHAIRMAN	0.	x						0.	٥.	0.
(4)MIKE MONCLA	50			-	-	_	-			
CHAIRMAN	0.	х		х				0.	О.	0.
(5)ROBERT FOARD	.50		 		-	 				
VICE CHAIRMAN	0.	х		х				0.	0.	0.
(6)W. BRYAN LEE	.50									
CEO OF LOURDES	40.00	х		х				0.	249,885.	27,285.
(7)BONNIE BROWN	.50									
BOARD MEMBER	0.	х	ł					0.	0.	0.
(8)CLAY PLAISANCE	.50									
BOARD MEMBER	.50	х						0.	0.	0.
(9)GARY KELLER	.50									
BOARD MEMBER	0.	х						0.	0.	0.
(10)HUNTER TRAHAN	.50									
BOARD MEMBER	0.	x						0.	0.	0.
(11)JEFF ELMORE	.50									
BOARD MEMBER	0.	1 x						0.	0.	0.
(12)JOANI HILL	.50									
BOARD MEMBER	0.	x	L	L			L	0.	0.	0.
(13)JOHN MENDELL	.50									
BOARD MEMBER	0.	Х						0.	0.	0.
(14)KELLY GAUTHREAUX	.50									
BOARD MEMBER	0.	x						0.	0.	0.

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Part VII Section A. Officers, Directors, Tr	<u>ustees, Ke</u>	y En	nplo	ye	es,	and I	ligi	hest Compensat	ed Employe	es (c	ontinued)
(A) Name and title	(B) Average hours per week (list any hours for related	box,	unles er and	Pos heck ss pe	rson lirect	e than o is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation related organizatio	from ns	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-M	130)	organization and related organizations
15) KIM BISHOP	.50	-		_							
SECRETARY	0.	Х		X				0.		0.	_
6) LENNY LEMOINE	.50	4			ĺ					١	
BOARD MEMBER 7) MIKE HAMNER	.50	X		<u> </u>				0.		0.	
BOARD MEMBER	-	×						o.		٥.	
L8) MIKE MICHOT BOARD MEMBER	.50				_			0.		0.	
19) MSR. KEITH DEROUEN	.50	<u> </u>	†					-			
BOARD MEMBER	0.	х			L	L_		0.		Ο.	
0) NANCY PRINCE	.50										
BOARD MEMBER	0.	Х	<u> </u>		<u> </u>			0.		0.	
1) PATRICK KILLEEN	.50	-{						_			ė
BOARD MEMBER	0.							0.		0.	
2) S. CRAIG HENRY BOARD MEMBER	.50	x						ο.	1	0.	
3) MARK STEPHAN MD	.50						-				
BOARD MEMBER	0.	x						0.		0.	
4) TIGER PHARR	.50										
BOARD MEMBER	0.	Х						0.		0.	
5) CHARLIE BABINEAUX	.50	4									
BOARD MEMBER	0.	X	<u> </u>					0.	240.0	0.	27 20
1b Sub-total							>	0.	249,8		27,28 204,42
c Total from continuation sheets to Part VII,								0.	1,156,1		231,70
d Total (add lines 1b and 1c)							re		L		231,70
reportable compensation from the organization	on >	0	•								Yes
3 Did the organization list any former officemployee on line 1a? If "Yes," complete Scheooling and the schooling and										ed	3 X
4 For any individual listed on line 1a, is the organization and related organizations g	reater than	\$15	50,0	007) If	"Yes	5,"	complete Schedu			4 X
5 Did any person listed on line 1a receive o for services rendered to the organization? If "											5
Section B. Independent Contractors										<u>-</u>	
 Complete this table for your five highest cor compensation from the organization Report year 											
(A) Name and business ac	ldress							(B) Description of se	ervices	С	(C) ompensation
							-				
							+	-			
											'9
							1				

PAGE 8

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0.

Form 990 (2017)

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	yee	es,	and I	Hig	hest Compensat	ed Employ	ees (continued)
(A) Name and title	(B) Average hours per week (list any hours for	box, office	not ch unles	Pos neck ss pe	rson	e than o	an ee)	(D) Reportable compensation from the	(E) Reportal compensation related organizat	on from	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-	MISC)	from the organization and related organizations
26) DR. CLAY CHANDLER	.50										
BOARD MEMBER	0.	Х					L.	0.		0.	0.
27) KATHRYN STROTHER	.50	ļ <u>.</u> .								•	
BOARD MEMBER	0.	Х	\vdash		_			0.		0.	0.
28) JEFF LIMBOCKER REGIONAL CFO	60.00	ł		Χ̈́				0.	552	329.	131,623.
29) WILLIAM F. BARROW	.50		\vdash	_	\vdash		-	ļ · · ·	332,	329.	131,023.
FORMER CEO	50.50						x	0.	393.	471.	72,798.
30) RONALD HOGAN	0.		H						,		
FORMER SR. VP FINANCE	† -	1					х	0.	210,	339.	0
	 										
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A	· · ·	• • •	· ·	· ·	 	 ▶ □ O re 	eceived more than	\$100,000 c	of	
reportable compensation from the organization		0								-	
3 Did the organization list any former office	er directo	or or	tru	iste	۰	kev e	-mr	plovee or highes	t compens	ated	Yes No
employee on line 1a? If "Yes," complete Sched											3 X
4 For any individual listed on line 1a, is the organization and related organizations gr	eater than	\$15	50,0	002) If	"Yes	s, "	complete Schedu	le J for s	such	
<i>individual</i>	accrue co	mpen	satio	on 1	fron	n any	un	related organization	on or indivi	dual	4 X
for services rendered to the organization? If "Y Section B. Independent Contractors	es," comple	te Scl	hedu	ile J	l for	such	per	rson			5 X
Complete this table for your five highest com- compensation from the organization Report of year											
(A) Name and business add	dress							(B) Description of se	ervices	((C) Compensation
							1-				
							+		-		
							#				•
Total number of independent contractors (if more than \$100,000 in compensation from the contractors of				nite	d to	thos	se I	isted above) who	received		•

Form	990 (2	(017)	LOURDES FOU	INDATION, IN	NC.		72-14945	32 Page 9
Par	t VIII	Statement of Reve	nue				· 	
		Check if Schedule O co	ontains a respoi	nse or note to ar				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ងដ	1a	Federated campaigns	1a					1
iran	b	Membership dues						1 1
s, G Am		Fundraising events		225,502				1
Gift lar,	d	Related organizations	- 1 1 1	181,505		1		
ıs, (imi	e	Government grants (contribu						{
itio er S	f	All other contributions, gifts,	1 1					
Contributions, Gifts, Grants and Other Similar Amounts	-	and similar amounts not include		1,893,447				
ont nd (g	Noncash contributions included		7,714				ļ. ļ
	h_	Total. Add lines 1a-1f	<u> </u>	<u> </u>	2,300,454			1
Program Service Revenue				Business Code				J
eve	2a							
ě.	b							
Ž	С							
Se	d							
ram	е							
rog	f	All other program service rev						<u> </u>
۵.	g	Total. Add lines 2a-2f			0 .		1	
	3	·	cluding divider					
		and other similar amounts).		_	54,903			54,903
	4 5	Income from investment of	•	•	0	<u>-</u>		
	5	Royalties	(i) Real	(II) Personal	0		-	
	_		-					
	6a	Gross rents						
	Ь	Less rental expenses						1 1
	c d	Rental income or (loss) Net rental income or (loss) .			0	***************************************	·	
	7a	Gross amount from sales of	(i) Securities	(II) Other				1
		assets other than inventory	524,012				·	
	b	Less cost or other basis						
		and sales expenses	374,235					.]
	c.	_Gain or (loss)	149,777					J
	d			. <u></u>	149,778			149,778
ē	8a	Gross income from fundra	aising .]
Other Revenue		events (not including \$	230,381	ATCH 1				li
Rev		of contributions reported on	line 1c)					
Jer		See Part IV, line 18						
ō	b	Less direct expenses	b					
		Net income or (loss) from fu		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-48,440			-48,440
	9a	Gross income from gaming		2,425				
		See Part IV, line 19						
	b C	Less direct expenses Net income or (loss) from g			2,425			2,425
	10a	Gross sales of invent			,			1
	IVa	returns and allowances						!
	ь	Less cost of goods sold		1				
		Net income or (loss) from sa			0			
		Miscellaneous Revenu		Business Code	,			
	11a							
	b							
	C							
	d	All other revenue						
	е	Total. Add lines 11a-11d .			0	- -		
JSA	12	Total revenue. See instruction	ons	<u> ▶</u>	2,459,120		<u> </u>	158,666
7E105	1 1 000)						Form 990 (2017)

Part IX Statement of Functional Expenses

			r organizations must		

	Check if Schedule O contains a resp				
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments See Part IV, line 21	278,527.	278,527.		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	0.			.
3	Grants and other assistance to foreign				
-	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16	0.			ļ
4	Benefits paid to or for members	0.		****	1
	Compensation of current officers, directors,				
-	trustees, and key employees	0.			
6	Compensation not included above, to disqualified				
٠	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	о.	,		
7	Other salaries and wages	0.	-		
	ı				
0	Pension plan accruals and contributions (include	0.			
_	section 401(k) and 403(b) employer contributions)	0.			
	Other employee benefits	0.			
10	Payroli taxes				· · · · · · · · · · · · · · · · · · ·
	Fees for services (non-employees)	ا. ه			
	Management	0.			
	Legal	0.		. ,	
	Accounting	0.			
d	Lobbying	0.			
	Professional fundraising services See Part IV, line 17.			0.440	
f	Investment management fees	2,448.		2,448.	
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)	7,810.	7,810.		
12	Advertising and promotion	16,134.	10,487.	5,647.	
13	Office expenses	41,725.			41,725.
14	Information technology	0.			
15	Royalties	0.			_
16	Occupancy	39,914.	9,785.	30,129.	
17	Travel	34.	23.	11.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	0.			
20	Interest	0.			
21	Payments to affiliates	0.			
	Depreciation, depletion, and amortization	0.			
	Insurance	0.			
	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)				
а					
ь					
		_	-		
d					
-	All other expenses				
	Total functional expenses Add lines 1 through 24e	386,592.	306,632.	38,235.	41,725.
	Joint costs. Complete this line only if the		····		<u> </u>
	organization reported in column (B) joint costs from a combined educational campaign and				
	from a combined educational campaign and fundraising solicitation Check here			,	
	following SOP 98-2 (ASC 958-720)	О.			
164					

7E1052 1 000

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	Check if Schedule O contains a response or note to any line in this Pa		i i	
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	2,820,673.	1	4,318,693
2	Savings and temporary cash investments	0.	2	1
3	Pledges and grants receivable, net	171,391.	3	81,959
4	Accounts receivable, net	0.	4	
5	Loans and other receivables from current and former officers, directors,			-
	trustees, key employees, and highest compensated employees			
	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section	0.	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	0.	6	
7 8	Notes and loans receivable, net	0.	7	
8 8	Inventories for sale or use	0.	8	
. 9	Prepaid expenses and deferred charges	0.	9	
10 a	Land, buildings, and equipment cost or			
	other basis Complete Part VI of Schedule D 13,140.			
Ь	Less accumulated depreciation 10b 13,140.	0.	10c	
11	Investments - publicly traded securities	1,725,979.		2,096,73
12	Investments - other securities See Part IV, line 11	1,588,129.	12	1,514,87
13	Investments - program-related See Part IV, line 11	0.	13	
14	Intangible assets	0.		
15	Other assets See Part IV, line 11	0.	15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	6,306,172.	16	8,012,26
17	Accounts payable and accrued expenses.	9,037.		2,20
18	Grants payable	0.	18	
19	Deferred revenue	0.		•
20	Tax-exempt bond liabilities	0.		
21	Escrow or custodial account liability Complete Part IV of Schedule D	0.		
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	0.	22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties.	0.	24	
25	Other liabilities (including federal income tax, payables to related third			
23	parties, and other liabilities not included on lines 17-24) Complete Part X			
	of Schedule D	746,761.	25	3,23
26	Total liabilities. Add lines 17 through 25.	755,798.	26	5,43
20	Organizations that follow SFAS 117 (ASC 958), check here X and		20	
27 28 29	complete lines 27 through 29, and lines 33 and 34.		_	
27	Unrestricted net assets	5,550,374.	27	8,006,83
28	Temporarily restricted net assets	0.	28	
29	Permanently restricted net assets	0.	29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34			ı
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
30 31 32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	5,550,374.	33	8,006,83
34	Total liabilities and net assets/fund balances	6,306,172.	34	8,012,26
1 - 1				Form 990 (

Form **990** (2017)

Form 99	90 (2017)			Pa	ge 12
Part					
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		59,1	
2	Total expenses (must equal Part IX, column (A), line 25)	2		86,5	
3	Revenue less expenses Subtract line 2 from line 1	3		72,5	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,5	50,3	
5	Net unrealized gains (losses) on investments	5		16,2	
6	Donated services and use of facilities	6		4,8	378.
7	Investment expenses	7			0.
8	Prior period adjustments	8			0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	3	62,8	316.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	8,0	06,8	331.
Part					
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	<u></u>	· · · -	ـــــــــــــــــــــــــــــــــــــــ
				Yes	No
1	Accounting method used to prepare the Form 990 CashX Accrual Other		-		
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain in			
	Schedule O			 ,	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled 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	Х	L
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ted on a			
	separate basis, consolidated basis, or both				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	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 according to the selection of the audit, review, or compilation of its financial statements and selection of an independent according to the selection of the audit, review, or compilation of its financial statements and selection of an independent according to the selection of the audit, review, or compilation of its financial statements and selection of an independent according to the selection of the audit, review, or compilation of its financial statements and selection of an independent according to the selection of the audit, review, or compilation of its financial statements and selection of an independent according to the selection of the sel	countant?	2c	Х	L.,
	If the organization changed either its oversight process or selection process during the tax year, e	explain in	}		
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth in			
	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	lergo the	1		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits	3b		
			Form	990	(2017)

JSA

SCHEDULE A (Form 990 or 990-EZ)

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.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047
2017
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

LO	JRDE	ES FOUNDATION, INC.					72-149453	32
Рa	rt I	Reason for Public Cha	rity Status (All o	rganizations must c	omplet	e this pa	irt.) See instructions	
The	orga	anization is not a private four	ndation because it	is (For lines 1 through	h 12, ch	eck only	one box)	
1		A church, convention of chu	irches, or associat	tion of churches descr	ibed in s	ection 1	70(b)(1)(A)(i).	10
2		A school described in section	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990	-EZ))	10
3		A hospital or a cooperative	hospital service of	rganization described i	n sectio	n 170(b)	(1)(A)(iii).	·
4		A medical research organiz	ation operated in	conjunction with a hos	pital de	scribed ir	section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st						<u> </u>
5	Ш	An organization operated f	or the benefit of	a college or universit	y owned	d or ope	rated by a governme	ntal unit described in
	_	section 170(b)(1)(A)(iv). (C						
6	Щ	A federal, state, or local go	vernment or gove	rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7	·	An organization that norma	ally receives a sub	stantial part of its su	pport fro	om a go	vernmental unit or fro	om the general public
	_	described in section 170(b)	(1)(A)(vi). (Comple	ete Part II)				
8	Щ	A community trust describe						
9	\Box	An agricultural research org		•		-		-
		or university or a non-land-	grant college of ag	riculture (see instruct	ions) Ei	nter the i	name, city, and state of	f the college or
		university						
10		An organization that norma receipts from activities rela support from gross investmacquired by the organization	ted to its exempt f ient income and ui n after June 30, 19	unctions - subject to c nrelated business tax 1975 See <mark>section 509</mark> (certain e able inco (a)(2). (0	xception ome (less Complete	s, and (2) no more tha s section 511 tax) from Part III)	n 331/3 % of its
11	x	An organization organized	•	•	-			
12	△	An organization organized a	•	=				
		of one or more publicly sup Check the box in lines 12a t	• •					
_		.a	-	• •		-	•	=
а	تا				-		-	
		the supported organization		•		ajority of	the directors of truste	es of the
b		supporting organization `\ ☑ Type II A supporting org				with ite	supported organization	on/e) by having
D	_	control or management o	•				• • •	
		organization(s) You must		-	the sam	c person	is that control of man	age the supported
С		Type III functionally integ	•		ted in ci	onnectio	n with and functional	ly integrated with
Ŭ		its supported organization						,,, _
d		Type III non-functionally	. , ,	•		٠,		ted organization(s)
		that is not functionally inte	-		-			-
		requirement (see instructi	-	-	_			
е		Check this box if the orga	inization received	a written determinatio	n from t	he IRS th	nat it is a Type I, Type I	I, Type III
		functionally integrated, or	Type III non-funct	ionally integrated sup	porting o	organizat	non	
f	Ent	ter the number of supported	organizations					1
g	Pro	ovide the following information	on about the suppo	orted organization(s)				
	(ı) Na	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
_				above (see instructions))		ment?	instructions)	instructions)
F	ATTA	CHMENT 1			Yes	<u>N</u> o		
(A)				3				
				<i></i>				
(B)						,		
				<u></u>				
(C)			_					
(D)								
(E)			_					
Tota	al	1					206 622	
		3.			l	1	306,632.	

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Schedule A (Form 990 or 990-EZ) 2017

Sche	dule A (Form 990 or 990-EZ) 2017						/ Page 2
Pai	(Complete only if you checke Part III. If the organization fai	d the box on	line 5, 7, or 8	of Part I or if t	he organization	n failed to qua	
Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3		\	<i></i>	,7		<u> </u>
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) Public support. Subtract line 5 from line 4						
	tion B. Total Support					L ———	
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	(4)		(3/15-15-15-15-15-15-15-15-15-15-15-15-15-1	(-)	(1)	(7)
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			<u> </u>	¥		
12	Gross receipts from related activities, etc. (s	ee instructions)				12	
13	First five years. If the Form 990 is forganization, check this box and stop here	<u>./</u>		nd, third, fourth,	or fifth tax ye	ear as a section	501(c)(3) ▶
Sec	tion C. Computation of Public Sup						
14	Public support percentage for 2017 (li				•		<u>%</u>
15	Public support percentage from 2016						%
16a	331/3% support test - 2017. If the org	-				11/3 % or more, o	heck this
	box and stop here. The organization q						▶ ⊔
b	331/3% support test - 2016. If the org					\	re, check
47-	this box and stop here. The organization						
1/a	10%-facts-and-circumstances test - 2 10% or more, and if the organization Part VI how the organization meets to organization	meets the "fa he "facts-and-	cts-and-circums	tances" test, ch est The organi	neck this box a ization qualifies	nd stop here. I	Explain in
b	10%-facts-and circumstances test - 2 15 is 10% or more, and if the orga Explain in Part VI how the organizati	2016. If the or anization meet on meets the	ganization did n s the "facts-and "facts-and-circur	ot check a box d-circumstances mstances" test	on line 13, 16 " test, check f	this box and	top here.
18	supported organization				or 17b, check	this box and see	₽ ▶ □

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017

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)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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		1				
	organization's tax-exempt purpose		\				
3	Gross receipts from activities that are not an		1	ĺ			-
	unrelated trade or business under section 513 .		1				
4	Tax revenues levied for the		1				
	organization's benefit and either paid to		\				
	or expended on its behalf		· \				
5	The value of services or facilities		1			,	
	furnished by a governmental unit to the		\				
	organization without charge						
٠ 6	Total. Add lines 1 through 5		V			·	
7 a	Amounts included on lines 1, 2, and 3						_
	received from disqualified persons		/ "	1			
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						
С	Add lines 7a and 7b			1			
8	Public support. (Subtract line 7c from		/	1			
	line 6)			\			
Sec	tion B. Total Support			1			
Caler	ndar year (or fiscal year beginning in)	(a) 201,3	(b) 2014	(c) 2015∜	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6			1			
10 a	Gross income from interest, dividends,			1	•	•	
	payments received on securities loans, rents, royalties, and income from similar						
	sources				N.		
b	Unrelated business taxable income (less		-	-	1		
	section 511 taxes) from businesses	,					
	acquired after June 30, 1975						
С	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				*	<u>*</u>	
12	Other income Do not include gain or					\	
	loss from the sale of capital assets					1	
	(Explain in Part VI)	-					
13	Total support (Add lines 9, 10c, 11,					1	
	and 12)		<u> </u>				
14	First five years If the Form 990 is f	_				\	
<u> </u>	organization, check this box and stop here			· · · · · · · · · · ·		 	<u></u>
	tion C. Computation of Public Sup	·		(0)			
15	Public support percentage for 2017 (line 8					15	<u>%</u>
16	Public support percentage from 2016 Sche					16	<u>%</u>
	tion D. Computation of Investmen						\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
17	Investment income percentage for 2017 (II					17	<u>%</u>
18	Investment income percentage from 2016	•				18	<u> </u>
19 a	331/3% support tests - 2017. If the or						\. I
	17 is not more than 331/3%, check th	-	-	·			, —
Þ	331/3% support tests - 2016. If the orga						\
20	line 18 is not more than 331/3%, check Private foundation . If the organization						. 🖂
ZO JSA	-	and mor check	a box on time	17, 13a, OI 190		chedule A (Form 9	
フロィココ	1 1 000					•	•

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Schedule A (Form 990 or 990-EZ) 2017

Supporting Organizations Part IV

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

Secti	on 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	<u></u>	
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		x
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below			x
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		
С	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		X
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		
С	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		- <u>x</u>
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? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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		x
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		x
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		x
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 .			x
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		X
С	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		x
10 a	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	40-		
L	supporting organizations)? If "Yes," answer 10b below	10a	-	X
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		

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017

3b

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

_	^
2220	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	izatior	าร	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov 20, 1970 (expla	in in Part VI) See
instructions. All other Type III non-functionally integrated supporting organiz	ations	must complete Sectio	
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	1 1		,
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)	Ш		
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 instructions)	ıntegr	ated Type III supporting	g organization (see

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Schedule A (Form 990 or 990-EZ) 2017 Page 7

Part		Supporting Organizat	tions (continued)	
Secti	Current Year			
1_	Amounts paid to supported organizations to accomplish ex		. <u> </u>	
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed	
	organizations, in excess of income from activity	·		
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	
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 resp	onsive	
	(provide details in Part VI) See instructions	. ==:		
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
;	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required-explain in Part VI) See			{
	instructions			
3	Excess distributions carryover, if any, to 2017			1
à	1		-	J
b	From 2013			1
С	From 2014			
d	From 2015	-		ł
e	From 2016			1
f	Total of lines 3a through e]
g	Applied to underdistributions of prior years			1
h	Applied to 2017 distributable amount	\		
i	Carryover from 2012 not applied (see instructions)			
j	Remainder Subtract lines 3g, 3h, and 3i from 3f			1
4	Distributions for 2017 from]
	Section D, line 7 \$			<u> </u>
a	Applied to underdistributions of prior years]
b	Applied to 2017 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4		· · · · · · · · · · · · · · · · · · ·	
5	Remaining underdistributions for years prior to 2017, if			<u> </u>
	any Subtract lines 3g and 4a from line 2 For result]
	greater than zero, explain in Part VI See instructions		:	1
6	Remaining underdistributions for 2017 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2018 Add lines 3j			{
	and 4c]
8	Breakdown of line 7			
<u>a</u>	Excess from 2013		<u> </u>	<u> </u>
b	Excess from 2014			
<u>c</u>	Excess from 2015	<u> </u>		<u> </u>
d	Excess from 2016			<u> </u>
ее	Excess from 2017			

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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)

-				ATTACHMENT	1
SCHEDULE A, PART I - INFORMATION ABOUT	SUPPORTED OF			(II) MOURIM OF	(VI) OTHER
(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION /	(IV) YES NO	(V) AMOUNT OF SUPPORT	SUPPORT AMOUNT
OUR LADY OF LOURDES REGIONAL MEDICAL CENTER	72-0423635	3	x	306,632	,
TOTAL AMOUNT OF SUPPORT				306,632	0

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Part V Transactions With Related Organizations. Compl	ete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36	on Form 990, Par	t IV, line 34, 35b, or 36.		
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of thi	sschedule				Yes No
1 During the tax year, did the organization engage in any of the	 following transactions with one or more related organizations listed in Parts II-IV?	ated organizations lis	ted in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent fro	m a controlled entity.			1a	×
b Gift, grant, or capital contribution to related organization(s)			•	1p	×
c Gift, grant, or capital contribution from related organization(s).	· · · · · · · · · · · · · · · · · · ·			10	×
d Loans or loan guarantees to or for related organization(s)				1 1	×
e Loans or loan guarantees by related organization(s)				1e	<u>* </u>
				1;	<u> </u>
f Dividends from related organization(s).				=	< >
					* ×
h Purchase of assets from related organization(s)				= =	×
i Exchange of assets with related organization(s)				:	خ >
 j Lease of facilities, equipment, or other assets to related organization(s). 	zation(s)			F ::::::::::::::::::::::::::::::::::::	-
				;	<u> </u>
k Lease of facilities, equipment, or other assets from related organization(s)	anization(s)			¥ ;	۲ ۲
I Performance of services or membership or fundraising solicitations for related organization(s)	ations for related organization(s)			=	4
m Performance of services or membership or fundraising solicitations by related organization(s)	ations by related organization(s)			<u>ا</u>	* - -
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	with related organization(s)			- - - - -	۲
 Sharing of paid employees with related organization(s) 				-19	×
			,	1	1
p Réimbursement paid to related organization(s) for expenses.		•			×
 Reimbursement paid by related organization(s) for expenses 					×
					.
r Other transfer of cash or property to related organization(s)				-1	×
s Other transfer of cash or property from related organization(s).				1s	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must	for information on who must complete this	complete this line, including cover	covered relationships and transaction thresholds	action threshold	S
(a) Name of related organization		(b) Transaction	(c) Amount involved	(d) Method of determining	guum
		type (a-s)		amonnt invo	lved
(1)	-				
(2)					
(3)					
(4)					
(9)					
(9)					
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	01.				0

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

OMB No 1545-0047 Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer Identification number 72-1494532 LOURDES FOUNDATION, INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts 1 Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) . . 3 Aggregate value at end of year. 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? 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 Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year 2a 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ _ 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 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 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8 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 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 (ii) Assets included in Form 990, Part X...... ▶ \$_ 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

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

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 Page 2 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) 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) Public exhibition Loan or exchange programs а Scholarly research Other b Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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? No **Escrow and Custodial Arrangements.** Part IV 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 b If "Yes," explain the arrangement in Part XIII and complete the following table Amount 1c 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? No b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII **Endowment Funds.** Part V 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 1,054,078. 1,032,068. 987,794. 950,294. 326,646. 1a Beginning of year balance 580. 22,010. 44,274. 37,500. 623,648. **b** Contributions c Net investment earnings, gains, and losses....... d Grants or scholarships Other expenditures for facilities and programs f Administrative expenses 1,054,658. 1,054,078. 1,032,068. 987.794 950,294 g End of year balance..... 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 ▶ 100.0000 % 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 Yes No organization by X 3a(i) Х 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?........ 3b Describe in Part XIII the intended uses of the organization's endowment funds Land, Buildings, and Equipment. Part VI Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10. (a) Cost or other basis Description of property (c) Accumulated (d) Book value (b) Cost or other basis (investment) depreciation (other) **b** Buildings c Leasehold improvements.... 13,140. d Equipment 13,140. e Other Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)

Schedule D (Form 990) 2017

Part VII	Investments - Other Securities. Complete if the organization answered	l "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) Financia	al derivatives		
	-held equity interests		
(3) Other_			
	ERNATIVE INVESTMENTS		FMV
	ED INCOME SECURITIES		FMV
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	n (b) must equal Form 990, Part X, col (B) line 12)		
Part VIII			
raitviii	Complete if the organization answered		, 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)		•	
<u>(7)</u>			
/0\			
(9)	(I)		
(9) Total (Column	n (b) must equal Form 990, Part X, col (B) line 13)		
(9)	Other Assets.	"Yes" on Form 990	Part IV line 11d. See Form 990. Part Y line 15
(9) Total (Column	Other Assets. Complete if the organization answered), Part IV, line 11d See Form 990, Part X, line 15
(9) Total (Column Part IX	Other Assets. Complete if the organization answered	l "Yes" on Form 990 scription), Part IV, line 11d See Form 990, Part X, line 15 (b) Book value
(9) Total (Columni	Other Assets. Complete if the organization answered		
(9) Total (Column Part IX (1) (2)	Other Assets. Complete if the organization answered		
(9) Total (Column Part IX (1) (2) (3)	Other Assets. Complete if the organization answered		
(9) Total (Column Part IX (1) (2) (3) (4)	Other Assets. Complete if the organization answered		
(9) Total (Column Part IX (1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered		
(9) Total (Column Part IX (1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered		
(9) Total (Column Part IX (1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered		
(9) Total (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered		
(9) Total (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered (a) De	scription	(b) Book value
(9) Total (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	Other Assets. Complete if the organization answered (a) De umn (b) must equal Form 990, Part X, col (B) in Other Liabilities.	scription	(b) Book value
(9) Total (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	Other Assets. Complete if the organization answered (a) De umn (b) must equal Form 990, Part X, col (B) if Other Liabilities. Complete if the organization answered line 25	ine 15)	(b) Book value
(9) Total (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Other Assets. Complete if the organization answered (a) De umn (b) must equal Form 990, Part X, col (B) if Other Liabilities. Complete if the organization answered line 25 (a) Description of liability	scription	(b) Book value
(9) Total (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Other Assets. Complete if the organization answered (a) De umn (b) must equal Form 990, Part X, col (B) if Other Liabilities. Complete if the organization answered line 25	ine 15)	(b) Book value
(9) Total (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1 (1) Feder (2) DUE	Other Assets. Complete if the organization answered (a) De umn (b) must equal Form 990, Part X, col (B) if Other Liabilities. Complete if the organization answered line 25 (a) Description of liability ral income taxes	ine 15)	(b) Book value
(9) Total (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1 (1) Feder (2) DUE (3)	Other Assets. Complete if the organization answered (a) De umn (b) must equal Form 990, Part X, col (B) if Other Liabilities. Complete if the organization answered line 25 (a) Description of liability ral income taxes	ine 15)	(b) Book value
(9) Total (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1 (1) Feder (2) DUE (3) (4)	Other Assets. Complete if the organization answered (a) De umn (b) must equal Form 990, Part X, col (B) if Other Liabilities. Complete if the organization answered line 25 (a) Description of liability ral income taxes	ine 15)	(b) Book value
(9) Total (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1 (1) Feder (2) DUE (3)	Other Assets. Complete if the organization answered (a) De umn (b) must equal Form 990, Part X, col (B) if Other Liabilities. Complete if the organization answered line 25 (a) Description of liability ral income taxes	ine 15)	(b) Book value
(9) Total (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1 (1) Feder (2) DUE (3) (4) (5)	Other Assets. Complete if the organization answered (a) De umn (b) must equal Form 990, Part X, col (B) if Other Liabilities. Complete if the organization answered line 25 (a) Description of liability ral income taxes	ine 15)	(b) Book value
(9) Total (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1 (1) Feder (2) DUE (3) (4) (5) (6)	Other Assets. Complete if the organization answered (a) De umn (b) must equal Form 990, Part X, col (B) if Other Liabilities. Complete if the organization answered line 25 (a) Description of liability ral income taxes	ine 15)	(b) Book value
(9) Total (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1 (1) Feder (2) DUE (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered (a) De umn (b) must equal Form 990, Part X, col (B) if Other Liabilities. Complete if the organization answered line 25 (a) Description of liability ral income taxes	ine 15)	(b) Book value
(9) Total (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1 (1) Feder (2) DUE (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered (a) De umn (b) must equal Form 990, Part X, col (B) if Other Liabilities. Complete if the organization answered line 25 (a) Description of liability ral income taxes	scription ine 15) i "Yes" on Form 990 (b) Book value 3,	(b) Book value

1611084

JSA 7E1271 1 000 Schedule D (Form 990) 2017

Part XIII Supplemental Information (continued)

ASC 740 (FIN 48) FOOTNOTE

SCHEDULE D, PART X

"FMOLHS RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE

POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. RECOGNIZED INCOME

TAX POSITIONS ARE MEASURED AT THE LARGEST AMOUNT THAT IS GREATER THAN 50%

LIKELY OF BEING REALIZED. CHANGES IN RECOGNITION OR MEASUREMENT ARE

REFLECTED IN THE PERIOD IN WHICH THE CHANGE IN JUDGMENT OCCURS. NO

RESERVES FOR UNCERTAIN TAX POSITIONS HAVE BEEN RECORDED."

SCHEDULE D, PART V

ENDOWMENT FUNDS

THE ENDOWMENT FUND WAS CREATED FOR THE BENEFIT OF ST. BERNADETTE COMMUNITY CLINIC.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

► Attach to Form 990 or Form 990-EZ

OMB No 1545-0047

Depart	ment of the Treasury		► Attach ► Go to www.irs	to Form 990 19 <i>00/Form</i> 990				Open to Public Inspection
	of the organization						Employer Identificati	
LOUF	RDES FOUNDATI	ON, INC.					72-1494532	
Part		ing Activities. Co	mplete if the orga	nization a	nswered	"Yes" on Form	990, Part IV, line	e 17.
		0-EZ filers are not						
1	Indicate whether	the organization ra	ised funds through	any of the	following	activities Check	all that apply	·
а	Mail solicita		e			non-government g		
b	Internet and	email solicitations	f			government grant		
С	Phone solic	tations	ģ	Spec		ising events		
d	In-person so	olicitations	J					
2a		tion have a written o	or oral agreement w	vith any ind	lividual (in	cluding officers of	firectors trustees	
	or key employee	s listed in Form 990	0. Part VII) or entity	in connec	tion with p	professional fundra	ising services?	Yes No
b	If "Yes," list the	10 highest paid ind least \$5,000 by the	lividuals or entities					fundraiser is to be
	(i) Name and addr	ress of individual	(11) A -44		draiser have	(Iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid to
	or entity (fu	ndraiser)	(ii) Activity		r control of utions?	from activity	fundraiser listed in col (I)	(or retained by) organization
				Yes	No			
1	-						`	(
2		ξ	-					
3								
4				-	ر			
5								
6			1					
•						•		
7							,	
8		<u> </u>						
9		·						
10								
								. –
otal	<u> </u>				<u> ▶</u>		h	1 1
3	registration or lic	which the organizatensing	ation is registered o	or licensed	to solicit	contributions or	has been notified	it is exempt from
	J	J						
			 					
	 -							
				_	•			
						·		
-								
			-	-				
				· <u> </u>				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2017

Page 2

Part II	Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more
	than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with
	gross receipts greater than \$5,000

		gross receipts greater than \$5,0	00			
			(a) Event #1 SOIREE	(b) Event #2 GOLF TOURNAMEN	(c) Other events	(d) Total events (add col (a) through
			(event type)	(event type)	(total number)	col (c))
Revenue	1	Gross receipts	160,545.	101,745.		262,290
œ	2	Less Contributions	138,479.	91,902.		230,381
		Gross income (line 1 minus	,	· · · · · · · · · · · · · · · · · · ·	<u>-</u>	· · · · · · · · · · · · · · · · · · ·
		line 2)	22,066.	9,843.	<u>_</u>	31,909
	4	Cash prizes	1	875.		875
	5	Noncash prizes	500.	ر 148.		648
enses	6	Rent/facility costs	9,697.			9,697
Jirect Expenses	7	Food and beverages	14,705.	1,664.		16,369
Dire	8	Entertainment	1,550.			1,550
	9	Other direct expenses	26,215.	24,995.		51,210
	10	Direct expense summary Add lines	4 through 9 in column (d)	·		80,349
Pa		Net income summary Subtract line 1 Gaming. Complete if the organization				-48,440
ı a		than \$15,000 on Form 990-E		es 0111 01111 330, 1 ai	try, line 15, or repo	orted more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Re	1	Gross revenue				
nsės	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses			r · · · · · · · · ·	
	6	Volunteer labor	Yes%	Yes%	Yes% No	
	7	Direct expense summary Add lines 2	2 through 5 in column (d))		
	İ	Direct expense summary Add lines 2 Net gaming income summary Subtra				
	8 E	Net gaming income summary Subtra nter the state(s) in which the organization licensed to conduct of	act line 7 from line 1, col tion conducts gaming ac gaming activities in each	ctrvities of these states?		. Yes No
а	8 E	Net gaming income summary Subtra nter the state(s) in which the organization licensed to conduct of	act line 7 from line 1, col	ctrvities of these states?		. Yes No
10 a	En Is	Net gaming income summary Subtrainter the state(s) in which the organization the organization licensed to conduct a "No," explain Vere any of the organization's gaming	act line 7 from line 1, col tion conducts gaming ac gaming activities in each	ctivities of these states?		

Sched	Tule G (Form 990 or 990-EZ) 2017			Page 3
11	Does the organization conduct gaming activities with nonmembers?	□'	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity			_
	formed to administer charitable gaming?	.,. □'	Yes ∟	_ No
13	Indicate the percentage of gaming activity conducted in			
а	The organization's facility	а		%
b	An outside facility	b		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books a	nd	1	
	records			
	Name ►			
	Address ►			
45.	Dave the commented have a contract with a third want from others the commented was			
15 a	Does the organization have a contract with a third party from whom the organization receives gan		Yes 🗍	٦,,,
	revenue?	۱	res	_ NO
D	amount of gaming revenue retained by the third party ▶ \$	ı me		
c	If "Yes," enter name and address of the third party			
·				
	Name ▶			
	Address ►			
•				
16	Gaming manager information			
	Name ▶			
	•			
	Gaming manager compensation ▶ \$			
	,			
	Description of services provided ►			
	Director/officer Employee Independent contractor			
	Director/officer Employee Independent contractor			
17	Mandatory distributions			
	Is the organization required under state law to make charitable distributions from the gaming proce	eds to		
-	retain the state gaming license?		Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organize			
	or spent in the organization's own exempt activities during the tax year ▶ \$			
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (III) and (v), a	ind	
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional	Information	าก	
	(see instructions).			
	·			
	, ·			

Schedule G (Form 990 or 990-EZ) 2017

SCHEDULEI (Form 990)

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

OMB No 1545-0047

	C. TO IC ON! ALTRO CIND WIND IN CO. DOLONGED DOLONGED TO THE PROPERTY.	
	Complete in the Organization answered the Olin 550, half 19, into 21 of 22.	
Department of the Treasury	► Attach to Form 990.	Open to Public
Internal Revenue Service	► Go to www.irs.gov/Form990 for the latest information.	Inspection
Name of the organization		Employer Identification number
LOURDES FOUNDATION, INC.		72-1494532
Part General li	Part I General Information on Grants and Assistance	

		Ē	
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?	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.

%

		Contract Oct (4)	deep de bername (b)		Charles of the Method of Method of the Control of t	And Department of the	14. D. 11. 11.
1 (a) Name and address of organization or government	(a)	(r) IRC section (if applicable)	(d) Amount or cash grant	(e) Amount of non- cash assistance	(book, FMV, appraisal, other)	(g) Description of noncash assistance	(n) Purpose of grant or assistance
(1) OUR LADY OF LOURDES RMC		ı		-			
4801 AMBASSADOR CAFFERY PKWY	72-0423635	501 (C) (3)	236,568				GENERAL SUPPORT
(2) 232-HELP INC		Ŧ					
PO BOX 52763 LAFAYETTE, LA 70505	72-0628109	501(C)(3)	10,000				GENERAL SUPPORT
(3)							
(4)							
		•					
(5)							
(9)							
(7)							
(8)		-					
		•					
(6)							
(10)		-					
	1						
(11)							
		,					
(12)							
		1					
		rganizations list	organizations listed in the line 1 table	le		A : : : : : : : : : : : : : : : : : : :	2.
3 Enter total number of other organizations listed in the lin	ted in the line	e 1 table.				A	
For Paperwork Reduction Act Notice, see the Instructions for Form	ions for Form 99	.066				Sch	Schedule I (Form 990) (2017)

JSA 7E1288 1 000 63701E K443

Page 2

(f) Description of non-cash assistance 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: Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Part IV

MONITORING USE OF GRANT FUNDS

information.

SCHEDULE I, PART I, LINE 2

LOURDES FOUNDATION MONITORS THE USE OF GRANT FUNDS BY RECEIVING A

SUBMITTED COMPLIANCE REPORT BY THE ORGANIZATION RECEIVING THE GRANT AT

THE END OF THE GRANT PERIOD.

Schedule I (Form 990) (2017)

SCHEDULE J (Form 990)

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.

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

OMB No 1545-0047 Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

LOURDES FOUNDATION, INC.

Employer Identification number 72-1494532

Pari	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
~	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a ²	2		-
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
	organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a	,		
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
_	organization or a related organization	4a	x	
a b	Receive a severance payment or change-of-control payment?	4a 4b	x	
-		4c		x
C	Participate in, or receive payment from, an equity-based compensation arrangement?	40		
	These to any of lines 4a-c, list the persons and provide the applicable amounts for each item in rait in			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
·	compensation contingent on the revenues of			
а	The organization?	5a		Х
b		5b		Х
	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			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
•	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		

V 17-7.10

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Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

LOURDES FOUNDATION, INC.

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

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

Note: The sum of columns (B)(1)-(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

		(B) Breakdown o	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(0)-(D)	in column (B) reported as deferred on prior Form 990
W. BRYAN LEE	€	0.	.0	0.	0.	.0	0.	0.
1CEO OF LOURDES	Ξ	239,672.	0	10,213.	9,866.	17,419.	277,170.	0.
WILLIAM F. BARROW	ε	0	0	0.	0.	0	0.	0.
2FORMER CEO	3	292,643.	0	100,828.	68,944.	3,854.	466,269.	95,822.
JEFF LIMBOCKER	Ξ	0.	.0	0.	0	.0	0	0.
3REGIONAL CFO	€	427,364.	110,390.	14,575.	107,606.	24,017.	683,952.	0.
RONALD HOGAN	Ξ	0	0	0.	0.	0	0	0.
4 FORMER SR. VP FINANCE	Ξ	0	0	210,339.	0	0	210,339.	0.
	€							
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Page 3

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

PART I, QUESTION 3

THE CEO IS PAID BY FMOL HEALTH SYSTEM, A RELATED TAX EXEMPT ORGANIZATION.

THE FMOLHS BOARD OF DIRECTORS DESIGNATES A COMPENSATION COMMITTEE, MADE

SET THE CEO'S COMPENSATION UP OF INDEPENDENT BOARD MEMBERS, TO REVIEW AND

ANNUALLY. THE COMPENSATION COMMITTEE OBTAINS AND RELIES UPON COMPARABLE

DATA INCLUDING A COMPENSATION STUDY/SURVEY FROM AN INDEPENDENT

COMPENSATION CONSULTANT. THE COMPENSATION COMMITTEE REVIEWS COMPENSATION

PACKAGES AND APPROPRIATE COMPENSATION IS DETERMINED AND APPROVED. THE

BASIS FOR MAKING SUCH DETERMINATION IS DOCUMENTED BY THE COMPENSATION

COMMITTEE

PART I QUESTION 4B

FMOL HEALTH SYSTEM MAINTAINS THREE UNFUNDED DEFERRED COMPENSATION PLANS

WHICH MEET THE REQUIREMENTS OF IRC SECTION 457(F) AND IRC SECTION 409A.

THE PLANS PROVIDE FOR COMPENSATION TO BE DEFERRED AND PAID UPON

OCCURRENCE OF CERTAIN EVENTS SUCH AS TERMINATION WITHOUT CAUSE,

DISABILITY, DEATH OR ATTAINMENT OF A SPECIFIC PAYMENT DATE. PARTICIPATION

IN THE PLANS IS LIMITED TO CERTAIN EXECUTIVES AND IS SUBJECT TO APPROVAL

OF FMOLHS BOARD OF DIRECTORS OR A DESIGNATED COMMITTEE OF SUCH BOARD

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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

BUD BARROW RECEIVED A SERP PAYMENT IN THE AMOUNT OF \$95,822 IN THE CURRENT YEAR.

PART I, QUESTION 4A

WELFARE BENEFITS FOR AN ENTITLEMENT PERIOD. THE ENTITLEMENT PERIOD RANGES FROM 18 TO 36 MONTHS. NO PAYMENTS WERE MADE UNDER THE PLAN IN THE CURRENT WITHOUT CAUSE. IF TRIGGERED, THE EXECUTIVE WOULD BE PAID HIS BASE SALARY A FORMER OFFICER IS ENTITLED TO A SEVERANCE BENEFIT. THE PAYOUT OF SUCH BENEFIT IS REMOTE AS IT IS EFFECTIVE ONLY FOR TERMINATION OF EMPLOYMENT AND AN ANNUAL INCENTIVE PAYMENT AT TARGET AND PROVIDED RETIREMENT AND YEAR.

IS EFFECTIVE ONLY FOR A TERMINATION OF EMPLOYMENT WITHOUT THE PAYOUT OF SUCH BENEFIT 12 PROVIDED RETIREMENT AND WELFARE BENEFITS FOR AN ENTITLEMENT PERIOD. THE ENTITLEMENT PERIOD IS OR DUE TO CHANGE OF CONTROL. IF TRIGGERED, THE CURRENT YEAR PAYMENTS WERE MADE UNDER THE PLAN IN EMPLOYEE WOULD BE PAID HIS/HER BASE SALARY AND AN OFFICER IS ENTITLED TO A SEVERANCE BENEFIT. CAUSE, FOR GOOD REASON, IS REMOTE AS IT 8 8 MONTHS. Schedule J (Form 990) 2017

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LOURDES FOUNDATION, INC.

Schedule - (Form 990) 2017	-	. E ane d
Part III Supplemental Information		
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, for any additional information	d 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
	_	
RON HOGAN RECEIVED A SEVERANCE PAYMENT IN THE	AMOUNT OF \$210,3	\$210,339 IN THE
CURRENT YEAR.		
	~	
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SCHEDULE O (Form 990 or 990-EZ)

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

Department of the Treasury Internal Revenue Service

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www irs gov/form990

2017
Open to Public Inspection

OMB No 1545-0047

Name of the organization

LOURDES FOUNDATION, INC

Employer identification number

72-1494532

PART VI, SECTION A, QUESTION 6

OUR LADY OF LOURDES REGIONAL MEDICAL CENTER (AN IRC SECTION 501(C)(3)

ORGANIZATION) IS THE SOLE MEMBER OF LOURDES FOUNDATION, INC.

PART VI, SECTION A, QUESTION 7A

OUR LADY OF LOURDES REGIONAL MEDICAL CENTER, AS THE SOLE MEMBER OF

LOURDES FOUNDATION, INC., RETAINS THE POWER TO APPOINT AND REMOVE THE

MEMBERS OF THE BOARD OF TRUSTEES AND OFFICERS OF LOURDES FOUNDATION, INC.

PART VI, SECTION A, QUESTION 7B

OUR LADY OF LOURDES REGIONAL MEDICAL CENTER, AS THE SOLE MEMBER OF

LOURDES FOUNDATION, RESERVES THE FOLLOWING POWERS:

- 1. TO CHANGE PHILOSOPHY, OBJECTIVES AND PURPOSES OF CORPORATION
- 2. TO AMEND, ALTER, MODIFY OR REPEAL THE ARTICLES OF INCORPORATION AND BYLAWS OF THE CORPORATION
- 3. TO AUTHORIZE MERGER, CONSOLIDATION, OR AFFILIATION, OR PARTICIPATE IN JOINT VENTURES
- 4. TO DISSOLVE AND TO DISTRIBUTE ASSETS OF THE CORPORATION
- 5. TO APPOINT AND/OR TERMINATE WITH OR WITHOUT CAUSE THE CHIEF EXECUTIVE
 OFFICERS OF THE CORPORATION
- 6. TO ACQUIRE, PURCHASE, SELL, LEASE, TRANSFER, OR ENCUMBER ANY IMMOVABLE PROPERTY ON BEHALF OF THE CORPORATION
- 7. TO ADD TO OR INCUR LONG-TERM DEBT IN EXCESS OF \$5 MILLION BY THE

CORPORATION

- TO APPOINT THE FISCAL AUDITOR OF THE CORPORATION
- TO APPROVE ANY INCREMENT OR ADDITION TO THE CAPITAL DEBT OR EFFORTS TO RENEGOTIATE, MODIFY OR CHANGE THE EXISTING CAPITAL DEBT OBLIGATIONS OF THE CORPORATION
- TO APPROVE THE ANNUAL OPERATING AND CAPITAL BUDGETS OF THE CORPORATION
- 11. TO APPROVE THE STRATEGIC BUSINESS PLAN OF THE CORPORATION
- 12. TO APPOINT OR REMOVE THE MEMBERS OF THE BOARD OF TRUSTEES AND OFFICERS OF THE CORPORATION.

PART VI, SECTION A, QUESTION 11

AFTER PREPARATION AND REVIEW OF FORM 990 BY KPMG LLP, THE ORGANIZATION'S TAX ADVISORS, THE FORM 990 IS REVIEWED BY ONE OR MORE MEMBERS OF SENIOR MANAGEMENT. A COPY OF THE RETURN IS THEN PROVIDED TO THE ORGANIZATION'S GOVERNING BODY BEFORE IT IS FILED WITH THE IRS.

PART VI, SECTION B, QUESTION 12C

LOURDES FOUNDATION, INC. HAS A COMPREHENSIVE CONFLICT OF INTEREST POLICY 7 THAT REQUIRES EACH OFFICER, TRUSTEE, BOARD COMMITTEE MEMBER AND EMPLOYEE TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT ANNUALLY. COMPLETED DISCLOSURE FORMS ARE REVIEWED AND MAINTAINED BY THE CHIEF COMPLIANCE OFFICER. IF ANY TRUSTEE, BOARD COMMITTEE MEMBER OR SENIOR MANAGER HAS A POTENTIAL CONFLICT, THE EXECUTIVE COMMITTEE OF THE BOARD DETERMINES WHETHER ACTION NEEDS TO BE TAKEN AND COMMUNICATES ANY SUCH ACTION TO THE INDIVIDUAL. A POTENTIAL CONFLICT OF ANY OTHER EMPLOYEE IS

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Employer identification number 72-1494532

REVIEWED BY THE CEO OR HIS DESIGNEE. THE EXECUTIVE COMMITTEE, CEO OR DESIGNEE, AS APPLICABLE, DETERMINES IF A CONFLICT OF INTEREST EXISTS OR CREATES THE APPEARANCE OF IMPROPRIETY. IF SUCH A DETERMINATION IS MADE, THE INDIVIDUAL WILL BE EXCUSED FROM PARTICIPATING IN THE BUSINESS DECISION.

DURING THE YEAR, ANY CHANGE TO THE INFORMATION IN THE DISCLOSURE STATEMENT MUST BE DISCLOSED PROMPTLY TO THE CHIEF COMPLIANCE OFFICER, WHO TAKES APPROPRIATE ACTION. THE PROCESS ALSO REQUIRES AFFIRMATION FROM EACH INDIVIDUAL THAT HE OR SHE (A) HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY; (B) HAS READ AND UNDERSTANDS THE POLICY; (C) HAS AGREED TO COMPLY WITH THE POLICY; AND (D) UNDERSTANDS THAT LOURDES FOUNDATION, INC. IS A CHARITABLE ORGANIZATION AND THAT, IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION, IT MUST ENGAGE PRIMARILY IN ACTIVITIES THAT ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES.

IN ADDITION TO THE ABOVE, LOURDES FOUNDATION, INC. PROVIDES MECHANISMS FOR CONFIDENTIAL REPORTING OF COMPLIANCE ISSUES. THESE MECHANISMS INCLUDE AN ANONYMOUS HOTLINE AND WEBSITE WHERE INDIVIDUALS MAY RAISE ISSUES, SEEK CLARIFICATION, AND REPORT POSSIBLE CONFLICTS OF INTEREST OR OTHER CONCERNS. THESE REPORTS OF POSSIBLE CONFLICTS OF INTEREST ARE REVIEWED AND INVESTIGATED BY THE CORPORATE COMPLIANCE DEPARTMENT AND APPROPRIATE ACTION IS TAKEN.

PART VI, SECTION B, QUESTIONS 15A & 15B OTHER RELATED ORGANIZATIONS SET THE COMPENSATION AND PAY THE EXECUTIVES.

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THE CEO AND CFO OF LOURDES FOUNDATION IS ALSO THE CEO AND CFO OF OUR LADY OF LOURDES REGIONAL MEDICAL CENTER. THEY ARE EMPLOYEES OF FMOL HEALTH SYSTEM (A RELATED TAX-EXEMPT ORGANIZATION) WHOSE SALARIES ARE DETERMINED BY THE PAY PRACTICES OF THAT ORGANIZATION. SUCH PAY PRACTICES INCLUDE THE USE OF AN INDEPENDENT BOARD COMMITTEE WHICH REVIEWS COMPENSATION ANNUALLY AFTER OBTAINING AND RELYING UPON INDUSTRY WIDE COMPENSATION INFORMATION FROM AN OUTSIDE CONSULTING FIRM. THE BOARD COMMITTEE APPROPRIATELY DOCUMENTS ITS DECISIONS.

PART VI, SECTION C, QUESTION 19 THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.

PART XI, LINE 9

CAPITAL TRANSFERS

\$362,816

SECTION 1.263(A)-1(F) - DE MINIMIS SAFE HARBOR ELECTION LOURDES FOUNDATION, INC. DOES HAVE APPLICABLE FINANCIAL STATEMENTS FOR THE YEAR OF THE ELECTION, AND INTEND TO APPLY THE DE MINIMIS SAFE HARBOR ELECTION. THIS ELECTION PERMITS THE TAXPAYER TO DEDUCT FOR TAX PURPOSES ANY ITEM DEDUCTED UNDER ITS BOOK POLICY THAT DOES NOT EXCEED \$5,000 PER INVOICE (OR PER ITEM AS SUBSTANTIATED BY THE INVOICE) OR ITEMS HAVING AN ECONOMIC USEFUL LIFE OF TWELVE MONTHS OR LESS AS DESCRIBED IN SECTION 1.263(A)-1(F)(1)(II).

SECTION 1.263(A)-3(N) ELECTION - BOOK CONFORMITY ELECTION LOURDES FOUNDATION, INC. IS MAKING THE ELECTION UNDER TREAS. REG. § Name of the organization LOURDES FOUNDATION, INC. Employer identification number 72-1494532

1.263(A)-3(N) TO CAPITALIZE THOSE REPAIR AND MAINTENANCE COSTS THAT IT TREATS AS CAPITAL IMPROVEMENTS ON ITS BOOKS AND RECORDS FOR THE TAX YEAR ENDED JUNE 30, 2018.

PART VI, SECTION A, QUESTION 2

JOHN MENDELL AND MIKE MONCLA HAVE A BUSINESS RELATIONSHIP.

JOHN MENDELL AND E.J. KRAMPE HAVE A BUSINESS RELATIONSHIP.

KATHRYN STROTHER AND JOE GIGLIO HAVE A FAMILY RELATIONSHIP.

ATTACHMENT 1

ATTACHMENT 2

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

DESCRIPTION	TRUOMA
SOIREE	138,479
GOLF TOURNAMENT	91,902
TOTAL.	230 381

FORM 990, PART VIII - FUNDRAISING EVENTS

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME
SOIREE	22,066.	52,667.	-30,601.
GOLF TOURNAMENT	9,843.	27,682.	-17,839.
TOTALS	31,909.	80,349.	-48,440.

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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

2017	Open to Public	Inspection

OMB No 1545-0047 -

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

Employer identification number

72-1494532 Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. LOURDES FOUNDATION, INC. Department of the Treasury Internal Revenue Service Name of the organization Partl

	(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)						
(2)						
(3)						
	-					
(4)					,	
(2)						
(9)						
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	e organization answ	vered "Yes" on Fo	rm 990, Part IV	, line 34, because	t had

rart	one or more related tax-e	one or more related tax-exempt organizations during the	ng the tax year						
	(a) Name, address, and EIN of related organization	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?	2(b)(13) siled y?
								Yes	N _o
ST BER	BERNARD HEALTH FUND	20-4685614							•
4200 ES	4200 ESSEN LANE	BATON ROUGE, LA 70809	HEALTHCARE	LA	501(C)(3)	11 TYPE 1	FMOLHS		×
HEALTH	HEALTH CARE CENTERS IN SCHOOLS	72-1443935							
5000 HE	5000 HENNESSY BLVD	BATON ROUGE, LA 70808	HEALTHCARE	LA	501(C)(3)	7	OLOL	×	
ST PR	(3) ST PRANCIS AMBULATORY SERVICES	72-1206096							
PO BOX 1901	1901	MONROE, LA 71210	HEALTHCARE	ГЪ	501(C)(3)	3	SFMC	×	
							-		

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

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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	(d) Direct controlling entity	(e) Predominant Income (related, unrelated, unrelated,	(f) Share of total income	(g) Share of end-of- year assets	(h) Oisproportionata a Bocartora?	(I) Code V - UBI amount in box 20 of Schedule K-1	(I) General or managing	(k) Percentage ownership
		foreign		tax under sections 512 - 514)				(Form 1065)		
		/f					Yes No		Yes No	
(1) HEART HOSPITAL OF ACADIANA, LL										
1105 KALISTE SALOOM ROAD LAFAY	HEALTHCARE	LA	LOURDES	N/A						
(2) PERKINS PLAZA IMAGING DEVELOPM										
5000 HENNESSY BLVD , PLAZA 2,	REAL ESTATE	LA	OLOL	N/A						
(3) P&S SURGERY CENTER, LLC 72-138										
312 GRAMMONT STREET MONROE, LA	HEALTHCARE	LA	SFMC	N/A	•					
(4) LOURDES IMAGING DEVELOPMENT, L										
4801 AMBASSADOR CAFFERY PKWY L	REAL ESTATE	ΓA	LOUPDES	N/A						
(5) PARK PLACE SURGERY CENTER, LLC						•				
4811 AMBASSADOR CAFFERY PKWY L	HEALTHCARE	ĽĄ	LOUPDES	N/A					_	
(6) BRPT LAKE REHABILITATION CENTE										l
5222 BRITTANY DRIVE BATON ROUG	HEALTHCARE	ĽĄ	OLOL	N/A						
(7) CONVENIENT CARE, LLC 72-143948										
10319 JEFFERSON HIGHWAY BATON	HEALTHCARE	LA	OLOL	N/A						

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, Inne 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	ofling	(e) Type of entity	2	(g) (h) (l) Share of Percentage Section	(h) Percentage	(I) Section
		(state or foreign country)	entity	(C corp. S corp. or trust)	іпсоте	end-of-year assets	ownership	ontrolled entity?
							7	Yes
(1) ST FRANCIS INSURANCE AGENCY	136							
309 JACKSON STREET MONROE, LA 71201	INSURANCE	LA	SFMC	C CORP				1
(2) HOSPITAL ASSISTANCE SERVICES	486			•		_		
PO BOX 4027-C LAFAYETTE, LA 70502	HEALTHCARE	ГA	LOURDES	C CORP				
(3) LOUISE INSURANCE COMPANY						•		
PO BOX 1051 KY1-1102 CAYMAN ISLANDS , CJ	INSURANCE	CJ	FMOL	C CORP				_
(4) MONROE HEALTH SERVICES	820							
PO BOX 3187 MONROE, LA 71210	HEALTHCARE	ГA	AMBULATORY	c corp			_	4
(5) NORTHEAST LA HEALTH NETWORK	587							
309 JACKSON STREET MONROE, LA 71201	HEALTHCARE	LA	AMBULATORY	c corp				_
(6) FRANCISICAN HEALTH & WELLNESS SERVICES I	379							
4200 ESSEN LANE BATON ROUGE, LA 70809	HEALTHCARE	LA	FMOL	C CORP				4
(7) FMOL HEALTH SYSTEM HOLDINGS, INC	024							
4200 ESSEN LANE BATON ROUGE, LA 70809	INVESTMENT	LA.	FMOL	C CORP				_

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(h) (l)
Percentage Section
ownership controlled entity? Yes No (k) Percentage ownership 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. (I) General or managing å Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 partner? Yes (g) Share of end-of-year assets (I)
Code V - UBI
amount in box 20
of Schedule K-1
(Form 1065) (f) Share of total (h) Disproportionab albeations? ŝ income Yes (g) Share of end-of-(e)
Type of entity
(C corp, S corp, or trust) year assets (f) Share of total (d)
| Direct controlling entity Income because it had one or more related organizations treated as a partnership during the tax year (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512 - 514) (c) Legal domicite (state or foreign country) (b) Primary activity N/A N/A N/A N/A N/A (d)
Direct controlling
entity IMAGING LOURDES LOURDES LOURDES SFMC STEH OLOL STEH (c)
Legal
domrcile
(state or
foreign Z A F Ę 3 3 3 (a)Name, address, and EIN of related organization (b) Primary activity HEALTHCARE HEALTHCARE HEALTHCARE HEALTHCARE HEALTHCARE HEALTHCARE HEALTHCARE 8080 BLUEBÓNNET BLVD BATON RO 4950 ESSEN LANE BATON ROUGE, L 4801 AMBASSADOR CAFFERY PKWY L 901 S HUGH WALLIS ROAD LAFAYE (1) SURGICAL SPECIALTY CENTER OF B 7777 HENNESSY BLVD , SUITE 100 ST ELIZABETH-MARY BIRD PERKIN ST MARYS IMAGING CENTER II, L LAKE URGENT CARE ASCENSION, LL (6) LOURDES AFTER HOURS, LLC 20-13 10319 JEFFERSON HIGHWAY BATON 411 CALYPSO STREET MONROE, LA NORTHEAST LA CANCER INSTITUTE LHCG-XIII, LLC 20-8068308 Name, address, and EIN of related organization Part III Part IV (2) <u>4</u> 9 3 ල 3 Ξ ල

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(I) Section 512(b)(13) controlled entity? Yes No (k) Percentage ownership (h) Percentage ownership Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, Inne 34, because it had one or more related organizations treated as a corporation or trust during the tax year. (J) General or managing ŝ Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, partner? Yes (g) Share of end-of-year assets Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) (f) Share of total ŝ псоте Ξ Yes (g) Share of end-of-(e)
Type of entity
(C corp, S corp, or trust) year assets (f) Share of total (d)
Direct controlling entity псоше because it had one or more related organizations treated as a partnership during the tax year (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512 - 514) (c) Legal domicile state or foreig (b) Primary activity N/A N/A N/A N/A N/A N/A N/A (d) Direct controlling LOUPDES LOURDES OLOL SFMC OLOL OLOL OLOL (c)
Legal
domicile
(state or
foreign 3 ጟ F Ľ ĭ F Ľ (a)Name, address, and EIN of related organization (b) Primary activity HEALTHCARE HEALTHCARE HEALTHCARE HEALTHCARE HEALTHCARE HEALTHCARE HEALTHCARE 5627 S SHERWOOD FOREST BLVD BA 4950 ESSEN LANE BATON ROUGE, L 15305 DALLAS PKWY, STE 1600 LB 901 S HUGH WALLIS ROAD LAFAYE (1) LAKE URGENT CARE ASCENSION LLC (2) OLOL/USP SURGERY CENTER, LLC 3 (3) ST FRANCIS URGENT CARE LLC 47 (6) PREMIER HEALTH HOLDINGS, LLC 4 (7) PINNACLE CARE HOLDINGS, LLC 72 10319 JEFFERSON HIGHWAY BATON 10319 JEFFERSON HIGHWAY BATON 10319 JEFFERSON HIGHWAY BATON (4) GAMMA KNIFE OF LOUISIANA, LLC (5) LHCG LXVII, LLC 72-0423635 (a)
Name, address, and EIN of related organization Part III Part IV <u>4</u> (5) (2) 3

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

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) (b) (c) (d) (d) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?	iners S. (1)	(f) Share of total income	(9) Share of end-of-year assets	(h) Disproportionate allocations?	1	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	ral or iging ier?	(k) Percentage ownership
			sections 512-514)	Yes No	9			Yes	٥ ۷		Yes	۶ ۲	
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(2)													
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Part VII Supplemental Information
Provide additional information for responses to questions on Schedule R. See instructions