

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019

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

C Name of organization
LOUISIANA CHILDREN'S MEDICAL CENTER

Doing business as

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

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

D Employer identification number
94-3480131

E Telephone number
(504) 896-2847

G Gross receipts \$ 382,718,243

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

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: WWWWWW.LCMCHEALTH.ORG

H(c) Group exemption number ▶

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 2009

M State of legal domicile: LA

Part I Summary

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

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

3 Number of voting members of the governing body (Part VI, line 1a)	26
4 Number of independent voting members of the governing body (Part VI, line 1b)	24
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	2,496
6 Total number of volunteers (estimate if necessary)	69
7a Total unrelated business revenue from Part VIII, column (C), line 12	376,451
7b Net unrelated business taxable income from Form 990-T, line 39	-84,784

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	7,017,425	157,637
9 Program service revenue (Part VIII, line 2g)	370,814,405	341,367,132
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	100,879
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,053,690	41,092,595
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	379,885,520	382,718,243
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	359,211	5,928,458
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	137,918,978	138,402,991
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	239,613,184	242,741,512
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	377,891,373	387,072,961
19 Revenue less expenses. Subtract line 18 from line 12	1,994,147	-4,354,718

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	2,039,214,875	2,358,865,527
21 Total liabilities (Part X, line 26)	594,883,875	716,333,527
22 Net assets or fund balances. Subtract line 21 from line 20	1,444,331,000	1,642,532,000

Part II Signature Block

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

Sign Here
Signature of officer: _____ Date: 2020-11-16
JENNIFER BARNETT SARPALIUS CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶	Firm's EIN ▶			
Firm's address ▶	Phone no.			

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 22,533,168 including grants of \$ 5,928,458) (Revenue \$ 130,662,978)
See Additional Data

4b (Code:) (Expenses \$ 184,303,230 including grants of \$) (Revenue \$ 249,509,779)
See Additional Data

4c (Code:) (Expenses \$ 9,759,784 including grants of \$) (Revenue \$ 2,011,398)
See Additional Data

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

4e Total program service expenses ▶ 216,596,182

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	Yes
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	Yes
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	Yes
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Yes
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes

Part V Statements Regarding Other IRS Filings and Tax Compliance
 Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	247
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 2,496			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b Yes		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . .		3a Yes		
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O . . .</i>		3b Yes		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . .		4a	No	
b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .		5a	No	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	No	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a	No	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a	No	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c	No	
d If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .		7f		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9 Sponsoring organizations maintaining donor advised funds.				
a Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10 Section 501(c)(7) organizations. Enter:				
a Initiation fees and capital contributions included on Part VIII, line 12	10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11 Section 501(c)(12) organizations. Enter:				
a Gross income from members or shareholders	11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c Enter the amount of reserves on hand	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a	No	
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O . . .</i>		14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		15 Yes		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . If "Yes," complete Form 4720, Schedule O.		16	No	

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (26), 1b (24), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:

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

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

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

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

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

See instructions for the order in which to list the persons above.

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

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

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

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

1b Sub-Total									
1c Total from continuation sheets to Part VII, Section A									
1d Total (add lines 1b and 1c)						11,368,343	0	470,855	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 171

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
OWENS & MINOR INC 700 ELMWOOD PARK BLVD HARAHAN, LA 70123	MED/SURG SUPPLIES	25,045,083
MORRIS & DICKSON CO P O BOX 51367 SHREVEPORT, LA 71135	PHARMACEUTICAL	19,669,273
MEDASSETS INC 200 NORTH POINT CENTER EAST SUITE ALPHARETTA, GA 30022	CONTRACT LABOR	13,826,759
OMEGA DIAGNOSTICS LLC P O BOX 4406 SHREVEPORT, LA 711340406	OUTSOURCED LABORATORY SERVICES	10,943,476
ARAMARK CTS INC 10510 TWIN LAKES PARKWAY CHARLOTTE, NC 28269	ENVIRONMENTAL/DIETARY OUTSOURCED SERVICE	10,806,060

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 5

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	157,637		
	g Noncash contributions included in lines 1a - 1f:\$	1g			
h Total. Add lines 1a-1f		157,637			

Program Service Revenue			(A)	(B)	(C)	(D)
		Business Code				
2a WEST JEFFERSON PATIENT SERVICES		621110	219,405,020	219,405,020		
b LCMC MANAGEMENT FEE		561000	118,894,246	118,894,246		
c LHCS PATIENT SERVICES		621110	1,662,715	1,662,715		
d POPULATION HEALTH		900099	1,405,151	1,405,151		
e						
f All other program service revenue.						
g Total. Add lines 2a-2f.			341,367,132			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		100,879	100,879			
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	6a	1,135,304			
			6b Less: rental expenses	0			
		(ii) Personal	6c Rental income or (loss)	1,135,304			
		d Net rental income or (loss)		1,135,304	1,135,304		
	7a Gross amount from sales of assets other than inventory	(i) Securities	7a				
			7b Less: cost or other basis and sales expenses				
		(ii) Other	7c Gain or (loss)				
		d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		8a				
		b Less: direct expenses	8b				
		c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19		9a				
b Less: direct expenses		9b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances		10a					
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11a WEST JEFFERSON NON-PATIENT SERVIC		621400	34,243,484	34,243,484			
b LHCS - SUBSIDY		900099	2,658,264	2,658,264			
c WEST JEFFERSON FITNESS CENTERS		561000	1,073,218	696,767	376,451		
d All other revenue			1,982,325	1,982,325			
e Total. Add lines 11a-11d			39,957,291				
12 Total revenue. See instructions			382,718,243	382,184,155	376,451	0	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,928,458	5,928,458		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	12,216,003		12,216,003	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	109,664,689	67,875,619	41,789,070	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	2,579,934	1,873,803	706,131	
9 Other employee benefits	6,098,883	3,834,417	2,264,466	
10 Payroll taxes	7,843,482	4,627,928	3,215,554	
11 Fees for services (non-employees):				
a Management	18,315,190	17,924,965	390,225	
b Legal	1,395,850		1,395,850	
c Accounting	519,990		519,990	
d Lobbying	548,825		548,825	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	67,407,390	33,292,844	34,114,546	
12 Advertising and promotion	1,167,492	6,138	1,161,354	
13 Office expenses	9,988,346	255,298	9,733,048	
14 Information technology	28,382,099	125,476	28,256,623	
15 Royalties				
16 Occupancy	7,471,123	1,279,984	6,191,139	
17 Travel	452,711	42,878	409,833	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	193,002	7,272	185,730	
20 Interest	6,506,493	4,586,050	1,920,443	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	22,432,025	16,463,029	5,968,996	
23 Insurance	3,761,531	2,390,806	1,370,725	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	52,963,374	52,359,558	603,816	
b ALL OTHER EXPENSES	8,950,392	291,065	8,659,327	
c LEASED FACILITIES & EQU	8,669,985	1,516,270	7,153,715	
d REPAIRS & MAINTENANCE	3,615,694	1,914,324	1,701,370	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	387,072,961	216,596,182	170,476,779	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	11,520,757	1	16,885,870
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	50,052,745	4	58,334,214
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	2,907,790	5	2,457,278
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	186,456,936	7	251,015,157
	8 Inventories for sale or use	6,859,278	8	6,049,853
	9 Prepaid expenses and deferred charges	193,254,699	9	189,653,730
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 206,460,829		
	b Less: accumulated depreciation	10b 43,246,104	143,304,098	10c 163,214,725
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11	1,444,388,509	13	1,646,684,049
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	470,063	15	24,570,651
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,039,214,875	16	2,358,865,527	
Liabilities	17 Accounts payable and accrued expenses	44,020,133	17	68,699,897
	18 Grants payable		18	
	19 Deferred revenue	53,551	19	0
	20 Tax-exempt bond liabilities	324,790,083	20	323,981,852
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	226,020,108	25	323,651,778
	26 Total liabilities. Add lines 17 through 25	594,883,875	26	716,333,527
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,444,230,909	27	1,642,451,819
	28 Net assets with donor restrictions	100,091	28	80,181
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	1,444,331,000	32	1,642,532,000	
33 Total liabilities and net assets/fund balances	2,039,214,875	33	2,358,865,527	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	382,718,243
2	Total expenses (must equal Part IX, column (A), line 25)	2	387,072,961
3	Revenue less expenses. Subtract line 2 from line 1	3	-4,354,718
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,444,331,000
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	202,555,718
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,642,532,000

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 94-3480131

Name: LOUISIANA CHILDREN'S MEDICAL CENTER

Form 990 (2019)

Form 990, Part III, Line 4a:

LOUISIANA CHILDREN'S MEDICAL CENTER (LCMC) IS A LOUISIANA NON-STOCK NOT-FOR-PROFIT CORPORATION THAT WAS INCORPORATED IN 2009, WITH ITS FOUNDING MEMBER BEING CHILDREN'S HOSPITAL (CHILDREN'S). THROUGH A HEALTH CARE SYSTEM AGREEMENT (SYSTEM AGREEMENT) BETWEEN LCMC, CHILDREN'S, TOURO INFIRMARY AND ITS SUBSIDIARIES (TOURO), AND COOPERATIVE ENDEAVOR AGREEMENTS (CEAS) WITH UNIVERSITY MEDICAL CENTER MANAGEMENT CORPORATION (UMCMC) AND WEST JEFFERSON HOLDINGS, LLC (WEST JEFFERSON), THESE PARTIES HAVE DETERMINED THAT TOGETHER THEY CAN PROVIDE A MULTI-HOSPITAL, NOT-FOR-PROFIT COMMUNITY-BASED, SYSTEM THAT WILL PROVIDE A CONTINUUM OF CARE TO THE FAMILIES OF THE GULF SOUTH REGION. LCMC, CHILDREN'S, TOURO, UMCMC, AND WEST JEFFERSON ARE HEREINAFTER COLLECTIVELY REFERRED TO AS THE SYSTEM. LCMC FUNCTIONS AS THE SYSTEM PARENT WITH RESERVE POWERS TO BE EXERCISED TO PROMOTE THE BEST INTERESTS OF THE SYSTEM AND ITS AFFILIATES. ALL CORPORATE POWERS OF THE SYSTEM ARE VESTED IN THE BOARD OF TRUSTEES OF LCMC. CHILDREN'S PROVIDES COMPREHENSIVE PEDIATRIC HEALTHCARE THAT MEETS THE SPECIAL NEEDS OF CHILDREN THROUGH EXCELLENCE AND CONTINUOUS IMPROVEMENT OF PATIENT CARE, EDUCATION, AND RESEARCH. TOURO, FORMED IN 1852, SERVES THE GREATER NEW ORLEANS COMMUNITY AS A PREMIER, DIVERSE, MULTI-SPECIALTY HOSPITAL, CARING FOR THE SICK REGARDLESS OF RACE, COLOR, CREED, RELIGIOUS AFFILIATION, OR ABILITY TO PAY. UMCMC OPERATES UNIVERSITY MEDICAL CENTER IN NEW ORLEANS (UMC). UMCMC IS A PROVIDER OF CHARITY CARE FOR THE UNINSURED AND PLAYS A VITAL ROLE AS A STATEWIDE REFERRAL CENTER FOR PATIENTS IN NEED OF TERTIARY CARE. UMCMC ALSO PROVIDES MEDICAL AND ALLIED HEALTH TRAINING THROUGH ITS AFFILIATION WITH ACADEMIC INSTITUTIONS TO STRENGTHEN AND ENHANCE OPPORTUNITIES TO ACHIEVE THE STATE'S MEDICAL EDUCATION, CLINICAL CARE, AND RESEARCH GOALS. IN TAX YEAR 2019, LCMC AND ITS AFFILIATES PROVIDED TOTAL COMMUNITY BENEFIT EXPENSE OF \$737.2 MILLION. THIS AMOUNT REPRESENTED 46% OF THE AFFILIATES COMBINED TOTAL EXPENSE. LCMC AND ITS AFFILIATES PROVIDES SERVICES TO MANY LOW-INCOME RESIDENTS OF THE GREATER NEW ORLEANS AREA. IN 2019, \$516.5 MILLION IN EXPENSE (32.4% OF THE AFFILIATES COMBINED TOTAL EXPENSE) WAS INCURRED IN PROVIDING SERVICES FOR MEDICAID RECIPIENTS AND IN PROVIDING FINANCIAL ASSISTANCE. TOURO, CHILDREN'S, AND OTHER HEALTH CARE PROVIDERS IN LOUISIANA HAVE COLLABORATED WITH THE STATE AND UNITS OF LOCAL GOVERNMENT IN LOUISIANA, TO MORE FULLY FUND THE MEDICAID PROGRAM AND ENSURE THE AVAILABILITY OF QUALITY HEALTHCARE SERVICES FOR THE LOW INCOME AND NEEDY RESIDENTS IN THE COMMUNITY POPULATION. THE PROVISION FOR THIS CHARITY CARE DIRECTLY TO LOW INCOME AND NEEDY PATIENTS WILL RESULT IN THE ALLEVIATION OF THE EXPENSE OF PUBLIC FUNDS THE GOVERNMENTAL ENTITIES PREVIOUSLY EXPENDED ON SUCH CARE, THEREBY ALLOWING THE GOVERNMENTAL ENTITIES TO INCREASE SUPPORT FOR THE STATE MEDICAID PROGRAM UP TO THE FEDERAL MEDICAID UPPER PAYMENT LIMITS (UPL). EACH STATE'S METHODOLOGY MUST COMPLY WITH ITS STATE PLAN AND BE APPROVED BY THE CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS). FEDERAL MATCHING FUNDS ARE NOT AVAILABLE FOR MEDICAID PAYMENTS THAT EXCEED UPLS. IN TAX YEAR 2018, TOURO AND CHILDREN'S RECEIVED UPL PAYMENTS OF APPROXIMATELY \$48.8 MILLION AND \$103.1 MILLION RESPECTIVELY, WHICH ARE INCLUDED IN DIRECT OFFSETTING REVENUE ON PART I, LINE 7B IN SCHEDULE H OF THE RESPECTIVE HOSPITAL'S 990S. IN TAX YEAR 2018, WEST JEFFERSON INCLUDED APPROXIMATELY \$9.2 MILLION OF ITS UPL RECEIPTS AS DIRECT OFFSETTING REVENUE ON PART I, LINE 7B IN SCHEDULE H OF THE RESPECTIVE 990.

Form 990, Part III, Line 4b:

THE HOSPITAL PROVIDES INPATIENT, OUTPATIENT, EMERGENCY AND CRITICAL CARE, HOME HEALTH, AND REHABILITATION SERVICES. THE HOSPITAL HAS A TOTAL OF 419 LICENSED PATIENT BEDS. THE HOSPITAL TREATED 10,299 INPATIENTS AND HAD 57,668 OUTPATIENT VISITS DURING 2019. THERE WERE 8,008 SURGERIES (INPATIENT, OUTPATIENT, AND AMBULATORY SURGERY CENTER), 51,993 EMERGENCY DEPARTMENT VISITS AND 1,080 BABIES DELIVERED.

Form 990, Part III, Line 4c:

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KATIE ANDRY CROSBY BOARD CHAIRMAN	1.00	X						0	0	0
LEON J REYMOND BOARD VICE CHAIR	1.00	X						0	0	0
RUTH KULLMAN BOARD SECRETARY/TREASURER	1.00	X						0	0	0
ELAINE ABELL BOARD MEMBER	1.00	X						0	0	0
LEONARD BOK MD BOARD MEMBER	1.00	X						0	0	0
ALLAN BISSINGER BOARD MEMBER	1.00	X						0	0	0
JOY BRAUN BOARD MEMBER	1.00	X						0	0	0
RALPH O BRENNAN BOARD MEMBER	1.00	X						0	0	0
HARRY CHIP CAHILL BOARD MEMBER	1.00	X						0	0	0
ELWOOD F CAHILL BOARD MEMBER	1.00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
HUI KIM MD BOARD MEMBER	1.00	X						0	0	0
FANK DIVENCENTI MD BOARD MEMBER	1.00	X						0	0	0
STEPHEN HALES MD BOARD MEMBER	1.00	X						0	0	0
ALDEN MCDONALD BOARD MEMBER	1.00	X						0	0	0
THEODORE LE CLERGO BOARD MEMBER	1.00	X						0	0	0
HUGH W LONG PHD BOARD MEMBER	1.00	X						0	0	0
WILLIAM L MIMESLES BOARD MEMBER	1.00	X						0	0	0
ANTHONEY RECASNER PHD BOARD MEMBER	1.00	X						0	0	0
MONICA SYLVAIN PHD BOARD MEMBER	1.00	X						0	0	0
A WHITFIELD HUGULEY IV BOARD MEMBER	1.00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SHONDRA WILLIAMS BOARD MEMBER	1.00	X						0	0	0
KNIGHT WORLEY MD BOARD MEMBER	1.00	X						0	0	0
STEPHEN KAUPPERMAN BOARD MEMBER	1.00	X						0	0	0
REUBEN CHRESTMAN BOARD MEMBER	1.00	X						0	0	0
GREGORY C FEIRN BOARD MEMBER, CEO	46.00	X		X				1,767,718	0	42,540
JOHN HEATON MD PRESIDENT - CLINICAL AND S	9.00 55.00	X		X				929,559	0	26,925
WILLIAM MASTERTON CEO, ADULT HOSPITAL MARKET	55.00			X				1,636,293	0	25,125
SUZZANE HAGGARD CHIEF REVENUE OFFICER	55.00			X				707,569	0	27,627
JENNIFER B SARPALIUS CHIEF FINANCIAL OFFICER	50.00			X				312,394	0	7,750
DAMON M DIETRICH CHIEF MED INFORMATION OFFI	5.00 55.00				X			501,091	0	20,130

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JODY MARTIN SR. LEGAL COUNSEL	55.00				X			468,529	0	14,975
SCOTT C LANDRY SVP, FACILITIES & SUPPORT SERVICES	55.00				X			298,393	0	28,420
CHRISTINE ALBERT SVP - MARKETING & COMMUNIC	55.00				X			347,514	0	19,282
CHAD COURREGE SVP - HUMAN RESOURCES	55.00				X			432,531	0	34,313
PAOLO ZAMBITO EVP - STRATEGY	55.00				X			277,373	0	21,705
TANYA KENNEDY SVP, CHIEF INFORMATION OFFICER	55.00				X			462,002	0	32,868
AYAME DINKLER CHIEF ADMINISTRATIVE OFFICER	50.00				X			342,339	0	17,925
NANCY CASSAGNE CEO - WEST JEFFERSON HOLDI	5.00				X			337,787	0	11,200
ROBERT CALHOUN CEO - WEST JEFFERSON HOLDI	55.00				X			187,670	0	12,621
EUGENIO LABADIE-BELENDZ PHYSICIAN	40.00					X		424,492	0	25,299

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHARLES BALLAY II PHYSICIAN	40.00					X		477,764	0	30,646
ROBERT CHUGDEN PHYSICIAN	40.00					X		481,457	0	29,903
CLIFTON S NICHOLSON-UHL PHYSICIAN	40.00					X		409,950	0	17,398
NELLY AOUN PHYSICIAN	40.00					X		451,316	0	17,398
LISA GORE CHIEF CLINICAL OFFICER	0.00						X	114,602	0	6,805

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

OMB No. 1545-0047
2019
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
LOUISIANA CHILDREN'S MEDICAL CENTER

Employer identification number
94-3480131

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
6	Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4. . .						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9	Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2018 Schedule A, Part II, line 14	15	
16a	33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b	33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a	10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6.						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b.						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:

Software Version:

EIN: 94-3480131

Name: LOUISIANA CHILDREN'S MEDICAL CENTER

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019
Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

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

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization LOUISIANA CHILDREN'S MEDICAL CENTER	Employer identification number 94-3480131
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

2 Political campaign activity expenditures (see instructions) ▶ \$ _____

3 Volunteer hours for political campaign activities (see instructions)

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

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

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

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

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

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

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

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

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

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

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

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

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

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

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)	548,824	
c Total lobbying expenditures (add lines 1a and 1b)	548,824	
d Other exempt purpose expenditures	388,394,344	
e Total exempt purpose expenditures (add lines 1c and 1d)	388,943,168	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000	
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	
h Subtract line 1g from line 1a. If zero or less, enter -0-	0	
i Subtract line 1f from line 1c. If zero or less, enter -0-	0	

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	256,404	426,313	712,582	548,824	1,944,123
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	54,883	424	197,404		252,711

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

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

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization
LOUISIANA CHILDREN'S MEDICAL CENTER

Employer identification number
94-3480131

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

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

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

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

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

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

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

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

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

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

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

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

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

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

- (i)** unrelated organizations
- (ii)** related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		31,169,883	2,337,902	28,831,981
c Leasehold improvements		818,141	250,096	568,045
d Equipment		137,578,750	40,128,794	97,449,956
e Other		36,894,055	529,312	36,364,743
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				163,214,725

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) OTHER INVESTMENTS	97,323	C
(2) INVESTMENTS IN JOINT VENTURES	-42,809,688	C
(3) INVESTMENTS IN SUBSIDIARIES	1,686,790,876	C
(4) INVESTMENT IN PREMIER CLASS A	2,605,538	F
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	1,646,684,049	

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	323,651,778

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	PER THE CONSOLIDATED AUDITED FINANCIALS: LCMC, CHILDREN'S, UMCMC, TOURO, LHAC AND CERTAIN OF THEIR RESPECTIVE SUBSIDIARIES ARE NOT-FOR-PROFIT ENTITIES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND ARE EXEMPT FROM FEDERAL INCOME TAXATION. WEST JEFFERSON AND LHCS ARE CONSIDERED DISREGARDED ENTITIES FOR FEDERAL AND STATE INCOME TAX PURPOSES, WITH THEIR PROFITS AND LOSSES ALLOCATED TO LCMC. CCPI, A SUBSIDIARY OF TOURO, IS A FOR-PROFIT ENTITY. THE OPERATIONS OF CCPI HAVE RESULTED IN CUMULATIVE NET OPERATING LOSSES FOR FEDERAL INCOME TAX PURPOSES OF APPROXIMATELY \$59,000,000 THAT ARE AVAILABLE FOR UTILIZATION IN THEIR 2019 FEDERAL FILING AND FORWARD THROUGH 2037. NO TAX BENEFITS RELATED TO THESE OPERATING LOSSES HAVE BEEN RECOGNIZED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS. CHILDREN'S, UMCMC, TOURO, AND LCMC HEALTH ANESTHESIA SERVICES ARE SEPARATE NON-PROFIT ORGANIZATIONS WHO FILE THEIR OWN TAX FORM 990.

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

OMB No. 1545-0047
2019
Open to Public Inspection

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Name of the organization
LOUISIANA CHILDREN'S MEDICAL CENTER

Employer identification number
94-3480131

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	Yes	
1b If "Yes," was it a written policy?	Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input checked="" type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	Yes	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		No
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
6a Did the organization prepare a community benefit report during the tax year?		No
b If "Yes," did the organization make it available to the public?		

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			7,279,932		7,279,932	1.880 %
b Medicaid (from Worksheet 3, column a)			60,289,916	49,962,925	10,326,991	2.670 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			67,569,848	49,962,925	17,606,923	4.550 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			2,584,235	1,073,218	1,511,017	0.390 %
f Health professions education (from Worksheet 5)			6,047,760	938,180	5,109,580	1.320 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			59,912		59,912	0.020 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			994,177		994,177	0.260 %
j Total. Other Benefits			9,686,084	2,011,398	7,674,686	1.990 %
k Total. Add lines 7d and 7j			77,255,932	51,974,323	25,281,609	6.540 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building			73,700		73,700	0.020 %
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total			73,700		73,700	0.020 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

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

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	48,927,817
6 Enter Medicare allowable costs of care relating to payments on line 5	6	46,508,102
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	2,419,715
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 1 CRESCENT CITY RESEARCH CONSORTIUM LLC	CLINICAL TRIALS	50.000 %		50.000 %
2 2 WEST JEFFERSON INDUSTRIAL MEDICINE LLC	PHYSICIAN PRACTICE	50.000 %		50.000 %
3 3 WEST JEFFERSON MRI LLC	OUTPATIENT IMAGING FACILITY	50.000 %		50.000 %
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information**Section A. Hospital Facilities**

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

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

1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
See Additional Data Table										

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): _____ 1 _____

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

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

WEST JEFFERSON MEDICAL CENTER

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13 Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>250.000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>400.000000000000</u> %		
b	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input checked="" type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14 Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	15 Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	16 Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>WWW.WJMC.ORG/PATIENTS-VISITORS/FINANCIAL-ASSISTANCE</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>WWW.WJMC.ORG/PATIENTS-VISITORS/FINANCIAL-ASSISTANCE</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>WWW.WJMC.ORG/PATIENTS-VISITORS/FINANCIAL-ASSISTANCE</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

WEST JEFFERSON MEDICAL CENTER

Name of hospital facility or letter of facility reporting group _____

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

Policy Relating to Emergency Medical Care

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

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

WEST JEFFERSON MEDICAL CENTER

Name of hospital facility or letter of facility reporting group _____

- 22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.
- a** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
 - b** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - c** The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - d** The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

	Yes	No
23		No
24		No

Part V Facility Information *(continued)*

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

Form and Line Reference	Explanation
See Add'l Data	

Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 2

Name and address	Type of Facility (describe)
1 1 - NEW ORLEANS PHYSICIANS SERVICES INC 1101 MEDICAL CENTER BLVD MARRERO, LA 70072	PHYSICIAN PRACTICE
2 2 - NOLA PHYSICIANS GROUP LLC 200 HENRY CLAY AVE NEW ORLEANS, LA 70018	PHYSICIAN PRACTICE
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7:	WEST JEFFERSON IS COSTING SERVICES USING A RATIO OF COST TO CHARGES (RCC) OF ADJUSTED TOTAL EXPENSE AS A RATIO OF GROSS PATIENT CHARGES. WE APPLY THE RATIO TO GROSS CHARGES OF THE POPULATION BEING MEASURED IN ORDER TO ESTIMATE COST. ADJUSTED TOTAL EXPENSE IS WEST JEFFERSON'S TOTAL EXPENSE LESS NON-PATIENT REVENUE AND REMOVING DIRECT COMMUNITY BENEFIT COST DISCLOSED ON SCHEDULE H LINE 7J(C). WEST JEFFERSON USES THE RATIO OF ADJUSTED COST TO GROSS PATIENT CHARGES, USING WORKSHEET 2 IN THE SCHEDULE H INSTRUCTIONS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 2:	WEST JEFFERSON MEDICAL CENTER MAINTAINS ALLOWANCES FOR UNCOLLECTIBLE ACCOUNTS FOR ESTIMATED LOSSES RESULTING FROM A PAYOR'S INABILITY TO MAKE PAYMENTS ON ACCOUNTS. WEST JEFFERSON MEDICAL CENTER USES A BALANCE SHEET APPROACH TO VALUE THE ALLOWANCE ACCOUNT BASED ON HISTORICAL WRITE-OFFS AND THE AGING OF THE ACCOUNTS. ACCOUNTS ARE WRITTEN OFF WHEN COLLECTION EFFORTS HAVE BEEN EXHAUSTED. MANAGEMENT CONTINUALLY MONITORS AND ADJUSTS ITS ALLOWANCES ASSOCIATED WITH ITS RECEIVABLES.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 4:	PART III, LINE 2 AND LINE 4. THE TEXT OF THE FOOTNOTE TO THE ORGANIZATION'S FINANCIAL STATEMENTS DESCRIBES BAD DEBT EXPENSE AND ADDITIONALLY DESCRIBES, IN BRIEF THE METHOD USED IN ACCORDANCE WITH GAAP, TO ESTIMATE THE BAD DEBT EXPENSE OF THE HOSPITAL FOR THE FISCAL YEAR. FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS (WHICH INCLUDE PATIENTS WITHOUT INSURANCE WHO ARE NOT COVERED BY THE FINANCIAL ASSISTANCE PROGRAM OF EACH ENTITY WITHIN THE SYSTEM AND PATIENTS WITH DEDUCTIBLE AND COPAYMENT BALANCES DUE FOR WHICH THIRD-PARTY COVERAGE EXISTS FOR PART OF THE BILL), THE SYSTEM RECORDS A PROVISION FOR BAD DEBTS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS PAST EXPERIENCE, WHICH INDICATES THAT MANY PATIENTS ARE UNABLE OR UNWILLING TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE. THE DIFFERENCE BETWEEN THE STANDARD RATES (OR THE DISCOUNTED RATES PROVIDED BY POLICY) AND THE AMOUNTS ACTUALLY COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED ARE CHARGED OFF AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 8:	WEST JEFFERSON IS COSTING SERVICES USING A RATIO OF COST TO CHARGES (RCC) OF ADJUSTED TOTAL EXPENSE AS A RATIO OF GROSS PATIENT CHARGES. WE APPLY THE RATIO TO GROSS CHARGES OF THE POPULATION BEING MEASURED IN ORDER TO ESTIMATE COST. ADJUSTED TOTAL EXPENSE IS WEST JEFFERSON'S TOTAL EXPENSE LESS NON-PATIENT REVENUE AND REMOVING DIRECT COMMUNITY BENEFIT COST DISCLOSED ON SCHEDULE H LINE 7J(C). WEST JEFFERSON USES THE RATIO OF ADJUSTED COST TO GROSS PATIENT CHARGES, USING WORKSHEET 2 IN THE SCHEDULE H INSTRUCTIONS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 9B:	CHARITY CARE IS OFFERED TO PERSONS WHO HAVE HEALTHCARE NEEDS AND ARE UNINSURED, INELIGIBLE FOR A GOVERNMENT PROGRAM, OR OTHERWISE UNABLE TO PAY FOR MEDICALLY NECESSARY CARE BASED ON THEIR INDIVIDUAL FINANCIAL SITUATION.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART IV	ON MAY 31, 2018, WEST JEFF MEDICAL CENTER ACQUIRED ALL REMAINING OUTSTANDING SHARES OF CT SCAN, WHERE WEST JEFF MEDICAL CENTER PREVIOUSLY HELD A 50% OWNERSHIP SHARE.

Form and Line Reference	Explanation
PART VI, LINE 2:	<p>WEST JEFFERSON HOLDINGS PARTICIPATED IN A COMPREHENSIVE CHNA PROCESS INCLUDING THE COLLECTION OF PRIMARY AND SECONDARY DATA. COMMUNITY ORGANIZATIONS AND LEADERS WITHIN THE THREE-PARISH REGION WERE ENGAGED TO DISTINGUISH THE NEEDS OF THE COMMUNITY. CIVIC AND SOCIAL ORGANIZATIONS, GOVERNMENT AGENCIES, EDUCATIONAL SYSTEMS, AND HEALTH AND HUMAN SERVICES ENTITIES WERE ENGAGED THROUGHOUT THE CHNA. THE COMPREHENSIVE PRIMARY DATA COLLECTION PHASE RESULTED IN THE CONTRIBUTION OF OVER 100 COMMUNITY STAKEHOLDERS/LEADERS, ORGANIZATIONS, AND COMMUNITY GROUPS. THE OVERALL PROCESS CONSISTED OF 8 SEPARATE PROJECT COMPONENTS AS LISTED BELOW: 1) COMMUNITY STAKEHOLDER INTERVIEWS COMMUNITY STAKEHOLDER INTERVIEWS WERE CONDUCTED WITH INDIVIDUALS WHO REPRESENTED A) BROAD INTERESTS OF THE COMMUNITY, B) POPULATIONS OF NEED OR C) PERSONS WITH SPECIALIZED KNOWLEDGE IN PUBLIC HEALTH. COMMUNITY STAKEHOLDERS TARGETED FOR INTERVIEWS ENCOMPASSED A WIDE VARIETY OF PROFESSIONAL BACKGROUNDS INCLUDING A) PUBLIC HEALTH EXPERTS; B) PROFESSIONALS WITH ACCESS TO COMMUNITY HEALTH RELATED DATA; C) REPRESENTATIVES OF UNDERSERVED POPULATIONS; D) GOVERNMENT LEADERS; AND E) RELIGIOUS LEADERS. TELEPHONE INTERVIEWS WERE COMPLETED WITH COMMUNITY STAKEHOLDERS IN THE SERVICE AREA TO BETTER UNDERSTAND THE CHANGING COMMUNITY HEALTH ENVIRONMENT. THE INTERVIEWS OFFERED COMMUNITY LEADERS AN OPPORTUNITY TO PROVIDE FEEDBACK ON THE NEEDS OF THE COMMUNITY, SUGGESTIONS ON SECONDARY DATA RESOURCES TO REVIEW AND EXAMINE, AND OTHER INFORMATION RELEVANT TO THE STUDY. 2) PUBLIC COMMENTARY AS PART OF THE CHNA, COMMENTS RELATED TO THE 2015 CHNA AND IMPLEMENTATION STRATEGY PLAN (ISP) WERE SOLICITED FROM COMMUNITY STAKEHOLDERS. THIS STEP ALLOWED COMMUNITY REPRESENTATIVES THE OPPORTUNITY TO REACT TO THE METHODS, FINDINGS, AND SUBSEQUENT ACTIONS TAKEN AS A RESULT OF THE PREVIOUS 2015 CHNA AND IMPLEMENTATION PLANNING PROCESS. SIX COMMUNITY STAKEHOLDERS WERE POSED QUESTIONS TO PROVIDE FEEDBACK TO DETERMINE IF THERE WERE ANY ADDITIONAL COMMUNITY NEEDS NOT IDENTIFIED DURING THE 2015 CHNA PROCESS. 3) EVALUATION OF PREVIOUS CHNA IMPLEMENTATION PLAN WJMC SUBMITTED AN EVALUATION MATRIX TO HIGHLIGHT AND MEASURE SPECIFIC STRATEGIES THAT WERE DEVELOPED. THE IMPLEMENTATION STRATEGY PLAN IS A ROADMAP FOR HOW HOSPITALS AND COMMUNITIES ARE ADDRESSING THE COMMUNITY HEALTH NEEDS IDENTIFIED IN THE CHNA. THE PURPOSE OF THE IMPLEMENTATION STRATEGY EVALUATION IS FOR HOSPITALS AND COMMUNITY LEADERS TO REVIEW AND ASSESS PROGRESS ON THE STRATEGIES AND GOALS IDENTIFIED IN THE 2016 IMPLEMENTATION STRATEGY PLAN TO ADDRESS COMMUNITY HEALTH NEEDS. 4) SECONDARY DATA ANALYSIS A ROBUST REGIONAL PROFILE (SECONDARY DATA PROFILE) WAS ANALYZED. THE REGIONAL PROFILE CONTAINED LOCAL, STATE, AND FEDERAL DATA/STATISTICS PROVIDING INVALUABLE INFORMATION ON A WIDE ARRAY OF HEALTH AND SOCIAL TOPICS. DIFFERENT SOCIOECONOMIC CHARACTERISTICS, HEALTH OUTCOMES, AND HEALTH FACTORS THAT AFFECT RESIDENTS' BEHAVIORS; SPECIFICALLY, THE INFLUENTIAL FACTORS THAT IMPACT THE HEALTH OF RESIDENTS WERE REVIEWED AND DISCUSSED WITH MEMBERS OF THE WORKING GROUP. IN TOTAL, SIX REGIONAL HEALTH PROFILES WERE COMPILED BASED ON THE LOCATIONS AND SERVICE AREAS OF THE PARTICIPATING HOSPITALS. FOR THE OVERALL ASSESSMENT PROCESS, THE REGIONAL PROFILES WERE: BATON ROUGE, JEFFERSON, NEW ORLEANS, NORTH SHORE, WESTBANK, AND ST. ANNE (RACELAND)/LAFOURCHE REGION. ADDITIONAL DATA FROM TRUVEN HEALTH ANALYTICS, A MULTINATIONAL HEALTH CARE COMPANY THAT DELIVERS INFORMATION, ANALYTIC TOOLS, BENCHMARKS, RESEARCH AND SERVICES TO A VARIETY OF ORGANIZATIONS AND COMPANIES, WAS SUPPLIED TO GAIN A DEEPER UNDERSTANDING OF COMMUNITY HEALTH CARE NEEDS. THE COMMUNITY NEEDS INDEX (CNI), JOINTLY DEVELOPED BY DIGNITY HEALTH AND TRUVEN HEALTH, ASSISTED IN THE PROCESS OF GATHERING VITAL SOCIOECONOMIC FACTORS IN THE COMMUNITY. CNI IS A STRONG INDICATOR OF A COMMUNITY'S DEMAND FOR VARIOUS HEALTH CARE SERVICES. THE CNI DATA WILL BE USED TO QUANTIFY THE IMPLEMENTATION STRATEGY EFFORTS AND PLANS FOR LCMC HEALTH. 5) HEALTH PROVIDER SURVEY A PROVIDER HEALTH SURVEY WAS CREATED TO COLLECT THOUGHTS AND OPINIONS REGARDING HEALTH PROVIDERS' COMMUNITY REGARDING THE CARE AND SERVICES THEY PROVIDE. WEST JEFFERSON HOLDINGS SENT EMAILS TO ITS HEALTH PROVIDERS REQUESTING SURVEY PARTICIPATION. A SURVEY LINK WAS ALSO POSTED IN AN INTERNAL COMPANY NEWSLETTER TO INCREASE RESPONSE RATES. IN TOTAL, A SAMPLE SIZE OF 176 SURVEYS WERE COLLECTED. 6) COMMUNITY FORUM A PUBLIC INPUT SESSION (COMMUNITY FORUM) WITH LEADERS FROM COMMUNITY, GOVERNMENT, CIVIC, AND SOCIAL ORGANIZATIONS, AND OTHER KEY COMMUNITY LEADERS AT THE WOODMERE COMMUNITY CENTER WAS HELD DURING THE PHASE OF THE PROCESS. THE PURPOSE OF THE COMMUNITY FORUM WAS TO PRESENT THE CHNA FINDINGS, WHICH INCLUDED EXISTING DATA, IN-DEPTH COMMUNITY STAKEHOLDER INTERVIEW RESULTS, AND RESULTS FROM THE HEALTH PROVIDER SURVEY, AND TO OBTAIN INPUT REGARDING THE NEEDS AND CONCERNS OF THE COMMUNITY OVERALL. COMMUNITY LEADERS DISCUSSED THE DATA, SHARED THEIR VISIONS AND</p>

Form and Line Reference	Explanation
PART VI, LINE 2:	<p>PLANS FOR COMMUNITY HEALTH IMPROVEMENT IN THEIR COMMUNITIES, IDENTIFIED AND PRIORITIZED THE TOP COMMUNITY HEALTH NEEDS IN THEIR REGION. WITH INPUT RECEIVED FROM FORUM PARTICIPANTS, COMMUNITY STAKEHOLDERS PRIORITIZED AND IDENTIFIED TOP PRIORITY AREAS.7) PROVIDER RESOURCE INVENTORYAN INVENTORY OF PROGRAMS AND SERVICES SPECIFICALLY RELATED TO THE KEY PRIORITIZED NEEDS WAS CATALOGED. THE INVENTORY HIGHLIGHTS PROGRAMS AND SERVICES WITHIN THE FOCUS ARE A. THE INVENTORY IDENTIFIES THE RANGE OF ORGANIZATIONS AND AGENCIES IN THE COMMUNITY THAT ARE SERVING THE VARIOUS TARGET POPULATIONS WITHIN EACH OF THE PRIORITIZED NEEDS. IT PROVIDES PROGRAM DESCRIPTIONS, CONTACT INFORMATION, AND THE POTENTIAL FOR COORDINATING COMMUNITY ACTIVITIES BY CREATING LINKAGES AMONG AGENCIES.8) FINAL REPORTA FINAL REPORT WAS DEVELOPED THAT SUMMARIZED KEY FINDINGS FROM THE ASSESSMENT PROCESS INCLUDING THE FINAL PRIORITIZED COMMUNITY NEEDS. TOP COMMUNITY HEALTH NEEDS WERE IDENTIFIED BY ANALYZING SECONDARY DATA, PRIMARY DATA COLLECTED FROM KEY STAKEHOLDER INTERVIEWS, A HEALTH PROVIDER SURVEY, AND A COMMUNITY FORUM. THOSE TOP 3 NEEDS ARE IDENTIFIED BELOW:1. ACCESS TO CARE2. BEHAVIORAL HEALTH (MENTAL HEALTH & SUBSTANCE ABUSE)3. HEALTH EDUCATION</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 3:	<p>PRIOR TO RECEIPT OF SERVICES, PATIENTS ARE PROVIDED THE HOSPITAL'S "PATIENT RIGHTS BOOKLET", WHICH CLEARLY OUTLINES THE HOSPITAL'S PAYMENT EXPECTATIONS. IT ALSO STATES THAT FINANCIAL ASSISTANCE APPLICATIONS ARE AVAILABLE UPON REQUEST. WJMC OPERATES AN APPLICATION CENTER THAT SCREENS PATIENTS FOR POSSIBLE COVERAGE WITH MEDICAID AND DISABILITY PROGRAMS. THE APPLICATION CENTER ALSO PROVIDES INFORMATION REGARDING FREE PROGRAM SERVICES WITHIN THE METROPOLITAN AREA. IN-HOUSE SELF-PAY PATIENTS ARE VISITED BY A FINANCIAL COUNSELOR AND/OR A CONIFER (ELIGIBILITY MANAGEMENT SERVICE) REPRESENTATIVE TO ASSIST IN SCREENING FOR POSSIBLE COVERAGE, INCLUDING FINANCIAL ASSISTANCE APPLICATIONS IF THE PATIENT DOES NOT QUALIFY FOR GOVERNMENT SPONSORED OR THIRD-PARTY PROGRAMS. THE FINANCIAL COUNSELOR WORKS WITH THE PATIENT AND DETERMINES HIS/HER ABILITY TO PAY AND DISCUSSES THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY. ALL EMERGENCY ROOM PATIENTS ARE ALSO SCREENED FOR POSSIBLE THIRD-PARTY COVERAGE AND/OR FINANCIAL ASSISTANCE. ALL SELF-PAY PATIENTS WHO ARE NOT SCREENED PRIOR TO BEING DISCHARGED RECEIVE A NOTICE FROM CONIFER THAT THE HOSPITAL, THROUGH ITS MEDICAL ELIGIBILITY ASSISTANCE PROGRAM (M.E.A.P.), ASSISTS PATIENTS AT WEST JEFFERSON TO DETERMINE IF THEY QUALIFY FOR FINANCIAL ASSISTANCE PROGRAMS, WHICH MAY ALSO PAY FOR HOSPITAL AND PHYSICIAN SERVICES. THIS IS A COMMUNITY SERVICE PROVIDED BY THE HOSPITAL AT NO CHARGE TO ITS PATIENTS. DECO STAFF, REGISTRATION STAFF, FINANCIAL COUNSELORS, CUSTOMER SERVICE REPRESENTATIVES, AND OTHER HOSPITAL STAFF ARE PROVIDED ONGOING TRAINING REGARDING THE ELIGIBILITY CRITERIA AND PROGRAMS THAT ARE AVAILABLE THROUGH VARIOUS LOCAL, STATE, AND FEDERAL AGENCIES TO ENSURE THAT DESERVING PATIENTS ARE REFERRED TO APPROPRIATE THIRD PARTIES AND/OR PROVIDED FINANCIAL ASSISTANCE, DEPENDING ON THE PATIENTS' INDIVIDUAL CIRCUMSTANCES.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 4:	<p>GEOGRAPHIC SERVICE AREA: THE WEST JEFFERSON COMMUNITY INCLUDES EIGHT ZIP CODE AREAS (70053, 70056, 70058, 70072, 70094, 70114, 70131, AND 70037) IN THREE PARISHES (5 IN JEFFERSON; 2 IN ORLEANS, AND 1 IN PLAQUEMINES). THESE AREAS PROVIDED 80% OF INPATIENT ADMISSIONS IN 2019. DEMOGRAPHIC SERVICE AREA: THE TOTAL POPULATION ESTIMATE FOR JEFFERSON PARISH FOR 2019 WAS 432,493 (SOURCE: JULY 1, 2019 US CENSUS BUREAU QUICK FACTS) RACE/ETHNICITY JEFFERSON PARISH: WHITE/NON-HISPANIC = 52.0% (224,896); BLACK/NON-HISPANIC = 28.3% (122,396); HISPANIC = 14.9% (64,441); ASIAN = 4.3% (18,598); ALL OTHER = 0.5% (2,162). JEFFERSON PARISH POPULATION OF CHILDREN (AGES 0-17) = 22.0% (95,148) JEFFERSON PARISH MEDIAN HOUSEHOLD INCOME (2014-2018 IN 2018 DOLLARS) COMPARED TO THE STATE: LOUISIANA = \$47,942; JEFFERSON PARISH = \$52,558 PERCENT OF PEOPLE LIVING BELOW THE POVERTY LEVEL WAS 19.0% FOR LOUISIANA; 15.6% FOR JEFFERSON PARISH. LOUISIANA RANKS 48TH IN THE NATION FOR THE PERCENT OF CHILDREN IN POVERTY; 49TH AMONG STATES IN PERCENT OF BABIES BORN AT LOW BIRTHWEIGHT; 46TH AMONG STATES IN ITS INFANT MORTALITY RATE. (SOURCE: AMERICA'S HEALTH RANKING UNITED HEALTH FOUNDATION, 2019 REPORT YEAR) PERCENT OF UNINSURED ADULTS UNDER AGE 65 IN 2017 WAS 11.5% FOR THE NEW ORLEANS REGION AND 11.4% FOR LOUISIANA. PERCENT OF UNINSURED CHILDREN UNDER 19 IN 2017 WAS 2.2% FOR THE NEW ORLEANS REGION AND 2.4% FOR LOUISIANA (SOURCE: LOUISIANA HEALTH INSURANCE SURVEY, 2017 (SPONSORED BY DHH)). LOUISIANA HAD ONE OF THE HIGHEST UNINSURED RATES (13.0 PERCENT) IN 2014. HALF OF LOUISIANANS WERE COVERED UNDER PRIVATE HEALTH INSURANCE, WITH 45.0 PERCENT OF LOUISIANANS COVERED BY EMPLOYER-SPONSORED INSURANCE AND THE REMAINING 5.0 PERCENT COVERED BY INDIVIDUAL COVERAGE. OVER ONE QUARTER (26.0 PERCENT) WERE COVERED BY MEDICAID/OTHER PUBLIC COVERAGE AND 11.0 PERCENT WERE COVERED BY MEDICARE (SOURCE: HENRY J. KAISER FAMILY FOUNDATION: WWW.KFF.ORG/HEALTH-REFORM/FACT-SHEET/THE-LOUISIANA-HEALTH-CARE-LANDSCAPE/) OF THE OVER HALF MILLION BENEFICIARIES ENROLLED IN MEDICARE, NEARLY A THIRD (30.0 PERCENT) WERE ENROLLED IN MEDICARE ADVANTAGE PLANS IN 2015. INDIVIDUALS WHO WERE UNINSURED IN 2014 WERE PRIMARILY LOW-INCOME, IN WORKING FAMILIES, AND WHITE NON-HISPANIC. BECAUSE MOST ELDERLY LOUISIANANS ARE COVERED BY MEDICARE, MOST UNINSURED ARE NONELDERLY (UNDER AGE 65). THE MAJORITY OF NONELDERLY, UNINSURED LOUISIANANS IN 2014 HAD AT LEAST ONE FULL-TIME WORKER IN THEIR HOUSEHOLD (65.0 PERCENT) AND HAD INCOME BELOW 400 PERCENT OF THE FEDERAL POVERTY LEVEL (FPL, 85.0 PERCENT). ACCORDING TO COMMUNITY COMMONS DATA IN 2018, ORLEANS (31.94 PERCENT), JEFFERSON (24.57 PERCENT), AND PLAQUEMINES (19.93 PERCENT) RESIDENTS RECEIVE MEDICAID; ORLEANS PARISH REPORTED RATES HIGHER THAN THE STATE (26.17%). MEDICAID EXPANSION IN LOUISIANA HAS IMPROVED ACCESS TO AFFORDABLE HEALTH INSURANCE AND PRESCRIPTION COVERAGE FOR MANY RESIDENTS IN THE LCMA WEST JEFFERSON MEDICAL CENTER SERVICE AREA. COMMUNITY COMMONS DATA ALSO REPORTED HIGH PERCENTAGES OF UNINSURED RESIDENTS IN 2018 IN JEFFERSON AND ORLEANS PARISHES (14.97 PERCENT AND 14.18 PERCENT RESPECTIVELY); THESE PERCENTAGES ARE HIGHER THAN THE STATE (14.12 PERCENT) AND THE NATION (11.70 PERCENT). THESE PERCENTAGES ALSO DECREASED BETWEEN 2015 AND 2018. PER 100,000 POPULATION, COMMUNITY COMMONS REPORTED THAT JEFFERSON (3.5), AND PLAQUEMINES (4.3) PARISHES HAD LOW RATES OF FQHCs WHEN COMPARED TO LOUISIANA (3.6). FQHCs ENCOURAGE POPULATIONS WITHOUT INSURANCE OR THE MEANS TO PAY OUT OF POCKET TO ACCESS HEALTH SERVICES. IMPROVING ACCESS TO AFFORDABLE HEALTH INSURANCE IS VITAL TO THE HEALTH AND WELLNESS OF RESIDENTS IN THE WEST JEFFERSON MEDICAL CENTER AREA.</p>

Form and Line Reference	Explanation
PART VI, LINE 5:	<p>WEST JEFFERSON MEDICAL CENTER FURTHER PROMOTED THE HEALTH OF THE COMMUNITY, IN KEEPING WITH ITS CHARITABLE MISSION, THROUGH EDUCATIONAL OFFERINGS AND SERVICES FOR PATIENTS, THEIR LOVED ONES, AND MEMBERS OF THE COMMUNITY PROVIDED BY SEVERAL AREAS INCLUDING THE CANCER CENTER, STROKE CENTER, THE CARDIOVASCULAR PROGRAM, DIABETES SERVICES, COMMUNITY RELATIONS, THE FITNESS CENTERS, FAMILY DOCTORS, AND THE FAMILY BIRTH PLACE. THE HOSPITAL ALSO FURTHERED THE HEALTH OF THE COMMUNITY BY WAY OF PUBLIC OUTREACH AT VARIOUS LOCATIONS THROUGHOUT THE COMMUNITY, CAMPUS-BASED HEALTH EVENTS AND SUPPORT GROUPS FOR PATIENTS AND THE PUBLIC, SMOKING CESSATION CLASSES, STROKE SURVIVORS AND DIABETES AND IN THE OPERATIONS OF THE TWO FITNESS CENTERS OF THE MEDICAL CENTER PROVIDING NUTRITIONAL, WELLNESS, AND PREVENTATIVE HEALTH EDUCATION OFFERINGS. THE CLASSES PROVIDED TO YOUNG FAMILIES AT NO CHARGE INCLUDED PARENTING CLASSES, BREASTFEEDING CLASSES, NEWBORN CARE, SIBLING CLASS FOR NEW SIBLINGS, AND INFANT SAFETY AND FIRST AID CLASSES AS WELL AS CAR SEAT CHECK-UPS. IN THE INPATIENT SETTING, PATIENT NAVIGATORS HELPED PATIENTS AND THEIR FAMILIES TO OVERCOME BARRIERS TO MAKING INFORMED CHOICES IN CARE. IN THE CANCER CENTER, NAVIGATORS HELPED PROMOTE THE TIMELINESS OF CARE AND ARE PART OF A LARGER TEAM FURTHERING EFFICIENT CARE AND PROMOTING HEALTH ON THE CANCER JOURNEY. NAVIGATOR SERVICES ARE AVAILABLE TO PATIENTS AT NO CHARGE. COMMUNITY BENEFITS INCLUDED DONATION OF SPACE FOR COMMUNITY ORGANIZATIONS INCLUDING THE LOCAL CIVIC COALITION COMPOSED OF MULTIPLE NEIGHBORHOOD GROUPS, PROVISION OF EMERGENCY MEDICAL AND AMBULANCE SERVICES AT HIGH SCHOOL FOOTBALL GAMES, HEALTH PROFESSIONALS EXHIBITING AND SPEAKING AT AREA SENIOR CENTERS, AND ENGAGEMENT IN VARIED EVENTS OPEN TO THE PUBLIC WHERE TEAM MEMBERS PROVIDED VITAL HEALTH INFORMATION ON DISEASE PREVENTION AND EARLY INTERVENTION INCLUDING TOPICS OF HYPERTENSION AND STROKE AWARENESS. EXAMPLES OF SPEAKING AND EXHIBIT VENUES THIS YEAR INCLUDE THE NIGHT OUT AGAINST CRIME HELD IN MULTIPLE NEIGHBORHOODS ACROSS THE COMMUNITY. WEST JEFFERSON MEDICAL CENTER HEALTH PROFESSIONALS AND ITS EMERGENCY MEDICAL SERVICES AMBULANCE UNITS TOOK PART IN THESE NEIGHBORHOOD EVENTS. THE FAMILY DOCTORS PRIMARY CARE STAFF CONDUCTED BLOOD PRESSURE SCREENINGS DURING THE NIGHT OUTS. THESE EVENTS WERE FREE AND OPEN TO THE PUBLIC. THE PUBLIC EDUCATION AND PREVENTATIVE SCREENINGS INCLUDED THOSE OFFERED AND DEVELOPED BY THE COMMUNITY CANCER PROGRAM AT WEST JEFFERSON MEDICAL CENTER. GOALS WERE ESTABLISHED USING THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) AS AN IMPORTANT GUIDE FOR IMPLEMENTING AND MONITORING THE EFFECTIVENESS OF THE OFFERINGS. IN THE CANCER CENTER, WEST JEFFERSON ENHANCED PATIENT NAVIGATION AND RELATED SERVICES TO HELP PATIENTS AND FAMILIES BEYOND DISCHARGE IN THEIR CANCER JOURNEY. WIG CLINICS FOR PATIENTS FOLLOWING CHEMOTHERAPY AND RADIATION TREATMENT WERE CONDUCTED AND COOKING CLASSES WERE HELD TO HELP PATIENTS' IMMUNE SYSTEMS FIGHT DISEASE. CANCER TOPICS WERE ALSO PRESENTED AND DISCUSSED IN A VARIETY OF SETTINGS INCLUDING ROTARY CLUBS, COMMUNITY CENTERS, AND SENIOR CITIZEN PROGRAMS. THE SPEAKER'S BUREAU AND RELATED SERVICES WERE OFFERED AT NO CHARGE. EDUCATIONAL MATERIALS WERE PROVIDED IN OTHER LANGUAGES IN KEEPING WITH THE NEEDS IDENTIFIED IN THE CHNA WHICH FEATURED COMMUNITY FOCUS GROUPS. A HEALTH FAIR WAS CONDUCTED AT ONE LOCATION OF A LOCAL GROCERY THAT SERVES A MAJORITY HISPANIC POPULATION. WELLNESS CLASSES AND TALKS IN ENGLISH WITH LANGUAGE TRANSLATION WERE AVAILABLE WHERE NEEDED. THESE TOPICS FOCUSED ON NUTRITION, EXERCISE, AND CHRONIC DISEASE MANAGEMENT, AND WERE OFFERED BY DIETITIANS, EXERCISE SPECIALISTS, ALLIED HEALTH PROFESSIONALS, AND NURSES OF THE MEDICAL CENTER. THESE SERVICES WERE PROVIDED FREE OF CHARGE. SPEAKERS WERE PROVIDED TO THE LOCAL VIETNAMESE SENIOR CITIZEN GROUP, AND ARTICLES WERE DISSEMINATED IN ENGLISH AND VIETNAMESE DURING THOSE ACTIVITIES AND HEALTHY LIVING TOPICS WERE DISCUSSED. IN THE UNDERSERVED COMMUNITIES OF THE REGION, WEST JEFFERSON TOOK PART IN RENEWING NEIGHBORHOOD INITIATIVES FOR HEALTHIER COMMUNITIES AND SAFER COMMUNITIES VIA HEALTH FAIRS. TEAM MEMBERS ALSO PROVIDED HEALTHY COOKING RECIPES FOR THE LOCAL THANKSGIVING BASKET DISTRIBUTIONS. IN THE AFRICAN AMERICAN/HIGH-RISK POPULATIONS IN THE AREA OF PROSTATE CANCER AWARENESS, TEAM MEMBERS TOOK ADVANTAGE OF SECURING OPPORTUNITIES TO SPEAK ABOUT IMPORTANCE OF COMMUNICATION AND SHARED DECISIONS MAKING WITH ONE'S PHYSICIAN. STAFF PROVIDED THE LATEST IN PROSTATE CANCER DETECTION GUIDELINES AND RESOURCES. IN THE AREA OF EMPLOYEE HEALTH, WEST JEFFERSON TOOK PART IN A MYRIAD OF EMPLOYER SPONSORED HEALTH EVENTS WITH LOCAL BUSINESSES. COMMUNITY RELATIONS TEAM MEMBERS DISTRIBUTED HEALTH INFORMATION, PREVENTATIVE HEALTH FACT SHEETS, AND BULLETINS FROM A VARIETY OF SOURCES INCLUDING THE AMERICAN HEART ASSOCIATION, THE AMERICAN STROKE ASSOCIATION, THE AMERICAN CANCER SOCIETY, THE SUSAN G. KOMEN FOUNDATION, AND THE CENTERS FOR DISEASE CONTROL AND PREVENTION.</p>

Form and Line Reference	Explanation
PART VI, LINE 5:	<p>TROL AND PREVENTION AT MEETINGS AND EVENTS OF THE AREA BUSINESS AND INDUSTRY ASSOCIATION. THIS PARTICIPATION WAS PROVIDED FREE OF CHARGE TO FURTHER COMMUNITY HEALTH. WEST JEFFERSON ALSO PROVIDED CPR AND HEIMLICH MANEUVER DEMONSTRATIONS DURING OUTREACH, INCLUDING DEMONSTRATIONS AT A LOCAL CAFE PROVIDING TRAINING FOR AT-RISK YOUTH. THIS WAS ALSO CONDUCTED AT NO CHARGE. ON-CAMPUS SUPPORT GROUPS HOSTED BY STAFF OF THE MEDICAL CENTER INCLUDED A BARIATRIC SUPPORT GROUP, THE BOSOM BUDDIES SUPPORT GROUP FOR BREAST CANCER SURVIVORS, A BRAIN AND SPINAL CORD INJURY SUPPORT GROUP, THE CANCER SURVIVORSHIP SUPPORT GROUP, THE CHRONIC OBSTRUCTIVE PULMONARY DISEASE SUPPORT GROUP, A COURAGE CAPS CANCER SUPPORT GROUP, THE LOOK GOOD FEEL BETTER PROGRAM FOR CANCER SURVIVORS, A LYMPHEDEMA SUPPORT GROUP, A SMOKING CESSATION SUPPORT GROUP AND A STROKE SUPPORT GROUP. THE MEDICAL CENTER ALSO PROVIDED SPACE FOR A LOCAL GRIEF GROUP AND GRIEF RESOURCE CENTER TO MEET. THE SUPPORT GROUPS ARE PROVIDED FREE OF CHARGE WITH WJMC PROVIDING STAFFING, HEALTH EDUCATION MATERIALS, AND PROMOTIONAL ASSISTANCE WITH SUPPORT AIDED BY THE HOSPITAL FOUNDATION FOR REFRESHMENTS. WEST JEFFERSON ALSO TOOK PART IN ADVANCING YOUTH INTERESTS IN HEALTH AWARENESS AND THE HEALTH PROFESSIONS WORKING CLOSELY WITH ITS AUXILIARY IN WELCOMING YOUTH VISITORS, YOUTH VOLUNTEERS, PROVIDING HEALTH EDUCATION HANDOUTS ON DISEASE PREVENTION, AND HEALTH CAREERS TO AREA HIGH SCHOOL STUDENTS. PLASMA SCREENS ACROSS THE ORGANIZATION AT WEST JEFFERSON ARE UTILIZED TO PROMOTE MESSAGES OF HEALTH AND DISEASE PREVENTION WHICH ARE SEEN BY PATIENTS, THEIR LOVED ONES, VISITORS, AND THE PUBLIC. TOPICS INCLUDED MELANOMA, PROSTATE CANCER, SMOKING CESSATION, CARDIOVASCULAR DISEASE AWARENESS, UV SAFETY, BREAST HEALTH, AND MEN'S HEALTH. OUTDOOR ELECTRONIC BILLBOARDS ALSO AID THE HOSPITAL IN HEALTH PROMOTION AND HEALTH OBSERVANCES. THE HOSPITAL IS ALSO A SATELLITE NEWS SITE FOR A LOCAL TELEVISION STATION AND WEEKLY HEALTH EDUCATION AND DISEASE PREVENTION MESSAGES ARE OFFERED. THIS SERVICE IS PROVIDED AT NO CHARGE AND ENGAGES PHYSICIANS AND OTHER HEALTH PROFESSIONALS IN THE HEALTH AWARENESS MESSAGES. THE HOSPITAL ALSO USES A LOCAL MEDICAL MINUTE RADIO FEATURE TO DISSEMINATE HEALTH INFORMATION. HEALTHCARE PROVIDERS FREQUENTLY PROVIDE IMPORTANT MESSAGING AT THE REQUEST OF LOCAL MEDIA ON TOPICS OF INTEREST AND/OR CONCERN TO THE COMMUNITY.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 6:	<p>WEST JEFFERSON HOLDING, LLC IS A LOUISIANA LIMITED LIABILITY COMPANY WHOSE SOLE MEMBER IS LOUISIANA CHILDREN'S MEDICAL CENTER (LCMC). LCMC IS ALSO THE PARENT ORGANIZATION OF TOURO INFIRMARY, CHILDREN'S HOSPITAL, AND UNIVERSITY MEDICAL CENTER MANAGEMENT CORPORATION. LCMC IS A LOUISIANA NON-STOCK, NOT-FOR-PROFIT CORPORATION THAT WAS INCORPORATED IN 2009. LCMC IS THE SOLE MEMBER OF CHILDREN'S HOSPITAL INC. ("CHILDREN'S") ALSO BECAME THE SOLE MEMBER OF TOURO INFIRMARY ("TOURO") IN 2009 TO CREATE A TWO-HOSPITAL MEDICAL SYSTEM PROVIDING A COMPLETE CONTINUUM OF CARE FROM BIRTH TO GERIATRICS. CHILDREN'S PROVIDES COMPREHENSIVE PEDIATRIC HEALTHCARE THAT MEETS THE SPECIAL NEEDS OF CHILDREN THROUGH EXCELLENCE AND CONTINUOUS IMPROVEMENT OF PATIENT CARE, EDUCATION, AND RESEARCH. TOURO, FOUNDED IN 1852, SERVES THE GREATER NEW ORLEANS COMMUNITY AS A PREMIER, DIVERSE, MULTI-SPECIALTY HOSPITAL, CARING FOR THE SICK REGARDLESS OF RACE, COLOR, CREED, RELIGIOUS AFFILIATION, OR ABILITY TO PAY. IN TAX YEAR 2013, FOLLOWING STATE BUDGET REDUCTIONS THAT CAUSED SEVERE CUTS TO THE LOUISIANA PUBLIC HOSPITAL SYSTEM, AND AT THE REQUEST OF STATE OFFICIALS, LCMC EMBARKED ON A COOPERATIVE ENDEAVOR WITH THE STATE OF LOUISIANA ("STATE") FOR THE PURPOSE OF CREATING AN ACADEMIC MEDICAL CENTER (1) TO SERVE THE STATE AND ITS CITIZENS AS A PREMIER SITE FOR GRADUATE MEDICAL EDUCATION AND (2) TO FULFILL THE STATE'S HISTORICAL MISSION OF ASSURING ACCESS TO SAFETY NET SERVICES FOR ALL CITIZENS OF THE STATE, INCLUDING ITS MEDICALLY INDIGENT, HIGH-RISK MEDICAID, AND STATE INMATE POPULATIONS. UNDER THIS AGREEMENT, LCMC AGREED TO ASSUME RESPONSIBILITY FOR THE MANAGEMENT AND OPERATIONS OF THE INTERIM LSU PUBLIC HOSPITAL (ILH) AND THE UNIVERSITY MEDICAL CENTER. THROUGH THIS ENDEAVOR, LCMC AND ITS AFFILIATES ARE FULFILLING THEIR MISSIONS TO ENHANCE THE HEALTH OF THE GREATER NEW ORLEANS COMMUNITY BY DELIVERING HIGH QUALITY HEALTH CARE SERVICES TO ALL PATIENTS THROUGH A COMMITMENT TO CLINICAL EXCELLENCE, EDUCATION, TECHNOLOGY, RESEARCH, AND COMMUNITY OUTREACH. IN TAX YEAR 2015, LCMC AND WEST JEFFERSON HOLDINGS ENTERED INTO A COOPERATIVE ENDEAVOR WITH JEFFERSON PARISH HOSPITAL SERVICE DISTRICT NO. 1 TO LEASE AND OPERATE THE FACILITY KNOWN AS WEST JEFFERSON MEDICAL CENTER ("FACILITY"). THIS WAS DONE TO (1) TRANSFORM THE HEALTH CARE DELIVERY LANDSCAPE IN NEW ORLEANS THROUGH THE CREATION OF AN INTEGRATED HEALTHCARE DELIVERY NETWORK, (2) ALLOW FOR AN ENHANCED INTEGRATED DELIVERY SYSTEM WELL-POSITIONED FOR THE CHALLENGES OF HEALTHCARE REFORM AND POPULATION HEALTH MANAGEMENT IN THE FUTURE, (3) ENHANCE PHYSICIAN RECRUITMENT AND ENGAGEMENT AT THE FACILITY THROUGH DEVELOPMENT OF HIGH-QUALITY, OPEN MEDICAL STAFFS WITH SIGNIFICANT COMMUNITY INVOLVEMENT, A COMMITMENT TO MEDICAL RESEARCH AND EDUCATION, THE ESTABLISHMENT OF A PHYSICIAN NETWORK THAT MAY PARTICIPATE IN CLINICAL INTEGRATION, AND A COMMITMENT TO PLURALISTIC PHYSICIAN ALIGNMENT MODELS, AND (4) ACHIEVE FOR THE FACILITY THE BENEFITS OF SCALE ACHIEVED BY A LARGER HEALTH SYSTEM BY PROVIDING FOR GREATER STANDARDIZATION AND COST EFFICIENCY, ALLOWING FOR THE ABILITY TO LEVERAGE BEST PRACTICES AND GENERATE OPERATIONAL EFFICIENCIES.</p>

Additional Data**Software ID:****Software Version:****EIN:** 94-3480131**Name:** LOUISIANA CHILDREN'S MEDICAL CENTER**Form 990 Schedule H, Part V Section A. Hospital Facilities**

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	WEST JEFFERSON MEDICAL CENTER 1101 MEDICAL CENTER BLVD MARRERO, LA 70072 WWW.WJMC.ORG 1982090742	X	X					X			

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

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

Form and Line Reference	Explanation
WEST JEFFERSON MEDICAL CENTER	<p>PART V, SECTION B, LINE 5: WEST JEFFERSON MEDICAL CENTER (WJMC) JOINED WITH MEMBERS OF THE METROPOLITAN HOSPITAL COUNCIL OF NEW ORLEANS (MHCNO), A NON-PROFIT, REGIONAL MEMBERSHIP AND SERVICE ORGANIZATION REPRESENTING HOSPITALS AND HEALTHCARE ORGANIZATIONS IN THE GREATER NEW ORLEANS METROPOLITAN AREA, TO INITIATE THE PROCESS OF CONDUCTING A COMPREHENSIVE REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA). THE COLLABORATIVE STUDY LAID THE FOUNDATION FOR INDIVIDUAL HOSPITAL CHNA'S (INDIVIDUAL-LEVEL CHNA REPORTS REQUIRED BY THE IRS EVERY THREE YEARS), SUCH AS WJMC'S CHNA. IN TOTAL, 91 INTERVIEWS WERE CONDUCTED WITH COMMUNITY LEADERS AND STAKEHOLDERS WITHIN THE MCHNO AREA; 27 KEY STAKEHOLDERS WERE INTERVIEWED AS PART OF LCMC HEALTH; 6 KEY STAKEHOLDERS WERE IDENTIFIED AND REPRESENTED WJMC. A SERIES OF APPROXIMATELY 27 INTERVIEWS WERE COMPLETED WITH KEY STAKEHOLDERS IN THE GREATER NEW ORLEANS METROPOLITAN AREA AS FOLLOWS: 1)KATE ANDRUS, MPH, RDN, LDN - LOUISIANA DEPARTMENT OF HEALTH BUREAU OF CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION, 2)MIKE ANDRY - EXCELTH HEALTH CENTER, 3)JENNIFER AVEGNO, MD - UMCNO FORENSICS, 4)JENNIFER STEEL-BOURGEOIS - COMMUNITY STAKEHOLDER, 5)MATTHEW BROUSSARD - THE LOUISIANA CAMPAIGN FOR TOBACCO-FREE LIVING, 6)DR. CLARA BYES - MARTIN LUTHER KING TASK FORCE & WEST BANK AFRICAN AMERICAN CHURCHES, 7)PAULETTE CARTER - CHILDREN'S BUREAU NEW ORLEANS, 8)SANDY DENAPOLIS - JEFFERSON PARISH PUBLIC SCHOOL SYSTEM, 9)JEFF ELDER, MD - EMS NEW ORLEANS, 10)MARTHA KEGEL - UNITY OF GREATER NEW ORLEANS, 11)JOSEPH D. KIMBRELL, MA, MSW - LOUISIANA PUBLIC HEALTH INSTITUTE, 12)ALTHEA LACOUR - WEST JEFFERSON MEDICAL CENTER; AUXILIARY, 13)CORETTA LAGARDE - AMERICAN HEART ASSOCIATION/AMERICAN STROKE ASSOCIATION, 14)LANG LE - VIET, 15)LISA PLUNKETT - SUSAN G. KOMEN, 16)OSCAR PIPKINS - CIVIC COALITION WEST BANK, 17)CHIOMA OGBUEFI, MD - EXCELTH HEALTH CENTER, 18)HOWARD RODGERS - NEW ORLEANS COUNCIL ON AGING, 19)MELANIE THOMPSON - UNITED HEALTHCARE, 20)SUSAN TODD - 504 HEALTHNET, 21)SUSAN TRANTHAM - WJMC FOUNDATION DIRECTOR, 22)JEANNE TRIPOLI - JEFFERSON PARISH COUNCIL ON AGING, 23)CHARLOTTE WEIL, M.A., CWWS - HUB INTERNATIONAL GULF SOUTH, 24)AMY WILLIAMS - AMERICAN CANCER SOCIETY, 25) ROSALIND WOODFOX - THE BLOOD CENTER, 26)STEPHANIE YOUNG - LOUISIANA ORGAN PROCUREMENT AGENCY, AND 27)AMY ZAPATA - BUREAU OF FAMILY HEALTH.NEEDS IDENTIFIED INCLUDE (NOT LISTED IN ANY SPECIFIC ORDER) 1) ACCESS TO CARE; 2) BEHAVIORAL HEALTH (MENTAL HEALTH & SUBSTANCE ABUSE); 3) HEALTH EDUCATION.</p>

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

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

Form and Line Reference	Explanation
WEST JEFFERSON MEDICAL CENTER	PART V, SECTION B, LINE 6A: THE CHNA PROCESS WAS UNDERTAKEN WITH OTHER MEMBERS WITH THE METROPOLITAN HOSPITAL COUNCIL OF NEW ORLEANS AS NOTED BELOW:LCMC HEALTH (INCLUDING CHILDREN'S HOSPITAL, NEW ORLEANS EAST HOSPITAL (NOEH), TOURO INFIRMARY, UNIVERSITY MEDICAL CENTER (UMC))OCHSNER HEALTH SYSTEM (INCLUDING OCHSNER MEDICAL CENTER - WEST BANK, OCHSNER MEDICAL CENTER - NORTH SHORE, OCHSNER MEDICAL CENTER - BAPTIST, OCHSNER MEDICAL CENTER - KENNER, OCHSNER MEDICAL CENTER - MAIN, OCHSNER REHABILITATION HOSPITAL, RIVER PLACE BEHAVIORAL HEALTH - OCHSNER MEDICAL CENTER, OCHSNER MEDICAL CENTER - ST. ANNE, OCHSNER MEDICAL CENTER - BATON ROUGE)HCA HEALTHCARE (INCLUDING TULANE LAKEVIEW REGIONAL MEDICAL CENTER, AND TULANE LAKESIDE HOSPITAL)SLIDELL MEMORIAL HOSPITAL, ST. TAMMANY PARISH HOSPITAL, AND EAST JEFFERSON GENERAL HOSPITAL

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

Form and Line Reference	Explanation
WEST JEFFERSON MEDICAL CENTER	<p>PART V, SECTION B, LINE 11: WEST JEFFERSON MEDICAL CENTER CONTINUES TO CONTRIBUTE TOWARDS REGIONAL PROGRAMMING EFFORTS, EDUCATIONAL INITIATIVES, AND HIGH-QUALITY PATIENT CARE TO IMPROVE THE HEALTH AND SECURITY OF ITS COMMUNITY. WJMC CONTINUES THEIR OBLIGATION AND DEVOTION TO THEIR REGION NOT ONLY WITH THE COMPLETION OF THEIR CHNA BUT ALSO WITH THE IMPLEMENTATION STRATEGIES AND PLANNING EFFORTS INVOLVING STRONG PARTNERSHIPS WITH COMMUNITY ORGANIZATIONS, HEALTH INSTITUTIONS, AND REGIONAL PARTNERS THROUGH A COMPREHENSIVE IMPLEMENTATION STRATEGY PLAN. WJMC IS A STRONG ECONOMIC DRIVER IN SOUTHERN LOUISIANA WITH A STRONG FOCUS ON IMPROVING THE HEALTH OF THE RESIDENTS IN THEIR COMMUNITY AND SURROUNDING REGIONS. NOTE: THE IMPLEMENTATION PLANNING STRATEGY REPORT IDENTIFIES SPECIFIC APPROACHES AND ACTIONS TO ADDRESS THE COMMUNITY HEALTH NEEDS FROM THE 2018 CHNA. SPECIFIC TIMEFRAMES AND MEASURES/METRICS ARE TRACKED INTERNALLY FOR REPORTING PURPOSES. HOSPITAL ADMINISTRATION WILL UTILIZE THESE MEASURES/METRICS TO ENSURE BENCHMARKING EFFORTS ARE BEING TRACKED BETWEEN EACH ASSESSMENT CYCLE. WEST JEFFERSON MEDICAL CENTER WILL CONTINUE TO IMPROVE HEALTH SERVICES FOR RESIDENTS BY LEVERAGING THE REGION'S RESOURCES AND ASSETS; WHILE EXISTING AND NEWLY DEVELOPED STRATEGIES CAN BE SUCCESSFULLY EMPLOYED. THE COLLECTION AND ANALYSIS OF PRIMARY AND SECONDARY DATA ARMED THE WORKING GROUP WITH SUFFICIENT DATA AND RESOURCES TO IDENTIFY KEY HEALTH NEEDS. LOCAL, REGIONAL, AND STATEWIDE PARTNERS UNDERSTAND THE CHNA IS AN IMPORTANT BUILDING BLOCK TOWARDS FUTURE STRATEGIES THAT WILL IMPROVE THE HEALTH AND WELL-BEING OF RESIDENTS IN THEIR REGION. WEST JEFFERSON MEDICAL CENTER WILL WORK CLOSELY WITH COMMUNITY ORGANIZATIONS AND REGIONAL PARTNERS TO EFFECTIVELY ADDRESS AND RESOLVE THE IDENTIFIED NEEDS. WEST JEFFERSON MEDICAL CENTER TOOK INTO CONSIDERATION THE ABILITY TO ADDRESS THE REGION'S IDENTIFIED NEEDS AND VIEWED THE OVERALL SHORT AND LONG-TERM EFFECTS OF UNDERTAKING THE TASK. WEST JEFFERSON MEDICAL CENTER WILL ADDRESS THE IDENTIFIED NEEDS AND VIEW THEM AS POSITIVE AND ENCOURAGING CHANGES. WEST JEFFERSON MEDICAL CENTER WILL COMPLETE THE NECESSARY ACTION AND IMPLEMENTATION STEPS OF NEWLY FORMED ACTIVITIES OR REVISE STRATEGIES TO ASSIST THE COMMUNITY'S UNDERSERVED AND DISENFRANCHISED RESIDENTS. FUTURE COMMUNITY PARTNERSHIPS AND COLLABORATION WITH OTHER HEALTH INSTITUTIONS, ORGANIZATIONS, INVOLVEMENT FROM GOVERNMENT LEADERS, CIVIC ORGANIZATIONS, AND STAKEHOLDERS ARE IMPERATIVE TO THE SUCCESS OF ADDRESSING THE REGION'S NEEDS. THE AVAILABLE RESOURCES AND THE ABILITY TO TRACK PROGRESS RELATED TO THE IMPLEMENTATION STRATEGIES WILL BE MANAGED BY THE HEALTH SYSTEM ALONG WITH OTHER HOSPITAL DEPARTMENTS AT WEST JEFFERSON MEDICAL CENTER TO MEET THE REGION'S NEED. TACKLING THE REGION'S NEEDS IS A CENTRAL FOCUS THAT HOSPITAL LEADERSHIP WILL CONTINUE TO MEASURE THROUGHOUT THE YEARS. WEST JEFFERSON MEDICAL CENTER WILL CONTINUE TO WORK CLOSELY WITH COMMUNITY PARTNERS, AS THIS IMPLEMENTATION STRA</p>

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

Form and Line Reference	Explanation
WEST JEFFERSON MEDICAL CENTER	TEGY PLANNING REPORT IS THE FIRST STEP TO AN ONGOING PROCESS TO REDUCING THE GAPS OF HEALTH DISPARITIES AND ENSURING ALL RESIDENTS HAVE ACCESS TO THE HIGH-QUALITY HEALTH CARE RESOURCES AVAILABLE IN THE REGION.

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

Form and Line Reference	Explanation
WEST JEFFERSON MEDICAL CENTER	<p>PART V, SECTION B, LINE 13B: WEST JEFFERSON MEDICAL CENTER UNDERSTANDS THAT NOT ALL PATIENTS ARE ABLE TO COMPLETE A FINANCIAL ASSISTANCE APPLICATION OR COMPLY WITH REQUESTS FOR DOCUMENTATION. THERE MAY BE INSTANCES UNDER WHICH A PATIENT'S QUALIFICATION FOR FINANCIAL ASSISTANCE IS ESTABLISHED WITHOUT COMPLETING THE FORMAL FINANCIAL ASSISTANCE APPLICATION. OTHER INFORMATION MAY BE UTILIZED BY WEST JEFFERSON MEDICAL CENTER TO DETERMINE WHETHER A PATIENT'S ACCOUNT IS UNCOLLECTIBLE AND THIS INFORMATION WILL BE USED TO DETERMINE PRESUMPTIVE ELIGIBILITY. PRESUMPTIVE ELIGIBILITY MAY BE GRANTED TO PATIENTS BASED ON THEIR ELIGIBILITY FOR OTHER PROGRAMS OR LIFE CIRCUMSTANCES SUCH AS: O HOMELESSNESS OR RECEIPT OF CARE FROM A HOMELESS CLINIC; O PARTICIPATING IN WOMEN, INFANTS AND CHILDREN PROGRAMS (WIC); O RECEIVING SNAP (SUPPLEMENTAL NUTRITIONAL ASSISTANCE PROGRAM) BENEFITS; O RECEIVING TANF (TEMPORARY ASSISTANCE FOR NEEDY FAMILIES) BENEFITS; O PATIENT DECEASED WITH NO KNOWN ESTATE; O MEDICAID RECIPIENT FOR MEDICAL SERVICES COVERED BY AND COMPLIANT WITH THE MEDICAID PROGRAM REQUIREMENTS. THIS INFORMATION WILL ENABLE WEST JEFFERSON MEDICAL CENTER TO MAKE AN INFORMED DECISION ON THE FINANCIAL NEED OF PATIENTS UTILIZING THE BEST ESTIMATES AVAILABLE IN THE ABSENCE OF INFORMATION PROVIDED DIRECTLY BY THE PATIENT. FOR PATIENTS, OR THEIR GUARANTORS, WHO ARE NON-RESPONSIVE TO WEST JEFFERSON MEDICAL CENTER'S APPLICATION PROCESS, OTHER SOURCES OF INFORMATION MAY BE USED TO MAKE AN INDIVIDUAL ASSESSMENT OF FINANCIAL NEED. THIS INFORMATION WILL ENABLE WEST JEFFERSON MEDICAL CENTER TO MAKE AN INFORMED DECISION ON THE FINANCIAL NEED OF NON-RESPONSIVE PATIENTS, UTILIZING THE BEST ESTIMATES AVAILABLE IN THE ABSENCE OF INFORMATION PROVIDED DIRECTLY BY THE PATIENT. FOR THE PURPOSE OF HELPING FINANCIALLY NEEDY PATIENTS, WEST JEFFERSON MEDICAL CENTER MAY USE A THIRD PARTY TO REVIEW A PATIENT'S, OR THE PATIENT'S GUARANTOR'S, INFORMATION TO ASSESS FINANCIAL NEED. THIS REVIEW UTILIZES A HEALTHCARE INDUSTRY-RECOGNIZED, PREDICTIVE MODEL THAT IS BASED ON PUBLIC RECORD DATA BASES. THE MODEL INCORPORATES PUBLIC RECORD DATA TO CALCULATE A SOCIOECONOMIC AND FINANCIAL CAPABILITY SCORE. THE MODEL'S RULE SET IS DESIGNED TO ASSESS EACH PATIENT BASED UPON THE SAME STANDARDS AND IS CALIBRATED AGAINST HISTORICAL FINANCIAL ASSISTANCE APPROVALS BY WEST JEFFERSON MEDICAL CENTER. THIS ENABLES WEST JEFFERSON MEDICAL CENTER TO ASSESS WHETHER A PATIENT IS CHARACTERISTIC OF OTHER PATIENTS WHO HAVE HISTORICALLY QUALIFIED FOR FINANCIAL ASSISTANCE UNDER THE TRADITIONAL APPLICATION PROCESS. WHEN THE MODEL IS UTILIZED, IT WILL BE DEPLOYED PRIOR TO BAD DEBT ASSIGNMENT AFTER ALL OTHER ELIGIBILITY AND PAYMENT SOURCES HAVE BEEN EXHAUSTED. THIS ALLOWS WEST JEFFERSON MEDICAL CENTER TO SCREEN ALL PATIENTS FOR FINANCIAL ASSISTANCE PRIOR TO PURSUING ANY EXTRAORDINARY COLLECTION ACTIONS. THE DATA RETURNED FROM THIS REVIEW WILL CONSTITUTE ADEQUATE DOCUMENTATION OF FINANCIAL NEED UNDER THIS POLICY. IN THE EVENT A PATIENT</p>

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

Form and Line Reference	Explanation
WEST JEFFERSON MEDICAL CENTER	DOES NOT QUALIFY FOR PRESUMPTIVE ELIGIBILITY BASED ON THIS MODEL, THE PATIENT MAY STILL PROVIDE REQUISITE INFORMATION AND BE CONSIDERED UNDER THE TRADITIONAL FAA PROCESS. PATIENT ACCOUNTS GRANTED PRESUMPTIVE ELIGIBILITY BASED ON THIS PREDICTIVE MODEL WILL BE RECLASSIFIED AS FINANCIAL ASSISTANCE AND ANY REMAINING BALANCE DUE WILL BE FORGIVEN. PATIENT ACCOUNTS GRANTED PRESUMPTIVE ELIGIBILITY STATUS WILL BE PROVIDED FREE CARE FOR ELIGIBLE SERVICES FOR RETROSPECTIVE DATES OF SERVICE ONLY. THIS DECISION WILL NOT CONSTITUTE A STATE OF FREE CARE AS AVAILABLE THROUGH THE TRADITIONAL APPLICATION PROCESS. THESE ACCOUNTS WILL BE TREATED AS ELIGIBLE FOR FINANCIAL ASSISTANCE UNDER THIS POLICY. THEY WILL NOT BE SENT TO COLLECTION, WILL NOT BE SUBJECT TO FURTHER COLLECTION ACTION, AND WILL NOT BE INCLUDED IN WEST JEFFERSON MEDICAL CENTER BAD DEBT EXPENSE. PATIENTS WILL NOT BE NOTIFIED TO INFORM THEM OF THIS DECISION. PRESUMPTIVE SCREENING PROVIDES A COMMUNITY BENEFIT BY ENABLING A HOSPITAL ORGANIZATION TO SYSTEMATICALLY IDENTIFY FINANCIALLY NEEDY PATIENTS, REDUCE ADMINISTRATIVE BURDENS AND PROVIDE FINANCIAL ASSISTANCE TO PATIENTS AND THEIR GUARANTORS, SOME OF WHOM MAY HAVE NOT BEEN RESPONSIVE TO THE FINANCIAL ASSISTANCE APPLICATION PROCESS.

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

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

Form and Line Reference	Explanation
WEST JEFFERSON MEDICAL CENTER	PART V, SECTION B, LINE 13H: SEE EXPLANATION FOR LINE 13B.

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

**Schedule I
(Form 990)**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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

▶ Attach to Form 990.

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

Department of the
Treasury
Internal Revenue Service

Name of the organization
LOUISIANA CHILDREN'S MEDICAL CENTER

Employer identification number
94-3480131

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

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

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

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

Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S HOSPITAL 200 HENRY CLAY AVENUE NEW ORLEANS, LA 70118	72-0467503	501(C)(3)	67,500				COKE SALES COMMISSIONS GO DIRECTLY TO THE LA REHAB WORK(BLIND PROGRAM).
TOURO INFIRMARY 1401 FOUCHER STREET NEW ORLEANS, LA 70115	72-0423689	501(C)(3)	67,500				COKE SALES COMMISSIONS GO DIRECTLY TO THE LA REHAB WORK (BLIND PROGRAM).

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LSUHSC NEW ORLEANS 433 BOLIVAR STREET NEW ORLEANS, LA 70112	72-6087770	STATE AGENCY	5,773,549				DURING THE YEAR ENDED DECEMBER 31, 2019. LCMC DONATED \$5,773,549 TO LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER IN NEW ORLEANS TO CONTINUE TO EXPAND AND DEVELOP ITS CLINICAL, RESEARCH, AND OTHER CRUCIAL EDUCATIONAL OPPORTUNITIES. THIS SUPPORT INCLUDES, BUT IS NOT LIMITED TO, THE DEPARTMENT OF ANATOMY AND THE NEUROSCIENCE CENTER OF EXCELLENCE PROGRAMS.

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
LOUISIANA CHILDREN'S MEDICAL CENTER

Employer identification number
94-3480131

Part I Questions Regarding Compensation

	Yes	No
1a Check the 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.		
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a Yes	
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	No
b Any related organization?	5b	No
If "Yes," on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	No
b Any related organization?	6b	No
If "Yes," on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 3	BASE COMPENSATION, INCENTIVE COMPENSATION AND ALL OTHER REPORTABLE AND NON-REPORTABLE COMPENSATION IS REVIEWED ANNUALLY BY THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES. THE EXECUTIVE COMMITTEE IS A SUBSET OF THE BOARD OF TRUSTEES. DECISIONS MADE BY THE EXECUTIVE COMMITTEE ARE DOCUMENTED AND REPORTED IN SUMMARY TO THE FULL BOARD OF TRUSTEES. IN ADDITION TO BOARD REVIEW, THIRD-PARTY CONSULTANTS PERIODICALLY REVIEW COMPENSATION AND INCENTIVE AMOUNTS TO ENSURE MARKET REASONABLENESS AND COMPETITIVENESS. THIRD-PARTY PREPARED COMPENSATION AND INCENTIVE REVIEW IS PRESENTED TO THE EXECUTIVE COMMITTEE.
PART I, LINE 4A	SEVERENCE PAYMENTS WERE MADE TO LISTED INDIVIDUAL. LISA GORE RECEIVED SEVERANCE IN THE AMOUNT OF \$115,314.

Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1GREGORY C FEIRN BOARD MEMBER, CEO	(i)	1,134,138	312,396	321,184	11,200	31,340	1,810,258	0
	(ii)	0	0	0	0	0	0	0
1JOHN HEATON MD PRESIDENT - CLINICAL AND S	(i)	714,148	206,561	8,850	11,200	15,725	956,484	0
	(ii)	0	0	0	0	0	0	0
2WILLIAM MASTERTON CEO, ADULT HOSPITAL MARKET	(i)	801,825	643,920	190,548	11,200	13,925	1,661,418	0
	(ii)	0	0	0	0	0	0	0
3SUZZANE HAGGARD CHIEF REVENUE OFFICER	(i)	546,821	154,520	6,228	13,708	13,919	735,196	0
	(ii)	0	0	0	0	0	0	0
4JENNIFER B SARPALIUS CHIEF FINANCIAL OFFICER	(i)	191,134	100,000	21,260	5,500	2,250	320,144	0
	(ii)	0	0	0	0	0	0	0
5DAMON M DIETRICH CHIEF MED INFORMATION OFFI	(i)	408,234	89,821	3,036	11,200	8,930	521,221	0
	(ii)	0	0	0	0	0	0	0
6JODY MARTIN SR. LEGAL COUNSEL	(i)	390,653	73,929	3,947	8,243	6,732	483,504	0
	(ii)	0	0	0	0	0	0	0
7SCOTT C LANDRY SVP, FACILITIES & SUPPORT SERVICES	(i)	242,343	53,089	2,961	8,835	19,585	326,813	0
	(ii)	0	0	0	0	0	0	0
8CHRISTINE ALBERT SVP - MARKETING & COMMUNIC	(i)	292,305	52,962	2,247	12,592	6,690	366,796	0
	(ii)	0	0	0	0	0	0	0
9CHAD COURREGE SVP - HUMAN RESOURCES	(i)	351,350	77,233	3,948	10,517	23,796	466,844	0
	(ii)	0	0	0	0	0	0	0
10PAOLO ZAMBITO EVP - STRATEGY	(i)	188,466	85,984	2,923	11,064	10,641	299,078	0
	(ii)	0	0	0	0	0	0	0
11TANYA KENNEDY SVP, CHIEF INFORMATION OFFICER	(i)	378,762	80,204	3,036	11,455	21,413	494,870	0
	(ii)	0	0	0	0	0	0	0
12AYAME DINKLER CHIEF ADMINISTRATIVE OFFICER	(i)	285,980	54,383	1,976	11,200	6,725	360,264	0
	(ii)	0	0	0	0	0	0	0
13NANCY CASSAGNE CEO - WEST JEFFERSON HOLDI	(i)	159,859	177,383	545	11,200	0	348,987	0
	(ii)	0	0	0	0	0	0	0
14ROBERT CALHOUN CEO - WEST JEFFERSON HOLDI	(i)	186,923	0	747	6,150	6,471	200,291	0
	(ii)	0	0	0	0	0	0	0
15EUGENIO LABADIE-BELENDEZ PHYSICIAN	(i)	299,209	123,297	1,986	11,200	14,099	449,791	0
	(ii)	0	0	0	0	0	0	0
16CHARLES BALLAY II PHYSICIAN	(i)	342,782	132,924	2,058	11,200	19,446	508,410	0
	(ii)	0	0	0	0	0	0	0
17ROBERT CHUGDEN PHYSICIAN	(i)	416,827	62,713	1,917	11,200	18,703	511,360	0
	(ii)	0	0	0	0	0	0	0
18CLIFTON S NICHOLSON-UHL PHYSICIAN	(i)	300,148	107,817	1,985	11,200	6,198	427,348	0
	(ii)	0	0	0	0	0	0	0
19NELLY AOUN PHYSICIAN	(i)	341,551	107,725	2,040	11,200	6,198	468,714	0
	(ii)	0	0	0	0	0	0	0

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

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
LOUISIANA CHILDREN'S MEDICAL CENTER

Employer identification number

94-3480131

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A LOUISIANA PUBLIC FACILITIES AUTHORITY	72-0895871	546395S96	08-15-2018	327,485,369	REMARKET TAX-EXEMPT DEBT PREVIOUSLY ISSUED FOR CAPITAL EXPENDITURES		X	X			X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	329,234,325			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	2,485,369			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds	325,000,000			
12	Other unspent proceeds	33,139			
13	Year of substantial completion				
		Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X			
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		
16	Has the final allocation of proceeds been made?		X		
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X			

Part III Private Business Use

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X							
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X						
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	4.200 %							
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5	4.200 %							
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X						

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
SCHEDULE K, PART II, LINE 3 COLUMN A	CUMULATIVE NET EARNINGS OF \$1,748,955.99

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

Return Reference	Explanation
SCHEDULE K, PART II, LINE 11 COLUMN B	THE SERIES 2017 DEBT WAS ISSUED TO FINANCE A PORTION OF THE ACQUISITION COSTS OF AN EXPANSION PROJECT OF CHILDREN'S HOSPITAL, A WHOLLY-OWNED SUBSIDIARY OF LCMC. WHILE THE DEBT IS REPORTED ON THE BOOKS OF LCMC, ALL UNSPENT PROCEEDS ARE RECORDED AND REPORTED WITHIN THE FINANCIAL STATEMENTS OF CHILDREN'S HOSPITAL.

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

2019

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization
LOUISIANA CHILDREN'S MEDICAL CENTER

Employer identification number
94-3480131

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

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

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

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

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) GREGORY C FEIRN	CEO	SPLIT INTEREST LOAN		X	2,907,790	2,457,278		No	Yes		Yes	
Total						\$	2,457,278					

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) ALLAN BISSINGER	LCMC BOARD MEMBER	387,314	TELECOMMUNICATION SERVICES		No

Part V Supplemental Information

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

Return Reference	Explanation

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
LOUISIANA CHILDREN'S MEDICAL CENTER

Employer identification number
94-3480131

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC	KATIE ANDRY CROSBY - 154 AUDUBON BOULEVARD, NEW ORLEANS, LA 70118. LEON J REYMOND - 1418 S EVENTH STREET, NEW ORLEANS, LA 70115. RUTH KULLMAN - 1838 STATE STREET, NEW ORLEANS, LA 70118. ELAINE ABELL - 119 KIMBALL DRIVE, LAFAYETTE, LA 70508. LEONARD BOK, MD - 330 JULIA STREET, APT 322, NEW ORLEANS, LA 70115. ALLAN BISSINGER - 4156 VENDOME PLACE, NEW ORLEANS, LA 70125. JOY BRAUN - 1203 WASHINGTON AVENUE, NEW ORLEANS, LA 70130. RALPH O BRENNAN - 550 BIENVILLE, NEW ORLEANS, LA 70130. HARRY "CHIP" CAHILL - 3740 LAKE MICHEL COURT, GRETNA, LA 70056. ELWOOD F CAHILL - 615 ENGLISH TURN DR., NEW ORLEANS, LA 70131. HUI KIM, MD - 13 S PARROW DRIVE, RIVER RIDGE, LA 70123. FANK DIVENCENTI, MD - 32 COLONY ROAD, GRETNA, LA 70056. STEPHEN HALES, MD - 3525 PRYTANIA, SUITE 602, NEW ORLEANS, LA 70115. ALDEN MCDONALD - 10 PARK ISLAND DRIVE, NEW ORLEANS, LA 70122. THEODORE LE CLERGQ - 755 MAGAZINE STREET, NEW ORLEANS, LA 70130. HUGH W LONG, PHD - 832 PINE STREET, NEW ORLEANS, LA 70118. WILLIAM L MI MELES - 232 LAKE MARINA DRIVE, 7C, NEW ORLEANS, LA 70124. ANTHONY RECASNER PHD - 1929 UPP ERLINE STREET, NEW ORLEANS, LA 70115. MONICA SYLVAIN, PHD - 2228 ORMOND BLVD, DESTREHAN, LA 70047. A WHITFIELD HUGULEY, IV - 365 CANAL STREET, SUITE 2929, NEW ORLEANS, LA 70130. SH ONDRA WILLIAMS - 201 ST. CHARLES AVENUE, 46TH FLOOR, NEW ORLEANS, LA 70170. KNIGHT WORLEY MD - 3525 PRYTANIA, SUITE 606, NEW ORLEANS, LA 70115. STEPHEN KAUPPERMAN - 5924 COLISEUM ST., NEW ORLEANS, LA 70115. REUBEN CHRESTMAN - 324 ARLINGTON DRIVE, METAIRIE, LA 70001.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	PURCHASED SERVICES: PROGRAM SERVICE EXPENSES 18,583,982. MANAGEMENT AND GENERAL EXPENSES 9,915,256. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 28,499,238. PURCHASED MEDICAL SERVICES: PROGRAM SERVICE EXPENSES 11,634,668. MANAGEMENT AND GENERAL EXPENSES 39,755. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 11,674,423. OTHER CONTRACTUAL SERVICES: PROGRAM SERVICE EXPENSES 6,672. MANAGEMENT AND GENERAL EXPENSES 10,669,678. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 10,676,350. DUES & MEMBERSHIPS: PROGRAM SERVICE EXPENSES 144,811. MANAGEMENT AND GENERAL EXPENSES 202,237. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 347,048. CONTRACT LABOR: PROGRAM SERVICE EXPENSES 2,922,711. MANAGEMENT AND GENERAL EXPENSES 3,016,040. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 5,938,751. CONSULTING & PROFESSIONAL FEES: PROGRAM SERVICE EXPENSES 0. MANAGEMENT AND GENERAL EXPENSES 10,161,889. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 10,161,889. RECRUITMENT FEES: PROGRAM SERVICE EXPENSES 0. MANAGEMENT AND GENERAL EXPENSES 109,691. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 109,691.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	EARNINGS FROM EQUITY INVESTMENTS IN RELATED TAX-EXEMPT HOSPITALS 202,555,718.

990 Schedule O, Supplemental Information

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

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
LOUISIANA CHILDREN'S MEDICAL CENTER

Employer identification number
94-3480131

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) WEST JEFFERSON HOLDINGS LLC 1101 MEDICAL CENTER BLVD MARRERO, LA 70072 47-2667968	FULL-SERVICE COMMUNITY HOSPITAL	LA	255,799,543	293,399,156	LOUISIANA CHILDREN'S MEDICAL CENTER (LCMC)
(2) LCMC HEALTHCARE SERVICES LLC DBA NOLA PHYSICIAN GROUP 200 HENRY CLAY AVENUE NEW ORLEANS, LA 70118 82-3686098	PHYSICIAN PRACTICES	LA	4,320,979	3,205,175	LOUISIANA CHILDREN'S MEDICAL CENTER (LCMC)
(3) WEST JEFFERSON CT SCAN LLC 1111 MEDICAL CENTER BLVD MARRERO, LA 70072 20-0405536	DIAGNOSTIC IMAGING	LA	0	0	WEST JEFFERSON HOLDINGS LLC
(4) LCMC HEALTHCARE PARTNERS LLC 200 HENRY CLAY AVENUE NEW ORLEANS, LA 70018 61-1813039	CLINICAL INTEGRATION NETWORK	LA			LOUISIANA CHILDREN'S MEDICAL CENTER (LCMC)

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) COMMUNITY SERVICES COLLABORATIVE 1101 MEDICAL CENTER BLVD MARRERO, LA 70072 36-4819943	MEDICAL COLLABORATION	LA		RELATED	-2,635	142,897		No			No	50.000 %
(2) CRESCENT CITY RESEARCH CONSORTIUM LLC 1111 MEDICAL CENTER BLVD STE N-701 MARRERO, LA 70072 38-3880814	MEDICAL RESEARCH	LA	LCMC	RELATED	22,454	76,680		No			No	50.000 %
(3) WEST JEFFERSON INDUSTRIAL MEDICINE LLC 107 WALL BOULEVARD STE A GRETNA, LA 70056 27-1015093	OCCUPATIONAL HEALTH PROVIDER	LA		RELATED	95,890	941,528		No			No	50.000 %
(4) WEST JEFFERSON MRI LLC 1101 MEDICAL CENTER BLVD STE N-201 MARRERO, LA 70072 72-1502747	DIAGNOSTIC IMAGING	LA		RELATED	440,517	195,517		No			No	50.000 %

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

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

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

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

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

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

See Additional Data Table

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

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

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

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

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

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

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
CHILDREN'S HOSPITAL	L	30,969,084	COST
TOURO INFIRMARY	L	33,041,403	COST
UNIVERISTY MEDICAL CENTER MANAGEMENT CORPORATION	L	36,117,110	COST
CHILDREN'S HOSPITAL	O	27,227	COST
TOURO INFIRMARY	O	194,635	COST
UNIVERISTY MEDICAL CENTER MANAGEMENT CORPORATION	O	853,727	COST
TOURO INFIRMARY	S	36,317,887	COST
UNIVERISTY MEDICAL CENTER MANAGEMENT CORPORATION	R		COST
UNIVERISTY MEDICAL CENTER MANAGEMENT CORPORATION	S	57,403,595	COST
CHILDREN'S HOSPITAL	R	11,781,239	COST
CHILDREN'S HOSPITAL	S	140,991,035	COST
CHILDREN'S HOSPITAL	J	374,760	COST
CHILDREN'S HOSPITAL	K	948,429	COST
UNIVERISTY MEDICAL CENTER MANAGEMENT CORPORATION	K	2,266,325	COST