

B Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization OUR LADY OF LOURDES REGIONAL MEDICAL CENTER INC	
Doing business as	
Number and street (or P.O. box if mail is not delivered to street address) 4200 ESSEN LANE	Room/suite
City or town, state or province, country, and ZIP or foreign postal code BATON ROUGE, LA 70809	
F Name and address of principal officer: STEPHANIE MANSON 4200 ESSEN LANE BATON ROUGE, LA 70809	H(a) Is this subor H(b) Are a

D Employer identification number	72-0423635
E Telephone number	(225) 923-2701
G Gross receipts \$	549,573,088

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

J Website: ► LOURDESRMC.COM

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

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

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

H(c) Group exemption number ►

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

M State of legal domicile: LA

Part I	Summary
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Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE FOR THE CARE OF THE ILL, INJURED, OR DISABLED PERSONS AND TO PROVIDE FOR RESEARCH, EDUCATION, AND THE ENHANCEMENT OF THOSE IN THE COMMUNITY.	
	2 Check this box <input type="checkbox"/> 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)	18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	16
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	3,367
	6 Total number of volunteers (estimate if necessary)	117
	7a Total unrelated business revenue from Part VIII, column (C), line 12	154,075
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	20,851

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	15,588,421	3,451,739
	9 Program service revenue (Part VIII, line 2g)	494,007,411	505,853,055
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,484,213	2,995,144
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	33,008,909	30,846,823
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	544,088,954	543,146,751
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	819,806	1,919,300
	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)	190,117,295	212,381,038
	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)	252,758,460	266,964,393
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	443,695,561	481,264,731
19 Revenue less expenses. Subtract line 18 from line 12	100,393,393	61,882,020	
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	576,116,813	566,496,427
	21 Total liabilities (Part X, line 26)	440,358,431	377,725,014
	22 Net assets or fund balances. Subtract line 21 from line 20	135,758,382	188,771,413

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 ***** 2023-05-15

Signature of officer Date

LOWELL STANTON *****

Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date 2023-05-15	Check <input type="checkbox"/> if self-employed	PTIN P01959439
	Firm's name ▶ KPMG LLP			Firm's EIN ▶ 13-5565207	
	Firm's address ▶ 301 MAIN STREET SUITE 2150 BATON ROUGE, LA 70801			Phone no. (225) 344-4000	

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2021)

Part III Statement of Program Service AccomplishmentsCheck 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 \$ 316,870,361 including grants of \$ 909,327) (Revenue \$ 499,095,131)
See Additional Data	

4b	(Code:) (Expenses \$ 42,811,274 including grants of \$) (Revenue \$ 35,290,035)
See Additional Data	

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

4e	Total program service expenses ▶ 359,681,635
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Part IV Checklist of Required Schedules

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

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	No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	No
26 Did the organization report any amount on Part X, line 5 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	No
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 the 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	No
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 line 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 on 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 ComplianceCheck 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	29
b Enter the number of Forms W-2G included on 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 3,367			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.		2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	Yes	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		3b	Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 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).		4a		No
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a		No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
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?		12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c Enter the amount of reserves on hand	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 720, Schedule N.		15		No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 720, Schedule O.		16		No
17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.		17		

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a	18
b Enter the number of voting members included in line 1a, above, who are independent	1b	16
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6 Did the organization have members or stockholders?	6	Yes
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	Yes
b Each committee with authority to act on behalf of the governing body?	8b	Yes
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

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 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
 ▶AMANDA HYMEL 5959 SSHERWOOD FOREST BLVD BATON ROUGE, LA 70809 (225) 765-8496

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 ☐

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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.[illegible]

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

[illegible]

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	6,062,517	1,916,999	606,043

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 ▶ 284

		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	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <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
FMOL HEALTH SYSTEM 4200 ESSEN LANE BATON ROUGE, LA 70809	MANAGEMENT SERVICES	46,695,114
YOUNG'S PROFESSIONAL SERVICES 200 GREENLEAVES BLVD STE 6 MANDEVILLE, LA 70448	ANESTHESIA SERVICES	7,242,606
TRIMEDX INC 5451 LAKEVIEW PKWY S DRIVE INDIANAPOLIS, IN 46268	BIOMED SERVICES	6,788,775
KENT DESIGN BUILD 1875 HWY 59 MANDEVILLE, LA 70448	CONSTRUCTION SERVICE	4,318,576
CARDIAC AND THORACIC SURGERY 25787 ADAMS LANE JACKSON, LA 70748	SURGERY SERVICES	2,583,960

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 ▶ 75

Part VIII Statement of RevenueCheck 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	3,104,658			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	347,077			
	g Noncash contributions included in lines 1a - 1f:\$	1g				
	h Total. Add lines 1a-1f ▶		3,451,735			
Program Service Revenue	2a PATIENT SERVICE REVENUE	Business Code 622110	489,676,644	489,676,644		
	b OTHER REVENUE	900099	9,127,309	9,127,309		
	c INCOME FROM EQUITY INVESTEEs	622110	5,358,340	5,204,265	154,075	
	d CAFETERIA	622110	1,407,550	1,407,550		
	e OUTREACH LAB	900099	237,352	237,352		
	f All other program service revenue.		45,860	45,860		
	g Total. Add lines 2a-2f. ▶		505,853,055			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		1,754,251		
4 Income from investment of tax-exempt bond proceeds ▶			15			15
5 Royalties ▶						
6a Gross rents		(i) Real 2,160,637	(ii) Personal			
b Less: rental expenses		0				
c Rental income or (loss)		2,160,637				
d Net rental income or (loss) ▶			2,160,637			2,160,637
7a Gross amount from sales of assets other than inventory		(i) Securities 7,667,209	(ii) Other			
b Less: cost or other basis and sales expenses		6,395,485	30,846			
c Gain or (loss)		1,271,724	-30,846			
d Net gain or (loss) ▶			1,240,878			1,240,878
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 PENSION RELATED CHANGE	900099	28,686,186	28,686,186			
b						
c						
d All other revenue						
e Total. Add lines 11a-11d ▶		28,686,186				
12 Total revenue. See instructions ▶		543,146,757	534,385,166	154,075	5,155,781	

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 ☐

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,918,300	1,918,300		
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.	1,000	1,000		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,042,709	1,696,495	346,214	
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	177,129,940	147,108,563	30,021,377	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	3,000	3,000		
9 Other employee benefits	20,899,820	16,976,969	3,922,851	
10 Payroll taxes	12,305,569	10,040,420	2,265,149	
11 Fees for services (non-employees):				
a Management	73,216,348	34,080,053	39,136,295	
b Legal	386,814	97,380	289,434	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	51,931	12,490	39,441	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	9,631,107	3,930,934	5,700,173	
12 Advertising and promotion	2,333,408	653,130	1,680,278	
13 Office expenses	34,242,102	19,996,716	14,245,386	
14 Information technology	684,051	164,522	519,529	
15 Royalties				
16 Occupancy	14,643,401	11,503,749	3,139,652	
17 Travel	228,437	54,942	173,495	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	21,110	5,077	16,033	
20 Interest	8,612,598	83,042	8,529,556	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	13,808,598	11,709,442	2,099,156	
23 Insurance	5,406,631	598,178	4,808,453	
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 EXPENS	102,184,489	97,651,179	4,533,310	
b				
c				
d				
e All other expenses	1,513,368	1,396,054	117,314	
25 Total functional expenses. Add lines 1 through 24e	481,264,731	359,681,635	121,583,096	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 SheetCheck 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		169,220,537	1	116,086,047
	2	Savings and temporary cash investments		4,905,762	2	4,916,076
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		50,912,048	4	54,935,764
	5	Loans and other receivables from 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			5	
	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		227,625	7	130,632
	8	Inventories for sale or use		9,115,188	8	9,370,145
	9	Prepaid expenses and deferred charges		14,514,412	9	15,677,751
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	436,617,253		
	b	Less: accumulated depreciation	10b	175,368,758		
				259,878,903	10c	261,248,495
	11	Investments—publicly traded securities		100,000	11	100,000
	12	Investments—other securities. See Part IV, line 11		26,728,633	12	24,297,830
	13	Investments—program-related. See Part IV, line 11		2,598,311	13	6,210,490
	14	Intangible assets		20,572,162	14	20,993,284
15	Other assets. See Part IV, line 11		17,343,232	15	52,529,913	
16	Total assets. Add lines 1 through 15 (must equal line 33)		576,116,813	16	566,496,427	
Liabilities	17	Accounts payable and accrued expenses		70,891,025	17	77,991,833
	18	Grants payable			18	
	19	Deferred revenue		32,997,119	19	6,386,196
	20	Tax-exempt bond liabilities		222,351,203	20	221,463,783
	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		114,119,084	25	71,883,202
	26	Total liabilities. Add lines 17 through 25		440,358,431	26	377,725,014
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		130,578,251	27	182,355,330
	28	Net assets with donor restrictions		5,180,131	28	6,416,083
	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		135,758,382	32	188,771,413
33	Total liabilities and net assets/fund balances		576,116,813	33	566,496,427	

Part XI Reconciliation of Net AssetsCheck 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	543,146,757
2	Total expenses (must equal Part IX, column (A), line 25)	2	481,264,731
3	Revenue less expenses. Subtract line 2 from line 1	3	61,882,026
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	135,758,382
5	Net unrealized gains (losses) on investments	5	-3,871,321
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	-4,997,674
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	188,771,413

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
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.	Yes	
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?	Yes	
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	

Additional Data

Software ID:

Software Version:

EIN: 72-0423635

Name: OUR LADY OF LOURDES REGIONAL MEDICAL
CENTER INC

Form 990 (2021)

Form 990, Part III, Line 4a:

OUR LADY OF LOURDES REGIONAL MEDICAL CENTER PROVIDES QUALITY HOSPITAL AND MEDICAL SERVICES PRIMARILY TO RESIDENTS OF SOUTH LOUISIANA. THE MEDICAL CENTER IS AN ACTIVE, CARING MEMBER OF THE COMMUNITIES IT SERVES. IN CARRYING OUT ITS MISSION OF MEETING THE HEALTHCARE NEEDS OF THE PEOPLE OF GOD, THE MEDICAL CENTER HAS ESTABLISHED A POLICY UNDER WHICH IT PROVIDES CARE TO NEEDY MEMBERS OF ITS COMMUNITIES. THE MEDICAL CENTER PROVIDED SERVICES FOR 97,535 PATIENT DAYS, 16,124 INPATIENT DISCHARGES, AND 99,494 EMERGENCY ROOM VISITS IN THE YEAR ENDED JUNE 30, 2022. SEE SCHEDULE O FOR FURTHER EXPLANATION.

Form 990, Part III, Line 4b:

OUR LADY OF LOURDES RMC'S PHYSICIAN PRACTICE PROVIDES CARE TO THE NEEDY MEMBERS OF ITS COMMUNITIES.



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			
CHRISTA V BILLEAUD VICE CHAIR	0.50 0.00	X		X				0	0	0
FR JAMES BRADY BOARD MEMBER	0.50 0.00	X						0	0	0
MATTHEW MD BOUDREAUX BOARD MEMBER	0.50 0.00	X						0	0	0
STEPHEN J DELATTE BOARD MEMBER	0.50 0.00	X						0	0	0
JULIE DRONET BOARD MEMBER	0.50 0.00	X						0	0	0
ANITA M FONTENOT BOARD MEMBER	0.50 0.00	X						0	0	0
BRYAN HANKS CHAIR	0.50 0.00	X		X				0	0	0
EDWARD J KRAMPE III SECRETARY & TREASURER	0.50 0.00	X		X				0	0	0
MICHAEL P MARAIST BOARD MEMBER	0.50 0.00	X						0	0	0
MIKE MONCLA BOARD MEMBER	0.50 0.00	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			
ANGELA MORRISON BOARD MEMBER	0.50 0.00	X						0	0	0
SR ANN CATHERINE NGUYEN BOARD MEMBER	0.50 1.00	X						0	0	0
LOUIS PERRET BOARD MEMBER	0.50 0.00	X						0	0	0
SR MARGARIDA VASQUES BOARD MEMBER	0.50 2.00	X						0	0	0
SHAUNN CAILLIER HARDEN BOARD MEMBER	0.50 0.00	X						0	0	0
JOSEPH GIGLIO BOARD MEMBER	0.00 0.50	X						0	0	0
KELLY T CAHILL JR MD BOARD MEMBER/PHYSICIAN	40.00 0.00	X						599,850	0	37,243
KATHLEEN HEALY-COLLIER CEO & MARKET PRESIDENT	0.50 40.00	X		X				0	452,879	31,672
JEFFREY D LIMBOCKER EVP/CFO FMOLHS	2.00 58.50			X				0	991,087	185,197
JENNIFER J CLOWERS CFO & VP OF FINANCE	1.00 40.00			X				0	473,033	41,117

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			
DONNA F LANDRY COO	40.00 0.00				X			569,910	0	25,572
GILBERT HUMBERT CNO	40.00 0.00				X			341,799	0	36,710
DANNA M CRAIN HEART SERVICE/COO HHL	40.00 0.00				X			259,654	0	13,087
DUKE WALKER VP OPERATIONS	40.00 0.00				X			225,478	0	34,970
CARRIE TEMPLETON VP OF WCC	40.00 0.00				X			191,696	0	19,979
TRACY DELHOMME VP CLINICAL SUPPORT	40.00 0.00				X			206,188	0	38,582
DEIADRA J GARRETT PHYSICIAN	40.00 0.00					X		810,827	0	17,147
KENNETH W FALTERMAN PHYSICIAN	40.00 0.00					X		768,660	0	42,378
ANN MARIE FLANNERY PHYSICIAN	40.00 0.00					X		617,045	0	35,039
ROBERT DEWITT PHYSICIAN	40.00 0.00					X		787,760	0	30,204

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
OUR LADY OF LOURDES REGIONAL MEDICAL
CENTER INC

Employer identification number
72-0423635

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).)
- 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 on 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 5 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 2021 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2020 Schedule A, Part II, line 14	15	
16a	33 1/3% support test—2021. 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—2020. 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—2021. 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—2020. 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 on 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 5 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

15 Public support percentage for 2021 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2021.** 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—2020.** 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 box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the officers, 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 line 2 above, 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 lines 2a and 2b 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>		
b Did the activities described on line 2a, above 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 lines 3a and 3b 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>If "Yes" or "No," 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 (<i>explain in detail in Part VI</i>):			
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 0.015 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 0.035	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	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (<i>prior IRS approval required - provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8	
9 Distributable amount for 2021 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required-- <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021:			
a From 2016.			
b From 2017.			
c From 2018.			
d From 2019.			
e From 2020.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017.			
b Excess from 2018.			
c Excess from 2019.			
d Excess from 2020.			
e Excess from 2021.			

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

CITIZENS FOR A
New Louisiana

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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
OUR LADY OF LOURDES REGIONAL MEDICAL
CENTER INC

Employer identification number
72-0423635

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 FASB 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 FASB 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 FASB ASC 958 relating to these items:

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

b Assets included in Form 990, Part X ► \$

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

Cat. No. 52283D Schedule D (Form 990) 2021

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.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back

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

Term 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

b

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

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

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		43,668,154		43,668,154
b Buildings		259,757,550	96,906,736	162,850,814
c Leasehold improvements		5,301,222	1,193,456	4,107,766
d Equipment		106,024,383	77,268,566	28,755,817
e Other		21,865,944		21,865,944
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				261,248,495

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)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII

Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) ▶		

Part IX

Other Assets.

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

(a) Description	(b) Book value
(1) DUE TO/FROM AFFILIATES	38,143,621
(2) INTEREST IN NET ASSETS OF FOUNDATION	6,143,636
(3) SELF INSURANCE RECEIVABLE LT	8,242,656
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	52,529,913

Part X

Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) RETIREMENT PAYABLE LONG TERM	35,407,006
(3) OTHER LEASES PAYABLE	17,208,903
(4) OTHER LIABILITIES	19,267,293
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	71,883,202

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 ☒

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

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

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.

Schedule D (Form 990) 2020

Additional Data

Software ID:
Software Version:
EIN: 72-0423635
Name: OUR LADY OF LOURDES REGIONAL MEDICAL
CENTER INC

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	FIN 48 FOOTNOTE (ASC 740) THE MEDICAL CENTER RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. RECOGNIZED INCOME TAX POSITIONS ARE MEASURED AT THE LARGEST AMOUNT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED. CHANGES IN RECOGNITION OR MEASUREMENT ARE REFLECTED IN THE PERIOD IN WHICH THE CHANGE IN JUDGEMENT OCCURS. NO RESERVES FOR UNCERTAIN TAX POSITIONS HAVE BEEN RECORDED.

SCHEDULE H
(Form 990)

Department of the Treasury

Internal Revenue Service

Hospitals

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
OUR LADY OF LOURDES REGIONAL MEDICAL
CENTER INC

Employer identification number
72-0423635

Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes
b	If "Yes," was it a written policy?	1b	Yes
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input type="checkbox"/> Applied uniformly to all hospital facilities <input checked="" 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 free 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 type="checkbox"/> 200% <input checked="" type="checkbox"/> Other 25000.0000000000 % b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other % c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care. 4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	3a	Yes
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	3b	No
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	4	Yes
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5a	Yes
6a	Did the organization prepare a community benefit report during the tax year?	5b	Yes
b	If "Yes," did the organization make it available to the public?	5c	No
	Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.	6a	Yes
		6b	Yes

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)			721,957	721,957		
b Medicaid (from Worksheet 3, column a)			117,883,810	87,645,828	30,237,982	6.280 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			118,605,767	88,367,785	30,237,982	6.280 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			992,204		992,204	0.210 %
f Health professions education (from Worksheet 5)			69,104		69,104	0.010 %
g Subsidized health services (from Worksheet 6)			625,146		625,146	0.130 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			28,600		28,600	0.010 %
j Total. Other Benefits			1,715,054		1,715,054	0.360 %
k Total. Add lines 7d and 7j			120,320,821	88,367,785	31,953,036	6.640 %

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

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

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

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	1,214,346	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	98,577,464
6 Enter Medicare allowable costs of care relating to payments on line 5	6	102,727,202
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-4,149,738
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 LOURDES IMAGING DEV	LEASOR OF IMAGING PROP & EQUIPMENT	67.750 %	2.760 %	29.490 %
2 2 PARK PLACE SURGICAL	SPECIALTY SURGERY CENTER	45.000 %	4.650 %	50.350 %
3 3 LAFAYETTE SURGICARE	AMBULATORY SURGERY CENTER	59.420 %		40.580 %
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?

2

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)
OUR LADY OF LOURDES RMC**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****Community Health Needs Assessment**

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	3	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>21</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	5	Yes
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C.	6b	No
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	7	Yes
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V SECTION C</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.	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>21</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): _____	10	No
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	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)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

OUR LADY OF LOURDES RMC

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 _____ % b <input 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 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>SEE PART V SECTION C</u> b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V SECTION C</u> c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V SECTION C</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 checked="" 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 checked="" 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 checked="" type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)**Billing and Collections**

OUR LADY OF LOURDES RMC

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:	19	No
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)			
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 checked="" 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 checked="" 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 checked="" 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:	21 Yes	
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)			

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

OUR LADY OF LOURDES RMC

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 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)

PARK PLACE SURGERY CENTER LLC

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):** _____

2

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	3	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>21</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	5	Yes
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C.	6b	No
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	7	Yes
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V SECTION C</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.	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): _____	10	No
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	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)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

PARK PLACE SURGERY CENTER LLC

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 _____ %		
b <input 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 type="checkbox"/> Residency		
h <input 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?	15 Yes	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
a <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?	16 Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V SECTION C</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V SECTION C</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V SECTION C</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 checked="" 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 checked="" 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 checked="" type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)**Billing and Collections**

PARK PLACE SURGERY CENTER LLC

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:	19	No
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)			
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 checked="" 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 checked="" 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 checked="" 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:	21 Yes	
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)			

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

PARK PLACE SURGERY CENTER LLC

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

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.

[illegible]

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? 4

Name and address

Type of Facility (describe)

1 2 - LOURDES AFTER HOURS LLC
2130 KALISTE SALOOM ROAD
LAFAYETTE, LA 70508

HEALTHCARE CLINIC

2 3 - LHCG-XIII LLC
601 WEST ST MARY BLVD SUITE 309
LAFAYETTE, LA 70506

HOME HEALTH AGENCY

3 4 - LHCG LXVII LLC
901 S HUGH WALLIS ROAD
LAFAYETTE, LA 70508

HOSPICE

4 5 - LAFAYETTE SURGICARE
4630 AMBASSADOR CAFFERY PKWY
LAFAYETTE, LA 70508

AMBULATORY SURGICAL FACILITY

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 3C:	FINANCIAL ASSISTANCE IS AVAILABLE FOR INDIVIDUALS WHO ARE UNINSURED, UNDERINSURED, INELIGIBLE FOR ANY GOVERNMENT HEALTH CARE BENEFIT PROGRAM, AND WHO ARE UNABLE TO PAY FOR THEIR CARE. FULLY-DISCOUNTED CARE IS AVAILABLE IF INCOME AND ASSETS MEET CERTAIN FEDERAL POVERTY GUIDELINE LEVELS. FULLY-DISCOUNTED CARE IS ALSO AVAILABLE FOR THOSE PATIENTS WITH CATASTROPHIC MEDICAL BILLS IF MEDICAL BILLS EXCEED A CERTAIN PERCENTAGE OF INCOME AND ASSETS. FULLY DISCOUNTED CARE IS ALSO AVAILABLE WHERE THE PATIENT OR OTHER SOURCES CAN PROVIDE SUFFICIENT EVIDENCE OF PRESUMPTIVE ELIGIBILITY. PRESUMPTIVE ELIGIBILITY MAY BE DETERMINED ON THE BASIS OF INDIVIDUAL LIFE CIRCUMSTANCES THAT MAY INCLUDE:1) PATIENT RECEIVING FREE CARE FROM A COMMUNITY CLINIC AND IS REFERRED TO THE HOSPITAL;2) STATE-FUNDED PRESCRIPTION PROGRAMS;3) HOMELESS, INDIGENT, OR HOMELESS CLINIC PATIENT;4) PATIENT'S CHILDREN WHO QUALIFY FOR OTHER FINANCIAL ASSISTANCE PROGRAMS;5) PATIENT ELIGIBLE FOR FOOD STAMPS;6) MEDICAID ELIGIBLE PATIENT;7) PATIENT IS DECEASED WITH NO KNOWN RESPONSIBLE PARTY;8) PATIENT IS INCARCERATED AND HAS NO OTHER RESPONSIBLE PARTY.PART I, LINE 7:THE COST-TO-CHARGE RATIO IS UTILIZED AS THE COSTING METHODOLOGY TO CALCULATE THE AMOUNTS REPORTED IN PART I LINES 7A-7D AND IS BASED ON THE JUNE 30, 2022 MEDICARE COST REPORT DATA. FOR PART I LINES 7E, 7F, 7H AND 7I, DIRECT COSTS WERE CAPTURED FROM THE HOSPITAL'S AUDITED FINANCIAL STATEMENTS AND THE MEDICARE COST REPORT WHERE APPLICABLE. FOR PART I LINE 7G, COST FIGURES WERE CALCULATED FROM DEPARTMENTAL COSTS LESS DIRECT OFFSETTING REVENUE.PART I, LINE 7G:OUR LADY OF LOURDES PROVIDES SUBSIDIZED HEALTH SERVICES INCLUDING HEALTH CARE CLINICS. ST. BERNADETTE'S CLINIC, WHICH PROVIDES FREE MEDICAL CARE TO THE HOMELESS AND UNINSURED POPULATION, IS INCLUDED. THE COSTING METHODOLOGY USED FOR SUBSIDIZED HEALTH SERVICES WAS ACTUAL EXPENSES INCURRED IN PROVIDING THE SERVICES LESS DIRECT OFFSETTING REVENUE. ST. BERNADETTE CLINIC \$424,018.PART I, LINE 7F:FOR THE PURPOSE OF CALCULATING THE PERCENTAGE IN PART I, LINE 7, COLUMN F, FUNCTIONAL EXPENSES WERE USED WHICH DID NOT INCLUDE BAD DEBT EXPENSE.PART III, SECTION A, LINE 2:THIS AMOUNT REPRESENTS THE ACTUAL CUSTOMER AMOUNTS DUE TO OUR LADY OF LOURDES REGIONAL MEDICAL CENTER THAT WERE WRITTEN OFF BECAUSE THEY WERE UNCOLLECTIBLE.PART III, LINE 4:THE BAD DEBT FOOTNOTE IS ON PAGES 17 OF THE ATTACHED AUDITED FINANCIAL STATEMENTS.PART III, LINE 8:THE COSTING METHODOLOGY USED TO DETERMINE THE MEDICARE ALLOWABLE COSTS REPORTED IN THE MEDICARE COST REPORT IS BASED ON REGULATORY REQUIREMENT AND GUIDELINES. THE MEDICARE COST REPORT (MCR) IS AN ANNUAL REPORT REQUIRED OF ALL INSTITUTIONS PARTICIPATING IN THE MEDICARE PROGRAM. THE MCR RECORDS EACH INSTITUTION'S TOTAL COSTS AND CHARGES ASSOCIATED WITHPROVIDING SERVICES TO ALL PATIENTS, THE PORTION OF THOSE COSTS AND CHARGES ALLOCATED TO MEDICARE PATIENTS, AND THE MEDICARE PAYMENTS RECEIVED.
PART III, LINE 9B:	PATIENTS WITH NO MEANS OF PAYMENT MAY APPLY FOR FINANCIAL ASSISTANCE. APPROVAL WILL BE BASED ON INCOME, ASSETS, AND MEDICAL EXPENSES AS SET FORTH IN THE FINANCIAL ASSISTANCE POLICY. ACCOUNTS MAY ALSO BE FULLY DISCOUNTED BASED ON A PRESUMPTIVE CHARITY SCORING SYSTEM WHICH IS SIMILAR TO CREDIT SCORING. TO THE EXTENT APPROPRIATE AND PERMITTED BY LAW, FINANCIAL COUNSELING AND SCREENINGS ARE CONDUCTED AT THE TIME OF ENCOUNTER TO ASSIST IN IDENTIFYING PATIENTS WHO WOULD LIKELY QUALIFY FOR FINANCIAL ASSISTANCE UNDER THE HOSPITAL'S POLICY. THESE PROCESSES HELP IDENTIFY (EARLY IN THE PROCESS) PATIENTS WHO QUALIFY FOR FINANCIAL ASSISTANCE. THIS HELPS KEEP QUALIFYING PATIENTS OUT OF THE HOSPITAL'S COLLECTION PROCESSES BECAUSE AMOUNTS COVERED BY FINANCIAL ASSISTANCE ARE NOT SUBJECT TO THE HOSPITAL'S COLLECTION PRACTICES. HOWEVER, IF IT IS DETERMINED THAT A PATIENT QUALIFIES FOR CHARITY CARE AFTER THE INDIVIDUAL'S ACCOUNT HAS BEEN SENT TO COLLECTIONS, THE DISCOUNTED AMOUNT IS IMMEDIATELY REMOVED FROM THE COLLECTIONS PROCESS.PART VI, LINE 3:PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCEPATIENTS ARE GIVEN THE MEDICAL CENTER'S PATIENT HANDBOOK WHERE THEY ARE REFERRED TO THE SECTION ENTITLED "FINANCIAL INFORMATION - WHAT TO EXPECT". FINANCIAL COUNSELORS ALSO MEET WITH THE PATIENTS AND EDUCATE THEM ABOUT THE ELIGIBILITY FOR ASSISTANCE UNDER FEDERAL, STATE OR LOCALGOVERNMENT PROGRAMS AND ALSO THE ORGANIZATION'S FINANCIAL ASSISTANCE PROGRAM. FOR THE CONVENIENCE OF THE PATIENTS, THE MEDICAL CENTER ALSO OPERATES A MEDICAID ENROLLMENT CENTER TO ASSIST PATIENTS INTERESTED IN APPLYING FOR MEDICAID BENEFITS. THIS OFFICE IS OPEN MONDAY - FRIDAYFROM 8:00 A.M. - 4:00 P.M. A TELEPHONE NUMBER IS ALSO PROVIDED IN THE HANDBOOK.PART VI, LINE 4:COMMUNITY INFORMATIONOUR LADY OF LOURDES REGIONAL MEDICAL CENTER IS A COMMUNITY BASED, NOT-FOR-PROFIT HOSPITAL THAT TREATS PATIENTS FROM ACROSS THE ACADIANA REGION. PURSUANT TO THE HOSPITAL'S LAST CHNA, OUR LADY OF LOURDES' PRIMARY AND SECONDARY SERVICE AREA HAS A POPULATION OF APPROXIMATELY 685,442. IT IS ESTIMATED THAT 16.6% OF THE POPULATION AND 23% OF THE CHILDREN OF LAFAYETTE PARISH (THE PRIMARY SERVICE AREA) IS LIVING IN POVERTY.THE PRIMARY SERVICE ARE INCLUDES THE FOLLOWING PARISH:LAFAYETTE PARISHTHE SECONDARY SERVICE AREA INCLUDES THE FOLLOWING PARISHES:ACADIA PARISHEVANGELINE PARISHIBERIA PARISHJEFFERSON DAVID PARISHST. LANDRY PARISHST. MARTIN PARISHST. MARY PARISHVERMILLION PARISHPART VI, LINE 5:PROMOTION OF COMMUNITY HEALTH:THE MAJORITY OF THE GOVERNING BODY OF OUR LADY OF LOURDES REGIONAL MEDICAL CENTER IS COMPRISED OF INDIVIDUALS WITH A BROAD CROSS-SECTION OF HEALTH CARE AND BUSINESS EXPERIENCE. OUR LADY OF LOURDES REGIONAL MEDICAL CENTER EXTENDS MEDICAL STAFF PRIVILEGES TO QUALIFIED PHYSICIANS IN THE COMMUNITY FOR SOME OR ALL OF THE HOSPITAL DEPARTMENTS AS NEEDED. SURPLUS FUNDS ARE APPLIED TO IMPROVEMENTS IN PATIENT CARE AREAS THROUGH INVESTMENT IN CLINICAL TECHNOLOGY, MEDICAL INFORMATION TECHNOLOGY, AND CONTINUED TRAINING OF CLINICAL STAFF.PART VI, LINE 6:AFFILIATED HEALTH CARE SYSTEM OUR LADY OF LOURDES REGIONAL MEDICAL CENTER IS NOT-FOR-PROFIT, NON-STOCK, MEMBER CORPORATION OF WHICH FRANCISCAN MISSIONARIES OF OUR LADY HEALTH SYSTEM, INC.(FMOL HEALTH SYSTEM)IS THE SOLE MEMBER. OUR LADY OF LOURDES IS PART OF THE FMOL HEALTH SYSTEM WHICH INCLUDES SEVERAL HOSPITALS AND TAX-EXEMPT AFFILIATES THROUGHOUT THE STATE OF LOUISIANA. OUR LADY OF LOURDES RMC SERVES THE COMMUNITY IN LAFAYETTE PARISH AND SURROUNDING PARISHES. OTHER RELATED HOSPITALS IN LOUISIANA INCLUDE: OUR LADY OF THE LAKE REGIONAL MEDICAL CENTER, ST. FRANCIS MEDICAL CENTER, ST. ELIZABETH HOSPITAL, OUR LADY OF THE LAKE ASSUMPTION HOSPITAL, AND OUR LADY OF THE ANGELS HOSPITAL. AS OF JULY 1, 2019, ST. DOMINIC JACKSON MEMORIAL HOSPITAL IN MISSISSIPPI IS ALSO A RELATED HOSPITAL, DUE TO A SHARED MISSION AGREEMENT BETWEEN FRANCISCAN MISSIONARIES OF OUR LADY HEALTH SYSTEM AND ST. DOMINIC HEALTH SYSTEM.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 2:	<p>NEEDS ASSESSMENTTHE COMMUNITY SERVICES DEPARTMENT AT OUR LADY OF LOURDES REGIONAL MEDICAL CENTER WAS FORMED NUMEROUS YEARS AGO TO ASSESS THE COMMUNITY NEEDS. IT HAS GROWN INTO 5 DISTINCT SERVICE AREAS WHICH PROVIDES HEALTHCARE TO NEEDY RESIDENTS IN THE ACADIANA AREA. IN TAKING "HEALTHCARE TO THE HIGHEST POWER", THE DEPARTMENT REACHES OUT TO THOSE MOST IN NEED, SPECIFICALLY, THE UNINSURED AND UNDERINSURED. IN PURSUING THE MISSION TO IMPROVE THE HEALTH STATUS OF ACADIANA'S POOREST RESIDENTS, THE DEPARTMENT HAS STRATEGICALLY PLACED ACCESSIBLE SERVICES THROUGHOUT THE COMMUNITY. COMMUNITY SERVICES' CATHOLIC IDENTITY IS MADE TANGIBLE IN THE COMMUNITY THROUGH THESE UNIQUE SERVICES. THE DEPARTMENT STEWARDS ITS RESOURCES BY ENGAGING COMMUNITY MEMBERS, FORMING PARTNERSHIPS, AND ESTABLISHING COLLABORATIVE RELATIONSHIPS. THESE UNIQUE SERVICES CLEARLY DISTINGUISH OUR LADY OF LOURDES FROM OTHER HEALTHCARE FACILITIES IN ACADIANA. THE MEDICAL CENTER DOES EXTENSIVE RESEARCH REGARDING COMMUNITY ISSUES AND NEEDS WITHIN ITS SERVICE AREAS. THE RESEARCH IS CONDUCTED IN AN EFFORT TO DETERMINE IF ITS COMMUNITY BENEFIT PROGRAMS ARE STILL APPROPRIATE AND TO DETERMINE IF OTHER PROGRAMS ARE NEEDED. THE SENIOR EXECUTIVE TEAM DETERMINES THE FOCUS GROUPS TO BETTER UNDERSTAND WHAT THE PEOPLE WITHIN THE REGION CONSIDER TO BE THE MAJOR COMMUNITY NEEDS. THE FOCUS GROUP INCLUDES COMMUNITY LEADERS, RELIGIOUS LEADERS, COMMUNITY SERVICE EMPLOYEES, LOW WAGE EMPLOYEES AND CLIENTS FROM CLINICS. SOME OF THE RESULTS OF THE MEDICAL CENTER'S NEEDS ASSESSMENT INCLUDE:ST. CLARE'S CLINICST. BERNADETTE'S COMMUNITY CLINICNORTHSIDE HIGH SCHOOL BASED HEALTH CENTERCONGREGATIONAL HEALTH SERVICES</p>

Additional Data

Software ID:

Software Version:

EIN: 72-0423635

Name: OUR LADY OF LOURDES REGIONAL MEDICAL
CENTER INC

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? 2		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	OUR LADY OF LOURDES RMC 4801 AMBASSADOR CAFFERY PARKWAY LAFAYETTE, LA 70508 WWW.LOURDESRMC.COM	X	X					X			
3	PARK PLACE SURGICAL HOSPITAL 4811 AMBASSADOR CAFFERY PKWY LAFAYETTE, LA 70508 WWW.PARKPLACESURGERY.COM	X	X							SURGERY CENTER	

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

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 5:	OUR LADY OF LOURDES RMC & PARK PLACE SURGERY CENTER: THE ORGANIZATION ENGAGED KEY COMMUNITY PARTNERS THROUGH PERSONAL INTERVIEWS, SURVEYS AND SEVERAL FOCUS GROUPS (RURAL ACADIANA, MEDICAID ENROLLEES, MINORITY COMMUNITY AND VACCINE HESITANCY/HEALTH INFORMATION) DURING THE COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION PLANNING PROCESS. THE GROUP CONSIDERED INPUT FROM THOSE WITH SPECIALIZED KNOWLEDGE OR EXPERTISE IN PUBLIC HEALTH BY INTERVIEWING DR. TINA STEFANSKI, REGIONAL MEDICAL DIRECTOR FOR THE LOUISIANA DEPARTMENT OF HEALTH'S (LDH) OFFICE OF PUBLIC HEALTH IN ACADIANA (REGION 4) IN THE PRIOR AND CURRENT CHNA PROCESSES. ADDITIONALLY, THE GROUP CONSIDERED INPUT FROM THOSE WHO REPRESENT BROAD INTERESTS IN THE COMMUNITY AND INCLUDED REPRESENTATIVES OF POPULATIONS IN CATEGORIES SUCH AS LOW-INCOME, MINORITY, MEDICALLY UNDERSERVED, CHRONIC DISEASE NEEDS AND THOSE EXPERIENCING BARRIERS DUE TO OTHER SOCIAL DETERMINANTS OF HEALTH.

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

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 6A:	OUR LADY OF LOURDES RMC & PARK PLACE SURGERY CENTER: LOURDES REGIONAL MEDICAL CENTER ADOPTED A JOINT COMMUNITY HEALTH NEEDS ASSESSMENT WITH OCHSNER LAFAYETTE (5 FACILITIES), UNITED WAY OF ACADIANA, AND PARK PLACE SURGERY CENTER.

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11:	<p>LATE IN FYE 6/30/2022, OUR LADY OF LOURDES REGIONAL MEDICAL CENTER AND PARK PLACE SURGICAL HOSPITAL WORKED WITH OTHERS TO CONDUCT A NEW COMMUNITY HEALTH NEEDS ASSESSMENT WHICH IDENTIFIED TEN (10) SIGNIFICANT HEALTH NEEDS: ACCESS TO PRIMARY CARE, CANCER, HEALTH EDUCATION /LITERACY, HEART DISEASE & STROKE, WEIGHT STATUS/NUTRITION (OBESITY), MENTAL HEALTH/BEHAVIORAL HEALTH, MATERNAL & CHILD HEALTH, RURAL HEALTH, DIABETES, & HEALTH DISPARITIES. OUR LADY OF LOURDES REGIONAL MEDICAL CENTER HAS CHOSEN IN THEIR IMPLEMENTATION STRATEGY TO ADDRESS THE TOP FOUR IDENTIFIED NEEDS (ACCESS TO PRIMARY CARE, HEALTH DISPARITIES, MATERNAL AND CHILD HEALTH, AND CANCER), AND WILL NOT DIRECTLY ADDRESS THE REMAINING SIX NEEDS LISTED ABOVE. HOWEVER, AS LOURDES RMC IMPLEMENTS STRATEGIES IN EACH OF THE FOUR SELECTED PRIORITY AREAS, INDIRECT BENEFITS ARE EXPECTED FOR THE SIX HEALTH CONCERNS THAT WERE NOT TARGETED. LOURDES RMC WILL NOT ADDRESS THE IDENTIFIED NEEDS OF HEALTH EDUCATION/LITERACY, HEART DISEASE & STROKE, WEIGHT STATUS/NUTRITION (OBESITY), MENTAL/BEHAVIORAL HEALTH, RURAL HEALTH, AND DIABETES BECAUSE: 1) THOSE NEEDS HAVE A LESSER AMOUNT OF WORK THAT STILL NEEDS TO TAKE PLACE TO SEE A POSITIVE IMPACT; 2) THOSE NEEDS WERE MENTIONED LESS FREQUENTLY DURING THE CHNA DEVELOPMENT PROCESS; AND 3) THE SELECTED NEEDS HAVE A MORE NOTEWORTHY INFLUENCE ON VULNERABLE COMMUNITY POPULATIONS THAT, IF BROUGHT UNDER CONTROL, COULD HAVE A DEEPER, MORE LASTING IMPACT ON THE PEOPLE AFFECTED. PARK PLACE SURGICAL HOSPITAL HAS CHOSEN TO DIRECTLY ADDRESS ACCESS TO CARE BY FUNDING A NURSE PRACTITIONER AS IN PRIOR YEARS. PARK PLACE SURGICAL HOSPITAL WILL NOT DIRECTLY ADDRESS ANY OF THE OTHER NEEDS IDENTIFIED; HOWEVER, IT WILL INDIRECTLY IMPACT THESE NEEDS BY ITS CONTINUING WORK WITH LOURDES RMC. BECAUSE THE UPDATED CHNA WAS ADOPTED LATE IN THE FISCAL YEAR, LOURDES RMC AND PARK PLACE FOCUSED ON THE NEEDS IDENTIFIED IN THE PRIOR CHNA FOR MOST OF THIS YEAR. AS SUCH, THE NEEDS FOCUSED ON WERE: HEART DISEASE & STROKE, CANCER, MENTAL/BEHAVIORAL HEALTH, ACCESS TO HEALTH CARE, NUTRITION & WEIGHT STATUS AND MATERNAL & CHILD HEALTH. WITH REGARD TO THESE NEEDS, THE HOSPITALS DID THE FOLLOWING: HEART DISEASE & STROKE LOURDES ST. BERNADETTE'S CLINIC (SBC) LOURDES ST. BERNADETTE'S CLINIC (SBC) FOR THE HOMELESS AND UNINSURED, AS PART OF THE TRIAGE OF NEW PATIENTS, CONTINUED TO SCREEN OVER 50% OF ALL PATIENTS FOR ABNORMAL GLUCOSE AND CHOLESTEROL LEVELS. HIGH RISK PATIENTS WERE REFERRED TO THEIR PRIMARY CARE PHYSICIAN. IF A HOMELESS PATIENT DID NOT HAVE ACCESS TO A PRIMARY CARE PHYSICIAN, SBC TREATED THE PATIENT UNTIL SBC WAS ABLE TO FIND A PRIMARY CARE PHYSICIAN FOR THE PATIENT. OUR LADY OF LOURDES HEART HOSPITAL CONTINUED TO OFFER FREE OR DISCOUNTED CARDIAC SCREENINGS FOR 50-75 LOW-INCOME, UNINSURED, OR MEDICAID PATIENTS ANNUALLY. HHL AND SBC CONTINUED THEIR PARTNERSHIP HHL AND OFFERED (20) FREE CAROTID SCREENINGS QUARTERLY TO THE UNINSURED/UNDER-INSURED POPULATION WE SERVE. HHL HELD A FREE HEART HEALTH SCREENING</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
PART V, SECTION B, LINE 11:	<p>G EVENT FOR THE COMMUNITY IN MAY 2022.PARK PLACE SURGICAL HOSPITAL(PPSH) CONTINUED TO FUND A FULL-TIME NURSE PRACTITIONER AT SBC WHO PROVIDES SERVICE TO THE INDIGENT, UNINSURED AND UNDER-RESOURCED POPULATION. SBC PROVIDED OVER 1,500 MEDICAL VISITS FOR FISCAL YEAR. MANY OF OUR HOMELESS PATIENTS WERE HOUSED IN HOTELS SINCE THEY COULD NOT BE HOUSED AT THE SHELTERS ADJACENT TO SBC DUE TO COVID (SOCIAL DISTANCING GUIDELINES. NURSE PRACTITIONER WENT TO THE HOTELS WHERE THE HOMELESS SHELTER PATIENTS WERE BEING HOUSED TO PROVIDE CARE FOR THEM AND THEY ARE CURRENTLY BEING TRANSITIONED BACK INTO THE HOMELESS SHELTER NEXT TO SBC SO WE CAN CONTINUE THE MEDICAL AND MENTAL/BEHAVIORAL HEALTH CARE.CANCERLOURDES HOSPITALTHE LOURDES CANCER NETWORK OFFERS A FULL RANGE OF ONCOLOGY SERVICES AND IS ACCREDITED BY THE AMERICAN COLLEGE OF SURGEONS' COMMISSION ON CANCER. OLOL PROVIDES PERSONALIZED NURSE NAVIGATION, SURGICAL ONCOLOGY PROCEDURES, AND AN ON-SITE INFUSION CENTER. FREE OR LOW-COST CANCER SCREENINGS ARE PROVIDED THROUGH LOURDES' VARIOUS OUTREACH PROGRAMS EMBEDDED WITHIN THE COMMUNITY. THE LOURDES CLINIC ALSO HAS A SURVIVORSHIP PROGRAM FOR PATIENTS IN REMISSION.LOURDES PARTNERS WITH MILES PERRET CANCER SERVICES THAT OFFERS A COMPREHENSIVE RESOURCE CENTER HELPING THOSE IN ACADIANA FIGHT, SURVIVE, AND LIVE WITH CANCER. COMMUNITY LEADERS INDICATED THAT THE MILES PERRET MOBILE MILES PROGRAM AND WELLNESS CENTER ARE A STRENGTH OF THE COMMUNITY. A RECENT PARTNERSHIP WITH HOSPICE OF ACADIANA HAS ENABLED MILES PERRET TO PROVIDE A TRANSITION PROGRAM THAT HELPS FAMILIES ESTABLISH RAPPORT WITH HOSPICE PROVIDERS. KOMEN ACADIANA PROMOTES AWARENESS AND ALSO REGULARLY AWARDS LOCAL GRANTS TO SUPPORT BREAST CANCER SCREENINGS, PATIENT EDUCATION, AND PATIENT NAVIGATION SERVICES FOR MEDICAID AND MEDICARE PATIENTS WITHIN THE COMMUNITY. WITH OUR PARTNERSHIP WITH LEVY CANCER FOUNDATION, WE SERVE PATIENTS PRIMARILY IN RURAL VERMILION PARISH STRUGGLING WITH CANCER DIAGNOSES. THE LEUKEMIA AND LYMPHOMA SOCIETY WHICH WE SUPPORT ALSO OFFERS SERVICES TO PATIENTS WITH THOSE DIAGNOSES. LOURDES ALSO SUPPORTS THE LOUISIANA CAMPAIGN FOR TOBACCO-FREE LIVING CONTINUES TO WORK ON LOCAL HEALTH POLICIES ACROSS THE REGION. THE CAMPAIGN ALSO PROVIDES LOCAL RESIDENTS ACCESS TO TOBACCO CESSATION SUPPORT ALONG WITH LOURDES HEART HOSPITAL THAT PROVIDES A SMOKING CESSATION PROGRAM.LOURDES SBC TO PROVIDE EARLY DETECTION, SBC SCREENED FOR CANCER AND PROVIDED TOBACCO SCREENINGS TO OVER 90% OF ALL PATIENTS. ANTI-CRAVING MEDICATIONS WERE PROVIDED TO 90% OF THOSE PATIENTS THAT WERE NOT REFERRED TO A SMOKING CESSATION PROGRAM. SBC ALSO DID TB SKIN TEST AND PROVIDED MAMMOGRAMS AND PAP SMEARS TO HOMELESS WOMEN, SOME OF WHICH HAD NEVER HAD THESE SERVICES. OUR LADY OF LOURDES HEART HOSPITALPATIENTS WERE REFERRED TO LOURDES HEART HOSPITAL'S SMOKING CESSATION PROGRAMNUTRITION & WEIGHT STATUSLOURDES SBC REFERRED 50% OF ALL IDENTIFIED PATIENTS WITH A BMI OF 30 AND ABOVE TO OUR NUTRITIONIST FOR COUNSELING AND EDUCATION. THE</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
PART V, SECTION B, LINE 11:	<p>REFERRALS FOR THOSE PATIENTS WERE NOTED IN THE PATIENTS' CHARTS AT SBC. EVERY PATIENT AT L OURDES' NORTHSIDE SCHOOL- BASED HEALTH CENTER (NSBHC) WAS SCREENED FOR BMI IDENTIFYING THO SE STUDENTS WITH A BMI AT OR ABOVE THE 90TH PERCENTILE OF THE SAME AGE AND SEX; THOSE STUD ENTS WERE ALSO REFERRED TO THE COMMUNITY SERVICES DIETITIAN AT SBC FOR WEIGHT COUNSELING. NSBHC CONTINUED EDUCATION AND COUNSELING TO 100% OF ALL STUDENTS IDENTIFIED AT OR ABOVE TH E 90TH PERCENTILE OF BMI FOR THE SAME AGE AND SEX. THE KID'S HEALTHY HEART PROGRAM WAS CON TINUED AT ONE CHURCH PARTNER THAT EMPHASIZES THE 3-E'S (EXERCISE, EDUCATION, AND EATING HA BITS), SERVING AN AVERAGE OF 50-75 YOUTHS (VIRTUALLY DUE TO COVID). THE PROGRAM IS SCHEDUL ED TO RESUME IN-PERSON IN THE UPCOMING YEAR.MENTAL/BEHAVIORAL HEALTH:LOURDES SBC COMMUNITY PARTNERSHIPS WITH 232-HELP AND THE FAMILY TREE TO CREATE COMMUNITY CRISIS CONNECTION (CCC) TO PROVIDE TELEPHONIC AND IN-PERSON MENTAL AND BEHAVIORAL HEALTH SERVICES TO THE HOMELES S AND UNINSURED POPULATION THROUGH AN FMF GRANT. SBC APPLIED AND RECEIVED A GRANT FROM THE FRANCISCAN MISSIONARY FUND TO PROVIDE MENTAL/BEHAVIORAL HEALTH SERVICE TO THE PATIENTS TH AT WERE SCREENED AND REFERRED FOR SERVICES. THESE SERVICES AT SBC IS PROVIDED BY AN NURSE PRACTITIONER THAT IS CERTIFIED IN PSYCH AND UNDER THE SUPERVISION OF A PSYCHIATRIST. THIS PROGRAM HAS BEEN VERY SUCCESSFUL IN ALLOWING THIS HOMELESS/UNINSURED POPULATION TO BE SEEN BY A MENTAL HEALTH PROVIDER SINCE THESE OUTPATIENTS SERVICES ARE SCARCE IN OUR COMMUNITY. NSBHCAT LOURDES NSBHC, THE SCHOOL'S SOCIAL WORKER CONDUCTED OVER 25 GROUP SESSIONS/PRESENT ATIONS (MANY VIRTUALLY DUE TO COVID) DURING THE SCHOOL YEAR ON WARNING SIGNS AND CRISIS IN TERVENTIONS TO HELP A PERSON AT RISK. ALSO, AS PART OF OFFICE OF PUBLIC HEALTH (OPH)REQUIR EMENTS, ALL STUDENTS SEEN AT THE NHS HEALTH CENTER HAD A RISK ASSESSMENT DONE BY NURSING P ERSONNEL AND WERE REFERRED TO NSBHC'S LICENSED CLINICAL SOCIAL WORKER. THE NSBHC SOCIAL WO RKER ALSO IMPLEMENTED THE PLAY2PREVENT PROGRAM AT NORTHSIDE SBHC TO THE FACULTY AND STUDEN TS. PLAYSMART IS A NEW VIDEO GAME INTERVENTION TO PROMOTE MENTAL HEALTH AND TO PREVENT OPI OID MISUSE IN ADOLESCENTS.</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
PART V, SECTION B, LINE 11 CONTINUED:	<p>MATERNAL & CHILD HEALTHOUR LADY OF LOURDES - WOMEN'S & CHILDREN'S HOSPITAL (WCC)THERE IS STRONG EVIDENCE THAT BREASTFEEDING PROMOTION PROGRAMS INCREASE INITIATION, DURATION AND EXCLUSIVITY OF BREASTFEEDING. WCC PROMOTED AND FACILITATED BREASTFEEDING PROMOTION PROGRAMS TO THE COMMUNITY AND TO THEIR PATIENTS, MANY OF WHICH ARE LOW-INCOME AND ARE 80% MEDICAID. WITHIN THIS POPULATION, HIGH RISK INDIVIDUALS AT BOTH THE MATERNAL AND NEONATAL/PEDIATRIC POPULATION EXIST. UNDERSERVED CHILDREN, INCLUDING UNDER-REPRESENTED MINORITIES, ARE MORE LIKELY TO EXPERIENCE HIGH INTENSITY IN OF LIFE CARE, INCLUDING IN-HOSPITAL DEATH. WCC IDENTIFIED A NEED FOR A PEDIATRIC PALLIATIVE NURSE PRACTITIONER (NP)TO ASSIST PARENTS AND SIBLINGS WITH RESOURCES, EDUCATION AND SUPPORT IN HELPING WITH POTENTIAL DEATH OR LONG-TERM CARE DECISIONS. WCC APPLIED AND RECEIVED A FMF GRANT TO FUND A PEDIATRIC PALLIATIVE NURSE PRACTITIONER TO HELP THESE LOW-INCOME FAMILIES WITH THE BENEFIT OF PALLIATIVE CARE TO THESE FAMILIES WITH INDIVIDUALIZED SYMPTOM MANAGEMENT, IMPROVED COMMUNICATION AND SUPPORT IN MAKING THESE DIFFICULT DECISIONS.WCC ALSO PROVIDED THE NECESSITY SPECIAL FORMULA SUPPORT AND SPECIALIZED TRANSPORTATION BEDS, WHEN OTHER OPTIONS ARE UNAVAILABLE OR NOT IN PLACE AT TIME OF DISCHARGE IS DETRIMENTAL IN THE OVERALL HEALTH AND WELFARE OF THE NEONATE/INFANT/CHILD . LACK OF PROPER NUTRITION AND APPROPRIATE SPECIALIZED EQUIPMENT UTILIZED FOR TRANSPORTATION FOR THE NEONATE/INFANT INCREASES THE RISK OF MALNUTRITION, FUTURE HEALTH ISSUES, AND POSSIBLY DEATH. SPECIALIZED CAR BEDS FOR NEWBORNS ARE UTILIZED WHEN THEY CANNOT TOLERATE A CAR SEAT UPON DISCHARGE AND CAN CAUSE AN INCREASED RISK OF SUFFOCATION. IN FY 2022, WCC ASSISTED OVER 450 NEWBORNS AND THEIR FAMILIES (OFTEN FROM DISCHARGE TO WIC APPOINTMENTS FOR THEIR SUPPORT). 1,500 CANS OF FORMULA WERE ALSO DISTRIBUTED AND 150 OF THE SPECIALIZED TRANSPORTATION BEDS WERE GIVEN OUT TO LOW-INCOME FAMILIES. THEY PARTNERED WITH THE JR. LEAGUE THAT PROVIDED DIAPERS TO LOW-INCOME FAMILIES. ALSO, THEY WERE ABLE TO PARTNER WITH LOCAL HOTELS NEAR WCC TO HOUSE LOW-INCOME PARENTS THAT LIVE OUT OF TOWN THAT HAVE NEWBORNS IN THE NICU AND HAVE NO PLACE TO STAY NEAR THEIR VERY ILL NEW-BORN. THEY HAD A GENEROUS DONOR THAT FUNDED THIS PROGRAM STARTING WITH 50 NIGHTS STAY FOR THE YEAR.ACCESS TO HEALTH CAREOUR LADY OF LOURDES RMC PARTNERED LAFAYETTE CONSOLIDATED GOVERNMENT-LCG (MAYOR'S OFFICE) TO ESTABLISH A COMMUNITY COVID-19 SCREENING/VACCINE CLINIC TO GIVE THE COMMUNITY EASY ACCESS TO COVID-19 TESTING AND VACCINES. LOURDES DIRECTOR OF COMMUNITY SERVICES WAS SELECTED AND CURRENTLY SERVES AS A MEMBER OF THE LCG HEALTH EQUITY TASK FORCE TO CONTINUE TO PROVIDE COVID-19 TESTING/VACCINE SITES IN THE COMMUNITY, STUDY THE ADVERSE EFFECTS OF THE CORONAVIRUS ON LOW-INCOME/MINORITY POPULATIONS AND TO LOOK INTO THE SOCIAL DETERMINATES OF HEALTH (SDOH) AFFECTING POOR HEALTH OUTCOMES IN TARGETED LOW-INCOME POPULATIONS IN THE COMMUNITY.LOURDES PHYSICIAN GROUP (LPG)LOUR</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
PART V, SECTION B, LINE 11 CONTINUED:	<p>ES PHYSICIAN GROUP IS COMPRISED OF 46 DEDICATED PHYSICIANS AND NURSE PRACTITIONERS PRACTIC ING IN OVER 16 LOCATIONS THROUGHOUT LAFAYETTE, LA AND THE SURROUNDING AREAS INCLUDING RURA L AREAS SUCH AS ERATH AND BREAU X BRIDGE, LA. TELEHEALTH/VIDEO VISITS ARE PERFORMED BY LOCA L, BOARD-CERTIFIED LOURDES PHYSICIAN GROUP PROVIDERS, WHICH HAS GIVEN THE COMMUNITY ADDITI ONAL OPPORTUNITIES TO GET PCP SERVICES. ANY NECESSARY FOLLOW-UP CAN BE DONE LOCALLY AND PR OVIDERS WILL DETERMINE IF ADDITIONAL IN-PERSON TESTING IS NEEDED. LPG RECENTLY OPENED A NE W OUTPATIENT MEDICAID CLINIC TO HELP WITH THE MAJOR ISSUE THEY HAVE BEEN EXPERIENCING WITH NOT HAVING ENOUGH MEDICAID PROVIDERS IN THE COMMUNITY.NSBHCLOURDES ALSO OPERATES A SCHOOL BASED HEALTH CENTER OF THE CAMPUS OF NORTHSIDE HIGH SCHOOL WHERE THEY OFFER THE FOLLOWING :- WELL-CARE /PREVENTIVE-CARE- SICK VISITS- IMMUNIZATIONS- DISEASE PREVENTION- HEALTH EDUC ATION- BEHAVIORAL HEALTH COUNSELING - NUTRITION COUNSELING- COVID 19 VACCINE SITELOURDES S BC APPLIED AND BECAME A MEDICAID ENROLLMENT CENTER FOR EASIER ACCESS TO MEDICAID APPLICATI ONS FOR THE LOW-INCOME POPULATION NEAR THE CLINIC WITH LITTLE MEANS OF TRANSPORTATION. SBC ALSO OPERATES A FREE DENTAL CLINIC FOR TOOTH EXTRACTIONS ON FRIDAY MORNINGS ONLY WITH WAI TING LIST OF 12 MONTHS. THEY WERE ABLE TO GET 2 GENEROUS DONORS TO DONATE FUNDS AND VOLUNT EER DENTISTS TO HELP EXPAND THE DENTAL CLINIC (HOMELESS-UNINSURED PATIENTS) TO ANOTHER DAY DURING THE WEEK AND OFFER MORE SERVICES TO INCLUDE, PREVENTATIVE AND RESTORATIVE SERVICES IN THE FUTURE. THE DENTAL CLINIC ALSO PARTNERS WITH 232-HELP WHO HAS A PARTNERSHIP WITH O RTHODONTISTS THAT HELP PROVIDE DENTURES AT A LOW-DISCOUNTED COST. LOURDES SBC BECAME A COV ID-19 TESTING/VACCINE SITE TO SERVE AS A CENTRAL LOCATION FOR THE HOMELESS POPULATION AND THOSE WITH LITTLE OR NO ACCESS TO TRANSPORTATION. CITY BUS PASSES ARE PROVIDED TO THE HOME LESS PATIENTS TO GET TO/FROM CLINIC, GET THEIR MEDICATIONS AND GET TO/FROM OTHER MEDICAL A PPOINTMENTS. A MEN'S VETERAN HOMELESS SHELTER IS ADJACENT TO THE SBC THAT USES THE CLINIC FOR THEIR HEALTH NEEDS (MEDICAL, VISION, DENTAL EXTRACTIONS DENTURES). HOWEVER, THESE PATI ENTS WERE HOUSED IN HOTELS DUE TO COVID RESTRICTIONS OF SOCIAL DISTANCING. SBC DOES NOT BI LL FOR ANY OF THEIR SERVICES TO THE HOMELESS, UNINSURED, UNDER-RESOURCED POPULATION. AS TH IS POPULATION TRANSITIONS BACK INTO THE SHELTER, SBC IS IN THE PROCESS OF EVALUATING THEIR MEDICAL/MENTAL HEALTH NEEDS AND MANAGING THEIR CARE.</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
PART V, SECTION B, LINE 7A	OUR LADY OF LOURDES RMC:THE CHNA CAN BE FOUND AT LOURDES RMC.COM/ABOUT-US/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT PARK PLACE SURGERY CENTER LLC:THE CHNA CAN BE FOUND AT HTTPS://PARKPLACESURGERY.COM/FOR-PATIENTS/FINANCIAL-ASSISTANCE/

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

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 16A,B&C	OUR LADY OF LOURDES RMC:THE FINANCIAL ASSISTANCE POLICY (FAP), FAP APPLICATION FORM, AND A PLAIN-LANGUAGE SUMMARY OF THE FAP ARE AVAILABLE AT: HTTPS://FMOLHS.ORG/FINANCIAL-ASSISTANCE-POLICY/ PARK PLACE SURGERY:THE FINANCIAL ASSISTANCE POLICY (FAP), FAP APPLICATION FORM, AND A PLAIN LANGUAGE SUMMARY OF THE FAP ARE AVAILABLE AT: HTTPS://WWW.PARKPLACESURGERY.COM/FOR-PATIENTS/FINANCIAL-ASSISTANCE

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

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 16J:	OUR LADY OF LOURDES RMC & PARK PLACE SURGICAL CENTER'S REGISTRATION PERSONNEL REFER UNINSURED, UNDERINSURED, AND LOW-INCOME PATIENTS TO FINANCIAL COUNSELORS TO DISCUSS THE FINANCIAL ASSISTANCE POLICY.

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

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 13H FOR OUR LADY OF LOURDES RMC:	FULLY DISCOUNTED CARE IS ALSO AVAILABLE WHERE THE PATIENT OR OTHER SOURCES CAN PROVIDE SUFFICIENT EVIDENCE OF PRESUMPTIVE ELIGIBILITY. PRESUMPTIVE ELIGIBILITY MAY BE DETERMINED ON THE BASIS OF INDIVIDUAL LIFE CIRCUMSTANCES THAT MAY INCLUDE:1) PATIENT RECEIVING FREE CARE FROM A COMMUNITY CLINIC AND IS REFERRED TO THE HOSPITAL;2) STATE-FUNDED PRESCRIPTION PROGRAMS;3) HOMELESS, INDIGENT, OR HOMELESS CLINIC PATIENT;4) PATIENT'S CHILDREN WHO QUALIFY FOR OTHER FINANCIAL ASSISTANCE PROGRAMS;5) PATIENT ELIGIBLE FOR FOOD STAMPS;6) MEDICAID ELIGIBLE PATIENT;7) PATIENT IS DECEASED WITH NO KNOWN RESPONSIBLE PARTY;8) PATIENT IS INCARCERATED AND HAS NO OTHER RESPONSIBLE PARTY.

Note: To capture the full content of this document, 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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

Name of the organization
OUR LADY OF LOURDES REGIONAL MEDICAL
CENTER INC

Employer identification number

72-0423635

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 4

3 Enter total number of other organizations listed in the line 1 table 0

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:	MONITORING GRANTS FORMAL REQUESTS ARE RECEIVED BY THE BUSINESS PAYOR RELATIONS DEPARTMENT, ARE CHECKED FOR ALL APPROPRIATE INFORMATION, AND ARE PRESENTED TO THE EXECUTIVE ADMINISTRATION FOR APPROVAL. THE HOSPITAL GIVES GRANTS TO ORGANIZATIONS WELL-KNOWN IN THE COMMUNITY, OR WHICH IT HAS A HISTORY OF GIVING TO. THE HOSPITAL FOLLOWS UP WITH GRANT RECIPIENTS IF THERE IS AN INDICATION OF POTENTIAL THAT THE FUNDS ARE NOT BEING USED FOR CHARITABLE PURPOSES.

Additional Data

Software ID:
Software Version:
EIN: 72-0423635
Name: OUR LADY OF LOURDES REGIONAL MEDICAL
CENTER INC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN HEART ASSOCIATION 110 VETERANS MEMORIAL BLVD SUITE 160 METAIRIE, LA 70005	13-5613797	501(C)(3)	26,300	0			GENERAL SUPPORT
LITTLE LEAGUE BASEBALL INC 4400-A AMBASSADOR CAFFERY 316 LAFAYETTE, LA 70508	72-0848707	501(C)(3)	12,000	0			GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST THOMAS MORE CATHOLIC SCHOOL 450 E FARREL RD LAFAYETTE, LA 70508	72-0915464	501(C)(3)	1,000,000	0			GENERAL SUPPORT
UL FOUNDATION 705 EAST ST MARY BLVD LAFAYETTE, LA 70503	72-6023836	501(C)(3)	880,000	0			GENERAL SUPPORT

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

2021

Open to Public Inspection

Name of the organization
OUR LADY OF LOURDES REGIONAL MEDICAL
CENTER INC

Employer identification number
72-0423635

Part I

Questions Regarding Compensation

	Yes	No
<div>1a</div> <div>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.</div> <div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</div></div></div>		

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.

[illegible]

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	THE CEO IS PAID BY FMOL HEALTH SYSTEM, A RELATED TAX EXEMPT ORGANIZATION. THE FMOLHS BOARD OF DIRECTORS DESIGNATES A COMPENSATION COMMITTEE, MADE UP OF INDEPENDENT BOARD MEMBERS, TO REVIEW AND SET THE CEO'S COMPENSATION ANNUALLY. THE COMPENSATION COMMITTEE OBTAINS AND RELIES UPON COMPARABLE DATA INCLUDING A COMPENSATION STUDY/SURVEY FROM AN INDEPENDENT COMPENSATION CONSULTANT. THE COMPENSATION COMMITTEE REVIEWS COMPENSATION PACKAGES AND APPROPRIATE COMPENSATION IS DETERMINED AND APPROVED. THE BASIS FOR MAKING SUCH DETERMINATION IS DOCUMENTED BY THE COMPENSATION COMMITTEE.

Part 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
SCHEDULE J, PART I, LINE 4A:	<p>THE EXECUTIVE VICE PRESIDENT IS ENTITLED TO A SEVERANCE BENEFIT. THE PAYOUT OF SUCH BENEFIT IS REMOTE AS IT IS EFFECTIVE ONLY FOR TERMINATION OF EMPLOYMENT WITHOUT CAUSE FOR GOOD REASON AND FOR A CHANGE OF CONTROL. IF TRIGGERED, THE EXECUTIVE WOULD BE PAID HIS/HER BASE SALARY AND AN ANNUAL INCENTIVE AT TARGET AND PROVIDED RETIREMENT AND WELFARE BENEFITS FOR AN ENTITLEMENT PERIOD. THE ENTITLEMENT PERIOD IS 24 MONTHS. NO PAYMENTS WERE MADE UNDER THE PLAN IN THE CURRENT YEAR. THE CEO IS ENTITLED TO A SEVERANCE BENEFIT. THE PAYOUT OF SUCH BENEFIT IS REMOTE AS IT IS EFFECTIVE ONLY FOR TERMINATION OF EMPLOYMENT WITHOUT CAUSE FOR GOOD REASON AND FOR A CHANGE OF CONTROL. IF TRIGGERED, THE EMPLOYEE WOULD BE PAID HIS/HER BASE SALARY AND PROVIDED RETIREMENT AND WELFARE BENEFITS FOR AN ENTITLEMENT PERIOD. THE ENTITLEMENT PERIOD IS 18 MONTHS. DANNA CRAIN RECEIVED A PAYMENT FROM THE PLANS IN THE CURRENT YEAR IN THE AMOUNT OF \$145,600. THE CFO IS ENTITLED TO A SEVERANCE BENEFIT. THE PAYOUT OF SUCH BENEFIT IS REMOTE AS IT IS EFFECTIVE ONLY FOR TERMINATION OF EMPLOYMENT WITHOUT CAUSE, FOR GOOD REASON, OR DUE TO A CHANGE OF CONTROL. IF TRIGGERED, THE EXECUTIVE WOULD BE PAID HIS BASE SALARY AND PROVIDED RETIREMENT AND WELFARE BENEFITS FOR AN ENTITLEMENT PERIOD. THE ENTITLEMENT PERIOD IS GENERALLY 12 MONTHS. NO PAYMENTS WERE MADE UNDER THE PLAN IN THE CURRENT YEAR. SCHEDULE J, PART I, LINE 4B: FMOLHS MAINTAINS THREE UNFUNDED DEFERRED COMPENSATION PLANS WHICH MEET THE REQUIREMENTS OF IRC SECTION 457(F) AND IRC SECTION 409A. THE PLANS PROVIDE FOR COMPENSATION TO BE DEFERRED AND PAID UPON THE OCCURANCE OF CERTAIN EVENTS SUCH AS TERMINATION WITHOUT CAUSE, DISABILITY, DEATH, OR ATTAINMENT OF A SPECIFIC PAYMENT DATE. PARTICIPATION IN THE PLANS IS LIMITED TO CERTAIN EXECUTIVES AND IS SUBJECT TO APPROVAL OF FMOLHS BOARD OF DIRECTORS OR A DESIGNATED COMMITTEE OF SUCH BOARD. JEFF LIMBOCKER RECEIVED A PAYMENT OF \$83,247 FROM THE PLAN DURING THE YEAR. DONNA LANDRY RECEIVED A PAYMENT OF \$165,922 FROM THE PLAN IN THE CURRENT YEAR.</p>

Additional Data

Software ID:
Software Version:
EIN: 72-0423635
Name: OUR LADY OF LOURDES REGIONAL MEDICAL
 CENTER INC

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

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JEFFREY D LIMBOCKER EVP/CFO FMOLHS	(i)	0	0	0	0	0	0	0
	(ii)	670,983	234,110	85,994	160,910	24,287	1,176,284	60,058
1 DEIADRA J GARRETT PHYSICIAN	(i)	718,260	91,325	1,242	14,500	2,647	827,974	0
	(ii)	0	0	0	0	0	0	0
2 ROBERT DEWITT PHYSICIAN	(i)	613,838	173,444	478	14,500	15,704	817,964	0
	(ii)	0	0	0	0	0	0	0
3 KENNETH W FALTERMAN PHYSICIAN	(i)	708,298	55,510	4,852	14,500	27,878	811,038	0
	(ii)	0	0	0	0	0	0	0
4 MEHANDI HARAN PHYSICIAN	(i)	320,000	363,110	540	14,500	2,646	700,796	0
	(ii)	0	0	0	0	0	0	0
5 ANN MARIE FLANNERY PHYSICIAN	(i)	611,654	1,200	4,191	14,500	20,539	652,084	0
	(ii)	0	0	0	0	0	0	0
6 KELLY T CAHILL JR MD BOARD MEMBER/PHYSICIAN	(i)	407,366	191,944	540	14,500	22,743	637,093	0
	(ii)	0	0	0	0	0	0	0
7 DONNA F LANDRY COO	(i)	314,349	81,990	173,571	14,500	11,072	595,482	0
	(ii)	0	0	0	0	0	0	0
8 JENNIFER J CLOWERS CFO & VP OF FINANCE	(i)	0	0	0	0	0	0	0
	(ii)	328,207	142,991	1,835	14,500	26,617	514,150	0
9 KATHLEEN HEALY-COLLIER CEO & MARKET PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	361,509	75,968	15,402	14,500	17,172	484,551	0
10 GILBERT HUMBERT CNO	(i)	268,071	71,893	1,835	12,604	24,106	378,509	0
	(ii)	0	0	0	0	0	0	0
11 DANNA M CRAIN HEART SERVICE/COO HHL	(i)	111,643	0	148,011	0	13,087	272,741	0
	(ii)	0	0	0	0	0	0	0
12 DUKE WALKER VP OPERATIONS	(i)	173,120	50,523	1,835	11,503	23,468	260,449	0
	(ii)	0	0	0	0	0	0	0
13 TRACY DELHOMME VP CLINICAL SUPPORT	(i)	157,314	47,039	1,835	10,806	27,776	244,770	0
	(ii)	0	0	0	0	0	0	0
14 CARRIE TEMPLETON VP OF WCC	(i)	179,975	10,800	921	0	19,979	211,675	0
	(ii)	0	0	0	0	0	0	0

SCHEDULE O
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2021**Open to Public
Inspection**Name of the organization
OUR LADY OF LOURDES REGIONAL MEDICAL
CENTER INC

Employer identification number

72-0423635

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	INSPIRED BY THE VISION OF ST. FRANCIS OF ASSISI AND IN THE TRADITION OF THE ROMAN CATHOLIC CHURCH, OUR LADY OF LOURDES REGIONAL MEDICAL CENTER, INC. EXTENDS THE HEALING MINISTRY OF JESUS CHRIST TO GOD'S PEOPLE, ESPECIALLY THOSE MOST IN NEED. OUR LADY OF LOURDES REGIONAL MEDICAL CENTER, INC. CALLS FORTH ALL WHO SERVE IN THIS HEALTHCARE MINISTRY, TO SHARE THEIR GIFTS AND TALENTS TO CREATE A SPIRIT OF HEALING-WITH REVERENCE AND LOVE FOR ALL OF LIFE, WITH JOYFULNESS OF SPIRIT, AND WITH HUMILITY AND JUSTICE FOR ALL THOSE ENTRUSTED TO OUR CARE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	FMOL HEALTH SYSTEM (AN IRC SECTION 501(C)(3) ORGANIZATION) IS THE SOLE MEMBER OF OUR LADY OF LOURDES REGIONAL MEDICAL CENTER.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	FMOL HEALTH SYSTEM INC., AS THE SOLE MEMBER OF THE MEDICAL CENTER, RETAINS THE POWER TO APPOINT AND REMOVE THE MEMBERS OF THE BOARD OF TRUSTEES AND OFFICERS OF OUR LADY OF LOURDES REGIONAL MEDICAL CENTER.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	<p>THE RESERVED POWERS TO FMOL HEALTH SYSTEM, INC. ARE AS FOLLOWS : 1. TO CHANGE PHILOSOPHY, OBJECTIVES AND PURPOSES OF CORPORATION 2. TO APPOINT OR REMOVE THE MEMBERS OF THE BOARD OF TRUSTEES AND OFFICERS OF THE CORPORATION 3. TO AMEND, ALTER, MODIFY OR REPEAL THE ARTICLES OF INCORPORATION AND BYLAWS OF THE CORPORATION 4. TO AUTHORIZE MERGER, CONSOLIDATION, OR AFFILIATION, OR PARTICIPATE IN JOINT VENTURES 5. TO DISSOLVE AND TO DISTRIBUTE ASSETS OF THE CORPORATION 6. TO APPOINT AND/OR TERMINATE WITH OR WITHOUT CAUSE THE CHIEF EXECUTIVE OFFICER OF THE CORPORATION. 7. TO ACQUIRE, PURCHASE, SELL, LEASE, TRANSFER, OR ENCUMBER ANY IMMOVABLE PROPERTY ON BEHALF OF THE CORPORATION 8. TO ADD TO OR INCUR LONG-TERM DEBT IN EXCESS OF \$5 MILLION BY THE CORPORATION 9. TO APPOINT THE FISCAL AUDITOR FOR THE CORPORATION 10. TO APPROVE ANY INCREMENT OR ADDITION TO THE CAPITAL DEBT OR EFFORTS TO RENEGOTIATE, MODIFY OR CHANGE THE EXISTING CAPITAL DEBT OBLIGATIONS OF THE CORPORATION 11. TO APPROVE THE ANNUAL OPERATING AND CAPITAL BUDGETS OF THE CORPORATION 12. TO APPROVE A STRATEGIC BUSINESS PLAN OF THE CORPORATION.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	AFTER PREPARATION AND REVIEW OF THE FORM 990 BY KPMG, THE FORM 990 IS REVIEWED BY MANAGEMENT. A COPY OF THE FORM 990 IS PROVIDED TO THE ORGANIZATION'S GOVERNING BODY BEFORE IT IS FILED WITH THE IRS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>OUR LADY OF LOURDES REGIONAL MEDICAL CENTER HAS A COMPREHENSIVE CONFLICT OF INTEREST POLICY THAT REQUIRES EACH OFFICER, TRUSTEE, BOARD COMMITTEE MEMBER AND EMPLOYEE TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT ANNUALLY. COMPLETED DISCLOSURE FORMS ARE REVIEWED AND MAINTAINED BY THE CHIEF COMPLIANCE OFFICER. IF ANY TRUSTEE, BOARD COMMITTEE MEMBER OR SENIOR MANAGER HAS A POTENTIAL CONFLICT, THE EXECUTIVE COMMITTEE OF THE BOARD DETERMINES WHETHER ACTION NEEDS TO BE TAKEN AND COMMUNICATES ANY SUCH ACTION TO THE INDIVIDUAL. A POTENTIAL CONFLICT OF ANY OTHER EMPLOYEE IS REVIEWED BY THE CEO OR HIS DESIGNEE. THE EXECUTIVE COMMITTEE, CEO OR DESIGNEE, AS APPLICABLE, DETERMINES IF A CONFLICT OF INTEREST EXISTS OR CREATES THE APPEARANCE OF IMPROPRIETY. IF SUCH A DETERMINATION IS MADE, THE INDIVIDUAL WILL BE EXCUSED FROM PARTICIPATING IN THE BUSINESS DECISION. DURING THE YEAR, ANY CHANGE TO THE INFORMATION IN THE DISCLOSURE STATEMENT MUST BE DISCLOSED PROMPTLY TO THE CHIEF COMPLIANCE OFFICER, WHO TAKES APPROPRIATE ACTION. THE PROCESS ALSO REQUIRES AFFIRMATION FROM EACH INDIVIDUAL THAT HE OR SHE (A) HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY; (B) HAS READ AND UNDERSTANDS THE POLICY; (C) HAS AGREED TO COMPLY WITH THE POLICY; AND (D) UNDERSTANDS THAT OUR LADY OF LOURDES REGIONAL MEDICAL CENTER IS A CHARITABLE ORGANIZATION AND THAT, IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION, IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES. IN ADDITION TO THE ABOVE, OUR LADY OF LOURDES REGIONAL MEDICAL CENTER PROVIDES MECHANISMS FOR CONFIDENTIAL REPORTING OF COMPLIANCE ISSUES. THESE MECHANISMS INCLUDE AN ANONYMOUS HOTLINE AND WEB SITE WHERE INDIVIDUALS MAY RAISE ISSUES, SEEK CLARIFICATION, AND REPORT POSSIBLE CONFLICTS OF INTEREST OR OTHER CONCERNS. THESE REPORTS OF POSSIBLE CONFLICTS OF INTERESTS ARE REVIEWED AND INVESTIGATED BY THE CORPORATE COMPLIANCE DEPARTMENT AND APPROPRIATE ACTION IS TAKEN.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	<p>THE PRESIDENT AND CEO OF OUR LADY OF LOURDES REGIONAL MEDICAL CENTER IS AN EMPLOYEE OF FMOL HEALTH SYSTEM (A RELATED TAX-EXEMPT ORGANIZATION) WHOSE SALARY IS DETERMINED BY THE PAY PRACTICES OF THAT ORGANIZATION. SUCH PAY PRACTICES INCLUDE THE USE OF AN INDEPENDENT BOARD COMMITTEE WHICH REVIEWS COMPENSATION ANNUALLY AFTER OBTAINING AND RELYING UPON INDUSTRY-WIDE COMPENSATION INFORMATION FROM AN OUTSIDE CONSULTING FIRM. THE BOARD COMMITTEE APPROPRIATELY DOCUMENTS ITS DECISIONS. COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES IS REVIEWED ANNUALLY BY THE CEO AND AN EXECUTIVE COMMITTEE. THE CEO AND EXECUTIVE COMMITTEE IS PROVIDED COMPENSATION RANGES DEVELOPED BY FMOL HEALTH SYSTEM FROM INDUSTRY-WIDE DATA. THE CEO AND EXECUTIVE COMMITTEE THEN USES THAT DATA TO DETERMINE THE APPROPRIATE COMPENSATION FOR OFFICERS AND KEY EMPLOYEES AND DOCUMENTS THE HUMAN RESOURCE FILES.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	CAPITAL TRANSFERS TO FMOL -4,997,674.



990 Schedule O, Supplemental Information

Return Reference	Explanation
ELECTIONS:	<p>SECTION 1.263(A)-1(F) - DE MINIMIS SAFE HARBOR ELECTION OUR LADY OF LOURDES REGIONAL MEDICAL CENTER, INC. DOES HAVE APPLICABLE FINANCIAL STATEMENTS FOR THE YEAR OF THE ELECTION, AND INTEND TO APPLY THE DE MINIMIS SAFE HARBOR ELECTION. THIS ELECTION PERMITS THE TAXPAYER TO DEDUCT FOR TAX PURPOSES ANY ITEM DEDUCTED UNDER ITS BOOK POLICY THAT DOES NOT EXCEED \$5,000 PER INVOICE (OR PER ITEM AS SUBSTANTIATED BY THE INVOICE) OR ITEMS HAVING AN ECONOMIC USEFUL LIFE OF TWELVE MONTHS OR LESS AS DESCRIBED IN SECTION 1.263(A)-1(F)(1)(II). SECTION 1.263(A)-3(N) ELECTION- BOOK CONFORMITY ELECTION OUR LADY OF LOURDES REGIONAL MEDICAL CENTER, INC. IS MAKING THE ELECTION UNDER TREAS. REG. 1.263(A)-3(N) TO CAPITALIZE THOSE REPAIR AND MAINTENANCE COSTS THAT IT TREATS AS CAPITAL IMPROVEMENTS ON ITS BOOKS AND RECORDS FOR THE TAX YEAR ENDED JUNE 30, 2022.</p>

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

2021

Open to Public Inspection

Name of the organization
OUR LADY OF LOURDES REGIONAL MEDICAL
CENTER INC

Employer identification number
72-0423635

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) LOURDES PHYSICIANS GROUP LLC 4801 AMBASSADOR CAFFERY PKWY LAFAYETTE, LA 70508	HEALTHCARE	LA	35,440,792	-4,444,019	LOURDES

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)HEALTH CARE CENTERS IN SCHOOLS 5000 HENNESSY BLVD BATON ROUGE, LA 70808 72-1443935	HEALTHCARE	LA	501(C)(3)	10	OLOL		No
(2)ST DOMINIC HEALTH SERVICES INC 969 LAKELAND DRIVE JACKSON, MS 39216 64-0714999	HOLDING CO	MS	501(C)(3)	12 TYPE III	FMOL		No
(3)COMMUNITY HEALTH SERVICES - ST DOMINIC 969 LAKELAND DRIVE JACKSON, MS 39216 64-0884870	HEALTH PROGRA	MS	501(C)(3)	10	SDHS		No
(4)ST DOMINIC - JACKSON MEMORIAL HOSPITAL 969 LAKELAND DRIVE JACKSON, MS 39216 64-0303091	HOSPITAL	MS	501(C)(3)	3	SDHS		No
(5)ST DOMINIC - HEALTH SERVICES FOUNDATION 969 LAKELAND DRIVE JACKSON, MS 39216 43-1992975	FUNDRAISING	MS	501(C)(3)	7	SDHS		No
(6)ST CATHERINE'S VILLAGE INC 969 LAKELAND DRIVE JACKSON, MS 39216 64-0714997	RET HOME	MS	501(C)(3)	10	SDHS		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) 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	
See Additional Data Table												

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
(1) LOUISE INSURANCE COMPANY PO BOX 1051 KY1-1102 CJ	INSURANCE	CJ	N/A	C					No
(2) FRANCISCAN HEALTH & WELLNESS SERVICES I 4200 ESSEN LANE BATON ROUGE, LA 70809 45-5492379	HEALTHCARE	LA	N/A	C					No
(3) FMOL HEALTH SYSTEM HOLDINGS INC 4200 ESSEN LANE BATON ROUGE, LA 70809 45-4405024	INVESTMENT	LA	N/A	C					No
(4) ST DOMINIC MADISON HEALTH SERVICES INC 969 LAKELAND DRIVE JACKSON, MS 39216 20-2870254	HEALTHCARE	MS	N/A	C					No
(5) ST DOMINIC INTEGRATED SERVICES INC 969 LAKELAND DRIVE JACKSON, MS 39216 27-1493623	INVESTMENTS	MS	N/A	C					No
(6) LAFAYETTE SURGICARE INC C/O C T CORPORATION SYSTEM 3867 PLA BATON ROUGE, LA 70816 94-3419282	HEALTHCARE	LA	LOURDES	C	3,745,215	709,006	100.000 %		No
(7) FIRST INTERMED CORPORATION 308 CORPORATE DRIVE RIDGELAND, MS 39157 64-0824796	MEDICAL SERVICES	MS	N/A	C					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.**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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b	No
c Gift, grant, or capital contribution from related organization(s)	1c	No
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes
o Sharing of paid employees with related organization(s)	1o	Yes
p Reimbursement paid to related organization(s) for expenses	1p	No
q Reimbursement paid by related organization(s) for expenses	1q	No
r Other transfer of cash or property to related organization(s)	1r	Yes
s Other transfer of cash or property from related organization(s)	1s	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.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)PARK PLACE SURGERY CENTER LLC	S	2,902,500	FMV
(2)LAFAYETTE SURGERY CENTER LP	S	401,462	FMV
(3)LOURDES IMAGING DEVELOPMENT LLC	S	211,448	FMV

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.

[illegible]

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference	Explanation



Additional Data

Software ID:

Software Version:

EIN: 72-0423635

Name: OUR LADY OF LOURDES REGIONAL MEDICAL CENTER INC

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(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	
LOURDES IMAGING DEVELOPMENT LLC 4801 AMBASSADOR CAFFERY PKWY LAFAYETTE, LA 70508 20-8326287	REAL ESTATE	LA	LOURDES	RELATED	300,345	694,028		No		Yes		66.340 %
PARK PLACE SURGERY CENTER LLC 4811 AMBASSADOR CAFFERY PKWY LAFAYETTE, LA 70508 72-1404092	HEALTHCARE	LA	LOURDES	RELATED	3,321,352	7,322,767		No		Yes		46.200 %
BRPT LAKE REHABILITATION CENTERS LLC 175 S ENGLISH STATION RD STE 218 LOUISVILLE, LA 40245 72-1506100	HEALTHCARE	LA	N/A	N/A				No			No	
CONVENIENT CARE LLC 10319 JEFFERSON HIGHWAY BATON ROUGE, LA 70809 72-1439481	HEALTHCARE	LA	N/A	N/A				No			No	
CONVENIENT CARE LLC 10319 JEFFERSON HIGHWAY BATON ROUGE, LA 70809 72-1439481	HEALTHCARE	LA	N/A	N/A				No			No	
PERKINS PLAZA AMBULATORY SURGERY CENTER LLC 7145 PERKINS ROAD BATON ROUGE, LA 70808 48-1264699	HEALTHCARE	LA	N/A	N/A				No			No	
SURGICAL SPECIALTY CENTER OF BATON ROUGE 8080 BLUEBONNET BLVD BATON ROUGE, LA 70810 26-3120962	HEALTHCARE	LA	N/A	N/A				No			No	
ST ELIZABETH-MARY BIRD PERKINS CANCER C 4950 ESSEN LANE BATON ROUGE, LA 70809 26-0628752	HEALTHCARE	LA	N/A	N/A				No			No	
NORTHEAST LA CANCER INSTITUTE LLC 411 CALYPSO STREET MONROE, LA 71201 72-1329499	HEALTHCARE	LA	N/A	N/A				No			No	
LHCG-XIII LLC DBA LOURDES HOME HEALTH 901 S HUGH WALLIS ROAD LAFAYETTE, LA 70508 20-8068308	HEALTHCARE	LA	LOURDES	UNRELATED	189,791	10,558	No		189,939	Yes		33.330 %
LOURDES AFTER HOURS LLC 7777 HENNESSY BLVD SUITE 1004-202 BATON ROUGE, LA 70809 20-1367299	HEALTHCARE	LA	LOURDES	RELATED	1,094,518	3,841,210		No		Yes		50.000 %
LAKE URGENT CARE ASCENSION LLC 10319 JEFFERSON HIGHWAY BATON ROUGE, LA 70809 35-2463092	HEALTHCARE	LA	N/A	N/A				No			No	
ST FRANCIS URGENT CARE LLC 10319 JEFFERSON HIGHWAY BATON ROUGE, LA 70809 47-4013731	HEALTHCARE	LA	N/A	N/A				No			No	
GAMMA KNIFE OF LOUISIANA LLC 4950 ESSEN LANE BATON ROUGE, LA 70809 81-1827194	HEALTHCARE	LA	N/A	N/A				No			No	
LHCG LXVII LLC 901 S HUGH WALLIS ROAD LAFAYETTE, LA 70508 47-4283509	HEALTHCARE	LA	LOURDES	RELATED	-35,864	51,452		No	-35,864	Yes		33.000 %

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(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	
PREMIER HEALTH HOLDINGS LLC 10319 JEFFERSON HIGHWAY BATON ROUGE, LA 70809 47-2665226	HEALTHCARE	LA	N/A	N/A				No			No	
PREMIER HEALTH HOLDINGS LLC 10319 JEFFERSON HIGHWAY BATON ROUGE, LA 70809 47-2665226	HEALTHCARE	LA	N/A	N/A				No			No	
PINNACLE CARE HOLDINGS LLC 5627 S SHERWOOD FOREST BLVD BATON ROUGE, LA 70816 82-1637627	HEALTHCARE	LA	N/A	N/A				No			No	
LAFAYETTE SURGERY CENTER LIMITED PARTNERSHIP C/O C T CORPORATION SYSTEM 3867 PLA BATON ROUGE, LA 70816 94-3419282	HEALTHCARE	LA	LOURDES	RELATED	-366,246	1,760,360		No		Yes		59.420 %
FREMAUX OFFICE MM LLC 3500 NORTH CAUSEWAY BOULEVARD STE 6 METAIRIE, LA 70002 84-3084552	HEALTHCARE	LA	N/A	N/A				No			No	
LOLO PONTCHARTRAIN SURGERY CENTER LLC 4200 ESSEN LANE BATON ROUGE, LA 70809 46-1379031	HEALTHCARE	LA	N/A	N/A				No			No	
LAKE SURGICAL HOSPITAL (SLIDELL) LLC 1700 LINDBERG DR SLIDELL, LA 70458 47-4228147	HEALTHCARE	LA	N/A	N/A				No			No	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(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
LOUISE INSURANCE COMPANY PO BOX 1051 KY1-1102 CJ	INSURANCE	CJ	N/A	C					No
FRANCISCAN HEALTH & WELLNESS SERVICES I 4200 ESSEN LANE BATON ROUGE, LA 70809 45-5492379	HEALTHCARE	LA	N/A	C					No
FMOL HEALTH SYSTEM HOLDINGS INC 4200 ESSEN LANE BATON ROUGE, LA 70809 45-4405024	INVESTMENT	LA	N/A	C					No
ST DOMINIC MADISON HEALTH SERVICES INC 969 LAKELAND DRIVE JACKSON, MS 39216 20-2870254	HEALTHCARE	MS	N/A	C					No
ST DOMINIC INTEGRATED SERVICES INC 969 LAKELAND DRIVE JACKSON, MS 39216 27-1493623	INVESTMENTS	MS	N/A	C					No
LAFAYETTE SURGICARE INC C/O C T CORPORATION SYSTEM 3867 PLA BATON ROUGE, LA 70816 94-3419282	HEALTHCARE	LA	LOURDES	C	3,745,215	709,006	100.000 %		No
FIRST INTERMED CORPORATION 308 CORPORATE DRIVE RIDGELAND, MS 39157 64-0824796	MEDICAL SERVICES	MS	N/A	C					No