



Public Disclosure for Tax-Exempt Organizations

Tax-exempt organizations are required to make a copy of their application for exemption and Form(s) 990 (and 990-T, if applicable) available for public inspection and to provide copies of such forms to individuals or organizations that request copies. Alternatively, the Internet may be used to make these documents available. (See the “Using the Internet” section which follows.) These rules apply to an organization’s Form(s) 990 (and 990-T, if applicable) for the last three years and to its application for exemption.¹ If the application was filed prior to July 15, 1987, disclosure is not required unless the organization had a copy of the application on July 15, 1987. An organization **may omit names and addresses of contributors from its return(s)**. Failure to comply with disclosure requirements can result in an enforcement action by the IRS.

While disclosure rules create an additional burden, they also provide an opportunity for your organization to showcase the community benefits that it provides. The rules also heighten the need to carefully review all responses, including narrative explanations, contained on your Form(s) 990/990-T before filing.

Where Must Information Be Provided?

Generally, an organization must make its documents available for public inspection at any location where it has three or more employees. If the only services provided at the site are in furtherance of exempt purposes and the site does not serve as an office for management staff, the documents are not required to be made available there.

How Quickly Must Organizations Reply?

Requests for copies can be made in person or in writing. When requests are made in person, the copies must generally be provided on the same business day. There are provisions for delays due to unusual circumstances. However, in no event may the period of delay exceed five business days. Unusual circumstances include times when those staff that are capable of fulfilling a request are absent.

Written Requests

Requested copies generally must be mailed within 30 days from the date of the receipt of the written request. However, if the organization requires advance payment of a reasonable fee for copying and postage, it may provide the copies within 30 days from the date it receives payment rather than the date of the original request.

What Can an Organization Charge?

You are currently allowed to charge a maximum fee of \$.20 cents per page in addition to actual postage costs.

¹ Certain information within an application for exemption can be withheld from public inspection if public availability would adversely affect the organization, *e.g.*, information relating to a trade secret, patent, process, style of work or apparatus of the organization.

If any organization receives a written request for copies with no payment enclosed and the organization requires payment in advance, the organization must request payment within seven days from the date it received the request. An organization is required to accept a personal check for written requests if it does not accept payment by credit card. If an organization does not require prepayment and the requester does not enclose a prepayment with the request, the organization must receive consent from a requester before providing copies for which the fee charge for copying and postage would be in excess of \$20.

Local or Subordinate Organizations

A local or subordinate organization that is covered by a group exemption letter is given additional time for responding to some requests. If this type of organization receives a request made in person for inspection of its application for tax exemption, the local organization is required to acquire and make available the application for a group exemption letter filed by the central or parent organization within not more than two weeks. The same general rule would apply with respect to a local or subordinate organization that does not file its own Form(s) 990/990-T but is covered under a group return. Again, the local or subordinate organization must make the group return available for inspection within a reasonable period which is defined as not more than two weeks. If the group return includes separate schedules with respect to each local or subordinate organization, the local or subordinate organization may exclude or omit any schedules relating only to other organizations which are included in the group return.

If a request is made for a personal inspection to a local or subordinate organization, it has the option of mailing the return to the requester rather than allowing an inspection. However, if this is done, the local or subordinate organization may not charge for the copying of the document unless the requester consents to the charge. If a local or subordinate organization receives a request for copies, then it must comply with the rules stated previously.

Using the Internet

As an alternative to providing copies, an organization may provide access to its exemption application and Form(s) 990 (and 990-T, if applicable) through the Internet. The website must provide instructions for downloading the document(s). The information on the Internet must be in such a format that it may be accessed, downloaded, viewed or printed in the same format as the actual documents. An organization would need to make the web address available to the general public.

There is nothing that prevents others from posting your Forms 990, 990-T and exemption application on the Internet. Based on this fact and the potential strain on your organization's resources from providing copies, organizations should consider posting these documents on the Internet.

What if the Requests Are a Form of Harassment?

If an organization believes it is subject to a harassment campaign, it can file an application for a harassment determination with the Internal Revenue Service. This would allow the organization to suspend compliance with these requests. In addition, an organization may disregard requests for copies in excess of two per month or four per year made by a single individual or sent from a single address, without submitting an application for a harassment determination.

Please contact your BKD advisor if you have questions about these rules.

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

- Do not enter Social Security numbers on this form as it may be made public.
- Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 07/01, 2016, and ending 06/30, 2017

B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending. **C** Name of organization: UNION GENERAL HOSPITAL. Doing Business As: [blank]. Number and street: P.O. BOX 398. Room/suite: [blank]. City or town: FARMERVILLE, LA 71241. **D** Employer identification number: 72-0995809. **E** Telephone number: (318) 368-9751. **F** Name and address of principal officer: EVALYN ORMOND, P.O. BOX 398 FARMERVILLE, LA 71241. **G** Gross receipts \$: 18,135,291. **H(a)** Is this a group return for subordinates? Yes [] No [X]. **H(b)** Are all subordinates included? Yes [] No [X]. **I** Tax-exempt status: [X] 501(c)(3), [] 501(c)(), [] 4947(a)(1) or [] 527. **J** Website: WWW.UNIONGEN.ORG. **K** Form of organization: [X] Corporation, [] Trust, [] Association, [] Other. **L** Year of formation: 1983. **M** State of legal domicile: LA.

Part I Summary

1 Briefly describe the organization's mission or most significant activities: TO PROVIDE ACUTE CARE HOSPITAL SERVICES IN THE FARMERVILLE AREA. IT IS OUR GOAL TO DELIVER THE BEST POSSIBLE HEALTH CARE AVAILABLE AND SERVE THE DEDICATED PEOPLE OF... (SEE SCH. O)

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

3 Number of voting members of the governing body (Part VI, line 1a) **3** **7.**

4 Number of independent voting members of the governing body (Part VI, line 1b) **4** **7.**

5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) **5** **158.**

6 Total number of volunteers (estimate if necessary) **6** **7.**

7a Total unrelated business revenue from Part VIII, column (C), line 12 **7a** **0.**

7b Net unrelated business taxable income from Form 990-T, line 34 **7b** **0.**

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	1,635,724.	3,429,839.
9 Program service revenue (Part VIII, line 2g)	13,645,859.	14,582,322.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,029.	16,771.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	77,968.	106,359.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,365,580.	18,135,291.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	55,497.	69,355.
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)	5,935,666.	6,029,125.
16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	8,924,841.	8,113,931.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	14,916,004.	14,212,411.
19 Revenue less expenses. Subtract line 18 from line 12	449,576.	3,922,880.
20 Total assets (Part X, line 16)	Beginning of Current Year: 11,481,380.	End of Year: 12,494,062.
21 Total liabilities (Part X, line 26)	1,620,128.	912,525.
22 Net assets or fund balances. Subtract line 21 from line 20	9,861,252.	11,581,537.

Part II Signature Block

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

Sign Here Signature of officer: [Signature] Date: [blank]. Type or print name and title: [blank]

Paid Preparer Use Only Print/Type preparer's name: JEANETTE VERRELLI. Preparer's signature: [Signature]. Date: 3/2/2018. Check [] if self-employed. PTIN: P00742631. Firm's name: BKD, LLP. Firm's EIN: 44-0160260. Firm's address: 14241 DALLAS PKWY, STE 1100 DALLAS, TX 75254. Phone no.: 972-702-8262.

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [] No

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2016)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

IT IS THE MISSION OF UNION GENERAL HOSPITAL TO PROVIDE QUALITY SERVICE WITH COMPASSIONATE CARE.

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

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

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 \$ 11,550,189. including grants of \$ 69,355.) (Revenue \$ 14,646,100.) PROVIDED ACUTE CARE HOSPITAL SERVICES TO INDIVIDUALS IN THE FARMERVILLE AREA; INDIVIDUALS SERVED AMOUNTED TO 1,935 PATIENT DAYS AND 6,880 EMERGENCY ROOM VISITS. THE LABORATORY PERFORMED 37,977 TESTS AND 34,449 ECG, RADIOLOGY, ULTRASOUND, CT, OT, RT, ST, AND PT PROCEDURES WERE PERFORMED. THE RURAL HEALTH CLINICS LOGGED 12,289 VISITS.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

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

4e Total program service expenses 11,550,189.

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)? <i>If "Yes," complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		X
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? <i>If "Yes," complete Schedule C, Part II.</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		X
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? <i>If "Yes," complete Schedule D, Part I.</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		X
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? <i>If "Yes," complete Schedule D, Part IV.</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>		X
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? <i>If "Yes," complete Schedule D, Part VI.</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII.</i>		X
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? <i>If "Yes," complete Schedule D, Part VIII.</i>		X
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? <i>If "Yes," complete Schedule D, Part IX.</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	X	
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)? <i>If "Yes," complete Schedule D, Part X.</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?.		X
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? <i>If "Yes," complete Schedule F, Parts I and IV.</i>		X
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? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		X
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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions).		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>	X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X	
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? <i>If "Yes," complete Schedule I, Parts I and II.</i>		X
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? <i>If "Yes," complete Schedule I, Parts I and III.</i>		X
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? <i>If "Yes," complete Schedule J.</i>	X	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I.</i>		X
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? <i>If "Yes," complete Schedule L, Part I.</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
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? <i>If "Yes," complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
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? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical responses. Includes questions about Form 1096, Form W-2G, backup withholding, Form W-3, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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 [X]

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
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:

WILLIAM ADCOCK 901 JAMES AVE FARMERVILLE, LA 71241

318-368-7096

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1)TIM TETTLETON PRESIDENT	1.00 0.	X		X				0.	0.	0.
(2)BESSIE WARREN SECRETARY	1.00 0.	X		X				0.	0.	0.
(3)JOHN ELLIS DIRECTOR	1.00 0.	X						0.	0.	0.
(4)ALLYSON CROW DIRECTOR	1.00 0.	X						0.	0.	0.
(5)DANIEL HUNTER, JR. VICE PRESIDENT	1.00 0.	X		X				0.	0.	0.
(6)RALPH KELLEY DIRECTOR	1.00 0.	X						0.	0.	0.
(7)DANNY SMITH DIRECTOR	1.00 0.	X						0.	0.	0.
(8)EDDYE JO ALBRITTON DIRECTOR-END APRIL 2017	1.00 0.	X						0.	0.	0.
(9)DIANNE DAVIDSON COO	40.00 0.			X				95,794.	0.	3,522.
(10)EVALYN ORMOND CONTRACTED CEO	40.00 0.			X				12,000.	0.	743.
(11)WILLIAM ADCOCK CFO	40.00 0.			X				163,484.	0.	8,975.
(12)DARRA JUNG DIRECTOR OF NURSING	40.00 0.			X				115,550.	0.	7,913.
(13)HOLLY CORLEY, MD PHYSICIAN	40.00 0.					X		195,641.	0.	7,323.
(14)SHEREE HICKS PHARMACIST	40.00 0.					X		199,830.	0.	7,250.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) LYNETTE WADE, NP ----- NURSE PRACTITIONER	40.00 0.					X		118,384.	0.	6,584.
(16) LISA POST ----- PHYSICIAN	24.64 0.					X		131,840.	0.	876.

1b Sub-total								782,299.	0.	35,726.
c Total from continuation sheets to Part VII, Section A								250,224.	0.	7,460.
d Total (add lines 1b and 1c)								1,032,523.	0.	43,186.

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 ► 6

	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>		X
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>	X	
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>		X

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
ATTACHMENT 1		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 7

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions) . .	1e	3,377,244.					
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	52,595.					
	g Noncash contributions included in lines 1a-1f: \$							
	h Total. Add lines 1a-1f ▶			3,429,839.				
Program Service Revenue	Business Code							
	2a NET PATIENT SERVICE REVENUE		621110	14,358,972.	14,358,972.			
	b E.H.R. INCENTIVE REVENUE		900099	128,096.	128,096.			
	c PHARMACY REVENUE		446110	95,254.	95,254.			
	d _____							
	e _____							
	f All other program service revenue							
g Total. Add lines 2a-2f ▶			14,582,322.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts). ▶			15,571.			15,571.	
	4 Income from investment of tax-exempt bond proceeds . ▶			0.				
	5 Royalties ▶			0.				
	6a Gross rents	(i) Real	(ii) Personal					
		b Less: rental expenses						
	c Rental income or (loss)							
	d Net rental income or (loss) ▶			0.				
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		b Less: cost or other basis and sales expenses						
	c Gain or (loss)			1,200.				
	d Net gain or (loss) ▶			1,200.			1,200.	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 a			0.				
	b Less: direct expenses b			0.				
	c Net income or (loss) from fundraising events. ▶			0.				
	9a Gross income from gaming activities. See Part IV, line 19 a			0.				
b Less: direct expenses b			0.					
c Net income or (loss) from gaming activities. ▶			0.					
10a Gross sales of inventory, less returns and allowances a			0.					
	b Less: cost of goods sold b		0.					
	c Net income or (loss) from sales of inventory. ▶			0.				
Miscellaneous Revenue			Business Code					
11a CAFETERIA AND VENDING SALES		722514	42,581.			42,581.		
b MEDICAL RECORDS		561000	8,648.	8,648.				
c UTILITIES DISTRICT REIMBURSEMENT		900099	1,510.	1,510.				
d All other revenue		900099	53,620.	53,620.				
e Total. Add lines 11a-11d ▶			106,359.					
12 Total revenue. See instructions. ▶			18,135,291.	14,646,100.		59,352.		

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 X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	69,355.	69,355.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	404,205.	316,442.	87,763.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	4,806,577.	3,859,483.	947,094.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	41,969.		41,969.	
9 Other employee benefits	405,710.	325,768.	79,942.	
10 Payroll taxes	370,664.	297,628.	73,036.	
11 Fees for services (non-employees):				
a Management	209,292.		209,292.	
b Legal	18,459.		18,459.	
c Accounting	73,189.		73,189.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	0.			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) <u>ATCH 2</u>	4,127,979.	3,794,529.	333,450.	
12 Advertising and promotion	72,097.	8,644.	63,453.	
13 Office expenses	349,236.	128,837.	220,399.	
14 Information technology	203,929.		203,929.	
15 Royalties	0.			
16 Occupancy	304,316.	237,117.	67,199.	
17 Travel	65,261.	54,675.	10,586.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	108,944.	36,645.	72,299.	
20 Interest	521.		521.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	501,175.	501,175.		
23 Insurance	132,499.	69,752.	62,747.	
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 <u>BAD DEBT EXPENSE</u>	1,026,928.	1,026,928.		
b <u>MEDICAL SUPPLIES</u>	799,605.	799,605.		
c <u>DUES & SUBSCRIPTIONS</u>	42,652.	7,607.	35,045.	
d <u>COLLECTIONS</u>	58,365.	1,155.	57,210.	
e All other expenses _____	19,484.	14,844.	4,640.	
25 Total functional expenses. Add lines 1 through 24e	14,212,411.	11,550,189.	2,662,222.	
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)	0.			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	4,081,640.	1	4,874,672.
	2 Savings and temporary cash investments	783,019.	2	887,283.
	3 Pledges and grants receivable, net	0.	3	0.
	4 Accounts receivable, net	1,048,665.	4	920,223.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	198,474.	8	197,290.
	9 Prepaid expenses and deferred charges	76,187.	9	72,193.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 15,708,330.		
	b Less: accumulated depreciation	10b 10,501,603.	4,231,493.	10c 5,206,727.
	11 Investments - publicly traded securities	0.	11	0.
	12 Investments - other securities. See Part IV, line 11	0.	12	0.
	13 Investments - program-related. See Part IV, line 11	0.	13	0.
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	1,061,902.	15	335,674.
16 Total assets. Add lines 1 through 15 (must equal line 34)	11,481,380.	16	12,494,062.	
Liabilities	17 Accounts payable and accrued expenses	1,320,308.	17	812,423.
	18 Grants payable	0.	18	0.
	19 Deferred revenue	0.	19	0.
	20 Tax-exempt bond liabilities	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	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	299,820.	25	100,102.
	26 Total liabilities. Add lines 17 through 25	1,620,128.	26	912,525.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	7,526,992.	27	11,449,872.
	28 Temporarily restricted net assets	2,334,260.	28	131,665.
	29 Permanently restricted net assets	0.	29	0.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	9,861,252.	33	11,581,537.
34 Total liabilities and net assets/fund balances	11,481,380.	34	12,494,062.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	18,135,291.
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,212,411.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,922,880.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,861,252.
5	Net unrealized gains (losses) on investments	5	0.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-2,202,595.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	11,581,537.

Part XII Financial Statements and Reporting

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

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

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

Form **990** (2016)

SCHEDULE A
(Form 990 or 990-EZ)

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.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

UNION GENERAL HOSPITAL

Employer identification number

72-0995809

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

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

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

(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		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2016

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 fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 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; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2016; 15 Public support percentage from 2015 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2016; b 33 1/3% support test - 2015; 17a 10%-facts-and-circumstances test - 2016; b 10%-facts-and-circumstances test - 2015; 18 Private foundation.

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

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support; 14 First five years.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, 2016, 2015. Row 15: Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2015 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2016, 2015. Row 17: Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2015 Schedule A, Part III, line 17.

- 19a 33 1/3% support tests - 2016. 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.
b 33 1/3% support tests - 2015. 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.
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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>	1	

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
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>	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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>	2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
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>	3b		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2017. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b Excess from 2013. . . .			
c Excess from 2014. . . .			
d Excess from 2015. . . .			
e Excess from 2016. . . .			

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.)

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Name of the organization

UNION GENERAL HOSPITAL

Employer identification number

72-0995809

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **UNION GENERAL HOSPITAL**

Employer identification number
72-0995809

Part I **Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 8,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 24,870.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 22,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **UNION GENERAL HOSPITAL**

Employer identification number
72-0995809

Part I **Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 14,853.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 3,265,391.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNION GENERAL HOSPITAL

Employer identification number

72-0995809

Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____

Name of organization UNION GENERAL HOSPITAL

Employer identification number

72-0995809

Part III *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2016

Open to Public Inspection

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

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

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

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

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

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

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

Name of organization UNION GENERAL HOSPITAL	Employer identification number 72-0995809
--	--

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions) _____

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities. ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

Schedule C (Form 990 or 990-EZ) 2016

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 65%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members...; e Publications...; f Grants to other organizations...; g Direct contact with legislators...; h Rallies, demonstrations...; i Other activities?; j Total. Add lines 1c through 1i; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; b If "Yes," enter the amount of any tax incurred under section 4912; c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

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

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

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

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

Part IV Supplemental Information

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

SEE PAGE 4

Part IV Supplemental Information (continued)

SCHEDULE C, PART II-B, LINE 1I

OTHER ACTIVITIES FOR LOBBYING PURPOSES:

THE HOSPITAL PAID DUES TO ORGANIZATIONS, A PORTION OF WHICH IS DESIGNATED FOR LOBBYING EXPENSES.

	DUES	%LOBBYING	\$LOBBYING
RURAL HOSPITAL COALITION	\$12,270	7%	\$859
LA HOSPITAL ASSOCIATION	10,881	21%	2,285
NATIONAL RURAL HEALTH ASSOC	1,225	5%	61
LA RURAL HEALTH ASSOC	700	0%	0

TOTAL	\$25,076		\$3,205

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

UNION GENERAL HOSPITAL

72-0995809

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 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?

Part II Conservation Easements.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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, 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?, 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)?, 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.

Table with 2 columns: Revenue, Assets. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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Schedule D (Form 990) 2016

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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?

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?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment %
b Permanent endowment %
c Temporarily restricted endowment %
The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(i) unrelated organizations
(ii) related organizations
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
Table with columns: Yes, No. Rows: 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.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) LONG TERM CAPITAL LEASE OBLIGATION	45,418.	
(3) DUE TO 3RD PARTY PAYER	13,934.	
(4) ESTIMATED SELF-INSURANCE COSTS	40,750.	
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		100,102.

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

Part XIII Supplemental Information (continued)

SCHEDULE D, PART X, LINE 2

ASC 740 FOOTNOTE:

MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

SCHEDULE D, PART XI, LINE 2D

RECONCILIATION OF REVENUE PER AUDITED FINANCIAL STATEMENTS WITH RETURN:

BAD DEBT EXPENSE	\$(1,026,928)
------------------	---------------

SCHEDULE D, PART XI, LINE 4B

RECONCILIATION OF REVENUE PER AUDITED FINANCIAL STATEMENTS WITH RETURN:

CONTRIBUTIONS FOR ACQUISITION OF PROPERTY

AND EQUIPMENT	\$931,987
---------------	-----------

NET ASSETS RELEASED FROM RESTRICTIONS

RELATED TO PROPERTY AND EQUIPMENT	2,202,595
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TOTAL	\$3,134,582
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SCHEDULE D, PART XII, LINE 4B

RECONCILIATION OF EXPENSE PER AUDITED FINANCIAL STATEMENTS WITH RETURN:

BAD DEBT EXPENSE	\$1,026,928
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**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2016

Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**

▶ **Attach to Form 990.**

▶ **Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization

UNION GENERAL HOSPITAL

Employer identification number

72-0995809

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	X	
1b If "Yes," was it a written policy?	X	
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 checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free care</i> ? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted care</i> ? 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 _____ %		X
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"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
5b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		X
5c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
6a Did the organization prepare a community benefit report during the tax year?		X
6b If "Yes," did the organization make it available to the public?		

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			4,209.		4,209.	.03
b Medicaid (from Worksheet 3, column a)			4,446,285.	4,305,237.	141,048.	1.07
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			4,450,494.	4,305,237.	145,257.	1.10
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)		12341	106,157.		106,157.	.81
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)		11673	118,985.		118,985.	.90
j Total. Other Benefits		24014	225,142.		225,142.	1.71
k Total. Add lines 7d and 7j.		24014	4,675,636.	4,305,237.	370,399.	2.81

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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		310	2,346.		2,346.	.02
6 Coalition building						
7 Community health improvement advocacy		1981	2,852.		2,852.	.02
8 Workforce development		2	980.		980.	.01
9 Other						
10 Total		2293	6,178.		6,178.	.05

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?	X	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5,240,003.
6 Enter Medicare allowable costs of care relating to payments on line 5	5,322,046.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	-82,043.
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?	X
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	X

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

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

Part V Facility Information

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? 1

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

1 UNION GENERAL HOSPITAL
901 JAMES AVE
FARMERVILLE LA 71241
WWW.UNIONGEN.ORG
146

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
X				X		X			

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group UNION GENERAL HOSPITAL

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

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 12b regarding CHNA completion, community health needs assessment details, and implementation strategies.

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group UNION GENERAL HOSPITAL

		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:	X	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.0000</u> % and FPG family income limit for eligibility for discounted care of <u>000</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance status		
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?	X	
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):	X	
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):	X	
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

Name of hospital facility or letter of facility reporting group UNION GENERAL HOSPITAL

		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?	X	
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:		X
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		
b	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process		
c	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications		
d	<input type="checkbox"/> Made presumptive eligibility determinations		
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?	X	
If "No," indicate why:			
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group UNION GENERAL HOSPITAL

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
	a <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
	b <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input checked="" type="checkbox"/> 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.		X
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.		X

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Part V Facility Information (continued)

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

SCHEDULE H, PART V, SECTION B, LINE 5

REPRESENTATIVES FROM THE COMMUNITY:

THE CHNA HOSPITAL STEERING COMMITTEE (CHSC) IDENTIFIED COMMUNITY LEADERS, PARTNERS, AND REPRESENTATIVES TO INCLUDE IN THE CHNA PROCESS. THE HOSPITAL IDENTIFIED 10 KEY STAKEHOLDERS FOR INDIVIDUAL INTERVIEWS WHO REPRESENTED MEDICALLY UNDERSERVED POPULATIONS, LOW INCOME POPULATIONS, MINORITY POPULATIONS, AND POPULATIONS WITH CHRONIC DISEASES. THESE INDIVIDUALS INCLUDED: THE SUPERINTENDENT OF THE UNION PARISH SCHOOL SYSTEM, THE MAYOR OF THE CITY, A PRIEST FROM OUR LADY PERPETUAL HEALTH CATHOLIC CHURCH, A CANCER CONTROL OFFICER FROM AHEC, A MINISTER FROM BLOOMING GROVE BAPTIST CHURCH, A NURSE FROM THE UNION PARISH HEALTH UNIT, A DIRECTOR ON THE COUNCIL OF AGING, A CHILD SAFETY COORDINATOR FROM THE CHILDREN'S COALITION, A PHYSICIAN FROM THE HOSPITAL AND A BUSINESS OWNER ON UNION GENERAL'S BOARD OF DIRECTORS. DURING THE INTERVIEW PROCESS, STAKEHOLDERS WERE ASKED QUESTIONS RELATED TO BOTH HEALTH AND ECONOMIC ISSUES WITHIN THE COMMUNITY. THEY WERE THEN ASKED TO RANK CERTAIN ISSUES IN ORDER OF IMPORTANCE FOR THE PURPOSE OF INCLUDING THEIR VOTES IN THE COMMUNITY'S HEALTH PRIORITIES.

ADDITIONALLY, THE UNION GENERAL COMMUNITY HEALTH NEEDS SURVEY OBTAINED INPUT FROM VARIOUS MEMBERS OF THE COMMUNITY IN FOCUS GROUP MEETINGS.

SCHEDULE H, PART V, SECTION B, LINE 16J

NOTIFICATION OF FINANCIAL ASSISTANCE POLICY:

DURING THE SCREENING PROCESS, PATIENTS THAT MAY BE ELIGIBLE FOR FINANCIAL

Part V Facility Information (continued)

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

ASSISTANCE ARE NOTIFIED OF THE POLICY.

SCHEDULE H, PART V, SECTION B, LINE 11

IDENTIFIED NEEDS ADDRESSED AND NOT ADDRESSED:

THE FOLLOWING PRIORITY NEEDS WERE IDENTIFIED BY THE COMMUNITY AND THE
CHNA STEERING COMMITTEE:

-CANCER: UNION GENERAL HOSPITAL CONTINUES WITH ITS BREAST CANCER
PREVENTION PROGRAM IN PARTNERSHIP WITH SUSAN G KOMEN. THE HOSPITAL HAS
FORMED A PARTNERSHIP WITH MARTIN LUTHER KING HEALTH CENTER AND PHARMACY
IN SHREVEPORT EXPANDING ITS MAMMOGRAM SCREENING PROGRAM AND THE HEALTH
CENTER WILL TRANSPORT PATIENTS IN THEIR VAN TO COME TO UNION GENERAL
HOSPITAL FOR MAMMOGRAM SCREENINGS ONCE A MONTH. FREE SCREENING MAMMOGRAMS
ARE BEING OFFERED TO ANY PATIENT THAT QUALIFIES IN AND OUT OF STATE. THE
HOSPITAL ALSO HOSTS A COMMUNITY HEALTH EDUCATION AND CANCER SURVIVOR'S
GALA EVERY YEAR IN OCTOBER FOR BREAST CANCER AWARENESS MONTH.

-ADOLESCENT BEHAVIORS (SEXUAL HEALTH): THE HOSPITAL EXPANDED "IT'S A GIRL
THING, MAKING PROUD CHOICES," THE HOSPITAL'S STD/HIV PREGNANCY PREVENTION
PROGRAM, SIGNING A MEMORANDUM OF UNDERSTANDING WITH THE SCHOOL DISTRICT
UNDER THE 21ST CENTURY GRANT AFTER SCHOOL PROGRAM IN ORDER TO ADD A NEW
COMPONENT TO THE PROGRAM AND TEACH 6TH THROUGH 8TH GRADE GIRLS EVERY WEEK
FOR AN HOUR. THE NEW ENROLLMENTS INCREASED THE NUMBER OF GIRLS ATTENDING
THE MONTHLY MEETING BY 40%. 45 MEETINGS WERE CONDUCTED AT THE HOSPITAL
AND THE SCHOOLS IN 2017, MAKING A TOTAL OF 151 MEETINGS SINCE THE PROGRAM

Part V Facility Information (continued)

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

STARTED IN 2013. "IT'S A GIRL THING, MAKING PROUD CHOICES" WON A NATIONAL AWARD FROM THE JACKSON HEALTHCARE FOUNDATION IN 2017 AND WAS RECOGNIZED BY THE RURAL HEALTH INFORMATION HUB AND REGISTRY PARTNERS FOR RURAL HEALTH DAY IN 2017.

THE HOSPITAL HAS REINFORCED MENTAL HEALTH, ALCOHOL AND DRUG PREVENTION AND SUICIDE PREVENTION IN BOTH OF THE HOSPITAL'S YOUTH PROGRAMS IN PARTNERSHIP WITH OTHER ORGANIZATIONS. WE HAVE DISCUSSIONS WITH THE GIRLS AT THE SCHOOLS AND THE HOSPITAL EVERY WEEK ABOUT THESE TOPICS. SEVERAL GIRLS HAVE REACHED OUT TO THE PROGRAM TEAM LOOKING FOR HELP, AND THEY HAVE BEEN HELPED. UNION GENERAL HOSPITAL HAS INCREASED THE NETWORK IN THE COMMUNITY, AND THE HOSPITAL HAS GOTTEN THE ATTENTION AND RECOGNITION OF OTHER HOSPITALS AND COMMUNITY ORGANIZATIONS IN AND OUT OF STATE.

WE HAVE CONTINUED WITH OUR ANTI BULLYING PROGRAM:
UNION PARISH "TOGETHER, WE CAN BE BULLY FREE", PROGRAM WAS RECOGNIZED BY THE RURAL HEALTH INFORMATION HUB IN 2017.

THE HOSPITAL HAS MAINTAINED ITS COLLABORATION WITH THE SCHOOL BOARD, LAW ENFORCEMENT, CHILDREN'S COALITION, HEALTH UNIT, CHURCHES, HEALTH CARE PROVIDERS AND OTHER CIVIC AND BUSINESS ORGANIZATIONS IN THE AREA.

-CARDIOVASCULAR: UNION GENERAL HOSPITAL HAS INCREASED ACCESS TO EDUCATION AND AWARENESS FOR EARLY PREVENTION OF HEART DISEASE AND STROKE IN PARTNERSHIP WITH OCHSNER HEALTH SYSTEM. WE ARE NOW AN EMERGENCY LEVEL 3

Part V Facility Information (continued)

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

STROKE CENTER. STROKE PATIENTS AT UNION GENERAL HOSPITAL HAVE IMMEDIATE ACCESS TO HIGHLY SPECIALIZED VASCULAR NEUROLOGISTS AS THE RESULT OF A PARTNERSHIP BETWEEN UNION GENERAL AND OCHSNER CLINIC FOUNDATION IN NEW ORLEANS. WE HAVE ALSO PARTICIPATED IN HEALTH FAIRS PROMOTING HEALTHY HABITS AND NUTRITION, AND INVITED THE COMMUNITY FOR NUTRITION CLASSES AT THE HOSPITAL. UNION GENERAL HOSPITAL IS PARTNERING WITH THE AMERICAN HEART ASSOCIATION GO RED FOR WOMEN AND EDUCATING THE COMMUNITY ABOUT CARDIOVASCULAR DISEASE.

-OBESITY AND DIABETES: THE HOSPITAL PARTICIPATED IN SEVERAL HEALTH FAIRS IN 2017: DÍA DE LA FAMILIA AT THE D'ARBONNE STATE PARK, BACK TO SCHOOL BASHES IN TOWN IN PARTNERSHIP WITH ZION HILL BAPTIST CHURCH AND BEULAH BAPTIST CHURCH AND OTHER HEALTH FAIRS IN PARTNERSHIP WITH LSU AGCENTER, TRIAD OF UNION PARISH, SCHOOL BOARD AND THE COUNCIL ON AGING. THE HOSPITAL'S EMPLOYEES HAVE CONTINUED WITH THE BIGGEST LOSER PROGRAM AND THE WALKING CHALLENGE.

THE FOLLOWING ARE HEALTH NEEDS WITHOUT SPECIFIC IMPLEMENTATION STRATEGIES:

-DENTAL AND ORAL HEALTH: IT IS BEYOND THE SCOPE OF THE HOSPITAL'S SERVICES TO OFFER DENTAL CARE. A FEDERALLY QUALIFIED HEALTHCARE CENTER (FQHC) IN MARION OFFERS DENTAL SERVICES TO THE UNINSURED OR UNDERINSURED ON A SLIDING FEE SCALE. THE HOSPITAL AND RURAL HEALTH CLINIC WILL EDUCATE AND REFER PATIENTS TO MOREHOUSE COMMUNITY MEDICAL CENTER (MCMC) OF

Part V Facility Information (continued)

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

MARION.

-SEXUAL HEALTH: SEXUAL HEALTH WILL BE ADDRESSED THROUGH ANOTHER HEALTH PRIORITY "ADOLESCENT BEHAVIORS". UGH WILL DEVELOP IMPLEMENTATION STRATEGIES TO ADDRESS TEEN LIFESTYLE ISSUES WHICH INCLUDE SEXUAL HEALTH.

ADDITIONALLY, PUBLIC HEALTH FACILITIES WILL BE IDENTIFIED AS RESOURCES COMMUNITY MEMBERS CAN CONTACT REGARDING SEXUAL HEALTH AND STD PREVENTION AND TREATMENT.

-MENTAL HEALTH: MENTAL HEALTH SERVICES ARE BEYOND THE SCOPE OF THE SERVICES PROVIDED AT THE HOSPITAL. UGH WILL HELP IDENTIFY MENTAL HEALTH RESOURCES WITHIN ITS RESOURCE DIRECTORY.

-RESPIRATORY AND ASTHMA: AFTER FURTHER REVIEW OF THIS HEALTH PRIORITY, THE SOURCE OF THE PRIORITY NEED WAS FROM THE SELF-REPORTED SURVEY THAT ASKED ABOUT ONE'S HEALTH CHALLENGES. THERE WAS NO OTHER EVIDENCE TO SUPPORT THIS AS A MAJOR HEALTH ISSUE. THE HOSPITAL WILL CONTINUE TO MONITOR THIS HEALTH CONDITION TO DETERMINE IF IT IS A SUBSTANTIAL HEALTH ISSUE IN THE FUTURE.

ADDITIONALLY, THE HOSPITAL WILL HELP IDENTIFY RESPIRATORY SERVICES WITHIN ITS RESOURCE DIRECTORY. UNION GENERAL HOSPITAL WILL CONTINUE TO OFFER AN ANNUAL FLU SHOT DRIVE TO THE COMMUNITY AND EMPLOYEES TO REDUCE RESPIRATORY ILLNESSES.

Part V Facility Information (continued)

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

-ALCOHOL AND DRUG USE (ADULTS): ALCOHOL AND DRUG USE AMONG ADULTS WILL NOT BE ADDRESSED AT THIS TIME. SUBSTANCE ABUSE TREATMENT IS BEYOND THE SCOPE OF THE HOSPITAL'S SERVICES. UGH WILL CONTINUE TO REFER PATIENTS TO OTHER ORGANIZATIONS THAT ADDRESS THIS ISSUE.

-ACCESS TO CARE (TRANSPORTATION, PHYSICIANS, JOB OPPORTUNITIES, AND WELLNESS): ACCESS TO WELLNESS SERVICES WILL BE ADDRESSED THROUGH THE OBESITY AND DIABETES HEALTH PRIORITY. ACCESS TO CARE RELATED TO SPECIALTY PHYSICIANS, LACK OF TRANSPORTATION, AND LACK OF JOB OPPORTUNITIES IS BEYOND THE SCOPE OF THE HOSPITAL'S SERVICES TO THE COMMUNITY. THE HOSPITAL WILL HELP IDENTIFY THESE TYPES OF SERVICES WITHIN ITS RESOURCE DIRECTORY. WELLNESS CARE IS CURRENTLY AVAILABLE IN ALL LOCAL PHYSICIAN OFFICES AS WELL AS AT MCMC OF MARION WHICH OFFERS SERVICES TO INDIGENT AND UNDERINSURED AT REDUCED RATES OR FREE THROUGH SLIDING FEE SCALES. THE HOSPITAL BELIEVES THAT RESPONDENTS TO SURVEY MAY NOT HAVE BEEN AWARE OF ALL WELLNESS SERVICES OFFERED BY CURRENT HEALTHCARE PROVIDERS OR MAY HAVE BEEN REFERRING TO A HEALTH CLUB TYPE FACILITY WHICH IS OUTSIDE THE SCOPE OF HOSPITAL SERVICES.

-JOINT AND BACK PAIN: AFTER FURTHER REVIEW OF THIS HEALTH PRIORITY, THE SOURCE OF THIS PRIORITY WAS FROM THE SELF-REPORTED SURVEY THAT ASKED ABOUT ONE'S HEALTH CHALLENGES. THE HOSPITAL WILL CONTINUE TO MONITOR THIS HEALTH CONDITION TO DETERMINE IF THIS IS A SUBSTANTIAL HEALTH ISSUE IN THE FUTURE.

Part V Facility Information (continued)

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

SCHEDULE H, PART V, SECTION B, LINE 13H

OTHER ELIGIBILITY CRITERIA FOR FINANCIAL ASSISTANCE:

ANY PATIENTS WITH MEDICAID COVERAGE THAT HAVE NON-COVERED CHARGES WILL NOT REQUIRE ANY ADDITIONAL SCREENING TO QUALIFY FOR FINANCIAL ASSISTANCE.

SCHEDULE H, PART V, SECTION B, LINE 7

COMMUNITY HEALTH NEEDS ASSESSMENT:

THE HOSPITAL'S CHNA IS AVAILABLE UPON REQUEST AND AT THE FOLLOWING WEBSITE: [HTTP://WWW.UNIONGEN.ORG/2015%20CHNA%20REPORT_UNION%20GENERAL.PDF](http://www.uniongen.org/2015%20CHNA%20REPORT_UNION%20GENERAL.PDF)

SCHEDULE H, PART V, SECTION B, LINE 10A

IMPLEMENTATION STRATEGY:

THE HOSPITAL'S IMPLEMENTATION STRATEGY IS AVAILABLE UPON REQUEST AND AT THE FOLLOWING WEBSITE: [HTTP://WWW.UNIONGEN.ORG/2015%20IMPLEMENTATION%20STRATEGY%20UNION%20GENERAL%20HOSPITAL%20FINAL.PDF](http://www.uniongen.org/2015%20IMPLEMENTATION%20STRATEGY%20UNION%20GENERAL%20HOSPITAL%20FINAL.PDF)

SCHEDULE H, PART V, SECTION B, LINE 16A, 16B & 16C

FAP DOCUMENTS AVAILABLE TO THE PUBLIC:

THE FINANCIAL ASSISTANCE POLICY, APPLICATION, AND PLAIN LANGUAGE SUMMARY ARE AVAILABLE UPON REQUEST AND AT THE FOLLOWING WEBSITE: [HTTP://UNIONGEN.ORG/PAGE44.HTML](http://uniongen.org/page44.html)

Part V Facility Information (continued)

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

SCHEDULE H, PART V, SECTION B, LINES 18, 19 & 20

ACTIONS FOR NON-PAYMENT:

NEITHER UNION GENERAL HOSPITAL, NOR THIRD PARTIES AUTHORIZED BY UGH, TAKE ANY ACTIONS UPON NON-PAYMENT FROM A PATIENT BEFORE MAKING A REASONABLE EFFORT TO DETERMINE IF THE PATIENT IS ELIGIBLE FOR THE FACILITY'S FINANCIAL ASSISTANCE POLICY.

SCHEDULE H, PART V, SECTION B

COMPLIANCE WITH 501R:

UNION GENERAL HOSPITAL IDENTIFIED A COUPLE OF AREAS WHERE IT WAS NOT YET FULLY COMPLIANT WITH THE FINAL 501R REGULATIONS. THE HOSPITAL WAS NOTIFIED THE PRIOR CHNA AND IMPLEMENTATION STRATEGY WERE NOT ON THE HOSPITAL'S WEBSITE. THE HOSPITAL HAS NOW ADDED THE PRIOR CHNA AND IMPLEMENTATION STRATEGY TO THE SAME WEBPAGE AS THE CURRENT ASSESSMENTS.

DURING THIS TIME, THE EXHIBITS MENTIONED IN THE FINANCIAL ASSISTANCE POLICY (FAP) WERE NOT INCLUDED ON THE WEBSITE. ONCE NOTIFIED OF THIS ERROR, EXHIBITS B & C WERE UPLOADED.

WHILE THE HOSPITAL DID HAVE SOME PROCEDURES IN PLACE COMPLIANT WITH 501R REGARDING EFFORTS MADE TO NOTIFY PATIENTS BEFORE INITIATING COLLECTION ACTIONS, A WRITTEN NOTICE ABOUT UPCOMING EXTRAORDINARY COLLECTION ACTIONS (ECA'S) ALONG WITH THE PLAIN LANGUAGE SUMMARY WERE NOT SENT TO PATIENTS 30 DAYS BEFORE INITIATING THE ECA. THE HOSPITAL HAS NOW SET UP A PROCESS WITHIN THE EHR SYSTEM TO SEND A LETTER WITH THE REQUIRED INFORMATION TO

Part V Facility Information (continued)

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

PROCESS AN APPLICATION, AS WELL AS THE ECA THE HOSPITAL INTENDS TO INITIATE IF REQUIRED INFORMATION IS NOT PROVIDED TO ALL SELF-PAY ACCOUNTS AS SOON AS THEY ARE PLACED IN A SELF-PAY FINANCIAL CLASS. THE SAME WORDING WILL BE IN A SEPARATE LETTER FOR ALL ACCOUNTS IN A SELF-PAY FINANCIAL CLASS AFTER 90 DAYS WITH NO PAYMENT ACTIVITY. ACCOUNTS AREN'T TURNED OVER TO AN OUTSIDE AGENCY UNTIL NO PAYMENT ACTIVITY FOR AT LEAST 125 DAYS.

UNION GENERAL PERSONNEL ARE WORKING DILIGENTLY TOWARD COMPLIANCE AND WILL CORRECT ANY ADDITIONAL FAILURES TO COMPLY AS THEY ARE IDENTIFIED. TOP MANAGEMENT WILL MONITOR THE WEBSITE QUARTERLY TO CONFIRM THE HOSPITAL CONTINUES TO STAY COMPLIANT WITH THE WIDELY PUBLICIZED REQUIREMENTS UNDER 501R.

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? _____

Name and address	Type of Facility (describe)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information.

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

SCHEDULE H, PART III, SECTION A, LINE 2

BAD DEBT EXPENSE:

WE USE AN AGING APPROACH TO RESERVE AMOUNTS FOR BAD DEBT BY FINANCIAL CLASS. WHEN AN ACCOUNT REACHES THE STATUS THAT WE'VE DETERMINED THEM TO BE UNCOLLECTIBLE, THE ACCOUNT IS WRITTEN OFF AS A BAD DEBT. ALL APPROPRIATE DISCOUNTS AND PAYMENTS ARE APPLIED TO AN ACCOUNT, WHICH REDUCES ANY BAD DEBT WRITE-OFFS FOR THAT ACCOUNT. THE AMOUNT REPORTED ON LINE 2 IS THE BAD DEBT EXPENSE REPORTED ON THE AUDITED FINANCIAL STATEMENTS.

SCHEDULE H, PART III, SECTION A, LINE 3

BAD DEBT AS A COMMUNITY BENEFIT:

THE ORGANIZATION IS UNABLE TO ESTIMATE THE AMOUNT FOR LINE 3 AND HAS ELECTED TO LEAVE IT BLANK.

SCHEDULE H, PART III, SECTION A, LINE 4

BAD DEBT FOOTNOTE:

ACCOUNTS RECEIVABLE ARE REDUCED BY AN ALLOWANCE FOR DOUBTFUL ACCOUNTS. IN

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.

EVALUATING THE COLLECTABILITY OF ACCOUNTS RECEIVABLE, THE HOSPITAL ANALYZES ITS PAST HISTORY AND IDENTIFIES TRENDS FOR EACH OF ITS MAJOR PAYER SOURCES OF REVENUE TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR DOUBTFUL ACCOUNTS AND PROVISION FOR UNCOLLECTIBLE ACCOUNTS. MANAGEMENT REGULARLY REVIEWS DATA ABOUT THESE MAJOR PAYER SOURCES OF REVENUE IN EVALUATING THE SUFFICIENCY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS.

FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY COVERAGE, THE HOSPITAL ANALYZES CONTRACTUALLY DUE AMOUNTS AND PROVIDES AN ALLOWANCE FOR DOUBTFUL ACCOUNTS AND PROVISION FOR UNCOLLECTIBLE ACCOUNTS, IF NECESSARY (FOR EXAMPLE, FOR EXPECTED UNCOLLECTIBLE DEDUCTIBLES AND COPAYMENTS ON ACCOUNTS FOR WHICH THE THIRD-PARTY PAYER HAS NOT YET PAID, OR FOR PAYERS WHO ARE KNOWN TO BE HAVING FINANCIAL DIFFICULTIES THAT MAKE THE REALIZATION OF AMOUNTS DUE UNLIKELY).

FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS (WHICH INCLUDES BOTH PATIENTS WITHOUT INSURANCE AND PATIENTS WITH DEDUCTIBLE AND COPAYMENT

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.

BALANCES DUE FOR WHICH THIRD-PARTY COVERAGE EXISTS FOR PART OF THE BILL) ,
 THE HOSPITAL RECORDS A SIGNIFICANT PROVISION FOR UNCOLLECTIBLE ACCOUNTS
 IN THE PERIOD OF SERVICE ON THE BASIS OF ITS PAST EXPERIENCE, WHICH
 INDICATES THAT MANY PATIENTS ARE UNABLE OR UNWILLING TO PAY THE PORTION
 OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE. THE DIFFERENCE
 BETWEEN THE STANDARD RATES (OR THE DISCOUNTED RATES NEGOTIATED OR
 PROVIDED BY POLICY) AND THE AMOUNTS ACTUALLY COLLECTED AFTER ALL
 REASONABLE COLLECTION HAVE BEEN EXHAUSTED IS CHARGED OFF AGAINST THE
 ALLOWANCE FOR DOUBTFUL ACCOUNTS.

THE HOSPITAL'S ALLOWANCE FOR DOUBTFUL ACCOUNTS WAS APPROXIMATELY 87% OF
 SELF-PAY PATIENTS RECEIVABLE AT JUNE 30, 2017 AND 2016. IN ADDITION, THE
 HOSPITAL'S WRITE-OFFS DECREASED APPROXIMATELY \$390,000 FROM APPROXIMATELY
 \$1,684,000 FOR THE YEAR ENDED JUNE 30, 2016, TO APPROXIMATELY \$1,294,000
 FOR THE YEAR ENDED JUNE 30, 2017. THE INCREASE IN THE WRITE-OFFS IS
 PRIMARILY THE RESULT OF NEGATIVE CHANGES IN THE AGE AND PAYER MIX OF
 ACCOUNTS RECEIVABLE AT JUNE 30, 2017 AS COMPARED TO JUNE 30, 2016.

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.

SCHEDULE H, PART III, SECTION B, LINE 8

COSTING METHODOLOGY AND MEDICARE SHORTFALL:

THE HOSPITAL USED MEDICARE COST REPORT METHODOLOGY, WHICH APPORTIONS ROUTINE COSTS BASED ON MEDICAID OR MEDICARE DAYS TO TOTAL DAYS AND APPORTIONS ANCILLARY COSTS BASED ON PROGRAM CHARGES TO TOTAL CHARGES.

IN ADDITION, THE ORGANIZATION PROVIDES CARE TO ALL PATIENTS REGARDLESS OF SOURCE OF PAYMENT; THEREFORE, COSTS TO PROVIDE CARE TO MEDICARE PATIENTS SHOULD BE CONSIDERED A COMMUNITY BENEFIT TO THE EXTENT COSTS EXCEED MEDICARE REIMBURSEMENT.

SCHEDULE H, PART III, SECTION C, LINE 9B

PROVISIONS ON COLLECTION PRACTICES:

ONCE A PATIENT IS BELIEVED TO BE INDIGENT, THEY MUST COMPLETE AN APPLICATION FOR CHARITY CARE ASSISTANCE FOR UGH TO DETERMINE THE PATIENT'S ELIGIBILITY FOR ITS CHARITY CARE PROGRAM. TO BE ELIGIBLE, A PATIENT/FAMILY'S INCOME SHALL BE COMPARED TO 200% OF THE FEDERAL POVERTY GUIDELINES. THEIR INCOME MUST BE AT OR BELOW THE CORRESPONDING AMOUNT

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.

BASED ON FAMILY SIZE. IF A PATIENT WITH MEDICAID COVERAGE HAS NON-COVERED CHARGES, NO ADDITIONAL SCREENING WILL BE REQUIRED TO QUALIFY FOR CHARITY CARE. THE HOSPITAL MAY CONSIDER OTHER FINANCIAL ASSETS AND LIABILITIES OF THE PERSON WHEN DETERMINING ELIGIBILITY.

THE SCREENING PROCESS TO DETERMINE A PATIENT'S ELIGIBILITY FOR THE HOSPITAL'S CHARITY CARE PROGRAM WILL BEGIN AS SOON AS POSSIBLE FOLLOWING ADMISSION TO UGH. ONCE A PATIENT HAS BEEN DETERMINED TO QUALIFY FOR UGH'S CHARITY CARE PROGRAM, NO ADDITIONAL COLLECTION EFFORTS WILL BE MADE ON THAT ACCOUNT.

SCHEDULE H, PART VI, LINE 2

NEEDS ASSESSMENT:

THE HOSPITAL HAS WORKED WITH OTHER COMMUNITY ORGANIZATIONS TO ASSESS THE HEALTHCARE NEEDS OF THE COMMUNITY. THE HOSPITAL HAS COMPLETED A FORMAL COMMUNITY HEALTH NEEDS ASSESSMENT WITH ASSISTANCE FROM AN OUTSIDE FIRM.

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.

SCHEDULE H, PART VI, LINE 3

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE:

ALL PATIENTS WITHOUT THIRD PARTY INSURANCE RECEIVE INFORMATION WHILE AT UGH REGARDING GOVERNMENTAL ASSISTANCE AND ARE ADVISED TO MAKE AN APPOINTMENT WITH A CERTIFIED MEDICAID ENROLLMENT CENTER TO DETERMINE THEIR ELIGIBILITY FOR MEDICAID ASSISTANCE. THOSE PATIENTS ARE INFORMED THAT THEY MAY BE ELIGIBLE FOR THE HOSPITAL'S CHARITY CARE PROGRAM. ALSO, ALL INPATIENTS WITHOUT THIRD PARTY COVERAGE ARE VISITED DURING THEIR HOSPITAL STAY AND SENT INFORMATION.

SCHEDULE H, PART VI, LINE 4

COMMUNITY INFORMATION:

UNION GENERAL IS LOCATED IN UNION PARISH, A LARGE SPRAWLING RURAL COMMUNITY MADE UP OF 905 SQUARE MILES OF ROLLING HILLS AND TALL PINE TREES. 28% OF THE POPULATION IS BELOW 200% OF THE FEDERAL POVERTY GUIDELINES. THERE IS NO PUBLIC TRANSPORTATION IN THE PARISH AND THE TOTAL PARISH POPULATION IS 22,576 (2013 ESTIMATE). UNION PARISH IS A FEDERALLY DESIGNATED MEDICALLY UNDERSERVED AREA (MUA) AND A HEALTH PROFESSIONAL

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.

SHORTAGE AREA (HPSA). MEDIAN HOUSEHOLD INCOME IS APPROXIMATELY \$35,064
(2013 ESTIMATE). THE COMMUNITY'S MORTALITY RATE IS NEARLY TWICE THE
NATIONAL RATE DUE TO THE LACK OF EDUCATION PROGRAMS, THE HIGH RATE OF
UNDIAGNOSED DISEASE, AS WELL AS POVERTY AND ISOLATION ASSOCIATED WITH THE
RURAL UNDERSERVED PARISH POPULATIONS.

SCHEDULE H, PART VI, LINE 5

PROMOTION OF COMMUNITY HEALTH:

UNION GENERAL HOSPITAL SERVES AS A MEDICAID ENROLLMENT CENTER FOR UNION
PARISH, PROVIDES FLU SHOT CLINICS TO THE COMMUNITY AND PARTICIPATES IN
HEALTH FAIRS LOCALLY. THE HOSPITAL ALSO PARTICIPATES IN CAREER FAIRS AT
LOCAL COLLEGES FOR HEALTHCARE STUDENTS, REACHING OVER 200 STUDENTS, AS
WELL AS SERVING AS A CLINICAL SITE FOR LPNS, RADIOLOGY, PHLEBOTOMY AND
NURSE PRACTITIONERS.

UGH IS INVOLVED WITH LOCAL BUSINESSES AND CHURCHES TO BRING AWARENESS AND
SCREENING TO THE PUBLIC THROUGH RELAY FOR LIFE, AHA'S GO RED CAMPAIGN,
UNITED WAY FUNDRAISER, SUSAN G KOMEN FUNDRAISER AND RACE FOR THE CURE,

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.

AND BY HOSTING AN ANNUAL BREAST CANCER AWARENESS DAY FOR THE COMMUNITY.

UGH PARTNERS WITH SUSAN G KOMEN TO PROVIDE FREE MAMMOGRAMS AND COLON SCREENING FOR THE SERVICE AREA. THE HOSPITAL PROVIDED HAND WASHING INSTRUCTION FOR ELEMENTARY SCHOOL KIDS AND FOR NURSING HOME STAFF AND RESIDENTS, AS WELL AS PROVIDED BLOOD SUGAR AND BLOOD PRESURE SCREENING FOR THE COMMUNITY. UGH PARTICIPATED IN THE TOWN OF FARMERVILLE'S TOY DRIVE FOR NEEDY CHILDREN, ALONG WITH ANTI BULLYING AND TEEN PREGNANCY PREVENTION SESSIONS AT THE HOSPITAL AND ALL THE SCHOOLS.

UGH EMPLOYEES ARE VERY INVOLVED WITH LOCAL ORGANIZATIONS, SUCH AS ALZHEIMER'S SUPPORT GROUP, COUNCIL ON AGING, NURSING HOME COUNCILS, AND OTHERS. ALL PROPERTY OWNED BY UNION GENERAL HOSPITAL IS DESIGNATED TOBACCO-FREE. UGH OPERATES UNDER A BOARD OF DIRECTORS, WHICH IS COMPRISED OF REPRESENTATIVE MEMBERS OF THE COMMUNITY. IT MAINTAINS AN OPEN MEDICAL STAFF AND OPERATES A 24/7 EMERGENCY ROOM STAFFED WITH ON-SITE PHYSICIANS.

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.

SCHEDULE H, PART VI, LINE 6

AFFILIATED HEALTH CARE SYSTEM:

N/A

SCHEDULE H, PART VI, LINE 7

STATE FILING OF COMMUNITY BENEFIT REPORT:

N/A

SCHEDULE H, PART I, LINE 7, COLUMN F

PERCENT OF TOTAL EXPENSE:

BAD DEBT EXPENSE OF \$1,026,928 WAS INCLUDED ON FORM 990, PART IX LINE 25
IN TOTAL EXPENSES. HOWEVER, THIS AMOUNT WAS EXCLUDED FOR PURPOSES OF
CALCULATING THE PERCENTAGE OF PATIENT CARE COST TO CHARGES.

SCHEDULE H, PART I, LINE 3C

FACTORS OTHER THAN FPG DETERMINING FREE OR DISCOUNTED CARE:

THE HOSPITAL USES THE FOLLOWING CRITERIA TO DETERMINE ELIGIBILITY FOR
FREE OR DISCOUNTED CARE:

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.
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- 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.

-INSURANCE STATUS

-MEDICAID COVERAGE

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

UNION GENERAL HOSPITAL

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.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Employer identification number

72-0995809

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2016

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
WILLIAM ADCOCK 1CFO	(i)	153,484.	10,000.	0.	4,557.	4,418.	172,459.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
HOLLY CORLEY, MD 2PHYSICIAN	(i)	192,753.	2,888.	0.	3,999.	3,324.	202,964.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
SHEREE HICKS 3PHARMACIST	(i)	199,830.	0.	0.	3,907.	3,343.	207,080.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

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.

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

UNION GENERAL HOSPITAL

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.

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Employer identification number

72-0995809

FORM 990, PART VI, SECTION A, LINE 3

DELEGATION OF CONTROL OVER MANAGEMENT DUTIES:

THE HOSPITAL HAS ENTERED INTO A CONTRACT FOR ADMINISTRATIVE SERVICES WITH IASIS GLENWOOD REGIONAL MEDICAL CENTER, WHICH AUTOMATICALLY RENEWS EACH YEAR. THIS CONTRACT REQUIRES THAT THE MANAGEMENT COMPANY PROVIDE PERSONNEL TO PERFORM DUTIES AS THE HOSPITAL ADMINISTRATOR. FEES PAID TO IASIS WERE \$209,292.

PER IRS GUIDANCE, NO COMPENSATION PAID BY IASIS IS SHOWN ON PART VII FOR THIS INDIVIDUAL:

EVALYN ORMOND \$209,292

FORM 990, PART VI, SECTION B, LINE 11B

PROCESS TO REVIEW THE FORM 990:

THE FORM 990 WAS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM FOLLOWING THE COMPLETION OF AN AUDIT OF FINANCIAL STATEMENTS. BOTH THE CEO AND CFO REVIEW THE RETURN, AND THE RETURN IS THEN MADE AVAILABLE TO THE FULL BOARD OF DIRECTORS FOR REVIEW PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C

PROCESS FOR MONITORING COMPLIANCE WITH CONFLICT OF INTEREST POLICY:

ALL BOARD MEMBERS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST STATEMENT ANNUALLY. ALL EMPLOYEES ARE REQUIRED TO REPORT ANY CONFLICTS OF INTEREST. IN THE EVENT OF A CONFLICT, HE OR SHE SHALL LEAVE THE MEETING

Name of the organization UNION GENERAL HOSPITAL	Employer identification number 72-0995809
--	--

DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR ARRANGEMENT THAT RESULTS IN THE CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15A & 15B

REVIEW OF CEO AND OTHER OFFICER OFFICIAL COMPENSATION:

INFORMATION WAS OBTAINED FROM THE 2016 LA SALARY SURVEY DONE BY THE GREATER NEW ORLEANS SOCIETY FOR H/R ADMIN AND PRESENTED TO THE UGH BOARD FOR REVIEW AND DISCUSSION. SALARIES FOR THESE POSITIONS WERE ADJUSTED BASED UPON RECOMMENDATION AND APPROVAL BY THE BOARD OF DIRECTORS DURING THE EXECUTIVE SESSION. DOCUMENTATION OF THE REVIEW IS KEPT IN THE EXECUTIVE SESSION'S MINUTES.

ALL OTHER EMPLOYEES (INCLUDING OTHER OFFICERS) RECEIVE MERIT INCREASES BASED ON THEIR ANNUAL EMPLOYEE EVALUATION SCORES EVERY FEBRUARY. THE CEO AND CFO SET THE MAXIMUM INCREASES FOR DEPARTMENT MANAGERS, AND MAXIMUM PERCENTAGE INCREASES FOR ALL OTHER EMPLOYEES. EACH EMPLOYEE RECEIVES A PRORATA PERCENTAGE OF THE MAXIMUM PERCENTAGE, BASED ON THEIR ACTUAL EVALUATION SCORE COMPARED TO THE MAXIMUM SCORE POSSIBLE ON THE EVALUATION. THE EVALUATIONS ARE COMPLETED BY THE EMPLOYEE'S SUPERVISOR.

FORM 990, PART VI, SECTION C, LINE 19

AVAILABILITY OF DOCUMENTS:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.

FORM 990, PART VII, SECTION A

CONTRACTED CEO POSITION:

Name of the organization UNION GENERAL HOSPITAL	Employer identification number 72-0995809
--	--

THE POSITION OF CEO IS CONTRACTED THROUGH IASIS GLENWOOD REGIONAL MEDICAL CENTER, AN UNRELATED ORGANIZATION. UNION GENERAL HOSPITAL REIMBURSES GLENWOOD FOR THE CEO'S SALARY. THIS INDIVIDUAL IS LISTED ON PART VII, SECTION A OF FORM 990, ALONG WITH THE AMOUNT OF BONUS AND BENEFITS PAID DIRECTLY BY UNION GENERAL.

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS:

NET ASSETS RELEASED FROM RESTRICTION \$(2,202,595)

FORM 990, PART I, LINE 1

(CONTINUED FROM PAGE 1)...UNION PARISH AND THE SURROUNDING AREAS.

ATTACHMENT 1

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
CORRECT CARE, INC. 111 N CAUSEWAY BLVD MANDEVILLE, LA 70471	E.R. STAFFING	1,169,559.
OMEGA DIAGNOSTICS, LLC ONE ST MARY PLACE SHREVEPORT, LA 71101	LABORATORY	1,062,909.
LEGACY REHABILITATION 1817 NORTHPOINTE LANE RUSTON, LA 71273	THERAPY SERVICES	898,844.
MEDHOST OF TENNESSEE, INC. 6550 CAROTHERS PKWY, #100 FRANKLIN, TN 37067	IT SERVICES	351,642.
LINCOLN BUILDERS OF RUSTON, INC 1809 NORTHPOINTE LN, #201 RUSTON, LA 71270	BUILDING CONTRACTOR	690,153.

Name of the organization

UNION GENERAL HOSPITAL

Employer identification number

72-0995809

ATTACHMENT 2FORM 990, PART IX - OTHER FEES

<u>DESCRIPTION</u>	(A) <u>TOTAL FEES</u>	(B) <u>PROGRAM SERVICE EXP.</u>	(C) <u>MANAGEMENT AND GENERAL</u>	(D) <u>FUNDRAISING EXPENSES</u>
PURCHASED MEDICAL SERVICES	2,748,771.	2,640,817.	107,954.	
PHYSICIAN FEES	1,152,974.	1,152,974.		
MAINTENANCE AGREEMENTS	213,714.		213,714.	
PHYSICIAN RECRUITING	9,079.		9,079.	
CONTRACT LABOR	3,176.	473.	2,703.	
OUTSIDE TESTING	265.	265.		
TOTALS	<u>4,127,979.</u>	<u>3,794,529.</u>	<u>333,450.</u>	

Application for Automatic Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**
▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number, see instructions
Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. UNION GENERAL HOSPITAL	Employer identification number (EIN) or 72-0995809
	Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 398	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. FARMERVILLE, LA 71241	

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

WILLIAM ADCOCK

• The books are in the care of ▶ 901 JAMES AVE FARMERVILLE LA 71241

Telephone No. ▶ 318 368-7096 Fax No. ▶

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 05/15, 2018, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 20__ or
- ▶ tax year beginning 07/01, 2016, and ending 06/30, 2017.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Union General Hospital, Inc.

Independent Auditor's Reports and Financial Statements

June 30, 2017 and 2016



Union General Hospital, Inc.
June 30, 2017 and 2016

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Independent Auditor's Report

Board of Directors
Union General Hospital, Inc.
Farmerville, Louisiana

Report on the Financial Statements

We have audited the accompanying financial statements of Union General Hospital, Inc. (the Hospital), which comprise the balance sheets as of June 30, 2017 and 2016, and the related statements of operations, changes in net assets and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Hospital as of June 30, 2017 and 2016, and the results of its operations, the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplementary information listed in the table of contents is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated October 30, 2017, on our consideration of the Hospital's internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Hospital's internal control over financial reporting and compliance.

BKD, LLP

Waco, Texas
October 30, 2017

Union General Hospital, Inc.

Balance Sheets

June 30, 2017 and 2016

Assets

	<u>2017</u>	<u>2016</u>
Current Assets		
Cash and cash equivalents	\$ 5,635,862	\$ 4,715,396
Short term certificate of deposit	100,000	-
Patient accounts receivable, net of allowance; 2017 – \$1,006,000, 2016 – \$1,273,000	920,223	1,048,665
Estimated amounts due from third-party payers	-	685,143
Supplies	197,290	198,474
Prepaid expenses and other	257,826	302,905
	<u>7,111,201</u>	<u>6,950,583</u>
Assets Limited As To Use		
Externally restricted by District	-	123,048
Internally designated	26,093	26,215
	<u>26,093</u>	<u>149,263</u>
Property and Equipment, At Cost		
Land and land improvements	370,760	319,941
Buildings and leasehold improvements	7,789,773	4,634,757
Equipment and software	7,547,797	7,275,274
Construction in progress	-	2,026,952
	<u>15,708,330</u>	<u>14,256,924</u>
Less accumulated depreciation and amortization	10,501,603	10,025,431
	<u>5,206,727</u>	<u>4,231,493</u>
Other Assets	<u>150,041</u>	<u>150,041</u>
Total assets	<u>\$ 12,494,062</u>	<u>\$ 11,481,380</u>

Liabilities and Net Assets

	<u>2017</u>	<u>2016</u>
Current Liabilities		
Current portion of capital lease obligation	\$ 25,535	\$ 25,089
Accounts payable	283,966	602,960
Accrued expenses	528,457	717,348
Estimated amounts due to third-party payers	13,934	155,697
Estimated self-insurance costs	<u>40,750</u>	<u>70,152</u>
Total current liabilities	892,642	1,571,246
Capital Lease Obligation, net of current portion	19,883	48,882
Total liabilities	<u>912,525</u>	<u>1,620,128</u>
Net Assets		
Unrestricted	11,449,872	7,526,992
Temporarily restricted	<u>131,665</u>	<u>2,334,260</u>
Total net assets	<u>11,581,537</u>	<u>9,861,252</u>
Total liabilities and net assets	<u>\$ 12,494,062</u>	<u>\$ 11,481,380</u>

Union General Hospital, Inc.
Statements of Operations and Changes in Net Assets
Years Ended June 30, 2017 and 2016

	2017	2016
Unrestricted Revenues, Gains and Other Support		
Patient service revenue (net of contractual discounts and allowances)	\$ 14,326,864	\$ 13,473,805
Provision for uncollectible accounts	(1,026,928)	(1,575,611)
Net patient service revenue less provision for uncollectible accounts	13,299,936	11,898,194
Other revenue	347,756	256,581
Total unrestricted revenues, gains and other support	13,647,692	12,154,775
Expenses and Losses		
Salaries and wages	5,190,150	5,056,184
Employee benefits	786,557	821,993
Purchased services and professional fees	4,124,771	3,966,570
Supplies	1,061,173	1,056,756
Other expenses	1,521,136	1,491,289
Depreciation and amortization	501,175	952,043
Interest	521	1,200
Total expenses and losses	13,185,483	13,346,035
Operating Income (Loss)	462,209	(1,191,260)
Other Income		
Contributions received	310,518	274,586
Investment income	15,571	16,900
Total other income	326,089	291,486
Excess (Deficiency) of Revenues Over Expenses	788,298	(899,774)
Contributions of or for acquisition of property and equipment	931,987	146,755
Net assets released from restriction related to property and equipment	2,202,595	52,595
Increase (Decrease) in Unrestricted Net Assets	\$ 3,922,880	\$ (700,424)

Union General Hospital, Inc.
Statements of Operations and Changes in Net Assets (Continued)
Years Ended June 30, 2017 and 2016

	<u>2017</u>	<u>2016</u>
Unrestricted Net Assets		
Excess (deficiency) of revenues over expenses	\$ 788,298	\$ (899,774)
Contributions of or for acquisition of property and equipment	931,987	146,755
Net assets released from restriction related to property and equipment	<u>2,202,595</u>	<u>52,595</u>
Increase (decrease) in unrestricted net assets	<u>3,922,880</u>	<u>(700,424)</u>
Temporarily Restricted Net Assets		
Contributions received	-	1,150,000
Net assets released from restriction	<u>(2,202,595)</u>	<u>(52,595)</u>
Increase (decrease) in temporarily restricted net assets	<u>(2,202,595)</u>	<u>1,097,405</u>
Change in Net Assets	1,720,285	396,981
Net Assets, Beginning of Year	<u>9,861,252</u>	<u>9,464,271</u>
Net Assets, End of Year	<u>\$ 11,581,537</u>	<u>\$ 9,861,252</u>

Union General Hospital, Inc.
Statements of Cash Flows
Years Ended June 30, 2017 and 2016

	<u>2017</u>	<u>2016</u>
Operating Activities		
Change in net assets	\$ 1,720,285	\$ 396,981
Items not requiring (providing) operating cash flow		
Loss on sale of property and equipment	-	10,871
Depreciation and amortization	501,175	952,043
Restricted contributions received	-	(1,150,000)
Contributions of or for acquisition of property and equipment	(931,987)	(146,755)
Accrued self-insurance costs	(29,402)	44,402
Provision for uncollectible accounts	1,026,928	1,575,611
Changes in		
Patient accounts receivable, net	(898,486)	(1,285,541)
Estimated amounts due from and to third-party payers	543,380	(566,985)
Accounts payable and accrued expenses	(199,684)	219,313
Supplies	1,184	(1,825)
Other current assets and liabilities	45,079	(74,704)
	<u>1,778,472</u>	<u>(26,589)</u>
Investing Activities		
Change in assets limited as to use	122	83
Purchase of certificate of deposit	(100,000)	-
Purchase of property and equipment	(1,784,610)	(1,830,909)
	<u>(1,884,488)</u>	<u>(1,830,826)</u>
Financing Activities		
Proceeds from contributions for acquisition of property and equipment	1,055,035	2,173,707
Principal payments on capital lease obligation	(28,553)	(23,984)
	<u>1,026,482</u>	<u>2,149,723</u>
Increase in Cash and Cash Equivalents	920,466	292,308
Cash and Cash Equivalents, Beginning of Year	<u>4,715,396</u>	<u>4,423,088</u>
Cash and Cash Equivalents, End of Year	<u>\$ 5,635,862</u>	<u>\$ 4,715,396</u>
Supplemental Cash Flows Information		
Interest paid	\$ 521	\$ 1,200
Property and equipment in accounts payable	\$ -	\$ 308,201

Union General Hospital, Inc.
Notes to Financial Statements
June 30, 2017 and 2016

Note 1: Nature of Operations and Summary of Significant Accounting Policies

Nature of Operations

Union General Hospital, Inc. (the Hospital) is a not-for-profit, critical access hospital (CAH), located in Farmerville, Louisiana. The Hospital provides inpatient, outpatient and emergency care services for the residents of Farmerville, Louisiana, and the surrounding area. Admitting physicians are primarily practitioners in the local area.

On November 22, 1983, the Hospital leased the hospital facilities from East Union Parish Hospital Service District (the District). The hospital facilities were originally constructed by the District, which issued ad valorem tax bonds to finance its construction. The Hospital's financial obligation under the lease is to maintain the leased premises in good repair and replace equipment as needed. The lease was amended and restated effective September 8, 2010, and the term extended through March 31, 2019. The agreement will renew for an additional 10-year period upon mutual agreement of the Hospital and District. Under the current lease agreement, there are no minimum lease payments.

The net book value of the District's facility was recorded on the Hospital's financial statements in the initial year of the agreement and the remaining net book value is reported as temporarily restricted net assets. Annual amortization related to the District's assets is reported as assets released from restrictions in the accompanying statements of operations and changes in net assets.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Cash Equivalents

The Hospital considers all liquid investments with original maturities of three months or less to be cash equivalents. At June 30, 2017 and 2016, cash equivalents consisted primarily of a repurchase agreement with a bank and money market accounts with brokers.

At June 30, 2017, the Hospital's cash accounts exceeded federally insured limits by approximately \$568,000, however, collateral was held for these funds by a pledging financial institution.

Certain cash balances are routinely invested in overnight repurchase agreements that are not covered by FDIC insurance programs. The repurchase agreements are collateralized by securities held by the Hospital's financial institution in the Hospital's name.

Union General Hospital, Inc.
Notes to Financial Statements
June 30, 2017 and 2016

Assets Limited As To Use

Assets limited as to use include (1) assets restricted by the District for the construction and renovation of a new emergency room and (2) assets set aside by the board of directors (the Board) for future capital improvements and payment of employee sick leave over which the Board retains control and may at its discretion subsequently use for other purposes. At June 30, 2017 and 2016, respectively, assets limited as to use were comprised of cash and totaled \$26,093 and \$149,263. Amounts required to meet current liabilities of the Hospital are included in current assets.

Patient Accounts Receivable

Accounts receivable are reduced by an allowance for doubtful accounts. In evaluating the collectability of accounts receivable, the Hospital analyzes its past history and identifies trends for each of its major payer sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for uncollectible accounts. Management regularly reviews data about these major payer sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts.

For receivables associated with services provided to patients who have third-party coverage, the Hospital analyzes contractually due amounts and provides an allowance for doubtful accounts and a provision for uncollectible accounts, if necessary (for example, for expected uncollectible deductibles and copayments on accounts for which the third-party payer has not yet paid, or for payers who are known to be having financial difficulties that make the realization of amounts due unlikely).

For receivables associated with self-pay patients (which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), the Hospital records a significant provision for uncollectible accounts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible. The difference between the standard rates (or the discounted rates if negotiated or provided by policy) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts.

The Hospital's allowance for doubtful accounts was approximately 87% of self-pay patients receivable at June 30, 2017 and 2016. In addition, the Hospital's write-offs decreased approximately \$390,000 from approximately \$1,684,000 for the year ended June 30, 2016, to approximately \$1,294,000 for the year ended June 30, 2017. The decrease in the write-offs is primarily the result of positive changes in the age and payer mix of accounts receivable at June 30, 2017 as compared to June 30, 2016.

Supplies

The Hospital states supply inventories at the lower of cost, determined using the first-in, first-out method, or market.

Union General Hospital, Inc.
Notes to Financial Statements
June 30, 2017 and 2016

Property and Equipment

Property and equipment acquisitions are recorded at cost and are depreciated using the straight-line method over the estimated useful life of each asset. Assets under capital lease obligations and leasehold improvements are amortized over the shorter of the lease term or their respective estimated useful lives.

The estimated useful lives for each major depreciable classification of property and equipment are as follows:

Buildings and improvements	5 – 20 years
Land improvements	5 – 20 years
Equipment and software	3 – 20 years

Donations of property and equipment are reported at fair value as an increase in unrestricted net assets unless use of the assets is restricted by the donor. Monetary gifts that must be used to acquire property and equipment are reported as restricted support. The expiration of such restrictions is reported as an increase in unrestricted net assets when the donated asset is placed in service.

Long-lived Asset Impairment

The Hospital evaluates the recoverability of the carrying value of long-lived assets whenever events or circumstances indicate the carrying amount may not be recoverable. If a long-lived asset is tested for recoverability and the undiscounted estimated future cash flows expected to result from the use and eventual disposition of the asset is less than the carrying amount of the asset, the asset cost is adjusted to fair value and an impairment loss is recognized as the amount by which the carrying amount of a long-lived asset exceeds its fair value. No asset impairment was recognized during the years ended June 30, 2017 and 2016.

Temporarily Restricted Net Assets

Temporarily restricted net assets are those whose use by the Hospital has been limited by the District to a specific time period or purpose (see *Note 4*).

Net Patient Service Revenue

The Hospital has agreements with third-party payers that provide for payments to the Hospital at amounts different from its established rates. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payers and others for services rendered and includes estimated retroactive revenue adjustments. Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered and such estimated amounts are revised in future periods as adjustments become known.

Union General Hospital, Inc.
Notes to Financial Statements
June 30, 2017 and 2016

Charity Care

The Hospital provides care without charge or at amounts less than its established rates to patients meeting certain criteria under its charity care policy. Because the Hospital does not pursue collection of amounts determined to qualify as charity care, these amounts are not reported as net patient service revenue.

Contributions

Unconditional gifts expected to be collected within one-year are reported at their net realizable value. Unconditional gifts expected to be collected in future years are initially reported at fair value determined using the discounted present value of estimated future cash flows technique. The resulting discount is amortized using the level-yield method and is reported as contribution revenue.

Gifts received with donor stipulations are reported as either temporarily or permanently restricted support. When a donor restriction expires, that is, when a time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified and reported as an increase in unrestricted net assets. Donor-restricted contributions whose restrictions are met within the same year as received are reported as unrestricted contributions. Conditional contributions are reported as liabilities until the condition is eliminated or the contributed assets are returned to the donor.

Professional Liability Claims

The Hospital recognizes an accrual for claim liabilities based on estimated ultimate losses and costs associated with settling claims and a receivable to reflect the estimated insurance recoveries, if any.

The Hospital participates in the Louisiana Patients' Compensation Fund established by the state of Louisiana to provide medical professional liability coverage to healthcare providers. The fund provides \$400,000 in coverage per occurrence above the first \$100,000 per occurrence. The first \$100,000 is covered by the Louisiana Hospital Association Malpractice and General Liability Trust. There is not a limitation placed on the number of occurrences covered.

Workers' Compensation

The Hospital participates in the Louisiana Hospital Association's Self-Insurance Workmen's Compensation Trust Fund. Should the fund's assets not be adequate to cover claims made against it, the Hospital may be assessed its pro rata share of the resulting deficit. It is not possible to estimate the amount of assessments, if any, under this program. The portion of the fund that is refundable to the Hospital is included in other assets.

Income Taxes

The Hospital has been recognized as exempt from income taxes under Section 501 of the Internal Revenue Code and a similar provision of state law. However, the Hospital is subject to federal income tax on any unrelated business taxable income.

Union General Hospital, Inc.
Notes to Financial Statements
June 30, 2017 and 2016

The Hospital files tax returns in the U.S. federal jurisdiction.

Excess (Deficiency) of Revenues Over Expenses

The statements of operations include excess (deficiency) of revenues over expenses. Changes in unrestricted net assets which are excluded from excess (deficiency) of revenues over expenses, consistent with industry practice, include unrealized gains and losses on investments other than trading securities, the change in fair value of an interest rate swap agreement, permanent transfers to and from affiliates for other than goods and services and contributions of long-lived assets (including assets acquired using contributions which by donor restriction were to be used for the purpose of acquiring such assets).

Self Insurance

The Hospital has elected to self-insure certain costs related to employee health programs. Costs resulting from noninsured losses are charged to income when incurred. The Hospital has purchased insurance that limits its exposure for individual claims and that limits its aggregate exposure to \$50,000 per covered person.

Electronic Health Records Incentive Program

The Electronic Health Records Incentive Program, enacted as part of the *American Recovery and Reinvestment Act of 2009*, provides for one-time incentive payments under both the Medicare and Medicaid programs to eligible hospitals that demonstrate meaningful use of certified electronic health records technology (EHR). Critical access hospitals (CAHs) are eligible to receive incentive payments in the cost reporting period beginning in the federal fiscal year in which meaningful use criteria have been met. The Medicare incentive payment is for qualifying costs of the purchase of certified EHR technology multiplied by the Hospital's Medicare share fraction, which includes a 20% incentive. This payment is an acceleration of amounts that would have been received in future periods based on reimbursable costs incurred, including depreciation. If meaningful use criteria are not met in future periods, the Hospital is subject to penalties that would reduce future payments for services. Payments under the Medicaid program are generally made for up to four years based upon a statutory formula, as determined by the state, which is approved by the Centers for Medicare and Medicaid Services. The final amount for any payment year under both programs is determined based upon an audit by the fiscal intermediary. Events could occur that would cause the final amounts to differ materially from the initial payments under the program.

The Hospital has recognized the incentive payment revenue received for qualified EHR technology expenditures during 2017, which was the period during which management was reasonably assured meaningful use was achieved and the earnings process was complete. Management believes the incentive payments reflect a change in how "allowable costs" are determined in paying CAHs for providing services to Medicare beneficiaries. For the year ended June 30, 2017, the Hospital recognized revenue from the Medicare program of approximately \$349,000, which is included in net patient service revenue in the statement of operations and changes in net assets. For the year ended June 30, 2017, the Hospital recognized revenue from the Medicaid program of approximately \$85,000, which is included in other operating revenue in the statement of operations

Union General Hospital, Inc.
Notes to Financial Statements
June 30, 2017 and 2016

and changes in net assets. No amounts of EHR revenue were recognized during the year ended June 30, 2016.

Subsequent Events

Subsequent events have been evaluated through, October 30, 2017, which is the date the financial statements were available to be issued.

Note 2: Net Patient Service Revenue

The Hospital recognizes patient service revenue associated with services provided to patients who have third-party payer coverage on the basis of contractual rates for the services rendered. For uninsured patients that do not qualify for charity care, the Hospital recognizes revenue on the basis of its standard rates for services provided. On the basis of historical experience, a significant portion of the Hospital's uninsured patients will be unable or unwilling to pay for the services provided. Thus, the Hospital records a significant provision for uncollectible accounts related to uninsured patients in the period the services are provided. This provision for uncollectible accounts is presented on the statement of operations as a component of net patient service revenue.

The Hospital has agreements with third-party payers that provide for payments to the Hospital at amounts different from its established rates. These payment arrangements include:

Medicare. The Hospital is certified as a CAH by Medicare. As a CAH, the Hospital is reimbursed for substantially all inpatient and outpatient services to Medicare beneficiaries based on reasonable costs. Additionally, as a CAH, the Hospital's licensed beds are limited to 25 and the Hospital's acute average length of stay may not exceed 96 hours. The Hospital is reimbursed for substantially all services at tentative rates with final settlement determined after submission of annual cost reports by the Hospital and audits thereof by the Medicare administrative contractor. The Hospital's Medicare cost reports have been audited through June 30, 2015.

Medicaid. Inpatient and outpatient services rendered to Medicaid program beneficiaries are reimbursed under a cost reimbursement methodology. The Hospital is reimbursed for cost reimbursable services at tentative rates with final settlement determined after submission of annual cost reports by the Hospital and audits thereof by the Medicaid administrative contractor.

The Hospital has also entered into payment agreements with certain commercial insurance carriers, health maintenance organizations and preferred provider organizations. The basis for payment to the Hospital under these agreements includes prospectively determined rates per discharge, discounts from established charges and prospectively determined daily rates.

Union General Hospital, Inc.
Notes to Financial Statements
June 30, 2017 and 2016

Patient service revenue, net of contractual allowances and discounts (but before the provision for uncollectible accounts), recognized in the years ended June 30, 2017 and 2016, respectively, was approximately:

	<u>2017</u>	<u>2016</u>
Medicare	\$ 6,680,879	\$ 6,420,191
Medicaid	4,544,741	3,149,675
Other third-party payers	2,223,239	2,420,109
Self-pay	<u>878,005</u>	<u>1,483,830</u>
Totals	<u>\$ 14,326,864</u>	<u>\$ 13,473,805</u>

Additionally, the Hospital participates in the Medicaid Disproportionate Share program and received net payments of \$1,096,028 and \$928,745, during the years ended June 30, 2017 and 2016, respectively, which is included in net patient service revenue. The amounts the Hospital may expect to receive from this program during the upcoming fiscal year have not been determined.

Note 3: Concentration of Credit Risk

The Hospital grants credit without collateral to its patients, most of whom are area residents and are insured under third-party payer agreements. The mix of net receivables from patients and third-party payers at June 30, 2017 and 2016, is:

	<u>2017</u>	<u>2016</u>
Medicare	42%	28%
Medicaid	26%	21%
Other third-party payers	21%	38%
Patients	<u>11%</u>	<u>13%</u>
Totals	<u>100%</u>	<u>100%</u>

Note 4: Temporarily Restricted Net Assets

Temporarily restricted net assets are available for the following purpose:

	<u>2017</u>	<u>2016</u>
Property and equipment to be used in provision of health care services	<u>\$ 131,665</u>	<u>\$ 2,334,260</u>

During 2017 and 2016, net assets of \$2,202,595 and \$52,595, respectively, were released to purchase property and equipment.

Union General Hospital, Inc.
Notes to Financial Statements
June 30, 2017 and 2016

Note 5: Functional Expenses

The Hospital provides health care services primarily to residents within its geographic area. Expenses related to providing these services are as follows:

	<u>2017</u>	<u>2016</u>
Health care services	\$ 9,361,693	\$ 9,609,145
General and administrative	<u>3,823,790</u>	<u>3,736,890</u>
	<u>\$ 13,185,483</u>	<u>\$ 13,346,035</u>

Note 6: Pension Plan

The Hospital has a defined contribution pension plan covering substantially all employees. The Board annually determines the amount, if any, of the Hospital's contributions to the plan. Pension expense was \$52,079 and \$53,891 for 2017 and 2016, respectively.

Note 7: Capital Lease Obligation

The capital lease obligation of \$45,418 and \$73,971 at June 30, 2017 and 2016, respectively, requires monthly payments of \$2,177, including imputed interest at 1.78%, through March 2019. The leased equipment has a net book value of \$47,868 and \$73,977, net of accumulated amortization of \$82,680 and \$56,571, at June 30, 2017 and 2016, respectively.

Aggregate annual payments on the capital lease obligation at June 30, 2017 are:

2018	\$ 26,122
2019	<u>20,026</u>
	46,148
Less amount representing interest	<u>730</u>
Present value of future minimum lease payments	45,418
Less current maturities	<u>25,535</u>
Noncurrent portion	<u>\$ 19,883</u>

Note 8: Line of Credit

In June 2014, the Hospital obtained an unsecured \$600,250 revolving line of credit that expired on June 27, 2017 and was not renewed. At June 30, 2016, no amounts had been borrowed against this line. Interest varied with the bank's prime rate, which was 4% on June 30, 2016, and was payable monthly.

Union General Hospital, Inc.
Notes to Financial Statements
June 30, 2017 and 2016

Note 9: Related Party Transactions

From time to time, the Hospital conducts business with organizations that are affiliated with Board members. This is often a result of a limited number of vendors in smaller communities. During 2017 and 2016, the Hospital maintained funds at Origin Bank (formerly Community Trust Bank) where a Hospital Board member serves on the board of directors. At June 30, 2017 and 2016, approximately \$4,863,000 and \$4,208,000, respectively, of the Hospital's cash balances was held at Origin Bank. Additionally, the Hospital's line of credit (*Note 8*) was maintained with Origin Bank, prior to expiring in June 2017.

Note 10: Transactions with the District

In March 2008, the voters of the District approved the authorization of a ten-year, \$5.56 million property tax levy on all taxable property located within the District. The tax can be used for constructing, maintaining, improving, equipping and operating the Hospital facilities. The District board of directors determines how the tax proceeds will be spent. At the District's election, the Hospital may receive a portion of the tax proceeds from the District as a contribution. During the years ended June 30, 2017 and 2016, the Hospital received \$1,115,391 and \$1,539,754, respectively, from the District, and is included in contributions received in the statements of operations and changes in net assets. These amounts include \$633,000 and \$1,150,000 of contributions received from the District during the years ended June 30, 2017 and 2016, respectively, to assist in remodeling the Hospital's emergency room. The project began in 2015 and was completed in 2017.

The net book value of the property and equipment being leased from the District (*Note 1*) is \$131,668 and \$184,263 at June 30, 2017 and 2016, respectively. These assets are being amortized over the life of the lease and will revert back to the District at the end of the lease.

Note 11: Significant Estimates and Concentrations

Accounting principles generally accepted in the United States of America require disclosure of certain significant estimates and current vulnerabilities due to certain concentrations. Those matters include the following:

Allowance for Net Patient Service Revenue Adjustments

Estimates of allowances for adjustments included in net patient service revenue are described in *Notes 1* and *2*.

Medical Malpractice Claims

Estimates related to the accrual for medical malpractice claims are described in *Note 1*.

Union General Hospital, Inc.
Notes to Financial Statements
June 30, 2017 and 2016

Admitting Physicians

The Hospital is served by three admitting physicians whose patients comprise approximately 47% of the Hospital's net patient service revenue for the year ended June 30, 2017.

Litigation

In the normal course of business, the Hospital is, from time to time, subject to allegations that may or do result in litigation. Some of these allegations are in areas not covered by the Hospital's commercial insurance; for example, allegations regarding employment practices or performance of contracts. The Hospital evaluates such allegations by conducting investigations to determine the validity of each potential claim. Based upon the advice of counsel, management records an estimate of the amount of ultimate expected loss, if any, for each of these matters. Events could occur that would cause the estimate of ultimate loss to differ materially in the near term.

Management Agreements

The Hospital has entered into a contract for administrative services with IASIS Glenwood Regional Medical Center, which automatically renews each year. This contract requires that the management company provide personnel to perform duties as the Hospital administrator. For both years ended June 30, 2017 and 2016, the Hospital incurred approximately \$194,000 of expenses under the contract, which are included in purchased services and professional fees in the statements of operations and changes in net assets.

Supplementary Information

Union General Hospital, Inc.
Schedule of Compensation, Benefits and Other Payments to
Chief Executive Officer
Year Ended June 30, 2017

Name of Hospital Chief Executive Officer: Evalyn Ormond

Purpose	Amount
Salary	\$ 180,792
Benefits - insurance	548
Benefits - retirement and other	27,008
Reimbursements	2,054
Conference travel	13,887
Unvouchered expenses*	<u>3,200</u>
	<u>\$ 227,489</u>

*An example of an unvouchered expense would be a travel advance.

Independent Auditor's Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of the Financial Statements Performed in Accordance with *Government Auditing Standards*

Board of Directors
Union General Hospital, Inc.
Farmerville, Louisiana

We have audited, in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States, the financial statements of Union General Hospital, Inc. (the Hospital), which comprise the balance sheet as of June 30, 2017, and the related statements of operations and changes in net assets and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated October 30, 2017.

Internal Control Over Financial Reporting

Management of the Hospital is responsible for establishing and maintaining effective internal control over financial reporting (internal control). In planning and performing our audit, we considered the Hospital's internal control to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Hospital's internal control. Accordingly, we do not express an opinion on the effectiveness of the Hospital's internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent or detect and correct misstatements on a timely basis. A material weakness is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the Hospital's financial statements will not be prevented or detected and corrected on a timely basis. A significant deficiency is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies and therefore, material weaknesses or significant deficiencies may exist that were not identified. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. We identified certain deficiencies in internal control described in the accompanying schedule of findings and responses as item 2017-001 that we consider to be a significant deficiency in internal control.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Hospital's financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit and, accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Hospital's Response to Findings

The Hospital's response to the findings in our audit are described in the accompanying schedule of findings and responses. The Hospital's response was not subjected to the auditing procedures applied in the audit of the financial statements and, accordingly, we express no opinion on it.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Hospital's internal control on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Hospital's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

BKD, LLP

Waco, Texas
October 30, 2017

Union General Hospital, Inc.
Schedule of Findings and Responses
Year Ended June 30, 2017

Reference Number	Finding
2017-001	<p>Segregation of Duties</p> <p>Criteria – Personnel functions that have the ability to conceal and perpetrate fraud should be segregated.</p> <p>Condition – The Hospital has a lack of segregation of duties regarding bank reconciliations, payment processing and payroll processing.</p> <p>Context – The personnel that reconciles the bank account also makes journal entries and processes payments; the business office manager has the ability to take payments, post adjustments and write-off accounts; the payroll personnel has the ability to create a new employee within the system and generate payroll direct deposits.</p> <p>Effect – The ability to conceal and perpetrate fraud.</p> <p>Cause – The Hospital operates a smaller/medium sized facility and has limited personnel.</p> <p>Recommendation – The Hospital should segregate incompatible duties to improve its internal controls related to cash receipts, cash payments and payroll. Specifically, individuals that can add employees to the payroll system should not also have the ability to generate or have access to payroll payments. Additionally, personnel with access to patient payments should not also have the ability to authorize or approve adjustments to patient accounts.</p> <p>Views of responsible officials and planned corrective actions – We understand the importance of the Segregation of Duties as it relates to maintaining internal control. As mentioned, the Hospital does have limited personnel in certain areas that creates a lack of Segregation of Duties, but we believe that we have sufficient checks and balances in place in those areas to adequately minimize any risks.</p>

Union General Hospital, Inc.
Summary Schedule of Prior Audit Findings
Year Ended June 30, 2016

Reference Number	Summary of Finding	Status
2016-001	Segregation of Duties	Unresolved. See finding 2017-001
2016-002	Reconciliation of Account Balances	Resolved.