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Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1

Briefly describe the organization's mission

TO PROVIDE HIGH QUALITY HEALTHCARE TO THE BATON ROUGE AREA, REGARDLESS OF PATIENT RACE, CREED, SEX, NATIONAL ORIGIN, AGE, OR ABILITY TO PAY AND TO PROMOTE THE OVERALL HEALTH OF THE COMMUNITY VIA WELLNESS PROGRAMS AND MEDICAL EDUCATION ACTIVITIES

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

No

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

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

No

If "Yes," describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 214,253,760 including grants of \$ ) (Revenue \$ 202,929,301 )

BATON ROUGE GENERAL (BRG) PROVIDES QUALITY HEALTHCARE REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, AGE, OR ABILITY TO PAY ALTHOUGH REIMBURSEMENT FOR SERVICES IS CRITICAL TO THE OPERATIONS AND STABILITY OF BRG, IT IS RECOGNIZED THAT NOT ALL INDIVIDUALS HAVE THE ABILITY TO PAY FOR ESSENTIAL MEDICAL SERVICES IN KEEPING WITH BRG'S COMMITMENT TO SERVING THE COMMUNITY, BRG PROVIDED \$25,980,023 OF FREE AND/OR SUBSIDIZED CARE, \$240,560,991 OF CARE PROVIDED TO PERSONS COVERED BY GOVERNMENTAL PROGRAMS AT BELOW COST AS WELL AS HEALTH ACTIVITIES AND EDUCATIONAL PROGRAMS DURING FY 2011, BRG RECORDED 19,314 ADMITS, 102,171 PATIENT DAYS, 92,028 EMERGENCY ROOM VISITS, DISPENSED 4,000,000 PHARMACY UNIT DOSES AND 9,667 INPATIENT/OUTPATIENT SURGERIES

4b

(Code ) (Expenses \$ 23,051,606 including grants of \$ ) (Revenue \$ 48,824,421 )

BRG OFFERS A FULL RANGE OF INPATIENT AND OUTPATIENT SURGICAL SERVICES TO THE GREATER BATON ROUGE AREA INCLUDING, BUT NOT LIMITED TO, GENERAL, ORTHOPEDIC, CARDIOVASCULAR, AND NEUROSURGERIES BRG IS HOME TO THE AREA'S FINEST GENERAL AND ORTHOPEDIC SPECIALISTS AND OFFERS THE LATEST TECHNOLOGY AND SUPPORT STAFF IN THE AREA BRG COMPLETED 9,667 SURGERIES DURING THE FISCAL YEAR

4c

(Code ) (Expenses \$ 21,246,142 including grants of \$ ) (Revenue \$ 47,270,284 )

THE BRG INPATIENT PHARMACIES PROVIDE OUR PATIENTS WITH THE MOST CURRENT AND EFFECTIVE PHARMACEUTICALS ON THE MARKET PHARMACY IS AN INTEGRAL PART OF PATIENT THERAPY AND RECOVERY DURING THE YEAR, THE INPATIENT/OUTPATIENT PHARMACIES DISPENSED 4,000,000 UNIT DOSES

4d

Other program services (Describe in Schedule O )

(Expenses \$ including grants of \$ ) (Revenue \$ )




















4e

Total program service expenses

\$ 258,551,508

Form 990 (2010)

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4	Yes
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 	5	No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a	Yes
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. 	11b	No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 	11c	No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. 	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	11e	Yes
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. 	11f	Yes
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12a	Yes
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 	12b	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV . . . . .	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV . . . . .	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV . . . . .	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .	18	No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .	19	No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H . . . . . 	20a	Yes
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	Yes

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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> . . . . .	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25</i> . . . . .	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		No
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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> . . . . .	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b	Yes	
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> . . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29		No
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> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
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> . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? . . . . .	35	Yes	
a	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> . . . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

<b>Part V</b> <b>Statements Regarding Other IRS Filings and Tax Compliance</b>			
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>			
		<b>Yes</b>	<b>No</b>
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	<b>1a</b>	105
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	<b>1b</b>	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	Yes
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	<b>2a</b>	0
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	No
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	<b>3b</b>	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>	No
<b>b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	No
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	<b>6a</b>	No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>	No
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	No
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	No
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>8</b>	
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b>	Did the organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10 Section 501(c)(7) organizations.</b> Enter			
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12.	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	<b>10b</b>	
<b>11 Section 501(c)(12) organizations.</b> Enter			
<b>a</b>	Gross income from members or shareholders.	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<b>12b</b>	
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand.	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	<b>14b</b>	

Part VI

Governance, Management, and Disclosure

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. GLENN SMITH CPA 8490 PICARDY AVE 300B BATON ROUGE, LA 70809 (225) 237-1547





## Part VII

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization	50
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<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .
<b>4</b>	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> . . . . .
<b>5</b>	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> . . . . .

## **Section B. Independent Contractors**

<b>1</b> Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization		
<b>(A)</b> Name and business address	<b>(B)</b> Description of services	<b>(C)</b> Compensation
GENERAL HEALTH SYSTEMS 8490 PICARDY AVE BATON ROUGE, LA 70809	MANAGEMENT & GOVERNANCE	50,640,438
LSUHSC 433 BOLIVAR ST NEW ORLEANS, LA 70112	MEDICAL SERVICES	2,363,849
CARDIOVASCULAR MGT GROUP 5231 BRITTANY DR BATON ROUGE, LA 70808	MEDICAL SERVICES	1,191,667
DOC'S LAUNDRY & LINEN SERVICE 1855 NORTH BLVD BATON ROUGE, LA 70802	LAUNDRY & LINEN SERVICE	1,179,865
BIOMEDICAL APPLICATIONS OF LA PO BOX 62760 BATON ROUGE, LA 70162	MEDICAL SERVICES	907,933
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization <b>138</b>		

Part VIII

Statement of Revenue

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections  512, 513, or 514			
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a								
	b	Membership dues . . . . .	1b								
	c	Fundraising events . . . . .	1c								
	d	Related organizations . . . . .	1d	918,407							
	e	Government grants (contributions)	1e	75,466							
	f	All other contributions, gifts, grants, and similar amounts not included above	1f								
	g	Noncash contributions included in lines 1a-1f \$									
	h	Total. Add lines 1a-1f . . . . .		993,873							
	Program Service Revenue	2a	NET PATIENT REVENUES			621990	299,024,006	299,024,006			
b											
c											
d											
e											
f		All other program service revenue									
g		Total. Add lines 2a–2f . . . . .				299,024,006					
Other Revenue		3	Investment income (including dividends, interest and other similar amounts) . . . . .				1,364,323			1,364,323	
		4	Income from investment of tax-exempt bond proceeds . . .								
	5	Royalties . . . . .									
	6a	Gross Rents	(i) Real	(ii) Personal							
			2,261,423								
		b Less rental expenses									
		c Rental income or (loss)	2,261,423								
	d	Net rental income or (loss) . . . . .				2,261,423	2,261,423				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other							
			1,467,884	464,500							
		b Less cost or other basis and sales expenses	1,485,445	257,963							
		c Gain or (loss)	-17,561	206,537							
	d	Net gain or (loss) . . . . .				188,976	-17,561		206,537		
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .									
		a									
		b Less direct expenses . . . . .	b								
c	Net income or (loss) from fundraising events . . .										
9a	Gross income from gaming activities See Part IV, line 19 . . .										
	a										
	b Less direct expenses . . . . .	b									
c	Net income or (loss) from gaming activities . . .										
10a	Gross sales of inventory, less returns and allowances . . . . .										
	a										
	b Less cost of goods sold . . . . .	b									
c	Net income or (loss) from sales of inventory . . .										
Miscellaneous Revenue				Business Code	2,646,378			2,646,378			
11a	CAFETERIA REVENUE			722210							
b	SALES TAX REFUNDS			900099					841,270		841,270
c	PURCHASE REBATES			900099					802,258		802,258
d	All other revenue . . . . .								2,754,793		2,754,793
e	Total. Add lines 11a–11d . . . . .				7,044,699						
12	Total revenue. See Instructions . . . . .				310,877,300	301,267,868	0	8,615,559			

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U S See Part IV, line 21	1,311,134	1,311,134		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	3,500	3,500		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees . . . . .				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
7	Other salaries and wages	98,419,527	98,099,139	320,388	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .				
9	Other employee benefits . . . . .	9,751,011	9,669,639	81,372	
10	Payroll taxes . . . . .	7,616,443	7,610,679	5,764	
a	Fees for services (non-employees)				
	Management . . . . .	50,640,438		50,640,438	
b	Legal . . . . .				
c	Accounting . . . . .				
d	Lobbying . . . . .	60,000		60,000	
e	Professional fundraising services See Part IV, line 17 . . . . .				
f	Investment management fees . . . . .				
g	Other . . . . .	24,750,932	24,738,997	11,935	
12	Advertising and promotion . . . . .	1,287,407	1,279,368	8,039	
13	Office expenses . . . . .	62,680,944	62,647,252	33,692	
14	Information technology . . . . .	391,391	391,391		
15	Royalties . . . . .				
16	Occupancy . . . . .	5,072,362	5,070,505	1,857	
17	Travel . . . . .	198,847	173,510	25,337	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19	Conferences, conventions, and meetings . . . . .				
20	Interest . . . . .	10,756,799	10,756,799		
21	Payments to affiliates . . . . .				
22	Depreciation, depletion, and amortization . . . . .	12,834,468	12,834,468		
23	Insurance . . . . .	381,220	356,220	25,000	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
a	BAD DEBT EXPENSES	17,142,679	17,142,679		
b	EQUIPMENT RENT/MAINTENA	6,412,988	6,169,332	243,656	
c	DUES & SUBSCRIPTIONS	324,175	260,668	63,507	
d	PATIENT TRANSPORT COSTS	209,792	209,792		
e	OVERHEAD ALLOCATIONS	186,000	186,000	0	
f	All other expenses	-249,778	-359,564	109,786	
25	Total functional expenses. Add lines 1 through 24f	310,182,279	258,551,508	51,630,771	0
26	Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	<b>1</b>	Cash—non-interest-bearing . . . . .			30,194,515	<b>1</b>	22,131,529
	<b>2</b>	Savings and temporary cash investments . . . . .			55,270,826	<b>2</b>	69,239,196
	<b>3</b>	Pledges and grants receivable, net . . . . .				<b>3</b>	
	<b>4</b>	Accounts receivable, net . . . . .			35,061,212	<b>4</b>	29,142,059
	<b>5</b>	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .				<b>5</b>	
	<b>6</b>	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) Schedule L . . . . .				<b>6</b>	
	<b>7</b>	Notes and loans receivable, net . . . . .			1,508,672	<b>7</b>	1,749,927
	<b>8</b>	Inventories for sale or use . . . . .			23,823,260	<b>8</b>	30,323,367
	<b>9</b>	Prepaid expenses and deferred charges . . . . .			1,443,034	<b>9</b>	1,585,564
	<b>10a</b>	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b>	329,725,495			
	<b>b</b>	Less: accumulated depreciation . . . . .	<b>10b</b>	183,103,891	149,426,950	<b>10c</b>	146,621,604
	<b>11</b>	Investments—publicly traded securities . . . . .				<b>11</b>	
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .				<b>12</b>	
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .				<b>13</b>	
	<b>14</b>	Intangible assets . . . . .				<b>14</b>	
	<b>15</b>	Other assets. See Part IV, line 11 . . . . .			8,513,378	<b>15</b>	4,229,789
	<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .			305,241,847	<b>16</b>	305,023,035
Liabilities	<b>17</b>	Accounts payable and accrued expenses . . . . .			41,522,983	<b>17</b>	44,312,390
	<b>18</b>	Grants payable . . . . .				<b>18</b>	
	<b>19</b>	Deferred revenue . . . . .				<b>19</b>	
	<b>20</b>	Tax-exempt bond liabilities . . . . .			207,522,997	<b>20</b>	197,036,371
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .				<b>21</b>	
	<b>22</b>	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .				<b>22</b>	
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .				<b>23</b>	
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .				<b>24</b>	
	<b>25</b>	Other liabilities. Complete Part X of Schedule D . . . . .			0	<b>25</b>	6,493,873
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .			249,045,980	<b>26</b>	247,842,634
Net Assets or Fund Balances		<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>					
	<b>27</b>	Unrestricted net assets . . . . .			56,195,867	<b>27</b>	57,180,401
	<b>28</b>	Temporarily restricted net assets . . . . .				<b>28</b>	
	<b>29</b>	Permanently restricted net assets . . . . .				<b>29</b>	
		<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>					
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .				<b>30</b>	
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .				<b>31</b>	
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds . . . . .				<b>32</b>	
	<b>33</b>	<b>Total net assets or fund balances</b> . . . . .			56,195,867	<b>33</b>	57,180,401
	<b>34</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .			305,241,847	<b>34</b>	305,023,035

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . .

1	Total revenue (must equal Part VIII, column (A), line 12)	1	310,877,300
2	Total expenses (must equal Part IX, column (A), line 25)	2	310,182,279
3	Revenue less expenses Subtract line 2 from line 1	3	695,021
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	56,195,867
5	Other changes in net assets or fund balances (explain in Schedule O)	5	289,513
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	57,180,401

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . .

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

SCHEDULE A

(Form 990 or 990EZ)

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. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public  
Inspection

Name of the organization BATON ROUGE GENERAL MEDICAL CENTER	Employer identification number 72-1025017
--	--

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 11, 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 )
- 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 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 )
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

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 that describes the type of supporting organization and complete lines 11e through 11h  

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other
- e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?
- h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions )					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage						
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))					14	
15 Public Support Percentage for 2009 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶						
b 33 1/3% support test—2009. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶						
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶						
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶						
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶						

Part IIIPart III

Support Schedule for Organizations Described in Section 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6 )						

Section B. Total Support						
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
13 Total support (Add lines 9, 10c, 11 and 12 )						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> 						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. 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 <b>stop here</b> . The organization qualifies as a publicly supported organization 		
b 33 1/3% support tests—2009. 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 <b>stop here</b> . The organization qualifies as a publicly supported organization 		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions 		



Part IV

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Additional Data

Software ID:

Software Version:

EIN: 72-1025017

Name: BATON ROUGE GENERAL MEDICAL CENTER

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
VENKAT BANDA MD BOARD MEMBER	3 00	X						0	1,182,602	50,838
PETER BOSTICK MD BOARD MEMBER	3 00	X						27,000	0	0
GREG BOWSER BOARD MEMBER	3 00	X						5,500	0	0
SUE ANNE COX BOARD MEMBER	3 00	X						0	0	0
GARY GRAPHIA BOARD MEMBER	3 00	X						0	0	0
PERRY FRANKLIN BOARD MEMBER	3 00	X						0	4,320	0
MARGARET WOMACK HART BOARD MEMBER	3 00	X						0	0	0
EVELYN K HAYES MD VICE CHAIR	3 00	X						0	0	0
ROY G KADAIR MD BOARD MEMBER	3 00	X						0	0	0
LESLIE HERPIN MARX BOARD MEMBER	3 00	X						0	0	0
NANETTE NOLAND BOARD MEMBER	3 00	X						0	0	0
DAVID R PITTS CHAIRMAN	3 00	X						0	0	0
ANDREW OLINDE MD BOARD MEMBER	3 00	X						32,247	0	0
GOV CHARLES BUDDY ROEMER BOARD MEMBER	3 00	X						0	0	0
REV CHARLES SMITH BOARD MEMBER	3 00	X						0	0	0
ED STARNs CPA BOARD MEMBER	3 00	X						0	0	0
JANICE PELLAR BOARD MEMBER	3 00	X						0	0	0
WILLIAM HOLMAN PRESIDENT & CEO	60 00	X		X				0	2,483,842	56,416
DIONNE E VIATOR CPA EXEC VICE PRESIDENT & CBDO	60 00			X				0	539,282	38,498
EDGARDO JOSE TENREIRO EXEC VICE PRESIDENT & COO	60 00			X				0	464,487	33,750
FLOYD J ROBERTS MD CHIEF MEDICAL OFFICER	60 00			X				0	461,160	38,912
KENDALL JOHNSON CPA VICE PRESIDENT & CFO	60 00			X				0	235,419	21,694
ANNA L CAZES DNS CHIEF NURSING OFFICER - 2011	60 00			X				0	239,596	31,267
PAUL C DOUGLAS VP-HUMAN RESOURCES	60 00				X			0	263,201	43,998
PEYTON C GRANT VP FACILITIES MANAGEMENT	60 00				X			0	211,400	33,568

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
DON SHAW VP-REVENUE CYCLE	60 00				X			0	239,597	24,726
GEORGE H BELL VP-PHYSICIAN RELATIONS	60 00				X			0	316,462	32,616
WILLIAM J HUBBARD MD PHYSICIAN - SURGEON	50 00					X		0	820,509	52,746
ROBERT N MOUKARZEL MD PHYSICIAN - SURGEON	50 00					X		0	819,266	19,548
GERALD M MOLLOY MD PHYSICIAN - SURGEON	50 00					X		0	682,858	27,798
DHAVAL V ADHARYU MD PHYSICIAN - SURGEON	50 00					X		0	514,592	39,530
MICHAEL K PUYAU MD PHYSICIAN - SURGEON	50 00					X		0	489,644	5,911
DEBORAH K CHARNLEY FORMER CHIEF NURSING OFFIC	60 00						X	0	269,491	31,919

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

If the organization answered “Yes,” to 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,” to 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,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

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

Name of the organization BATON ROUGE GENERAL MEDICAL CENTER	Employer identification number 72-1025017
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization’s direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$
3	Volunteer hours	

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 funtion 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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-

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

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><thead><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>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 instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable 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)).

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		50
e	Publications, or published or broadcast statements?	Yes		
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		100
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV	Yes		60,000
j	Total lines 1c through 1i			60,150
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
PART IV, SUPPLEMENTAL INFORMATION		PART II-B, LINE 1D & 1E INTERNAL COMMUNICATIONS ONLY, INVOLVING LITTLE OR NO DIRECT COST. PART II-B, LINE G COSTS WERE LIMITED TO IN-TOWN TRAVEL AT MINIMAL DIRECT COST. PART II-B, LINE I LOBBYING FIRM ENGAGED TO ASSIST IN LEGISLATIVE EFFORTS ONLY.

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization BATON ROUGE GENERAL MEDICAL CENTER	Employer identification number 72-1025017
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Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate 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? <div>YesNo</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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? <div>YesNo</div>	

Part II

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

1

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

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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?

YesNo

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶

7

Amount of expenses incurred in monitoring, inspecting, 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 170(h)(4)(B)(ii)?

YesNo

9

In Part XIV, 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" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, 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) Revenues 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 relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶ \$

b

Assets included in Form 990, Part X

▶ \$

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2010

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

3

Using the organization's 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 XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance . . . . .				
b	Contributions . . . . .				
c	Investment earnings or 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 year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

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

(i)

unrelated organizations . . . . .

3a(i)

Yes

No

(ii)

related organizations . . . . .

3a(ii)

b

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

3b

4

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

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		9,755,209		9,755,209
b Buildings . . . . .		203,580,359	100,480,180	103,100,179
c Leasehold improvements . . . . .		8,110,033	6,518,885	1,591,148
d Equipment . . . . .		107,761,763	76,104,826	31,656,937
e Other . . . . .		518,131		518,131
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				146,621,604





Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1310,877,300
2	Total expenses (Form 990, Part IX, column (A), line 25)	2310,182,279
3	Excess or (deficit) for the year Subtract line 2 from line 1	3695,021
4	Net unrealized gains (losses) on investments	4288,001
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	81,512
9	Total adjustments (net) Add lines 4 - 8	9289,513
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10984,534

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements . . . . .	1311,165,300
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments . . . . .2a288,000	
b	Donated services and use of facilities . . . . .2b	
c	Recoveries of prior year grants . . . . .2c	
d	Other (Describe in Part XIV) . . . . .2d	
e	Add lines 2a through 2d . . . . .2e288,000	
3	Subtract line 2e from line 1 . . . . .3310,877,300	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .4a	
b	Other (Describe in Part XIV) . . . . .4b	
c	Add lines 4a and 4b . . . . .4c0	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .5310,877,300	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements . . . . .	1310,182,279
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities . . . . .2a	
b	Prior year adjustments . . . . .2b	
c	Other losses . . . . .2c	
d	Other (Describe in Part XIV) . . . . .2d	
e	Add lines 2a through 2d . . . . .2e0	
3	Subtract line 2e from line 1 . . . . .3310,182,279	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .4a	
b	Other (Describe in Part XIV) . . . . .4b	
c	Add lines 4a and 4b . . . . .4c0	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .5310,182,279	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
		PART X, LINE 2 - FIN 48/ASC 740 FOOTNOTE "THE COMPANY FOLLOWS THE PROVISIONS OF THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES TOPIC OF THE FASB ASC. THE COMPANY RECOGNIZES A THRESHOLD AND MEASUREMENT PROCESS FOR FINANCIAL STATEMENT RECOGNITION OF UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE INTERPRETATION ALSO PROVIDES GUIDANCE ON RECOGNITION, DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE AND TRANSITION. THE COMPANY'S TAX FILINGS ARE SUBJECT TO AUDIT BY VARIOUS TAXING AUTHORITIES. THERE ARE CURRENTLY NO RETURNS UNDER EXAMINATION. MANAGEMENT EVALUATED THE COMPANY'S TAX POSITIONS AND CONSIDERED THAT THE COMPANY HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENTS TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE." PAGE 4, PART XI LINE 8 - \$1,512 = MISCELLANEOUS ROUNDING DIFFERENCE.

SCHEDULE H  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Hospitals

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**  
▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

**Name of the organization**  
BATON ROUGE GENERAL MEDICAL CENTER

**Employer identification number**  
72-1025017

Part I

Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .	Yes	
b	If "Yes," is it a written policy? . . . . .	Yes	
2	If the organization has multiple hospitals, 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 hospitals <input type="checkbox"/> Applied uniformly to most hospitals <input type="checkbox"/> Generally tailored to individual hospitals		
3	Answer the following based on the the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year  a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the FPG family income limit for eligibility for free care  <input type="checkbox"/> 100% <input checked="" type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %  b Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care . . . . .  <input checked="" type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %  c If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care  4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? . . . . .	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . . . .		No
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .		
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .		
6a	Does the organization prepare a community benefit report during the tax year? . . . . .	Yes	
6b	If "Yes," did the organization make it available to the public? . . . . .	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H		

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 Worksheets 1 and 2)			9,820,449	1,505,630	8,314,819	2 680 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			50,880,002	33,687,500	17,192,502	5 540 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs . . . . .			60,700,451	35,193,130	25,507,321	8 220 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4) . . . . .	50	1,063	70,913	0	70,913	0 020 %
f Health professions education (from Worksheet 5) . . . . .	7	676	8,154,620	2,341,068	5,813,552	1 870 %
g Subsidized health services (from Worksheet 6) . . . . .	2	80,302	25,093,378	21,430,060	3,663,318	1 180 %
h Research (from Worksheet 7)	49	165	211,857	102,955	108,902	0 040 %
i Cash and in-kind contributions to community groups (from Worksheet 8) . . . . .			1,336,687		1,336,687	0 430 %
j Total Other Benefits . . . . .	108	82,206	34,867,455	23,874,083	10,993,372	3 540 %
k Total. Add lines 7d and 7j . . . . .	108	82,206	95,567,906	59,067,213	36,500,693	11 760 %

Part II

Community Building Activities during the tax year, and describe in Part VI how its community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

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

Part III

Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? . . . . .	1	No
2	Enter the amount of the organization's bad debt expense (at cost) . . . . .	2	6,479,933
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's financial assistance policy . . . . .	3	
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit.		

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME) . . . . .	5	85,476,804
6	Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	6	77,172,952
7	Subtract line 6 from line 5. This is the surplus or (shortfall) . . . . .	7	8,303,852
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	Does the organization have a written debt collection policy? . . . . .	9a	Yes
b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI . . . . .	9b	No

Part IV

Management Companies and Joint Ventures

(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				
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13				

## Section A. Hospital Facilities

How many hospital facilities did the organization operate during the tax year? 2

**Schedule H (Form 990) 2010**

Part V

Facility Information (continued)

Section B. Facility Policies and Practices.

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

Name of Hospital Facility: NA

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

	Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8 . . . . . If "Yes," indicate what the Needs Assessment describes (check all that apply) a <input type="checkbox"/> A definition of the community served by the hospital facility b <input type="checkbox"/> Demographics of the community c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community d <input type="checkbox"/> How data was obtained e <input type="checkbox"/> The health needs of the community f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs h <input type="checkbox"/> The process for consulting with persons representing the community's interests i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess all of the community's health needs j <input type="checkbox"/> Other (describe in Part VI)	1	
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ____		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI . . . . .	4	
5 Did the hospital facility make its Needs Assessment widely available to the public? . . . . . If "Yes," indicate how the Needs Assessment was made widely available (check all that apply) a <input type="checkbox"/> Hospital facility's website b <input type="checkbox"/> Available upon request from the hospital facility c <input type="checkbox"/> Other (describe in Part VI)	5	
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply) a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community b <input type="checkbox"/> Execution of the implementation strategy c <input type="checkbox"/> Participation in the development of a community-wide community benefit plan d <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan e <input type="checkbox"/> Inclusion of a community benefit section in operational plans f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment g <input type="checkbox"/> Prioritization of health needs in the community h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7	
Financial Assistance Policy		
Did the hospital facility have in place during the tax year a written financial assistance policy that		
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals? . . . If "Yes," indicate the FPG family income limit for eligibility for free care ____%	9	

Part V

Facility Information (continued)

		Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? . . . . . If "Yes," indicate the FPG family income limit for eligibility for discounted care __%	10	
11	Explained the basis for calculating amounts charged to patients? . . . . . If "Yes," indicate the factors used in determining such amounts (check all that apply) a <input type="checkbox"/> Income level b <input type="checkbox"/> Asset level c <input type="checkbox"/> Medical indigency d <input type="checkbox"/> Insurance status e <input type="checkbox"/> Uninsured discount f <input type="checkbox"/> Medicaid/Medicare g <input type="checkbox"/> State regulation h <input type="checkbox"/> Other (describe in Part VI)	11	
12	Explained the method for applying for financial assistance? . . . . .	12	
13	Included measures to publicize the policy within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply) a <input type="checkbox"/> The policy was posted at all times on the hospital facility's web site b <input type="checkbox"/> The policy was attached to all billing invoices c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms d <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices e <input type="checkbox"/> The policy was provided, in writing, to patients upon admission to the hospital facility f <input type="checkbox"/> The policy was available upon request g <input type="checkbox"/> Other (describe in Part VI)	13	

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment? . . . . .	14	
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other (describe in Part VI)		
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during the tax year? . . . . . If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other (describe in Part VI)	16	
17	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply) a <input type="checkbox"/> Notified patients of the financial assistance policy upon admission b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills d <input type="checkbox"/> Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance e <input type="checkbox"/> Other (describe in Part VI)		

Part V

Facility Information (continued)

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . . If "No," indicate the reasons why (check all that apply)	18		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b <input type="checkbox"/> The hospital facility did not have a policy relating to emergency medical care			
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d <input type="checkbox"/> Other (describe in Part VI)			

Charges for Medical Care

19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply)			
a <input type="checkbox"/> The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility			
b <input type="checkbox"/> The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility			
c <input type="checkbox"/> The hospital facility used the Medicare rate for those services			
d <input type="checkbox"/> Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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 Part VI	20		
21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that patient? . . . . . If "Yes," explain in Part VI	21		



Part V

Facility Information (continued)

Section B. Facility Policies and Practices.

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

Name of Hospital Facility: NA

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 2

	Yes	No
<b>Community Health Needs Assessment</b> (Lines 1 through 7 are optional for 2010)		
<b>1</b> During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8 . . . . . If "Yes," indicate what the Needs Assessment describes (check all that apply) <b>a</b> <input type="checkbox"/> A definition of the community served by the hospital facility <b>b</b> <input type="checkbox"/> Demographics of the community <b>c</b> <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community <b>d</b> <input type="checkbox"/> How data was obtained <b>e</b> <input type="checkbox"/> The health needs of the community <b>f</b> <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups <b>g</b> <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs <b>h</b> <input type="checkbox"/> The process for consulting with persons representing the community's interests <b>i</b> <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess all of the community's health needs <b>j</b> <input type="checkbox"/> Other (describe in Part VI)	<b>1</b>	
<b>2</b> Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ____		
<b>3</b> In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	<b>3</b>	
<b>4</b> Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI . . . . .	<b>4</b>	
<b>5</b> Did the hospital facility make its Needs Assessment widely available to the public? . . . . . If "Yes," indicate how the Needs Assessment was made widely available (check all that apply) <b>a</b> <input type="checkbox"/> Hospital facility's website <b>b</b> <input type="checkbox"/> Available upon request from the hospital facility <b>c</b> <input type="checkbox"/> Other (describe in Part VI)	<b>5</b>	
<b>6</b> If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply) <b>a</b> <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community <b>b</b> <input type="checkbox"/> Execution of the implementation strategy <b>c</b> <input type="checkbox"/> Participation in the development of a community-wide community benefit plan <b>d</b> <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan <b>e</b> <input type="checkbox"/> Inclusion of a community benefit section in operational plans <b>f</b> <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment <b>g</b> <input type="checkbox"/> Prioritization of health needs in the community <b>h</b> <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community <b>i</b> <input type="checkbox"/> Other (describe in Part VI)		
<b>7</b> Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	<b>7</b>	
<b>Financial Assistance Policy</b>		
Did the hospital facility have in place during the tax year a written financial assistance policy that		
<b>8</b> Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	<b>8</b>	
<b>9</b> Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals? . . . If "Yes," indicate the FPG family income limit for eligibility for free care ____%	<b>9</b>	

Part V

Facility Information (continued)

		Yes	No
10	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? . . . . . If "Yes," indicate the FPG family income limit for eligibility for discounted care __%	10	
11	Explained the basis for calculating amounts charged to patients? . . . . . If "Yes," indicate the factors used in determining such amounts (check all that apply) a <input type="checkbox"/> Income level b <input type="checkbox"/> Asset level c <input type="checkbox"/> Medical indigency d <input type="checkbox"/> Insurance status e <input type="checkbox"/> Uninsured discount f <input type="checkbox"/> Medicaid/Medicare g <input type="checkbox"/> State regulation h <input type="checkbox"/> Other (describe in Part VI)	11	
12	Explained the method for applying for financial assistance? . . . . .	12	
13	Included measures to publicize the policy within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply) a <input type="checkbox"/> The policy was posted at all times on the hospital facility's web site b <input type="checkbox"/> The policy was attached to all billing invoices c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms d <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices e <input type="checkbox"/> The policy was provided, in writing, to patients upon admission to the hospital facility f <input type="checkbox"/> The policy was available upon request g <input type="checkbox"/> Other (describe in Part VI)	13	

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment? . . . . .	14	
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other (describe in Part VI)		
16	Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during the tax year? . . . . . If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply) a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other (describe in Part VI)	16	
17	Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply) a <input type="checkbox"/> Notified patients of the financial assistance policy upon admission b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills d <input type="checkbox"/> Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance e <input type="checkbox"/> Other (describe in Part VI)		

Part V

Facility Information (continued)

Policy Relating to Emergency Medical Care

		Yes	No
18	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . . If "No," indicate the reasons why (check all that apply)		
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility did not have a policy relating to emergency medical care		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Charges for Medical Care

19	Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply)		
a	<input type="checkbox"/> The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility		
b	<input type="checkbox"/> The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility		
c	<input type="checkbox"/> The hospital facility used the Medicare rate for those services		
d	<input type="checkbox"/> Other (describe in Part VI)		
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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 Part VI		
21	Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that patient? . . . . . If "Yes," explain in Part VI		

Part V

Facility Information (continued)

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, measured by total revenue per facility, from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? 6

Name and address		Type of Facility (Describe)
1	FAMILY HEALTH CENTER 3801 NORTH BLVD BATON ROUGE, LA 70806	CLINICAL LOCATION
2	FAMILY HEALTH CENTER 3801 NORTH BLVD BATON ROUGE, LA 70806	CLINICAL LOCATION
3	FAMILY HEALTH CENTER 3801 NORTH BLVD BATON ROUGE, LA 70806	CLINICAL LOCATION
4	FAMILY HEALTH CENTER 3801 NORTH BLVD BATON ROUGE, LA 70806	CLINICAL LOCATION
5	FAMILY HEALTH CENTER 3801 NORTH BLVD BATON ROUGE, LA 70806	CLINICAL LOCATION
6	FAMILY HEALTH CENTER 3801 NORTH BLVD BATON ROUGE, LA 70806	CLINICAL LOCATION
7		
8		
9		
10		

Part VI

Supplemental Information

Complete this part to provide the following information

- 1
- Required descriptions.** Provide the description required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6l, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21
- 2
- Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments 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

Identifier	ReturnReference	Explanation
		PART II BRGMC, THROUGH ITS MID CITY REDEVELOPMENT ALLIANCE AFFILIATE, PARTICIPATES IN NUMEROUS COMMUNITY BUILDING ACTIVITES INCLUDING, BUT NOT LIMITED TO, ITS FIXUP! MID CITY, NEIGHBORGRANTS, TOOL LENDING, FREE HOMEBUYER EDUCATION CLASSES, FREE CREDIT COUNSELING CLASSES, FREE FORECLOSURE PREVENTION COUNSELING, DOWN PAYMENT ASSISTANCE PROGRAMS DESIGNED TO REVITALIZE AND REFURBISH THE DOWNTOWN AND MID CITY BATON ROUGE AREAS

Identifier	ReturnReference	Explanation
	PART III, LINE 9B	THE TAXPAYER'S COLLECTION PROCESS POLICY STATES THAT IF A PATIENT CANNOT PAY ANY REMAINING PATIENT ACCOUNT BALANCES IN FULL, THE COLLECTOR IS TO UTILIZE THE PAYMENT ARRANGEMENT GUIDELINES IN OUR CHARITY CARE POLICY

Identifier	ReturnReference	Explanation
		PART VI, LINE 2 BRGMC SERVES THE NEEDS OF THE COMMUNITY THROUGH ITS COMMITMENT TO EXCEPTIONAL PATIENT CARE, MEDICAL EDUCATION AND RESEARCH IN ORDER TO IDENTIFY THE HEALTH AND WELLNESS NEEDS OF THE BATON ROUGE AREA, BRGMC PARTICIPATED IN THE MAYOR'S HEALTHY CITY INITIATIVE TO ENCOURAGE BATON ROUGE RESIDENTS TO ADOPT A HEALTHIER AND MORE ACTIVE LIFESTYLE PARTICIPATING IN THE INITIATIVE INCLUDED, BUT WERE NOT LIMITED TO, BRGMC, THE OFFICE OF MAYOR-PRESIDENT KIP HOLDEN, BLUE CROSS/BLUE SHIELD OF LOUISIANA, THE OFFICE OF US SENATOR MARY LANDRIEU, EBR PARISH PUBLIC SCHOOL SYSTEM, LSU HEALTH SCIENCES CENTER, LA PRIMARY CARE ASSOCIATION, AMERICAN HEART ASSOCIATION, LSU PENNINGTON BIOMEDICAL RESEARCH CENTER AMONG A GROUP OF 25 MAJOR COMMUNITY GROUPS IN THE AREA COORDINATION AMONG THESE GROUPS SERVED TO COORDINATE THE ASSESSMENT, AVOID DUPLICATE EFFORTS AND TO INCREASE THE VALUE OF WHAT WE COLLECTIVELY BRING TO THE COMMUNITY HEALTHCARE NEEDS

Identifier	ReturnReference	Explanation
		PART VI, LINE 3 EACH AND EVERY PATIENT IS SCREENED BY PATIENT FINANCIAL DEPARTMENT PERSONNEL, SOCIAL WORKERS AND OTHER HEALTH CARE PROFESSIONALS TO DETERMINE IF ELIGIBLE FOR STATE AND/OR FEDERAL HEALTH CARE ASSISTANCE SAID ASSISTANCE AS WELL AS ELIGIBILITY FOR BRGMC CHARITY CARE IS ASSESSED WITH THE PATIENT OR THEIR FAMILY MEMBER/REPRESENTATIVE OF PRIMARY IMPORTANCE IS THE HEALTH AND WELL-BEING OF OUR PATIENTS



Identifier	ReturnReference	Explanation
		PART VI, LINE 4 BRGMC CONSISTS OF 2 HOSPITAL CAMPUSES, MID CITY AND BLUEBONNET MID CITY SERVES THE DOWNTOWN AND SURROUNDING URBAN AREAS OF BATON ROUGE AS WELL AS THE SURROUNDING WEST BATON ROUGE, IBERVILLE, AND POINTE COUPEE PARISH AREAS BLUEBONNET CAMPUS SERVES THE SOUTHERN AREA OF BATON ROUGE, AS WELL AS THE SURROUNDING ASCENSION, LIVINGSTON AND TANGIPAHOA PARISH AREAS WHICH HAVE SEEN ENORMOUS GROWTH IN POPULATION OVER THE LAST 20 YEARS

Identifier	ReturnReference	Explanation
		<p>PART VI, LINE 7 BRGMC IS AN IRS SEC 501(C)(3) ORGANIZATION, OWNED BY ITS COMMUNITY-OWNED 501 (C)(3) PARENT COMPANY, GENERAL HEALTH SYSTEM (GHS) #72-0475545 THE GHS BOARD OF DIRECTORS ALSO SERVES AS THE BOARD FOR BRGMC THE BOARD CONSISTS OF VARIOUS COMMUNITY LEADERS FROM THE BUSINESS, GOVERNMENTAL, PHILANTHROPIC AND MEDICAL COMMUNITIES IN THE BATON ROUGE AREA, SERVE WITHOUT COMPENSATION AND PROVIDE A VERY BROAD BASE OF KNOWLEDGE AND EXPERTISE TO THE GOVERNANCE AND MANAGEMENT OF BRGMC MEDICAL STAFF PRIVILEGES ARE EXTENDED TO ALL QUALIFIED PHYSICIANS IN THE GREATER BATON ROUGE AREA WHO WISH TO PROVIDE THEIR PATIENTS WITH THE FINEST CARE AND MEDICAL TECHNOLOGY AT THEIR DISPOSAL IN FURTHERANCE OF ITS COMMITMENT TO PROVIDE THE BEST MEDICAL EDUCATION IN BATON ROUGE, BRGMC ENTERED INTO AN AFFILIATION AGREEMENT WITH TULANE UNIVERSITY SCHOOL OF MEDICINE TO CREATE A SATELLITE TRIANING CAMPUS FOR ITS MEDICAL STUDENTS IN MAY 2011, 11 SELECTED STUDENTS (IN MAY 2010, 10 STUDENTS) BEGAN THE PROGRAM DURING WHICH THEY WILL SPEND THEIR 3RD AND 4TH YEAR CLINICAL ROTATIONS AT THE MID CITY CAMPUS THE BRG PHYSICIANS WILL BE SERVING AS THE STUDENTS' TEACHERS AND MENTORS THE PROGRAM TITLED LEAD (LEADERSHIP, EDUCATION, ADVOCACY, AND DISCOVERY) ACADEMY SIGNIFIES THE FIRST TIME TULANE UNIVERSITY SCHOOL OF MEDICINE HAS OPENED A TRAINING FACILITY OUTSIDE OF NEW ORLEANS, LA</p>

Identifier	ReturnReference	Explanation
	LINE 1	THE ORGANIZATION PREPARES AN ANNUAL COMMUNITY BENEFIT REPORT WHICH SUMMARIZES ITS EFFORTS TO IMPROVE THE OVERALL HEALTH AND WELLNESS OF THE GREATER BATON ROUGE COMMUNITY SAID REPORT IS AVAILABLE TO THE GENERAL PUBLIC ON AN AS-REQUESTED BASIS THE COST-TO-CHARGE RATIO, AS CALCULATED ON THE TAXPAYER'S MEDICARE COST REPORT, IS USED AS THE BASIS FOR CALCULATING THE AMOUNTS REPORTED IN PART I, LINES 7A-D ACTUAL, DIRECT COSTS WERE USED IN THE CALCULATIONG OF THE VARIOUS AMOUNTS IN PART I, LINES 7E-I NO ADDITION OF UNALLOCATED OVERHEAD COSTS WERE USED ALTHOUGH THE ORGANIZATION FEELS THAT SUCH AN ADDITION WOULD BE JUSTIFIED PART III, LINE 2 BAD DEBT AT COST WAS CALCULATED USING THE ABOVE-REFERENCED COST-TO-CHARGE RATIO FROM PART I, WORKSHEET 2 NO AMOUNT OF THE ORGANIZATION'S BAD DEBT EXPENSE IS ATTRIBUTABLE TO PATIENTS ELIGIBLE FOR FINANCIAL ASSISSTANCE THE ORGANIZATION PERFORMS ANNUAL REVIEWS OF ITS COLLECTION HISTORIES TO DETERMINE THE ACCURACY OF ITS ESTIMATIONS OF BAD DEBT ALLOWANCE AMOUNTS

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

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

OMB No 1545-0047

2010

Open to Public  
Inspection

Name of the organization  
BATON ROUGE GENERAL MEDICAL CENTER

Employer identification number  
72-1025017

Part I General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .

☒ Yes ☐ No

2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. . . . . ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) GENERAL HEALTH SYSTEM FOUNDATION 8585 PICARDY AVE BATON ROUGE, LA 70809	74-0801335	501(C)3	1,236,134				TO ASSIST IN THEIR CHARITY EFFORTS
(2) MID CITY REDEVELOPMENT ALLIANCE INC419 N 19TH ST BATON ROUGE, LA 70802	72-1196990	501(C)3	75,000				TO ASSIST IN THEIR CHARITY EFFORTS

2

Enter total number of section 501(c)(3) and government organizations . . . . .

2

3

Enter total number of other organizations . . . . .

**Part III**

**Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

**Part IV**

**Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
OTHER INFORMATION	PART IV	PART I, LINE 2 - THE GRANT RECIPIENTS ARE RELATED (TO THE TAXPAYER), 501(C)(3) ORGANIZATIONS BECAUSE OF CENTRALIZED MANGAGEMENT AND ACCOUNTING PROCEDURES, THE USE OF GRANT PROCEEDS ARE MONITORED BY THE TAXPAYER ON A DAY-TO-DAY, MONTH-TO-MONTH BASIS TO ENSURE THAT SAID PROCEEDS ARE USED TO FURTHER THE RECIPIENTS' EXEMPT PURPOSES

Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization  
BATON ROUGE GENERAL MEDICAL CENTER

Employer identification number  
72-1025017

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input checked="" type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	Yes
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	<div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in 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 from the organization or a related organization?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

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

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

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(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 reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table								
( 2 )								
( 3 )								
( 4 )								
( 5 )								
( 6 )								
( 7 )								
( 8 )								
( 9 )								
( 10 )								
( 11 )								
( 12 )								
( 13 )								
( 14 )								
( 15 )								
( 16 )								

Part IIISupplemental Information

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

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION	PART III	THE OFFICERS AND KEY EMPLOYEES LISTED IN PART II ARE EMPLOYED AND COMPENSATED BY GENERAL HEALTH SYSTEMS (GHS), A 501(C)(3) ORGANIZATIONS #72-0475545. GHS IS THE PARENT COMPANY OF BATON ROUGE GENERAL MEDICAL CENTER #72-1025017. PART I, LINE 4B: THE PRESIDENT/CEO WM HOLMAN PARTICIPATES IN A NON-QUALIFIED RETIREMENT PLAN IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF HIS EMPLOYMENT CONTRACT WITH GHS. ALL EXECUTIVES PARTICIPATE IN A NON-QUALIFIED COMPENSATION PLAN DESIGNED TO PROVIDE A RETIREMENT SUPPLEMENT. EXECUTIVES MAY DEFER A PRE-TAX PORTION OF THEIR WAGES AND THE ORGANIZATION PROVIDES A PERCENT OF WAGES SUPPLEMENT. THE AMOUNT PROVIDED IS DIRECTED BY THE BOARD AND THE BOARD'S COMPENSATION COMMITTEE BASED ON MARKET DATA PROVIDED BY AN INDEPENDENT BENEFIT CONSULTING FIRM THAT CONDUCTS A REVIEW OF RETIREMENT FUNDING FOR EXECUTIVES IN COMPARABLE HEALTHCARE ORGANIZATIONS. FUNDS DEPOSITED BY THE ORGANIZATION HAVE A RISK OF FORFEITURE TIED TO SOLVENCY, RETENTION, AND VESTING. PART I, LINE 1A: IN APRIL 2011, THE BOARD OF DIRECTORS AND KEY EXECUTIVES MET OUT OF STATE FOR THEIR BOARD RETREAT TO DEVELOP AND IMPLEMENT A STRATEGIC VISION FOR GENERAL HEALTH SYSTEM AND BATON ROUGE GENERAL MEDICAL CENTER. THE DIRECTORS' AND KEY EXECUTIVES' GUESTS, THE TRAVEL, MEALS AND INCREMENTAL LODGING COSTS (IF ANY) RESULTING FROM THE TRIP WERE PAID BY PARENT COMPANY, GENERAL HEALTH SYSTEM. SOCIAL CLUB DUES FOR THE PRESIDENT/CEO WERE PAID BY GENERAL HEALTH SYSTEM AND INCLUDED ON FORM W-2 AS COMPENSATION.



**Software ID:**  
**Software Version:**  
**EIN:** 72-1025017  
**Name:** BATON ROUGE GENERAL MEDICAL CENTER

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
VENKAT BANDA MD	(i)	0	0	0	0	0	0	0
	(ii)	200,000	982,602	0	31,690	19,148	1,233,440	0
WILLIAM HOLMAN	(i)	0	0	0	0	0	0	0
	(ii)	615,679	487,844	1,380,319	38,500	17,916	2,540,258	0
DIONNE E VIATOR CPA	(i)	0	0	0	0	0	0	0
	(ii)	385,103	154,179	0	16,500	21,998	577,780	0
EDGARDO JOSE TENREIRO	(i)	0	0	0	0	0	0	0
	(ii)	349,000	104,766	10,721	16,500	17,250	498,237	0
FLOYD J ROBERTS MD	(i)	0	0	0	0	0	0	0
	(ii)	339,488	111,968	9,704	20,996	17,916	500,072	0
KENDALL JOHNSON CPA	(i)	0	0	0	0	0	0	0
	(ii)	172,550	35,000	27,869	16,500	5,194	257,113	0
ANNA L CAZES DNS	(i)	0	0	0	0	0	0	0
	(ii)	168,000	42,000	29,596	27,577	3,690	270,863	0
PAUL C DOUGLAS	(i)	0	0	0	0	0	0	0
	(ii)	208,416	41,683	13,102	22,000	21,998	307,199	0
PEYTON C GRANT	(i)	0	0	0	0	0	0	0
	(ii)	153,000	30,600	27,800	16,500	17,068	244,968	0
DON SHAW	(i)	0	0	0	0	0	0	0
	(ii)	167,440	41,860	30,297	16,500	8,226	264,323	0
GEORGE H BELL	(i)	0	0	0	0	0	0	0
	(ii)	239,700	47,940	28,822	14,700	17,916	349,078	0
WILLIAM J HUBBARD MD	(i)	0	0	0	0	0	0	0
	(ii)	820,000	0	509	33,921	18,825	873,255	0
ROBERT N MOUKARZEL MD	(i)	0	0	0	0	0	0	0
	(ii)	820,000	0	-734	4,900	14,648	838,814	0
GERALD M MOLLOY MD	(i)	0	0	0	0	0	0	0
	(ii)	450,000	234,000	-1,142	13,150	14,648	710,656	0
DHAVAL V ADHARYU MD	(i)	0	0	0	0	0	0	0
	(ii)	127,500	386,303	789	32,180	7,350	554,122	0
MICHAEL K PUYAU MD	(i)	0	0	0	0	0	0	0
	(ii)	120,000	364,623	5,021	0	5,911	495,555	0
DEBORAH K CHARNLEY	(i)	0	0	0	0	0	0	0
	(ii)	200,000	0	69,491	22,068	9,851	301,410	0

Schedule K (Form 990)	<div>Supplemental Information on Tax Exempt Bonds</div> <div>▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ▶ Attach to Form 990. ▶ See separate instructions.</div>	OMB No 1545-0047
		2010
		Open to Public Inspection

Name of the organization BATON ROUGE GENERAL MEDICAL CENTER		Employer identification number 72-1025017
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Part I

Bond Issues

(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A SERIES 2004 BONDS LOUISIANA PUBLIC FINANCE AUTHORITY	72-0895871	S46398JW9	12-08-2004	199,650,000	TO RETIRE PREVIOUS ISSUED BOND AND FUND CAPITAL EXPANSION		X		X		X
B SERIES 2006 BONDS LOUISIANA PUBLIC FINANCE AUTHORITY	72-0895871		12-14-2006	19,570,173	TO FUND ACQUISITION OF CAPITAL EQUIPMENT		X		X		X
C SERIES 2008 BONDS LOUISIANA PUBLIC FINANCE AUTHORITY	72-0895871		01-31-2008	10,000,000	TO FUND ACQUISITION OF CAPITAL EQUIPMENT		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired								
2	Amount of bonds legally defeased								
3	Total proceeds of issue	213,697,027		14,393,294		10,000,000			
4	Gross proceeds in reserve funds	15,693,714							
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrow	101,008,060							
7	Issuance costs from proceeds	3,512,889							
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	86,308,399		11,991,005		7,699,446			
11	Other spent proceeds								
12	Other unspent proceeds	7,173,965		2,402,289		2,300,554			
13	Year of substantial completion	2008		2007		2008			
14	Were the bonds issued as part of a current refunding issue?	Yes	No	Yes	No	Yes	No	Yes	No
		X			X		X		
15	Were the bonds issued as part of an advance refunding issue?	X			X		X		
16	Has the final allocation of proceeds been made?	X		X		X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

Part III

Private Business Use

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

Part IIIPrivate Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X		X		X		
b	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
6	Total of lines 4 and 5								
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?		X		X		X		

Part IVArbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		
2	Is the bond issue a variable rate issue?		X		X		X		
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X		X		X		
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		X		X		X		
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		X		X		X		
6	Did the bond issue qualify for an exception to rebate?		X		X		X		

Part VSupplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation

Schedule L  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered**  
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V lines 38a or 40b.  
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2010

Open to Public  
Inspection

**Name of the organization**  
BATON ROUGE GENERAL MEDICAL CENTER

**Employer identification number**  
  
72-1025017

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

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ \_\_\_\_\_

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

**Part II Loans to and/or From Interested Persons.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c)Original principal amount	(d)Balance due	(e) In default?		(f) Approved by board or committee?		(g)Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total . . . . . ▶ \$ _____										

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

(a) Name of interested person	(b)Relationship between interested person and the organization	(c)Amount of grant or type of assistance

**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) M EVANS	DAUGHTER OF WM HOLMAN , PRES & CEO	28,200	EMPLOYEE COMPENSATION		No
(2) R MORRIS	DAUGHTER OF M WOMACK HART, BOARD MEMBER	67,298	EMPLOYEE COMPENSATION		No
(3) M FRANKLIN	WIFE OF PERRY FRANKLIN, BOARD MEMBER	24,892	EMPLOYEE COMPENSATION		No
(4) A TENREIRO	SON OF EXEC VP/COO	0	EMPLOYEE COMPENSATION		No
(5) J CAZES	SPOUSE OF CNO	146,893	EMPLOYEE COMPENSATION		No

**Part V Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
		VARIOUS FAMILY MEMBERS OF CERTAIN BOARD MEMBERS AND OFFICERS ARE EMPLOYED BY THE TAXPAYER A TENREIRO BEGAN EMPLOYEMENT IN 2011 AND HAD NO 2010 COMPENSATION

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

**Name of the organization**

BATON ROUGE GENERAL MEDICAL CENTER

**Employer identification number**

72-1025017

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		DURING PREPARATION OF THE 990, SENIOR FINANCE LEADERS ARE CONSULTED TO PROVIDE ANY ADDITIONAL INFORMATION ON CERTAIN, VARIOUS TRANSACTIONS ON AN AS-NEEDED BASIS UPON COMPLETION OF THE 990 BUT PRIOR TO FILING, SAID LEADERS ARE PROVIDED WITH A DRAFT COPY OF ALL FORMS/SCHEDULES FOR THEIR REVIEW AND COMMENTS UPON CLEARING ANY REVIEW COMMENTS, REVISED DRAFT COPIES ARE FORWARDED TO MEMBERS OF THE BOARD'S COMPENSATION COMMITTEE SAID COMMITTEE HAS BEEN TASKED BY THE BOARD TO FULLY REVIEW THE 990 AT THEIR NEXT MEETING IN OCTOBER AND FORWARD THEIR RECOMMENDATIONS TO THE FULL BOARD

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	THE COMPLIANCE OFFICE COORDINATES OBTAINING CONFLICT DISCLOSURES FROM THE LEADERSHIP AND BOARD MEMBERS OF THE TAXPAYER. THE COMPLIANCE OFFICE REVIEWS AND ORGANIZES THE RESULTS AND DOES A FIRST REVIEW OF THE REPORTED DISCLOSURES FOR POSSIBLE CONFLICTS. FURTHER INFORMATION IS OBTAINED FROM LEADERS AS NEEDED TO CLARIFY OR RECTIFY ANY ISSUES NOTED. ANY POTENTIAL CONFLICTS ARE REVIEWED FOR APPROPRIATE MITIGATION TO INSURE THE BEST INTERESTS OF THE ORGANIZATION DRIVES BUSINESS DECISIONS. RESULTS ARE DISCUSSED WITH THE CHIEF FINANCIAL OFFICER AND CHIEF EXECUTIVE OFFICER AND SHARED WITH THE AUDIT COMMITTEE AND CHAIRMAN OF THE BOARD.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION COMMITTEE OF THE GHS BOARD OVERSEES ALL EXECUTIVE COMPENSATION THE COMMITTEE ENGAGES AN INDEPENDENT THIRD PARTY CONSULTING FIRM TO CONDUCT AN ANNUAL INDEPENDENT MARKET-BASED COMPENSATION REVIEW OF EXECUTIVES IN COMPARABLE HEALTHCARE SYSTEMS AND USES THIS DATA IN DETERMINING REASONABLE AND APPROPRIATE EXECUTIVE COMPENSATION LEVELS THE COMMITTEE CONSIDERS MANY FACTORS IN DETERMINING EXECUTIVE COMPENSATION LEVELS SOME OF THESE FACTORS ARE, BUT ARE NOT LIMITED TO, THE KNOWLEDGE, EXPERIENCE AND COMPETENCIES OF THE EXECUTIVE, PERFORMANCE OF THE EXECUTIVE, AREAS OF RESPONSIBILITY, IMPORTANCE OF EXECUTIVE RETENTION AND PEER CALIBRATION AND TALENT MANAGEMENT RATING



Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE TAXPAYER MAKES ALL GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICIES AND TAX RETURNS AVAILABLE TO THE GENERAL PUBLIC ON AN AS-REQUESTED BASIS

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 288,001 ADJUSTMENT 1,512 TOTAL TO FORM 990, PART XI, LINE 5 289,513

Identifier	Return Reference	Explanation
	PAGE 12, PART XII, LINE 2C	THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS IS TASKED WITH THE OVERSIGHT OF THE ANNUAL AUDIT AND SELECTION OF THE INDEPENDENT ACCOUNTANT

Identifier	Return Reference	Explanation
	SCHEDULE R, PAGE 3, LINE 2	THE TAXPAYER PROVIDES CENTRALIZED MANAGEMENT, BANKING, ACCOUNTS PAYABLE AND ACCOUNTS RECEIVABLE, PAYROLL, ACCOUNTING/TAX, INTERNAL AUDIT AND COMPLIANCE, HUMAN RESOURCE, RISK MANAGEMENT, INSURANCE, BENEFITS MANAGEMENT AND LEGAL SERVICES TO ALL MEMBERS OF THE GENERAL HEALTH SYSTEM (GHS) ALL MONIES COLLECTED FROM OR SPENT FOR ALL GHS-RELATED ENTITIES ARE DEPOSITED INTO/SPENT FROM CENTRALIZED GHS BANK ACCOUNTS AND ACCOUNTED FOR AS RECEIVED OR DISBURSED THE ANNUAL NET AMOUNTS OF THESE TRANSACTIONS ARE REFLECTED AS GHS RECEIVABLES/LIABILITIES ON AN ONGOING BASIS DUE TO THE MASSIVE NUMBER OF TRANSACTIONS DESCRIBED ABOVE, A PROPER, SEGREGATED ACCOUNTING IN THE MANNER PROSCRIBED BY SCH R IS NOT POSSIBLE AT THIS TIME

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

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Name of the organization  
BATON ROUGE GENERAL MEDICAL CENTER

Employer identification number  
72-1025017

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) GENERAL HEALTH SYSTEM  8585 PICARDY AVENUE  BATON ROUGE, LA 70809 72-0475545	HOSPITAL	LA	501(C)(3)	3	N/A		No
(2) MID CITY REDEVELOPMENT ALLIANCE INC  8585 PICARDY AVENUE  BATON ROUGE, LA 70809 72-1196990	COMMUNITY IMPROVEMENT ORGANIZATION	LA	501(C)(3)	7	N/A		No
(3) GENERAL HEALTH SYSTEM FOUNDATION  8585 PICARDY AVENUE  BATON ROUGE, LA 70809 74-0801335	FOUNDATION	LA	501(C)(3)	11	N/A		No
(4) BEHAVIORAL HEALTH INC  8585 PICARDY AVENUE  BATON ROUGE, LA 70809 72-0893168	DORMANT CORP	LA	501(C)(3)	3	N/A		No
(5) GENERAL LIVING CENTERS INC  8585 PICARDY AVENUE  BATON ROUGE, LA 70809 58-1705626	DORMANT CORP	LA	501(C)(3)	9	N/A		No
(6) MID CITY HEALTH CENTER  8585 PICARDY AVENUE  BATON ROUGE, LA 70809 72-1260054	DORMANT CORP	LA	501(C)(3)		N/A		No
(7) THE GENERAL HEALTH FOUNDATION  8585 PICARDY AVENUE  BATON ROUGE, LA 70809 72-0907879	DORMANT CORP	LA	501(C)(3)		N/A		No

Part III

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

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

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
See Additional Data Table							

Part V

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a Yes

1b Yes

1c Yes

1d

1e

1f

1g

1h

1i Yes

1j Yes

1k

1l Yes

1m Yes

1n

1o Yes

1p Yes

1q Yes

1r Yes

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) See Additional Data Table			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2010

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

[illegible]



**Part VII**   **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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Software ID:  
Software Version:  
EIN: 72-1025017  
Name: BATON ROUGE GENERAL MEDICAL CENTER

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
GENERAL HEALTH SYSTEM  8585 PICARDY AVENUE BATON ROUGE, LA70809 72-0475545	HOSPITAL	LA	501(C)(3)	3	N/A		No
MID CITY REDEVELOPMENT ALLIANCE INC  8585 PICARDY AVENUE BATON ROUGE, LA70809 72-1196990	COMMUNITY IMPROVEMENT ORGANIZATION	LA	501(C)(3)	7	N/A		No
GENERAL HEALTH SYSTEM FOUNDATION  8585 PICARDY AVENUE BATON ROUGE, LA70809 74-0801335	FOUNDATION	LA	501(C)(3)	11	N/A		No
BEHAVIORAL HEALTH INC  8585 PICARDY AVENUE BATON ROUGE, LA70809 72-0893168	DORMANT CORP	LA	501(C)(3)	3	N/A		No
GENERAL LIVING CENTERS INC  8585 PICARDY AVENUE BATON ROUGE, LA70809 58-1705626	DORMANT CORP	LA	501(C)(3)	9	N/A		No
MID CITY HEALTH CENTER  8585 PICARDY AVENUE BATON ROUGE, LA70809 72-1260054	DORMANT CORP	LA	501(C)(3)		N/A		No
THE GENERAL HEALTH FOUNDATION  8585 PICARDY AVENUE BATON ROUGE, LA70809 72-0907879	DORMANT CORP	LA	501(C)(3)		N/A		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Percentage ownership
GENERAL HEALTH MANAGEMENT INC 8585 PICARDY AVE BATON ROUGE, LA70809 72-0904131	MANAGING COMPANY	LA	N/A	C			100 000 %
HEALTH MANAGEMENT SERVICES INC 8585 PICARDY AVE BATON ROUGE, LA70809 72-0929442	DORMANT CORP	LA	GENERAL HEALTH MGMT INC	C			100 000 %
HEALTH INITIATIVES INC 8585 PICARDY AVE BATON ROUGE, LA70809 72-0981798	DORMANT CORP	LA	GENERAL HEALTH MGMT INC	C			100 000 %
GENERAL HEALTH SYSTEM MGMT INC 8585 PICARDY AVE BATON ROUGE, LA70809 72-1335513	MANAGING COMPANY	LA	N/A	C			100 000 %
VERITY HEALTHNET ACCTS MGMT SVCS INC 8585 PICARDY AVE BATON ROUGE, LA70809 72-1245224	MANAGING COMPANY	LA	GENERAL HEALTH SYSTEM MANAGEMENT	C	384,413	10,250	100 000 %
VERITY HEALTHNET LLC 8585 PICARDY AVE BATON ROUGE, LA70809 45-0510673	PROVIDER NETWORK MARKETER	LA	VHAMS	C	19,402	25,683	50 000 %
VERITY HEALTHNET NATIONAL LLC 8585 PICARDY AVE BATON ROUGE, LA70809 56-2353850	DORMANT CORP	LA	VHAMS	C			50 000 %
BRG PHYSICIANS HOSPITAL SPECIALISTS INC 8585 PICARDY AVE BATON ROUGE, LA70809 20-3756738	PHYSICIAN CLINIC	LA	GENERAL HEALTH SYSTEM MANAGEMENT	C	100	587,677	100 000 %
MEDICAL DIAGNOSTIC SVCS INC 8585 PICARDY AVE BATON ROUGE, LA70809 72-0994499	DORMANT CORP	LA	GENERAL HEALTH SYSTEM MANAGEMENT	C	-2	88,500	100 000 %
BRG PHYSICIANS SVS INC 8585 PICARDY AVE BATON ROUGE, LA70809 20-3756691	PHYSICIAN CLINIC	LA	GENERAL HEALTH SYSTEM MANAGEMENT	C	-1,669,027	1,717,258	100 000 %
HOSPITAL MEDICINE GROUP INC 8585 PICARDY AVE BATON ROUGE, LA70809 20-3720898	DORMANT CORP	LA	BRG PHYSICIAN SERVICES	C	-8,322	1,539,630	100 000 %
BRG PHYSICIANS INC 8585 PICARDY AVE BATON ROUGE, LA70809 72-1245632	PHYSICIAN CLINIC	LA	BRG PHYSICIAN SERVICES	C	-1,058,729	2,936,976	100 000 %
BRG PHYSICIANS AFTER HOURS CLINIC INC 8585 PICARDY AVE BATON ROUGE, LA70809 74-3109146	PHYSICIAN CLINIC	LA	BRG PHYSICIAN SERVICES	C			100 000 %
GULF SOUTH HEALTH PLANS INC 8585 PICARDY AVE BATON ROUGE, LA70809 72-1068656	DORMANT CORP	LA	N/A	C		44,433	100 000 %

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

(a) Name of other organization		(b) Transaction type(a-r)	(c) Amount Involved (\$ )	(d) Method of determining amount involved
(1)	SEE SCHEDULE O			
(2)	GENERAL HEALTH SYSTEM #72-0475545			
(3)	GENERAL HEALTH SYSTEM FOUNDATION #74-0801335			
(4)	BATON ROUGE GENERAL PHYSICIANS INC #72-1245632			
(5)	HOSPITAL MEDICINE GROUP #20-3720898			
(6)	BATON ROUGE GENERAL PHYSICIANS HOSPITAL SPECIALISTS INC #20-3756738			
(7)	BATON ROUGE GENERAL PHYSICIANS SERVICES INC #20-3756691			
(8)	MID CITY REDEVELOPMENT ALLIANCE INC #72-1196990			

**BATON ROUGE  
GENERAL MEDICAL CENTER**

Financial Statements

September 30, 2011 and 2010

**BATON ROUGE  
GENERAL MEDICAL CENTER**

**For the Years Ended September 30, 2011 and 2010**

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## **Independent Auditor's Report**

To the Board of Trustees  
Baton Rouge General Medical Center

We have audited the accompanying balance sheets of Baton Rouge General Medical Center (the Hospital) as of September 30, 2011 and September 30, 2010, and the related statements of operations, changes in net assets and cash flows for the years then ended. These financial statements are the responsibility of the Hospital's management. 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. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Baton Rouge General Medical Center as of September 30, 2011 and September 30, 2010, and the results of its operations and its cash flows for the years then ended, in conformity with accounting principles generally accepted in the United States of America.

A Professional Accounting Corporation

December 21, 2011

**BATON ROUGE GENERAL MEDICAL CENTER**  
**Balance Sheets**  
**September 30, 2011 and 2010**

	2011	2010
	(In Thousands)	
Assets		
Current assets		
Cash and cash equivalents	\$ 55,239	\$ 47,970
Patient accounts receivable, net (Note 1)	29,226	35,030
Assets whose use is limited	4,654	3,483
Inventories	7,999	7,810
Prepaid expenses and other assets	3,335	2,952
Total current assets	100,453	97,245
Assets whose use is limited, less current portion	31,393	34,043
Other assets	4,230	4,585
Property, plant, and equipment, net	146,622	149,427
Total assets	\$ 282,698	\$ 285,300
Liabilities and net assets		
Current liabilities		
Trade accounts payable	\$ 11,966	\$ 16,102
Accrued expenses	9,481	8,955
Amounts due to contractual third-party payors	815	657
Current portion of long-term debt	8,378	8,506
Total current liabilities	30,640	34,220
Long-term debt, less current portion	188,659	199,017
Due to (from) affiliate	6,224	(4,133)
Total liabilities	225,523	229,104
Net assets		
Unrestricted	57,175	56,196
Total liabilities and net assets	\$ 282,698	285,300

The accompanying notes are an integral part of these financial statements



**BATON ROUGE GENERAL MEDICAL CENTER**  
**Statements of Operations**  
**Years Ended September 30, 2011 and 2010**

	<b>2011</b>	<b>2010</b>
	<i>(In Thousands)</i>	
<b>Unrestricted revenues, gains and other support</b>		
Net patient service revenue	<b>\$ 297,455</b>	\$ 304,842
Investment income	<b>1,635</b>	1,654
Other revenue	<b>11,233</b>	12,654
<b>Total revenues, gains and other support</b>	<b>310,323</b>	319,150
<b>Expenses</b>		
Salaries, wages, and benefits	<b>116,105</b>	116,680
Supplies and other expenses	<b>153,345</b>	148,072
Provision for bad debts	<b>17,143</b>	16,489
Depreciation and amortization	<b>12,834</b>	13,163
Interest expense	<b>10,757</b>	11,180
<b>Total expenses</b>	<b>310,184</b>	305,584
Nonoperating gain	<b>840</b>	-
<b>Excess of revenues over expenses</b>	<b>\$ 979</b>	\$ 13,566

The accompanying notes are an integral part of these financial statements

**BATON ROUGE GENERAL MEDICAL CENTER**  
**Statements of Changes in Net Assets**  
**Years Ended September 30, 2011 and 2010**

	<b>2011</b>	<b>2010</b>
	<i>(In Thousands)</i>	
<b>Unrestricted net assets</b>		
Excess of revenues over expenses	<b>\$ 979</b>	<b>\$ 13,566</b>
<b>Change in net assets</b>	<b>979</b>	<b>13,566</b>
<b>Net assets, beginning of year</b>	<b>56,196</b>	<b>42,630</b>
<b>Net assets, end of year</b>	<b>\$ 57,175</b>	<b>\$ 56,196</b>

The accompanying notes are an integral part of these financial statements

**BATON ROUGE GENERAL MEDICAL CENTER**  
**Statements of Cash Flows**  
**Years Ended September 30, 2011 and 2010**

	2011	2010
	<i>(In Thousands)</i>	
<b>Cash flows from operating activities</b>		
Change in net assets	\$ 979	\$ 13,566
Adjustments to reconcile change in net assets to net cash		
Provided by operating activities		
Depreciation and amortization	12,834	13,163
Gain from disposal of assets	(53)	-
Amortization of bond premium	(400)	(410)
Provision for bad debts	17,143	16,489
(Increase) decrease in operating assets		
Patient accounts receivable	(11,339)	(16,928)
Inventories, prepaid expenses and other current assets	(572)	281
Other assets	-	1,123
Increase (decrease) in operating liabilities		
Amounts due to third-party payors	158	1,181
Trade accounts payable and accrued expenses	(3,610)	-
Due to (from) affiliate	10,357	(2,031)
<b>Net cash provided by operating activities</b>	<b>25,497</b>	<b>26,434</b>
<b>Cash flows from investing activities</b>		
Purchases of property, plant, and equipment	(9,674)	(3,418)
Proceeds from disposal of assets	53	-
Decrease in assets whose use is limited	1,479	9
<b>Net cash used in investing activities</b>	<b>(8,142)</b>	<b>(3,409)</b>
<b>Cash flows from financing activities</b>		
Principle payments on bonds outstanding	(10,086)	(8,166)
<b>Net cash used in financing activities</b>	<b>(10,086)</b>	<b>(8,166)</b>
<b>Net increase in cash and cash equivalents</b>	<b>7,269</b>	<b>14,859</b>
<b>Cash and cash equivalents, beginning of year</b>	<b>47,970</b>	<b>33,111</b>
<b>Cash and cash equivalents, end of year</b>	<b>\$ 55,239</b>	<b>\$ 47,970</b>
<b>Supplemental disclosure of cash flow information:</b>		
Cash paid for interest, net of the amount capitalized	<b>\$ 10,757</b>	<b>\$ 11,180</b>

The accompanying notes are an integral part of these financial statements

# BATON ROUGE GENERAL MEDICAL CENTER

## Notes to Financial Statements

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### Note 1. Significant Accounting Policies

#### Organization

Baton Rouge General Medical Center (the Hospital) is a private, community-owned, nonprofit hospital located in Baton Rouge, Louisiana. The Hospital primarily provides health care services, including acute care, rehabilitative services, skilled nursing care, and psychiatric services, all of which are designed to meet the health care needs of the southeast Louisiana area.

The Hospital is an affiliate of General Health System (GHS). The Hospital purchases certain services from GHS, including management services, information services, financial accounting, cash management, human resources, employee benefits, insurance, audit, legal and consulting services, printing, mailing and courier services, and such other services as are mutually agreed.

#### Income Tax Status

The Hospital is a not-for-profit organization as described in Internal Revenue Code Section 501(c)(3) and is exempt from federal income taxation under Internal Revenue Code Section 501(a).

#### Revenue, Gains, and Losses

The Hospital's mission is to provide a broad range of innovative health care services delivered in a caring, consumer-oriented, and cost-effective manner through a quality-driven system. As such, activities related to this purpose are classified as revenue.

Revenue is generated from direct patient care, related support services, and other revenue related to the operation of the Hospital. In addition, earnings on interest-bearing deposits and marketable securities that are used in conjunction with providing health care services are reported as revenue. Other activities that result in gains or losses unrelated to the Hospital's primary mission are reported as non-operating gains or losses.

#### Cash Equivalents and Investments

Cash equivalents include investments in money market accounts and highly liquid investments with original maturities of three months or less when purchased, excluding amounts whose use is limited by Board designation, under trust agreements, or amounts pledged to third parties. Fair values are based on cost. Investments that can be readily traded are considered current assets.

# BATON ROUGE GENERAL MEDICAL CENTER

## Notes to Financial Statements

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### Note 1. Significant Accounting Policies (Continued)

#### **Net Patient Service Revenue and Related Receivables**

The Hospital has entered into agreements with third-party payers, including government programs and managed health care plans, under which the Hospital is compensated for care based upon established charges, the cost of providing services, predetermined rates per diagnosis, fixed per diem rates, or discounts from established charges

Net patient service revenue is reported at the estimated net realizable amounts due from patients, third-party payers, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. The allowance for uncollectible accounts at September 30, 2011 and 2010, was approximately \$17,507,000 and \$20,117,000, respectively.

Retroactively calculated contractual adjustments arising under reimbursement agreements with third-party payers are accrued on an estimated basis in the period the related services are rendered and adjusted as final settlements are determined. Actual results could differ from those estimates.

The health care industry is subject to numerous laws and regulations of federal, state and local governments. These laws and regulations include, but are not necessarily limited to, matters such as licensure, accreditation, government health care program participation requirements, and reimbursement for patient services. Government activity has continued with respect to investigations and allegations concerning possible violations of fraud and abuse statutes and regulations by health care providers. Violations of these laws and regulations could result in expulsion from government health care programs together with the imposition of significant fines and penalties, as well as significant repayments for patient services previously billed. Management believes that the Hospital is in compliance with applicable government laws and regulations. Compliance with such laws and regulations can be subject to future government review and interpretation as well as regulatory actions unknown or unasserted at this time.

To ensure accurate payments to providers, the Tax Relief and Healthcare Act of 2006 mandated the Centers for Medicare & Medicaid Services (CMS) to implement a Recovery Audit Contractor (RAC) and Medicaid Integrity Contractor (MIC) programs on a permanent and nationwide basis. The programs use RACs and MICs to search for potentially improper Medicare and Medicaid payments that may have been made to health care providers that were not detected through existing CMS program integrity efforts, on payments that have occurred at least one year ago but not longer than three years ago. Once a RAC and MIC identifies a claim it believes to be improper, it makes a deduction from the provider's Medicare and Medicaid reimbursement in an amount estimated to equal the overpayment.

# BATON ROUGE GENERAL MEDICAL CENTER

## Notes to Financial Statements

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### Note 1. Significant Accounting Policies (Continued)

#### Net Patient Service Revenue and Related Receivables (Continued)

The Hospital will deduct from revenue amounts assessed under the RAC and MIC audits at the time a notice is received until such time that estimates of net amounts due can be reasonably estimated. RAC and MIC assessments are anticipated, however, the outcome of such assessments is unknown and cannot be reasonably estimated. Management has determined RAC and MIC assessments to be insignificant to date.

#### Inventories

Inventories are valued at the latest invoice price. This method approximates the lower of cost (first-in, first-out method) or market.

#### Property, Plant, and Equipment

All property, plant, and equipment acquisitions are recorded at cost, except for donated assets, which are recorded at fair market value on the date of donation. Capital leases are recorded at the present value of future minimum lease payments and the related amortization is included in depreciation and amortization expense in the statement of operations. Depreciation of plant and equipment is calculated using the straight-line method over the estimated useful lives of the assets. Estimated useful lives of the assets range from 3 to 40 years.

#### Prepaid Expenses and Deferred Financing Cost

Prepaid expenses are amortized over the estimated period of future benefit, generally on a straight-line basis. Deferred debt issuance costs and original issue premium on the Hospital's revenue bonds are being amortized over the term of the bonds using the bonds outstanding method.

#### Assets Whose Use is Limited

Several funds were established concurrent with the issuance of tax-exempt debt. Trustees maintain the capital improvement and debt retirement funds, which include cash, investments, and accrued interest receivable, as special trust accounts for the benefit and security of the holders and owners of the debt. The limited use assets as of September 30, 2011 and 2010, are as follows:

	2011	2010
	<i>(In Thousands)</i>	
Capital improvement funds	\$ 4,956	\$ 9,070
Debt retirement funds	30,956	28,321
Other restricted assets	135	135
	<u>36,047</u>	<u>37,526</u>
Less current portion	<u>(4,654)</u>	<u>(3,483)</u>
	<u>\$ 31,393</u>	<u>\$ 34,043</u>

# BATON ROUGE GENERAL MEDICAL CENTER

## Notes to Financial Statements

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### Note 1. Significant Accounting Policies (Continued)

#### Self-Insurance Liabilities

The Hospital is self-insured up to certain amounts for employee health, malpractice, general liability, and workers' compensation claims. The Hospital participates in the Louisiana Patients Compensation Fund, which limits the Hospital's exposure to malpractice losses. The Hospital limits exposure to general liability and workers' compensation claims through indemnity insurance purchased in the commercial market, which includes specific loss and aggregate limit thresholds.

The liabilities, which are recorded on the Hospital's parent company (General Health System), represent management's best estimate of the ultimate unpaid cost of all reported and unreported claims incurred. The medical malpractice and workers' compensation claims estimates are based on actuarial projections of the historical loss development of claims incurred but not reported and case-basis estimates of claims reported prior to the end of the period. These estimates are continually reviewed and adjusted, as necessary, as experience develops or new information becomes known, such adjustments are included in current operations.

#### 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.

The significant estimates affecting the Hospital's net patient service revenue and provision for bad debts relate to the allowance for uncollectible accounts, provision for contractual discounts, and provision for retroactive adjustments under third-party payor arrangements. Differences between original estimates and subsequent revisions are included in the statement of operations in the period in which the differences become known. These revisions increased net patient service revenue by \$337,000 and \$1,030,000 in 2011 and 2010, respectively.

#### Fair Value

The following methods and assumptions were used by the Hospital in estimating the fair value of its financial instruments:

*Cash and cash equivalents* The carrying amount reported in the balance sheet for cash and cash equivalents approximates its fair value.

*Investments* Fair values, which are the amounts reported in the balance sheet, are based on quoted market prices, if available, or estimated using quoted market prices for similar securities.

## BATON ROUGE GENERAL MEDICAL CENTER

### Notes to Financial Statements

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#### Note 1. Significant Accounting Policies (Continued)

##### Fair Values (Continued)

*Assets limited as to use* These assets consist primarily of cash and short term investments and interest receivable. The carrying amount reported in the balance sheet is fair value.

*Accounts payable and accrued expenses* The carrying amount reported in the balance sheet for accounts payable and accrued expenses approximates its fair value.

*Estimated third-party payor settlements* The carrying amount reported in the balance sheet for estimated third-party payor settlements approximates its fair value.

*Long-Term Debt* Fair values of the Hospital's revenue notes are based on current traded value. The fair value of the Hospital's remaining long-term debt is estimated using discounted cash flow analyses, based on the Hospital's current incremental borrowing rates for similar types of borrowing arrangements.

The carrying amounts and fair values of the Hospital's financial instruments at September 30, 2011 and 2010 are as follows (in thousands):

	2011		2010	
	Carrying Amount	Fair Value	Carrying Amount	Fair Value
Cash and cash equivalents	\$ 55,239	\$ 55,239	\$ 47,970	\$ 47,970
Assets limited as to use	\$ 4,654	\$ 4,654	\$ 3,483	\$ 3,483
Long-term investments restricted	\$ 31,393	\$ 31,393	\$ 34,043	\$ 34,043
Accounts payable and accrued expenses	\$ 21,447	\$ 21,447	\$ 25,057	\$ 25,057
Estimated third-party payor settlements	\$ 815	\$ 815	\$ 657	\$ 657
Long-term debt	\$ 197,037	\$ 197,037	\$ 207,523	\$ 207,523

##### Advertising Costs

The Company's policy is to expense advertising costs as the costs are incurred. Advertising costs for the years ending September 30, 2011 and 2010, were approximately \$886,000 and \$747,000, respectively.



# BATON ROUGE GENERAL MEDICAL CENTER

## Notes to Financial Statements

### Note 2. Community Benefits - Unaudited

The Hospital provides health care services to patients who are economically disadvantaged and medically underserved. These patients generally cannot afford health care because of inadequate resources or they are uninsured.

For patients who meet certain criteria under the Hospital's charity care policy, care is provided without charge or at amounts that are less than established rates. Benefits to the indigent also include charges foregone and costs in excess of government payments for services provided to Medicaid beneficiaries. Technological advances offered at the Hospital for many patient care services have increased both the options and the cost of "appropriate" care.

The Hospital also commits significant time and resources to others who may not qualify as indigent, but who still require special services and support. These benefits include charges foregone and costs in excess of government payments for care provided to Medicare beneficiaries.

A summary of charges foregone (representing charges in excess of payments) and estimated costs in excess of payments related to community benefits provided during the years ended September 30, 2011 and 2010, is as follows:

	2011		2010	
	Charges Foregone	Estimated Costs In Excess of Payments	Charges Foregone	Estimated Costs In Excess of Payments
<i>(In Thousands)</i>				
<b>Benefits for the indigent</b>				
Charity care	\$ 25,980	\$ 10,392	\$ 25,438	\$ 10,175
Medicaid program services	102,931	-	101,051	-
	<u>128,911</u>	<u>10,392</u>	<u>126,489</u>	<u>10,175</u>
<b>Other community benefits</b>				
Medicare program services	137,630	-	139,710	-
	<u>137,630</u>	<u>-</u>	<u>139,710</u>	<u>-</u>
<b>Total quantifiable benefits</b>	<u>\$ 266,541</u>	<u>\$ 10,392</u>	<u>\$ 266,199</u>	<u>\$ 10,175</u>

## BATON ROUGE GENERAL MEDICAL CENTER

### Notes to Financial Statements

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#### Note 2. Community Benefits - Unaudited (Continued)

The Hospital also recognizes the critical role of education in creating a more positive future for individuals. The Hospital operates the Baton Rouge General Medical Center School of Nursing and Radiology and provides trained healthcare professionals to the Baton Rouge community. In response to the community need for registered nurses, the Hospital has increased the class size of its School of Nursing.

In addition, the Hospital is a Council of Teaching Hospital accredited community-based teaching hospital and an accredited residency program in family medicine and internal medicine. This commitment to graduate medical education (GME) is important to both Baton Rouge and the State of Louisiana. The Hospital has been active in GME for many years, working with the Louisiana State University School of Medicine (LSU) and the Earl K. Long Memorial Hospital (EKL) to enhance the quality of healthcare through medical education programs. The Hospital, LSU, and EKL have created joint residency programs in internal medicine, emergency medicine, pediatrics, and general surgery. The Hospital recently entered into an affiliation agreement with Tulane University to create a satellite training campus for its medical students. In May of 2010, ten selected students began the program during which they will spend their third and fourth year clinical rotations at the Hospital. The Hospital's general physicians will be serving as the students' teachers and mentors. The program officially titled LEAD (Leadership, Education, Advocacy, and Discovery) Academy signifies the first time that Tulane has opened a training facility outside of New Orleans.

Another unique program to the Hospital is its Burn Center, recognized by the American Burn Association as the only burn center in southern Louisiana and, therefore, the Hospital assumes the healthcare responsibility for patients from an area far exceeding the standard service area. The Burn Center's comprehensive range of services includes education and prevention programs for the patient, family, and community, with specific programs for work-related burn prevention and treatment. Burn treatment procedures use a team approach to care that involves physicians, nurses, occupational and physical therapists, clinical dietitians, respiratory therapists, and social and pastoral care. The "Burn Camp" and the "Recovering Burn Support Group" are two examples of post-acute-care programs developed by the Company to meet the rehabilitative and psychosocial needs of this unique patient population.

## BATON ROUGE GENERAL MEDICAL CENTER

### Notes to Financial Statements

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#### Note 2. Community Benefits - Unaudited (Continued)

In addition, the Hospital also provides many free health screenings, health fairs and programs encouraging community wellness, including

- The Hospital offers free resources and support groups for cancer patients, including breast cancer, lymphedema, pancreatic cancer, and prostate cancer support groups
- Each year, the Hospital provides free community screenings for prostate and skin cancer to aid in early detection. In 2011, the Hospital also provided 32 free mammograms for women who were unable to afford a mammogram
- The Hospital is a corporate sponsor of the annual American Cancer Society Relay for Life, Susan G. Komen Race for the Cure, and American Heart Association Heart Walk
- Through a specialized Healthy Heart Club, a cardiac reconditioning program, the Hospital offers an ongoing maintenance program in which the general public can exercise in our gym under the supervision of certified therapists and nutritionists
- The Hospital provides free screening tests to identify those who are at risk for cardiovascular disease, heart murmurs and peripheral artery disease
- The Hospital provided flu shots for more than 400 senior members of the community at both its Bluebonnet and Mid City campuses and at a local assisted living facility
- The Hospital provides tours of our birth center and birth and baby classes to expectant parents that include childbirth preparation, breastfeeding basics, baby care basics, and CPR for friends and family
- The Hospital provided free screenings, assessments and seminars to more than 2,000 people in the community in 2011
- The Hospital's Womack Heart Center and Pennington Cancer Center offers members of the community a free, seven-week, comprehensive Smoking Cessation Program several times a year to help aid smokers quit and to address real issues surrounding the lifestyle of a smoker
- The Hospital offers free, monthly Surgical Weight Loss Seminars to members of the community interested in learning more about obesity and options for medically managed weight loss, including surgery
- The Hospital hosts free community events to promote breast health and breast cancer awareness and offers free resources and support groups to breast cancer patients and survivors

## BATON ROUGE GENERAL MEDICAL CENTER

### Notes to Financial Statements

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#### Note 2. Community Benefits - Unaudited (Continued)

- The Hospital offers Healthy Heartbeats, an education program for families with children ages 5 to 12 years old, focusing on the importance of living fit and wholesome lives through exercise, nutrition, and self-body image
- The Hospital offers preoperative classes, including classes on joint replacement and spine surgery, to members of the community that are designed to help ease fear and anxiety related to having a surgical procedure and to educate them on what to expect during and after surgery
- The Hospital's Mid City location participated as the chosen hospital for Baton Rouge City Hall Fellows 2010 – 2011 city tour, medical executives and administrators oriented the group of upcoming civic leaders to the hospital's history and quality of services, the responsibilities and challenging facing urban hospitals, and the state of healthcare
- The Hospital hosted an advocacy event for the American Cancer Society Cancer Action Network, which featured cancer survivors and physician advocates calling for the sustained federal funding of cancer research

#### Note 3. Third-Party Reimbursement

The Hospital has agreements with third-party payers that provide for payments to the Hospital at amounts different from established rates. The primary third-party programs include Medicare and Medicaid, which account for a significant amount of the Hospital's revenue. A summary of the payment arrangements with major third-party payers follows:

**Medicare** - The Hospital is paid for inpatient and outpatient acute care services rendered to Medicare program beneficiaries under prospectively determined rates. These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors. Final settlement is determined after submission of the Hospital's annual cost reports and audits thereof by the Medicare fiscal intermediary.

The Hospital's Medicare cost reports have been audited by the Medicare fiscal intermediary through September 30, 2007.

**Medicaid** - Inpatient care services rendered to Medicaid program beneficiaries are paid at prospectively determined rates per day. Certain outpatient services rendered to Medicaid program beneficiaries are reimbursed under a cost reimbursement methodology. The Hospital is reimbursed at a tentative rate with final settlement determined after submission of annual cost reports by the Hospital and audits thereof by the Medicaid fiscal intermediary.

## BATON ROUGE GENERAL MEDICAL CENTER

### Notes to Financial Statements

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#### Note 3. Third-Party Reimbursement (Continued)

The Hospital's Medicaid cost reports have been audited by the Medicaid fiscal intermediary through September 30, 2005

During the years ended September 30, 2011 and 2010, approximately 44% and 46%, respectively, of net patient service revenue was derived from Medicare and Medicaid program beneficiaries. Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term.

As mentioned in Note 1, CMS announced a project that uses RACs to search for improper Medicare payments that may have been made to health care providers and that were not detected through existing CMS program integrity efforts. RAC assessments against the Hospital are anticipated, however, the outcome of such assessments is unknown and cannot be reasonably estimated.

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

#### Note 4. Investments

The Hospital's investments at September 30, 2011 and 2010, were as follows:

	2011	2010
	<i>(In Thousands)</i>	
<b>Assets whose use is limited</b>		
Money market deposits	10,425	12,604
Certificate of deposits	135	135
U S government and government agency obligations and mutual funds	25,487	24,787
	<u>\$ 36,047</u>	<u>\$ 37,526</u>

Fair value measurements are based on a framework that provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

# BATON ROUGE GENERAL MEDICAL CENTER

## Notes to Financial Statements

### Note 4. Investments (Continued)

The three levels of the fair value hierarchy are described as follows

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Hospital has the ability to access
Level 2	<p>Inputs to the valuation methodology include</p> <ul style="list-style-type: none"> <li>• quoted prices for similar assets or liabilities in active markets,</li> <li>• quoted prices for identical or similar assets or liabilities in inactive markets,</li> <li>• inputs other than quoted prices that are observable for the asset or liability,</li> <li>• inputs that are derived principally from or corroborated by observable market data by correlation or other means</li> </ul> <p>If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability</p>
Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Assets measured at fair value on a recurring basis at September 30, 2011 are summarized below

Assets	Level 1	Level 2	Level 3	Net Balance
Marketable Stocks	\$ 15,694	\$ -	\$ -	\$ 15,694
Government Securities	9,793	-	-	9,793
Money Market Deposits	10,425	-	-	10,425
Certificates of Deposit	135	-	-	135
<b>Total</b>	<b>\$ 36,047</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 36,047</b>

# BATON ROUGE GENERAL MEDICAL CENTER

## Notes to Financial Statements

### Note 4. Investments (Continued)

Assets measured at fair value on a recurring basis at September 30, 2010 are summarized below

<b>Assets</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Net Balance</b>
Marketable Stocks	\$ 15,694	\$ -	\$ -	\$ 15,694
Government Securities	9,093	-	-	9,093
Money Market Deposits	12,604	-	-	12,604
Certificates of Deposit	135	-	-	135
<b>Total</b>	<b>\$ 37,526</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 37,526</b>

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at September 30, 2011 and 2010.

- Common stocks, corporate bonds and U S government securities Valued at the closing price reported on the active market on which the individual securities are traded
- Mutual Funds Valued at the net asset value (NAV) of shares held at year end

The following schedule summarizes the investment income in the statements of operations for the years ended September 30, 2011 and 2010

	<b>2011</b>	<b>2010</b>
	<i>(In Thousands)</i>	
Dividends and interest	\$ 1,365	\$ 1,205
Net unrealized gains	226	451
Net realized gains (losses)	44	(1)
Investment manager fees	-	(1)
Investment income	<b>\$ 1,635</b>	<b>\$ 1,654</b>

## BATON ROUGE GENERAL MEDICAL CENTER

### Notes to Financial Statements

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#### Note 5. Property, Plant and Equipment

Property and equipment and accumulated depreciation at September 30, 2011 and 2010, are as follows

	2011	2010
	<i>(In Thousands)</i>	
Land and land improvements	\$ 16,899	\$ 16,921
Buildings and fixed equipment	204,547	198,599
Equipment	107,762	103,515
Construction in progress	518	1,448
	<u>329,726</u>	<u>320,483</u>
Accumulated depreciation	<u>(183,104)</u>	<u>(171,056)</u>
	<u>\$ 146,622</u>	<u>\$ 149,427</u>

Depreciation expense was \$12,479,000 and \$12,791,000, for the years ended September 30, 2011 and 2010, respectively

#### Note 6. Leases and Other Commitments

The Hospital leases medical and office equipment and office buildings under several operating leases, which expire in various years through 2014. Rental expense under non-cancelable operating leases totaled approximately \$2,072,000 and \$3,242,000 for the years ended September 30, 2011 and 2010, respectively.

Future minimum payments under all operating leases with original or remaining terms of one year or more at September 30, 2011, are as follows (in thousands)

2012	\$	415
2013		240
2014		177
2015		150
2016		154
Thereafter		<u>490</u>
Total Minimum Rental Commitments	\$	<u>1,626</u>



## BATON ROUGE GENERAL MEDICAL CENTER

### Notes to Financial Statements

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#### Note 7. Business and Credit Concentrations

Financial instruments which potentially subject the Hospital to concentrations of credit risk consist principally of unsecured accounts receivable and depository accounts in excess of federally insured limits

The Hospital grants credit to patients, substantially all of whom are regional residents, and generally does not require collateral or other security in extending this credit, however, the Hospital routinely obtains assignment of (or is otherwise entitled to receive) patients' benefits payable under their health insurance programs, plans, or policies (e g , Medicare, Medicaid, and commercial insurance policies) The mix of receivable due from patients and third-party payors was at September 30, 2011 and 2010, is as follows

	2011	2010
Medicare	24 %	24 %
Medicaid	16	15
Commerical	57	59
Self-Pay	3	2
	<u>100 %</u>	<u>100 %</u>

#### Note 8. Long-Term Debt

On December 8, 2004, the Louisiana Public Facilities Authority issued the Series 2004 Bonds, for which the Hospital is obligated The proceeds of the Series 2004 Bonds were used in refunding previously issued bond series, together with providing funds for (a) funding a \$98.1 million capital expansion of the Bluebonnet campus including capitalized interest during the construction period, (b) funding a debt service reserve fund, and (c) paying certain costs incurred in connection with the issuance of the bonds

## BATON ROUGE GENERAL MEDICAL CENTER

### Notes to Financial Statements

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#### Note 8. Long-Term Debt (Continued)

Long-term debt at September 30, 2011 is summarized as follows (in thousands)

Mortgage Revenue Bonds, FHA Insured Series 2004, plus unamortized premium of \$4,961 and \$5,361 at September 30, 2011 and 2010, respectively, \$35,185 of serial bonds bearing interest rates of 4% to 5%, and maturing through 2018, \$42,345 of 5 25% and \$107,735 of 5 25% term bonds maturing in 2024 and 2033, respectively, with optional or mandatory redemption requirements beginning in 2014, collateralized by a pledge of future revenue of BRGMC and secured by (a) mortgage granting to the Bank of New York, as mortgagee, a first lien on certain of BRGMC's real property and (b) a security agreement granting a security interest on certain of BRGMC's personal property (fair value of \$193,365 and \$156,489, at September 30, 2011 and 2010), respectively	\$ 190,192
Bonds payable to others	6,845
Less principal payments due within one year	<u>(8,378)</u>
	<u>\$ 188,659</u>

The scheduled maturities of long-term debt for the next five years ending September 30<sup>th</sup> are as follows (in thousands)

2012	\$ 8,378
2013	7,870
2014	5,682
2015	5,540
2016	5,770
Thereafter	<u>158,836</u>
	<u>\$ 192,076</u>

The schedule of maturities does not include \$4,961,000 of unamortized bond premium which is included in long-term debt, less current portion on the balance sheet

## BATON ROUGE GENERAL MEDICAL CENTER

### Notes to Financial Statements

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#### Note 8. Long-Term Debt (Continued)

As mentioned above, proceeds from the Series 2004 Bonds were used to refund previous bond issuances that were obligations of the Hospital. Approximately \$96,894,000 of the proceeds of the Bonds, together with other monies of the Hospital, was used to currently refund the Series 1989A Bonds, Series 1989B Bonds, Series 1992 Bonds and Series 1994 Bonds (the "Currently Refunded Bonds"), which was redeemed within ninety (90) days after the delivery of the Bonds. In the opinion of Bond Counsel, pursuant to the related indentures under which the Currently Refunded Bonds were issued and upon the deposit being made to the bond funds for the Currently Refunded Bonds, the Currently Refunded Bonds have been defeased, have been deemed to be paid and are no longer considered to be outstanding under such indentures.

#### Note 9. Other Operating Revenue

Other operating revenue recognized during the years ended September 30, 2011 and 2010 consist of the following:

	2011	2010
	<i>(In Thousands)</i>	
Cafeteria revenue	\$ 2,646	\$ 2,660
Contributions	918	1,372
Rent	2,092	2,187
Other	5,577	6,435
	<u>\$ 11,233</u>	<u>\$ 12,654</u>

#### Note 10. Functional Expenses

The Hospital provides general health care services to residents within its geographic location. Expenses related to providing these services were as follows:

	2011	2010
	<i>(In Thousands)</i>	
Health care services	\$ 195,900	\$ 198,556
General and administrative	114,284	107,028
	<u>\$ 310,184</u>	<u>\$ 305,584</u>

## BATON ROUGE GENERAL MEDICAL CENTER

### Notes to Financial Statements

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#### **Note 11. Contingencies**

Malpractice claims that fall within the Hospital's adopted policy of self-insurance (see Note 1) have been asserted against the Hospital by various claimants. The claims are in various stages of processing and some may ultimately be brought to trial.

The accrual for malpractice and general liability self-insurance reserves, which is recorded on the Hospital's parent company (General Health System), totaled \$4,607,000 and \$4,193,000, at September 30, 2011 and 2010, respectively, of which \$750,000 is included in current liabilities at each of those dates. Based on management's best knowledge and belief, it is the opinion of management that the ultimate resolution of malpractice claims and incidents will not have a material effect on the Hospital's financial statements.

#### **Note 12. Related Party Transactions**

As mentioned in Note 1, the Hospital is an affiliate of GHS and purchases certain services. For the years ended September 30, 2011 and 2010, the Hospital incurred \$52,311,262 and \$48,057,018, in service fees with GHS, respectively.

#### **Note 13. Accounting for Uncertainty in Taxes**

The Company follows the provisions of the Accounting for Uncertainty in Income Taxes Topic of the FASB ASC. The Company recognizes a threshold and measurement process for financial statement recognition of uncertain tax positions taken or expected to be taken in a tax return. The interpretation also provides guidance on recognition, derecognition, classification, interest and penalties, accounting in interim periods, disclosure and transition. The Company's tax filings are subject to audit by various taxing authorities. There are currently no returns under examination. Management evaluated the Company's tax positions and considered that the Company had taken no uncertain tax positions that require adjustments to the financial statements to comply with the provisions of this guidance.

#### **Note 14. Subsequent Events**

Management has evaluated subsequent events through the date that the financial statements were available to be issued, December 21, 2011, and determined that no events occurred that require disclosure. No subsequent events occurring after this date have been evaluated for inclusion in these financial statements.