Aug. 29. 2018 9:55AM No. 6769 P. 2

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

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2012 or other tax year beginning 10/01, 2012, and ending 09/30, 2013.

▶ See separate instructions.

OMB No. 1545-0687

2012

Open to Public Inspection for 501(c)(3) Organizations Only

A Check box if address changed

B Exempt under section: [X] 501(C)(03); [ ] 408(e); [ ] 220(e); [ ] 408A; [ ] 530(a); [ ] 529(a)

C Book value of all assets at end of year: 173,291,544

Print or Type

Name of organization (Check box if name changed and see instructions.): GENERAL HEALTH SYSTEM

Number, street, and room or suite no. If a P.O. box, see instructions.: 8490 PICARDY AVENUE, # 300

City or town, state, and ZIP code: BATON ROUGE, LA 70809

D Employer identification number (Employees' trust, see instructions.): 72-0475545

E Unrelated business activity codes (see instructions): 541610

F Group exemption number (see instructions) ▶

G Check organization type ▶ [ ] 501(c) corporation [ ] 501(c) trust [ ] 401(a) trust [ ] Other trust

3

H Describe the organization's primary unrelated business activity. ▶ Management services provided to for-profit affiliates

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ [ ] Yes [X] No

If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ GENERAL HEALTH SYSTEM FINANCE DEPT Telephone number ▶ 225-237-1547

Part I Unrelated Trade or Business Income

		Line	(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances c Balance ▶	1c			
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
c	Capital loss deduction for trusts	4c			
5	Income (loss) from partnerships and S corporations (attach statement)	5	22,508		22,508
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (see instructions; attach statement)	12	1,896,353		1,896,353
13	Total. Combine lines 3 through 12	13	1,918,861		1,918,861

Part II Deductions Not Taken Elsewhere (see instructions for limitations on deductions) (except for contributions, deductions must be directly connected with the unrelated business income)

SBSE Collection, Gulf States Area
Baton Rouge Territory
AUG 29 2018
Baton Rouge POD

				Line	Amount
14	Compensation of officers, directors, and trustees (Schedule K)			14	
15	Salaries and wages			15	
16	Repairs and maintenance			16	
17	Bad debts			17	
18	Interest (attach statement)			18	
19	Taxes and licenses			19	
20	Charitable contributions (see instructions for limitation rules)			20	
21	Depreciation (attach Form 4562)	21			
22	Less depreciation claimed on Schedule A and elsewhere on return	22a		22b	
23	Depletion			23	
24	Contributions to deferred compensation plans			24	
25	Employee benefit programs			25	
26	Excess exempt expenses (Schedule I)			26	
27	Excess readership costs (Schedule J)			27	
28	Other deductions (attach statement)			28	1,896,353
29	Total deductions. Add lines 14 through 28			29	1,896,353
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13			30	22,508
31	Net operating loss deduction (limited to the amount on line 30)			31	22,508
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30			32	0
33	Specific deduction (generally $1,000, but see line 33 instructions for exceptions)			33	
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32			34	0

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Part III Tax Computation

35 Organizations taxable as corporations (see instructions for tax computation). Controlled group members (sections 1561 and 1563) check here ▶ [X] See instructions and:

a Enter your share of the $50,000, $25,000, and $9,925,000 taxable income brackets (in that order): (1) $ 0 (2) $ 0 (3) $ 0

b Enter organization's share of: (1) Additional 5% tax (not more than $11,750) $

(2) Additional 3% tax (not more than $100,000) $

c Income tax on the amount on line 34 ▶	35c	0
36 Trusts taxable at trust rates (see instructions for tax computation). Income tax on the amount on line 34 from: [ ] Tax rate schedule or [ ] Schedule D (Form 1041) ▶	36	
37 Proxy tax (see instructions) ▶	37	
38 Alternative minimum tax	38	
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies	39	0

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	40a			
b Other credits (see instructions)	40b			
c General business credit. Attach Form 3800 (see instructions)	40c			
d Credit for prior year minimum tax (attach Form 8801 or 8827)	40d			
e Total credits. Add lines 40a through 40d			40e	0
41 Subtract line 40e from line 39			41	0
42 Other taxes. Check if from: [ ] Form 4255 [ ] Form 8611 [ ] Form 8697 [ ] Form 8866 [ ] Other (attach statement)			42	
43 Total tax. Add lines 41 and 42			43	0
44a Payments: A 2011 overpayment credited to 2012	44a			
b 2012 estimated tax payments	44b			
c Tax deposited with Form 8868	44c			
d Foreign organizations: Tax paid or withheld at source (see instructions)	44d			
e Backup withholding (see instructions)	44e			
f Credit for small employer health insurance premiums (Attach Form 8941)	44f			
g Other credits and payments: [ ] Form 2439 ______ [ ] Form 4136 ______ [ ] Other ______ Total ▶	44g			
45 Total payments. Add lines 44a through 44g			45	0
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ [ ]			46	
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed ▶			47	0
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid ▶			48	0
49 Enter the amount of line 48 you want: Credited to 2013 estimated tax ▶ 0 Refunded ▶			49	0

Part V Statements Regarding Certain Activities and Other Information (see instructions)

	Yes	No
1 At any time during the 2012 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ▶		
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		
3 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ $		

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3	NOT APPLICABLE			
4a Additional section 263A costs (attach statement)	4a		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
b Other costs (attach statement)	4b				
5 Total. Add lines 1 through 4b	5				

Sign Here

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

▶ Signature of officer KENDALL JOHNSON Date 8-8-14 ▶ Title VICE PRES & CHIEF FINANCIAL OFFICER

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no.	

JSA 2E1620 1.000

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1. Description of property

(1) NOT APPLICABLE
(2)
(3)
(4)

	2. Rent received or accrued		
	(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach statement)
(1)			
(2)			
(3)			
(4)			
Total		Total	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) . . . . . ▶

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property (a) Straight line depreciation (attach statement)	(b) Other deductions (attach statement)
(1) NOT APPLICABLE			
(2)			
(3)			
(4)			

	4. Amount of average acquisition debt on or allocable to debt-financed property (attach statement)	5. Average adjusted basis of or allocable to debt-financed property (attach statement)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)			%		
(2)			%		
(3)			%		
(4)			%		
				Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B).
Totals . . . . ▶					
Total dividends-received deductions included in column 8 . . . . ▶					

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1) NOT APPLICABLE					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

	7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)					
(2)					
(3)					
(4)					
				Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals . . . . ▶					

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1) NOT APPLICABLE				
(2)				
(3)				
(4)				
Totals	Enter here and on page 1, Part I, line 9, column (A)			Enter here and on page 1, Part I, line 9, column (B)

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1) NOT APPLICABLE						
(2)						
(3)						
(4)						
Totals	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) NOT APPLICABLE						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))						

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) NOT APPLICABLE						
(2)						
(3)						
(4)						
Totals from Part I						
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I line 11, col. (B).				Enter here and on page 1, Part II, line 27.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1) WM HOLMAN	PRESIDENT/CEO	100.0000 %	0
(2) KENDALL JOHNSON, CPA	VICE PRES/CFO	90.0000 %	0
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0

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GENERAL HEALTH SYSTEM
FORM 990-T SUPPORTING SCHEDULES
FYE SEPTEMBER 30, 2013

72-0476545

FORM 990-T, PAGE 1, LINE 31, NET OPERATING LOSS DEDUCTION:

	Generated	Used	Balance	Expires
LOSS GENERATED DURING FYE 09/30/93	$1,000			
NOL USED DURING FYE 09/30/08		$1,000	$0	2008
LOSS GENERATED DURING FYE 09/30/01	$7,646			
NOL USED DURING FYE 09/30/08		$3,688		
NOL USED DURING FYE 09/30/10		$3,958	$0	2021
LOSS GENERATED DURING FYE 09/30/02	$3,175			
NOL USED DURING FYE 09/30/10		$3,175	$0	2022
LOSS GENERATED DURING FYE 09/30/03	$5,233			
NOL USED DURING FYE 09/30/10		$5,233	$0	2023
LOSS GENERATED DURING FYE 09/30/04	$24,192			
NOL USED DURING FYE 09/30/10		$18,095		
NOL USED DURING FYE 09/30/11		$1,242		
NOL USED DURING FYE 09/30/12		$4,855	$0	2024
LOSS GENERATED DURING FYE 09/30/05	$43,274			
NOL USED DURING FYE 09/30/12		$4,415	$38,859	2025
LOSS GENERATED DURING FYE 09/30/06	$6,143		$6,143	2026
LOSS GENERATED DURING FYE 09/30/07	$16,792		$16,792	2027
LOSS GENERATED DURING FYE 09/30/09	$6,144		$6,144	2029
	$113,599			
LOSS CARRIED FORWARD TO FYE 09/30/13			$67,938	
NOL USED DURING FYE 09/30/13			$22,508	
LOSS CARRIED FORWARD TO FYE 09/30/14			$45,430	

GENERAL HEALTH SYSTEM
FORM 990-T SUPPORTING SCHEDULES
FYE SEPTEMBER 30, 2013

72-0475545

SCHEDULE OF UNRELATED BUSINESS INCOME

Activity	Amount
Part I - Line 5 Income (Loss) from Partnerships	
Partner's share of Unrelated Business Income resulting from purchases by non-Premier Purchasing Partners customers. From Premier Purchasing Partners, LP FYE 06-30-2013 Form 1065, Sch K-1 # 33-0387407	$22,508
Part I - Line 12 - Other Income	
Management Fee Income from For-Profit affiliates	$1,896,353
TOTAL INCOME	$1,896,353
Part II - Line 28 - Total Other Deductions	
Management Expense Allocations to For-Profit affiliates	
Employee Benefits allocation	$1,448,878
Insurance Costs allocation	$7,927
Corporate Overhead allocation	$439,548
TOTAL EXPENSES	$1,896,353

Management, administrative and governance services provided to for-profit affiliates are charged at cost to said affiliates.