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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047 <div> <div>2012</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2012 calendar year, or tax year beginning 10-01-2012 , 2012, and ending 09-30-2013

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization BATON ROUGE GENERAL MEDICAL CENTER		D Employer identification number 72-1025017	
	Doing Business As			
	Number and street (or P O box if mail is not delivered to street address) 8490 PICARDY AVENEUE NO 300-B	Room/suite	E Telephone number (225) 237-1547	
	City or town, state or country, and ZIP + 4 BATON ROUGE, LA 70809		G Gross receipts \$ 385,368,686	
	F Name and address of principal officer MARK SLYTER 8490 PICARDY AVENEUE NO 300-B BATON ROUGE, LA 70809		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀(Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: ▶ WWW.BRGENERAL.ORG				
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation 1983	M State of legal domicile LA

Part I	Summary
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Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO PROVIDE 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 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
	3	Number of voting members of the governing body (Part VI, line 1a)	18	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	11	
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	0	
	6	Total number of volunteers (estimate if necessary)	400	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	479,672	
	7b	Net unrelated business taxable income from Form 990-T, line 34	-108,788	
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	890,637	1,031,435
	9	Program service revenue (Part VIII, line 2g)	321,633,161	368,192,959
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,787,045	1,028,478
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,315,378	12,605,329
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	333,626,221	382,858,201
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	926,314	1,047,456
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	120,699,077	133,938,118
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	203,754,359	241,146,535
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	325,379,750	376,132,109
	19	Revenue less expenses Subtract line 18 from line 12	8,246,471	6,726,092
	Net Assets or Fund Balances			Beginning of Current Year
20		Total assets (Part X, line 16)	305,581,130	298,665,555
21		Total liabilities (Part X, line 26)	239,615,809	227,058,237
22		Net assets or fund balances Subtract line 21 from line 20	65,965,321	71,607,318

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

Sign Here	*****			2014-08-14	
	Signature of officer			Date	
	KENDALL JOHNSON VICE PRESIDENT & CFO				
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name RALPH STEPHENS		Preparer's signature		Date
	Check <input type="checkbox"/> if self-employed			PTIN P00638118	
	Firm's name ▶ POSTLETHWAITE & NETTERVILLE			Firm's EIN ▶ 72-1202445	
	Firm's address ▶ 8550 UNITED PLAZA BLVD SUITE 1001 BATON ROUGE, LA 70809			Phone no (225) 922-4600	

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

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

4a

(Code) (Expenses \$ 266,316,392 including grants of \$ 1,047,456) (Revenue \$ 231,796,622)

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 \$37,338,752 OF FREE AND/OR SUBSIDIZED CARE, \$290,130,422 OF CARE PROVIDED TO PERSONS COVERED BY GOVERNMENTAL PROGRAMS AT BELOW COST AS WELL AS HEALTH ACTIVITIES AND EDUCATION PROGRAMS DURING FY 2013, BRG RECORDED 20,131 ADMITS, 196,897 OUTPATIENT CASES/PROCEDURES, 112,218 PATIENT DAYS, 100,005 EMERGENCY ROOM VISITS, DISPENSED 2,500,000 PHARMACY UNIT DOSES AND 11,450 INPATIENT/OUTPATIENT SURGERIES

4b

(Code) (Expenses \$ 35,566,280 including grants of \$) (Revenue \$ 84,396,196)

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 CLINICALLY COMPETENT SUPPORT STAFF IN THE AREA BRG COMPLETED 11,450 SURGERIES DURING THE FISCAL YEAR

4c

(Code) (Expenses \$ 27,190,441 including grants of \$) (Revenue \$ 52,000,141)

THE BRG INPATIENT/OUTPATIENT 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 2,500,000 UNIT DOSES

4d

Other program services (Describe in Schedule O)





















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

4e

Total program service expenses ▶ 329,073,113

Form **990** (2012)

Part IV Checklist of Required Schedules

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

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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 through 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	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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	Yes	
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	Yes	
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, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

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

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	18	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	11	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

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 made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, 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 (225) 237-1547	

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

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

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

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

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

[illegible]

Part VII

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								34,332	8,421,205	937,079

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶55

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
GENERAL HEALTH SYSTEM 8490 PICARDY AVE BATON ROUGE LA 70809	MANAGEMENT & GOVERNANCE	48,914,559
PARISH ANESTHESIA OF BR 3510 N CAUSEWAY BLVD METAIRIE LA 70002	MEDICAL SERVICES	4,084,145
LSU HEALTH SCIENCES CTR 433 BOLIVAR ST NEW ORLEANS LA 70112	MEDICAL SERVICES	2,735,983
HOSPITAL HOUSEKEEPING SVCS PO BOX 826 SAN ANTONIO TX 78293	HOUSEKEEPING SERVICES	2,599,222
HMG PHYSICIANS LLC 3600 FLORIDA BLVD BATON ROUGE LA 70806	MEDICAL SERVICES	1,890,000

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 47

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 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	1,019,135				
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	12,300				
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f		1,031,435				
Program Service Revenue	2a	NET PATIENT REVENUES	Business Code 621990	368,192,959	368,192,959			
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		368,192,959				
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	1,078,321			1,078,321	
4		Income from investment of tax-exempt bond proceeds . .						
5		Royalties						
6a		(i) Real						
		(ii) Personal						
		2,904,583						
		0						
b		Less rental expenses						
c		Rental income or (loss)	2,904,583					
d		Net rental income or (loss)		2,904,583	2,904,583			
7a		(i) Securities						
		(ii) Other						
		2,448,771						11,871
		2,510,485						0
b		Less cost or other basis and sales expenses						
c		Gain or (loss)	-61,714	11,871				
d		Net gain or (loss)		-49,843			-49,843	
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						
11a	CAFETERIA REVENUE	722210	3,281,378		479,672	2,801,706		
b	PURCHASE REBATES	900099	1,179,066			1,179,066		
c	SUPPORT REV -LTAC	900099	684,634			684,634		
d	All other revenue		4,555,668			4,555,668		
e	Total. Add lines 11a-11d		9,700,746					
12	Total revenue. See Instructions		382,858,201	371,097,542	479,672	10,249,552		

Part IX

Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	1,044,630	1,044,630		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	2,826	2,826		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	34,332	34,332		
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.	114,959,755	113,637,688	1,322,067	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9	Other employee benefits.	10,348,857	10,319,222	29,635	
10	Payroll taxes.	8,595,174	8,492,426	102,748	
11	Fees for services (non-employees):				
a	Management.	54,716,568	13,863,680	40,852,888	
b	Legal.	1,300		1,300	
c	Accounting.				
d	Lobbying.	55,150	55,150		
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	31,388,506	28,891,671	2,496,835	
12	Advertising and promotion.	1,974,253	1,966,285	7,968	
13	Office expenses.	83,476,352	83,331,109	145,243	
14	Information technology.	247,257	247,257		
15	Royalties.				
16	Occupancy.	4,913,730	4,543,629	370,101	
17	Travel.	284,840	266,587	18,253	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.				
20	Interest.	6,874,988	6,187,489	687,499	
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	11,796,277	11,221,395	574,882	
23	Insurance.	502,574	502,574		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O).				
a	BAD DEBT EXPENSES	25,065,607	25,065,607		
b	LOSS ON BOND REFINANCE	10,547,457	10,547,457		
c	EQUIPMENT RENTALS/REPAIRS	7,811,161	7,509,102	302,059	
d	PATIENT RELATIONS EXPENSES	694,589	694,589		
e	All other expenses	795,926	648,408	147,518	
25	Total functional expenses. Add lines 1 through 24e.	376,132,109	329,073,113	47,058,996	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

☐

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		15,703,593	1	21,973,168
	2	Savings and temporary cash investments		72,556,538	2	49,798,248
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		36,104,393	4	38,286,248
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		1,507,800	7	1,707,602
	8	Inventories for sale or use		32,375,562	8	33,873,645
	9	Prepaid expenses and deferred charges		1,367,126	9	1,044,357
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a325,424,945			
	b	Less accumulated depreciation	10b183,598,095	140,605,341	10c	141,826,850
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		5,360,777	15	10,155,437
	16	Total assets. Add lines 1 through 15 (must equal line 34)		305,581,130	16	298,665,555
Liabilities	17	Accounts payable and accrued expenses		51,303,379	17	55,556,599
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		188,312,430	20	171,501,638
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		239,615,809	26	227,058,237
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		65,965,321	27	71,607,318
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		65,965,321	33	71,607,318
	34	Total liabilities and net assets/fund balances		305,581,130	34	298,665,555

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	382,858,201
2	Total expenses (must equal Part IX, column (A), line 25)	2	376,132,109
3	Revenue less expenses Subtract line 2 from line 1	3	6,726,092
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	65,965,321
5	Net unrealized gains (losses) on investments	5	-1,084,095
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	71,607,318

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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	2b	Yes
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	No
3b	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	3b	

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
VENKAT BANDA MD BOARD MEMBER	3 00	X						0	748,535	64,910
PETER BOSTICK MD BOARD MEMBER	3 00	X						0	0	0
GREG BOWSER BOARD MEMBER	3 00	X						0	0	0
SUE ANNE COX BOARD MEMBER	3 00	X						0	0	0
PERRY FRANKLIN BOARD MEMBER	3 00	X						0	0	0
GARY GRAPHIA BOARD MEMBER	3 00	X						0	0	0
MARGARET HART BOARD MEMBER	3 00	X						0	0	0
EVELYN HAYES MD BOARD CHAIR INTERIM PRES/CEO EFF MAR 2013	50 00	X		X				0	111,512	40,528
LESLIE HERPIN MARX BOARD MEMBER	3 00	X						0	0	0
JOE JUBAN BOARD MEMBER	3 00	X						0	0	0
ROY KADAIK MD BOARD MEMBER	3 00	X						0	0	0
JAMES LLORENS PHD BOARD MEMBER	3 00	X						0	0	0
ANDREW OLINDE MD BOARD MEMBER	3 00	X						34,332	0	0
JANICE PELLAR BOARD MEMBER	3 00	X						0	0	0
GOV CHARLES BUDDY ROEMER BOARD MEMBER	3 00	X						0	0	0
ELAINE VALLETTE DRPH BOARD MEMBER	3 00	X						0	0	0
REV RONNIE WILLIAMS BOARD MEMBER	3 00	X						0	0	0
WILLIAM HOLMAN PRES & CEO UNTIL MARCH 2013	50 00	X		X				0	1,179,992	56,553
DIONNE E VIATOR CPA EXEC VICE PRESIDENT & CBDO	50 00			X				0	491,822	48,245
EDGARDO TENREIRO EXEC VICE PRESIDENT & COO	50 00			X				0	419,716	97,627
FLOYD ROBERTS MD CHIEF MEDICAL OFFICER	50 00			X				0	788,468	39,201
KENDALL JOHNSON CPA VICE PRESIDENT & CFO	50 00			X				0	301,972	62,646
ANNA CAZES DNS CHIEF NURSING OFFICER	50 00			X				0	232,720	80,242
PAUL DOUGLAS VICE PRES-HUMAN RESOURCES	50 00				X			0	261,910	51,532
DONALD SHAW VICE PRES-REVENUE CYCLE	50 00				X			0	201,622	49,573

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PEYTON GRANT VICE PRES-FACILITIES MGT	50 00				X			0	194,072	61,308
GEORGE BELL VICE PRES-COMMUNITY RELATNS	50 00				X			0	291,259	47,684
WILLIAM J HUBBARD MD PHYSICIAN-SURGEON	50 00					X		0	825,315	64,272
ROBERT N MOUKARZEL MD PHYSICIAN-SURGEON	50 00					X		0	792,298	58,424
GERALD W MOLLOY MD PHYSICIAN-SURGEON	50 00					X		0	627,818	54,910
DHAVAL V ADHVARYU MD PHYSICIAN-SURGEON	50 00					X		0	600,736	40,664
EDWARD C FACUNDUS MD PHYSICIAN-SURGEON	50 00					X		0	351,438	18,760

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

2012

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 33¹/₃% 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 33¹/₃% 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 - Non-functionally integrated
- 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 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 monetary support |
|------------------------------------|----------|--|--|----|---|----|--|----|----------------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | |
- For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ.

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2012

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 6, column (f) divided by line 11, column (f))	14		
15 Public support percentage for 2011 Schedule A, Part II, line 14	15		
16a 33 1/3% support test—2012. 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—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			▶
17a 10%-facts-and-circumstances test—2012. 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—2011. 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 IIISupport 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

Part IV **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).

Facts And Circumstances Test

Explanation

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

2012

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 35c (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
--	--

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 function activities	▶ \$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$
4	Did the filing organization file Form 1120-POL for this year?	<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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B
- Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><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></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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?	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?	Yes		55,000
j	Total. Add lines 1c through 1i.			55,150
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 carry over lobbying and political expenditures from the prior year?	3	

Part III-B

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

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

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. 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

OMB No 1545-0047

2012

Open to Public Inspection

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

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

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><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2

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

	Held at the End of the Year
a	Total number of conservation easements
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, and not on a historic structure listed in the National Register

3

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

4

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

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, 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 section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

Part III

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

1a

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

b

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

(i) 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 (ASC 958) relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

Part III

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

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

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

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

2

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

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

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

3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

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

3b

Yes

No

4

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

Part VI

Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		9,755,209		9,755,209
b Buildings		207,433,065	110,502,713	96,930,352
c Leasehold improvements		8,110,033	6,713,861	1,396,172
d Equipment		93,513,590	66,381,521	27,132,069
e Other		6,613,048		6,613,048
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				141,826,850

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return					
1	Total revenue, gains, and other support per audited financial statements			1	356,708,497
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	-26,149,704		
e	Add lines 2a through 2d			2e	-26,149,704
3	Subtract line 2e from line 1			3	382,858,201
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines 4a and 4b		4c		
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	382,858,201
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return					
1	Total expenses and losses per audited financial statements			1	351,066,502
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1			3	351,066,502
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	25,065,607		
c	Add lines 4a and 4b		4c		
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	376,132,109

Part XIII 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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS		UNREALIZED HOLDING LOSSES -1,084,097 BAD DEBTS EXPENSE -25,065,607
PART XII, LINE 4B - OTHER ADJUSTMENTS		BAD DEBTS EXPENSE 25,065,607
		PART X, LINE 2 - FIN 48/ASC FOOTNOTE "THE COMPANY ADOPTED 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. THE COMPANY'S OPEN AUDIT PERIODS ARE YEARS ENDED SEPTEMBER 30, 2010 THROUGH SEPTEMBER 30, 2012. 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."

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

OMB No 1545-0047

2012

Open to Public Inspection

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

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

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			12,471,143	67,949	12,403,194	3 530 %
b Medicaid (from Worksheet 3, column a)			42,325,002	25,006,238	17,318,764	4 930 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			54,796,145	25,074,187	29,721,958	8 460 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)		6,614	546,531	0	546,531	0 160 %
f Health professions education (from Worksheet 5)	7	726	9,159,253	3,116,623	6,042,630	1 720 %
g Subsidized health services (from Worksheet 6)	3	97,270	28,496,749	24,213,577	4,283,172	1 220 %
h Research (from Worksheet 7)			447,175	16,802	430,373	0 120 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			883,714	0	883,714	0 250 %
j Total. Other Benefits	10	104,610	39,533,422	27,347,002	12,186,420	3 470 %
k Total. Add lines 7d and 7j	10	104,610	94,329,567	52,421,189	41,908,378	11 930 %

Part II

Community Building Activities

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing		12,500	0	12,500	0 %
2	Economic development		12,500	0	12,500	0 %
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		25,000		25,000	

Part III

Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1

Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No. 15?

1

No

2

Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

2

8,371,913

3

Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.

3

4

Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Section B. Medicare

5

Enter total revenue received from Medicare (including DSH and IME).

5

96,452,972

6

Enter Medicare allowable costs of care relating to payments on line 5.

6

87,590,234

7

Subtract line 6 from line 5. This is the surplus (or shortfall).

7

8,862,738

8

Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.
☐ Cost accounting system ☒ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a

Did the organization have a written debt collection policy during the tax year?

9a

Yes

9b

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

9b

Yes

Part IV

Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

Part V

Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?
1

Name, address, and primary website address

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	BRGMC - MID CITY AND BLUEBONNET CAMPUS 8490 PICARDY AVENUE BATON ROUGE, LA 70809	X	X		X			X			A

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

BRGMC - MID CITY CAMPUS

Name of hospital facility or facility reporting group

For single facility filers only: line Number of Hospital Facility (from Schedule H, Part V, Section A)

		Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)			
1 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9 If "Yes," indicate what the CHNA report describes (check all that apply)	1	Yes	
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility			
b <input checked="" type="checkbox"/> Demographics of the community			
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d <input checked="" type="checkbox"/> How data was obtained			
e <input checked="" type="checkbox"/> The health needs of the community			
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs			
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests			
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs			
j <input type="checkbox"/> Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>12</u>			
3 In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? 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	Yes	
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	Yes	
5 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	5	Yes	
a <input checked="" type="checkbox"/> Hospital facility's website			
b <input checked="" type="checkbox"/> Available upon request from the hospital facility			
c <input checked="" type="checkbox"/> Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply to date)			
a <input type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b <input type="checkbox"/> Execution of the implementation strategy			
c <input checked="" type="checkbox"/> Participation in the development of a community-wide plan			
d <input checked="" type="checkbox"/> Participation in the execution of a community-wide 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 CHNA			
g <input checked="" type="checkbox"/> Prioritization of health needs in its community			
h <input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i <input checked="" type="checkbox"/> Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7		No
8a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	8a		No
b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b		
c If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$_____			

Part V

Facility Information (continued)

Financial Assistance Policy		Yes	No
9 Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?		9 Yes	
10 Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>200 00000000000000</u> % If "No," explain in Part VI the criteria the hospital facility used		10 Yes	
11 Used FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>200 00000000000000</u> % If "No," explain in Part VI the criteria the hospital facility used		11 Yes	
12 Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)		12	No
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)			
13 Explained the method for applying for financial assistance?		13 Yes	
14 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)		14 Yes	
a <input checked="" type="checkbox"/> The policy was posted on the hospital facility's website			
b <input checked="" type="checkbox"/> The policy was attached to billing invoices			
c <input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d <input checked="" 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 on admission to the hospital facility			
f <input checked="" type="checkbox"/> The policy was available upon request			
g <input type="checkbox"/> Other (describe in Part VI)			
Billing and Collections			
15 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?		15 Yes	
16 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
a <input checked="" type="checkbox"/> Reporting to credit agency			
b <input checked="" type="checkbox"/> Lawsuits			
c <input checked="" type="checkbox"/> Liens on residences			
d <input type="checkbox"/> Body attachments			
e <input type="checkbox"/> Other similar actions (describe in Part VI)			
17 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged		17 Yes	
a <input checked="" type="checkbox"/> Reporting to credit agency			
b <input checked="" type="checkbox"/> Lawsuits			
c <input checked="" type="checkbox"/> Liens on residences			
d <input type="checkbox"/> Body attachments			
e <input checked="" type="checkbox"/> Other similar actions (describe in Part VI)			

Part V

Facility Information (continued)

- 18
- Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a

☐

Notified individuals of the financial assistance policy on admission
- b

☒

Notified individuals of the financial assistance policy prior to discharge
- c

☒

Notified individuals of the financial assistance policy in communications with the patients regarding the patients' bills
- d

☒

Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy
- e

☐

Other (describe in Part VI)

Policy Relating to Emergency Medical Care

		Yes	No
19	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 why	Yes	
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

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

20	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	<input checked="" type="checkbox"/> Other (describe in Part VI)			
21	During the tax year, did the hospital facility charge any FAP-eligible individuals 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		No
22	During the tax year, did the hospital facility charge any FAP-eligible individuals an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Part VI	22	Yes	

Part V

Facility Information (continued)

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

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

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

9

Name and address	Type of Facility (describe)
1 FAMILY HEALTH CENTER 3801 NORTH BLVD BATON ROUGE, LA 70806	CLINICAL LOCATION
2 FAMILY HEALTH CENTER-SOUTH 333 LEE DRIVE SUITE B BATON ROUGE, LA 70806	CLINICAL LOCATION
3 BRG SURGICAL ASSOCIATES 3600 FLORIDA BLVD BATON ROUGE, LA 70806	CLINICAL LOCATION
4 BRG SURGICAL ASSOCIATES-BLUEBONNET 8595 PICARDY AVENUE SUITE 235 BATON ROUGE, LA 70809	CLINICAL LOCATION
5 BRG ORTHOPEDIC ASSOCIATES 8595 PICARDY AVENUE SUITE 235 BATON ROUGE, LA 70809	CLINICAL LOCATION
6 BRG GASTROENTEROLOGY CENTER 6615 PERKINS ROAD BATON ROUGE, LA 70808	CLINICAL LOCATION
7 BRG NEUROLOGY ASSOCIATES 3600 FLORIDA BLVD BATON ROUGE, LA 70806	CLINICAL LOCATION
8 MATERNAL-FETAL MEDICINE OF BATON ROUGE 8595 PICARDY AVENUE SUITE 305 BATON ROUGE, LA 70809	CLINICAL LOCATION
9 WOMACK HEART CENTER-VALVE CENTER 8888 SUMMA AVE BATON ROUGE, LA 70809	CLINICAL LOCATION
10	

Part VI

Supplemental Information

Complete this part to provide the following information

- 1
- Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, Part V, Section A, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22
- 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
- 8
- Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22

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 TO APPLY FOR FINANCIAL ASSISTANCE APPROVAL FOR ASSISTANCE WILL BE BASED ON INCOME, ABILITY TO PAY AND ACCOUNT BALANCE, AMONG OTHER FACTORS
	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 ASSISTANCE THE ORGANIZATION PERFORMS ANNUAL REVIEWS OF ITS COLLECTION HISTORIES TO DETERMINE THE ACCURACY OF ITS ESTIMATIONS OF BAD DEBT ALLOWANCE AMOUNTS

Identifier	ReturnReference	Explanation
	PART V, LINE 1	THE ORGANIZATION PARTICIPATES IN A PARISH-WIDE COMMUNITY BENEFIT REPORT WHICH SUMMARIZES ITS EFFORTS TO IMPROVE THE OVERALL HEALTH AND WELLNESS OF THE GREATER BATON ROUGE AREA 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-7D ACTUAL, DIRECT COSTS WERE USED IN THE CALCULATIONS OF THE VARIOUS AMOUNTS IN PART I, LINES 7E-7I NO ADDITION OF UNALLOCATED OVERHEAD COSTS WERE USED ALTHOUGH THE ORGANIZATION FEELS THAT SUCH AN ADDITION WOULD BE JUSTIFIED
		PART VI, LINE 2 THE BATON ROUGE GENERAL MEDICAL CENTER (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 AREA 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 AND AVOID DUPLICATE EFFORTS 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 SERVICES PERSONNEL, LICENSED 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 OR REPRESENTATIVE OF PRIMARY IMPORTANCE IS THE HEALTH, RECUPERATION AND WELL-BEING OF OUR PATIENTS
		PART VI, LINE 4 BRGMC IS THE ONLY COMMUNITY-OWNED, NON-PROFIT HOSPITAL LOCATED IN THE BATON ROUGE AREA IT 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, THE FELICIANAS, ST HELENA AND POINTE COUPEE PARISH AREAS THE 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 30 YEARS

Identifier	ReturnReference	Explanation
		<p>PART VI, LINE 6 BRGMC IS AN IRC 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 2013, 12 SELECTED STUDENTS (IN MAY 2012, 12 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, LOUISIANA</p>

Schedule I (Form 990) <small>Department of the Treasury Internal Revenue Service</small>	<div>Grants and Other Assistance to Organizations, Governments and Individuals in the United States</div> <div>Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990</div>	OMB No 1545-0047
		2012
		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? <div>Yes No</div>
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. Part II can be duplicated if additional space is needed.
---------	---

(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 8490 PICARDY AVE BATON ROUGE, LA 70809	74-0801335	501C3	871,714				CHARITY EFFORTS
(2) VOLUNTEER HEALTH CORPS 4655 SHERWOOD COMMON BLVD BATON ROUGE, LA 70810	20-4852337	501C3	15,000				CHARITY EFFORTS
(3) AMERICAN CANCER SOCIETY 10528 KENTSHIRE COURT BATON ROUGE, LA 70810	13-1788491	501C3	10,000				CHARITY EFFORTS
(4) AMERICAN HEART ASSOCIATION 2644 S SHERWOOD FOREST BLVD BATON ROUGE, LA 70816	13-5613797	501C3	108,500				CHARITY EFFORTS
(5) BATON ROUGE SYMPHONY ORCHESTRA 7330 HIGHLAND RD BATON ROUGE, LA 70808	03-0469605	501C3	5,000				CHARITY EFFORTS
(6) FRIENDS OF BATON ROUGE ZOO P O BOX 60 BAKER, LA 70704	72-1094494	501C3	6,000				CHARITY EFFORTS
(7) PENNINGTON BIOMEDICAL RESEARCH 6400 PERKINS RD BATON ROUGE, LA 70808	58-1767810	501C3	5,000				CHARITY EFFORTS

2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	7
3	Enter total number of other organizations listed in the line 1 table	0

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.
Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of 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, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
		PART I, LINE 2 - THE GRANT RECIPIENT (GENERAL HEALTH SYSTEM FOUNDATION)IS RELATED TO THE TAXPAYER AND IS A 501C3 ORGANIZATION BECAUSE OF CENTRALIZED MANGAGEMENT, GOVERNANCE AND ACCOUNTING, 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 PURPOSE

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2012

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
<div><div>1a</div><div>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><div><div><input checked="" type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div></div><div><div><input checked="" type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div></div><div><div><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div></div><div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>b</div><div>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 of the expenses described above? If "No," complete Part III to explain</div></div>	1bYes	
<div><div>2</div><div>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?</div></div>	2Yes	
<div><div>3</div><div>Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</div><div><div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Written employment contract</div></div><div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div></div><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></div></div>		
<div><div>4</div><div>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</div></div>		
<div><div>a</div><div>Receive a severance payment or change-of-control payment?</div></div>	4a	No
<div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>	4bYes	
<div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>	4c	No
<div><div></div><div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div></div>		
<div><div>5</div><div>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</div></div>		
<div><div>a</div><div>The organization?</div></div>	5a	No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>	5b	No
<div><div>6</div><div>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</div></div>		
<div><div>a</div><div>The organization?</div></div>	6a	No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>	6b	No
<div><div>7</div><div>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</div></div>	7Yes	
<div><div>8</div><div>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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</div></div>	8	No
<div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</div></div>	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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

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

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	PART I, LINE 1A	CERTAIN EMPLOYEE BENEFITS THAT WERE PROVIDED TO THE PRESIDENT/CEO WERE GROSSED UP TO COVER THE TAX IMPACT AND INCLUDED ON FORM W-2 AS COMPENSATION. THE PRESIDENT/CEO TRAVELS OCCASIONALLY FIRST CLASS ON TAXPAYER-RELATED BUSINESS TRAVEL. WHEN THE STRATEGIC PLANNING RETREAT IS SCHEDULED AT AN OUT-OF-TOWN VENUE, CERTAIN DIRECTORS' AND SENIOR EXECUTIVES' GUESTS TRAVEL COSTS AND INCREMENTAL LODGING COSTS (IF ANY) RESULTING FROM THE TRIP ARE PAID BY THE TAXPAYER. THE 2013 BOARD RETREAT WAS HELD IN TEXAS.
SUPPLEMENTAL INFORMATION	PART III	THE OFFICERS, KEY EMPLOYEES AND 5 HIGHEST PAID EMPLOYEES LISTED IN PART II ARE EMPLOYED AND COMPENSATED BY GENERAL HEALTH SYSTEMS (GHS), A 501(C)(3) ORGANIZATION #72-0475545. GHS IS THE PARENT COMPANY OF BATON ROUGE GENERAL MEDICAL CENTER. 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 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 7: IN ORDER TO MAKE HEALTHCARE COST EFFECTIVE AND OF THE HIGHEST QUALITY, VARIOUS EXECUTIVES LISTED IN PART VII, SECTION A HAD PART OF THEIR COMPENSATION PUT AT RISK AND PAID IN THE FORM OF A PERFORMANCE INCENTIVE BASED UPON A BALANCED SCORECARD THAT FACTORED IN QUALITY, PEOPLE, CUSTOMER SERVICE AND FINANCIAL PILLAR RESULTS. SAID INCENTIVE PAYMENTS WERE APPROVED BY THE BOARD'S COMPENSATION COMMITTEE. PART II - BOARD MEMBER (BANDA) IS COMPENSATED BY A RELATED, FOR-PROFIT ENTITY IN ACCORDANCE WITH AN EMPLOYMENT CONTRACT AS A PRACTICING PHYSICIAN AND PROVIDER OF HOSPITALIST SERVICES. THE PRESIDENT/CEO AND OTHER QUALIFYING EXECUTIVES RECEIVED LUMP SUM PAYMENTS AS THE RESULT OF THE VESTING OF RETIREMENT BENEFITS DEPOSITED ON THEIR BEHALF IN PREVIOUS YEARS. OTHER REPORTABLE COMPENSATION PAID TO PHYSICIAN BOARD MEMBERS INCLUDES MEDICAL PRACTICE INCOME AND CONTRACTUAL PAYMENTS FOR PROFESSIONAL SERVICES. THE PRESIDENT/CEO (AGE 65) HAD THE FOLLOWING AMOUNT INCLUDED IN THE PART II, COLUMN E TOTALS-\$212,677 IN RETIREMENT SUPPLEMENT AND RETIREMENT BENEFIT VESTING ACCUMULATED IN PRIOR YEARS. CHIEF MEDICAL OFFICER HAD A ONE-TIME TAXABLE EVENT WHEN HE BECAME VESTED IN RETIREMENT BENEFITS. SAID BENEFITS WERE DEPOSITED INTO A LIFE INSURANCE POLICY BY THE ORGANIZATION ON HIS BEHALF OVER THE COURSE OF HIS EMPLOYMENT AND ARE REPORTED IN PART II, COLUMN B (III). CERTAIN PHYSICIANS' "OTHER REPORTABLE COMPENSATION" CONSISTS OF VARIOUS AMOUNTS PAID BEYOND THEIR NORMAL CONTRACTUAL COMPENSATION FOR ON-CALL COVERAGES AND/OR DEPARTMENTAL MEDICAL DIRECTOR FEES.

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)	225,000	296,702	226,833	44,000	20,910	813,445	0
EVELYN HAYES MD BOARD CHAIR	(i)	0	0	0	0	0	0	0
	(ii)	111,512	0	0	39,472	1,056	152,040	0
WILLIAM HOLMAN	(i)	0	0	0	0	0	0	0
	(ii)	657,179	241,706	281,107	39,500	17,053	1,236,545	0
DIONNE E VIATOR CPA	(i)	0	0	0	0	0	0	0
	(ii)	397,009	94,813	0	26,985	21,260	540,067	0
EDGARDO TENREIRO	(i)	0	0	0	0	0	0	0
	(ii)	376,192	43,524	0	81,746	15,881	517,343	0
FLOYD ROBERTS MD	(i)	0	0	0	0	0	0	0
	(ii)	352,937	46,955	388,576	22,500	16,701	827,669	0
KENDALL JOHNSON CPA	(i)	0	0	0	0	0	0	0
	(ii)	267,038	28,050	6,884	51,425	11,221	364,618	0
ANNA CAZES DNS	(i)	0	0	0	0	0	0	0
	(ii)	199,784	22,000	10,936	61,000	19,242	312,962	0
PAUL DOUGLAS	(i)	0	0	0	0	0	0	0
	(ii)	216,949	34,694	10,267	34,831	16,701	313,442	0
DONALD SHAW	(i)	0	0	0	0	0	0	0
	(ii)	177,764	19,538	4,320	40,979	8,594	251,195	0
PEYTON GRANT	(i)	0	0	0	0	0	0	0
	(ii)	162,339	25,968	5,765	41,395	19,913	255,380	0
GEORGE BELL	(i)	0	0	0	0	0	0	0
	(ii)	244,771	34,229	12,259	32,783	14,901	338,943	0
WILLIAM J HUBBARD MD	(i)	0	0	0	0	0	0	0
	(ii)	790,577	30,000	4,738	45,750	18,522	889,587	0
ROBERT N MOUKARZEL MD	(i)	0	0	0	0	0	0	0
	(ii)	790,577	0	1,721	40,250	18,174	850,722	0
GERALD W MOLLOY MD	(i)	0	0	0	0	0	0	0
	(ii)	450,000	0	177,818	34,000	20,910	682,728	0
DHAVAL V ADHVARYU MD	(i)	0	0	0	0	0	0	0
	(ii)	119,995	291,042	189,699	33,164	7,500	641,400	0
EDWARD C FACUNDUS MD	(i)	0	0	0	0	0	0	0
	(ii)	265,000	38,993	47,445	5,000	13,760	370,198	0

Schedule K
(Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization
BATON ROUGE GENERAL MEDICAL CENTER

Employer identification number
72-1025017

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 LA PUBLIC FINANCE AUTHORITY	72-0895871	546398JW9	12-08-2004	205,710,000	TO RETIRE PREVIOUS BOND DEBT & FUND CAPITAL EXPANSION	X			X		X
B	SERIES 2006 BONDS LA PUBLIC FINANCE AUTHORITY	72-0895871		12-14-2006	19,570,173	TO FUND PURCHASE OF CAPITAL EQUIPMENT		X		X		X
C	SERIES 2008 BONDS LA PUBLIC FINANCE AUTHORITY	72-0895871		01-31-2008	10,000,000	TO FUND PURCHASE OF CAPITAL EQUIPMENT		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired								
2	Amount of bonds legally defeased	180,530,000							
3	Total proceeds of issue	14,393,294		14,393,294		10,000,000			
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds								
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	11,991,005		11,991,005		7,699,446			
11	Other spent proceeds								
12	Other unspent proceeds	2,402,289		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	
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	Yes	No	Yes	No	Yes	No	Yes	No
			X		X		X		
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		

Part III Private Business Use (Continued)

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

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X		X		X		
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X		
b	Exception to rebate?		X		X		X		
c	No rebate due?		X		X		X		
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X		X		
4a	Has the organization or the governmental issuer entered into a qualified 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?								

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		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?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7	Has the organization established written procedures to monitor the requirements of section 148?		X		X		X		

Part V

Procedures To Undertake Corrective Action

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

Part VI

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

Identifier	Return Reference	Explanation
PART I LINE A		IN DECEMBER 2012, A NEW ISSUANCE OF OTHER (TAXABLE) BONDS WAS ACCOMPLISHED SAID NEW BOND PROCEEDS WERE USED FOR THE PURPOSE OF ADVANCE REFUNDING AND DEFEASEANCE OF THE NONTAXABLE SERIES 2004 BONDS

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, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2012

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

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

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?	(i) Written agreement?	
			To	From			Yes	No		Yes	No
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 assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) M EVANS	DAUGHTER OF PRES/CEO	10,962	EMPLOYEE COMPENSATION		No
(2) R MORRIS	DAUGHTER OF BRD MEMBER	67,011	EMPLOYEE COMPENSATION		No
(3) M FRANKLIN	SPOUSE OF BRD MEMBER	17,689	EMPLOYEE COMPENSATION		No
(4) A TENREIRO	SON OF VP/COO	14,461	EMPLOYEE COMPENSATION		No
(5) J CAZES	SPOUSE OF CNO	165,214	EMPLOYEE COMPENSATION		No
(6) KLEINPETER FARMS DAIRY	BRD MEMBER	116,730	DAIRY PURCHASES		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 M EVANS IS THE DAUGHTER OF PRES & CEO, WM HOLMANR MORRIS IS THE DAUGHTER OF BOARD MEMBER, M WOMACK HARTM FRANKLIN IS THE SPOUSE OF BOARD MEMBER, P FRANKLINA TENREIRO IS THE SON OF VP & COO, E TENREIROJ CAZES IS THE SPOUSE OF CNO, A CAZES
		VARIOUS BOARD MEMBERS ARE OWNERS/PRINCIPALS OF VENDORS PROVIDING GOODS OR SERVICES TO THE TAXPAYER ALL GOODS AND SERVICES ARE PROVIDED AT FAIR MARKET VALUES KLEINPETER FARMS DAIRY (PARTIALLY OWNED BY BOARD MEMBER, S A COX) SUPPLIES FOOD PRODUCTS TO THE TAXPAYER'S NUTRITIONAL CARE DEPT

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

2012

Open to Public
Inspection

Name of the organization BATON ROUGE GENERAL MEDICAL CENTER	Employer identification number 72-1025017
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Identifier	Return Reference	Explanation
	SCHEDULE R, PAGE 3, LINE 2	GENERAL HEALTH SYSTEM (A 501C3 ORGANIZATION AND PARENT COMPANY OF THE TAXPAYER) PROVIDES CENTRALIZED MANAGEMENT, BANKING, ACCOUNTS PAYABLE AND ACCOUNTS RECEIVABLE/BILLING, PAYROLL, ACCOUNTING/TAX, INTERNAL AUDIT AND COMPLIANCE, HUMAN RESOURCE, RISK MANAGEMENT, INSURANCE, BENEFITS MANAGEMENT AND LEGAL SERVICES TO ALL MEMBERS OF THE GHS SYSTEM 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 SCHEDULE R IS NOT POSSIBLE AT THIS TIME

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 EMAILED TO ALL MEMBERS OF THE BOARD VIA SECURE BOARD NETWORK. THE EXECUTIVE COMMITTEE HAS BEEN TASKED BY THE BOARD TO FULLY REVIEW THE 990 AT THEIR NEXT MEETING AND FORWARD THEIR RECOMMENDATIONS TO THE FULL BOARD.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	AS PART OF ITS ANNUAL WORK PLAN, THE GHS INTERNAL AUDIT & CORPORATE COMPLIANCE DEPARTMENT ADMINISTERS A MANDATORY ELECTRONIC CONFLICT OF INTEREST (COI) SURVEY THROUGH WHICH ALL LEADERSHIP EMPLOYEES (RANGING FROM SUPERVISORS TO EXECUTIVE MANAGEMENT), GHS FOUNDATION BOARD MEMBERS AND TRUSTEES OF THE ORGANIZATION ARE PROMPTED TO TIMELY DISCLOSE ANY INTERESTS THAT COULD GIVE RISE TO CONFLICTS. AFTER THE 2 WEEK COI SURVEY PERIOD IS OVER, MEMBERS OF THE INTERNAL AUDIT & CORPORATE COMPLIANCE DEPARTMENT SORT THROUGH & ORGANIZE ALL SURVEY RESPONSES RECEIVED AND CONDUCT AN INITIAL REVIEW OF ALL DISCLOSURES FOR POSSIBLE CONFLICTS. THE CORPORATE COMPLIANCE OFFICER THEN REVIEWS ALL OF THE DISCLOSURES FLAGGED AS POTENTIAL CONFLICTS AND OBTAINS ADDITIONAL INFORMATION/DOCUMENTATION AS NECESSARY FROM KEY STAKEHOLDERS TO CLARIFY OR RECTIFY (THROUGH APPROPRIATE MITIGATION) ANY CONFLICTS NOTED SO AS TO ENSURE GHS BUSINESS DECISIONS ARE DRIVEN BY THE BEST INTERESTS OF THE ORGANIZATION. UPON COMPLETION, THE CORPORATE COMPLIANCE OFFICER FORMALLY COMMUNICATES CONFLICT RESULTS TO THE CHIEF FINANCIAL OFFICER, CHIEF EXECUTIVE OFFICER AND THE CHAIRMAN OF THE AUDIT/FINANCE COMMITTEE 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. ALL COMMITTEE MEMBERS ARE INDEPENDENT WITH NO CONFLICT OF INTEREST WITH REGARD TO EXECUTIVE COMPENSATION. THE COMPENSATION 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. THE COMMITTEE DOCUMENTS ITS DECISIONS AND THE PROCESS IT FOLLOWS IN DETAILED AND TIMELY MINUTES. IT DILIGENTLY FOLLOWS THE PRESCRIBED PROCESS FOR ESTABLISHING A PRESUMPTION OF REASONABLENESS.

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
	FORM 990, PART VII, LINE 1A	COLUMN E-COMPENSATION PAID TO THE PRESIDENT/CEO INCLUDES A LUMP SUM VESTING PAYMENT OF RETIREMENT BENEFITS EARNED IN PRIOR YEARS COLUMN F-OTHER COMPENSATION TO THE PRESIDENT/CEO AND DESIGNATED EXECUTIVES INCLUDES 401K AND DEFERRED COMPENSATION BENEFITS SUBJECT TO FUTURE VESTING

Identifier	Return Reference	Explanation
	FORM 990, 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
GENERAL INFO		THE BOARD OF TRUSTEES FOR PARENT COMPANY (GENERAL HEALTH STSTEM #72-0475545) ALSO SERVES AS THE BOARD OF TRUSTEES FOR THE ORGANIZATION

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

2012

Open to Public Inspection

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" to Form 990, Part IV, line 33.)

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) GENERAL HEALTH SYSTEM 8490 PICARDY AVE BATON ROUGE, LA 70809 72-0475545	HOSP MANAGEMENT	LA	501C3	3	N/A		No
(2) GENERAL HEALTH SYSTEM FOUNDATION 8490 PICARDY AVE BATON ROUGE, LA 70809 74-0801335	FOUNDATION	LA	501C3	11	GHS		No
(3) BEHAVIORAL HEALTH INC 8490 PICARDY AVE BATON ROUGE, LA 70809 72-0893168	DORMANT CORP	LA	501C3	3	GHS		No
(4) GENERAL LIVING CENTERS INC 8490 PICARDY AVE BATON ROUGE, LA 70809 58-1705626	DORMANT CORP	LA	501C3	9	GHS		No
(5) MID CITY HEALTH CENTER 8490 PICARDY AVE BATON ROUGE, LA 70809 72-1260054	DORMANT CORP	LA	501C3	3	GHS		No
(6) THE GENERAL HEALTH FOUNDATION 8490 PICARDY AVE BATON ROUGE, LA 70809 72-0907879	DORMANT CORP	LA	501C3	11	GHS		No

Part III

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

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

Part IV

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

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

Part V

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

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

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

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

Yes

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

Yes

1j

Yes

1k

Yes

1l

No

1m

Yes

1n

Yes

1o

Yes

1p

Yes

1q

Yes

1r

Yes

1s

Yes

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) SEE SCHEDULE O FOR ADD'L SCHEDULE R INFORMATION			
(2) GENERAL HEALTH SYSTEM (PARENT COMPANY) 72-0475545			CASH VALUE
(3) GENERAL HEALTH SYSTEM FOUNDATION 74-0801335			CASH VALUE
(4) BATON ROUGE GENERAL PHYSICIANS INC #72-1245632			CASH VALUE
(5) HOSPITAL MEDICINE GROUP INC 20-3720898			CASH VALUE
(6) BATON ROUGE GENERAL PHYSICIANS HOSP SPECIALISTS INC 20-3756738			CASH VALUE

Schedule R (Form 990) 2012

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]

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

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation
		SCHEDULE R, PAGE 3, PART V, LINE 2(A) THE TAXPAYER'S 501C3 PARENT COMPANY (GENERAL HEALTH SYSTEM 72-0475545) PROVIDES CENTRALIZED MANAGEMENT, BANKING, ACCOUNTS PAYABLE AND ACCOUNTS RECEIVABLE/BILLING, PAYROLL, ACCOUNTING/TAX, INTERNAL AUDIT AND COMPLIANCE, HUMAN RESOURCE, RISK MANAGEMENT, INSURANCE, BENEFITS MANAGEMENT AND LEGAL SERVICES TO ALL MEMBERS OF THE GHS SYSTEM 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 SCHEDULE R IS NOT POSSIBLE AT THIS TIME

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
GENERAL HEALTH MANAGEMENT INC 8490 PICARDY AVE BATON ROUGE, LA 70809 72-0904131	MGT CO	LA	GHS	C			100 000 %		No
HEALTH MANAGEMENT SERVICES INC 8490 PICARDY AVE BATON ROUGE, LA 70809 72-0929442	DORMANT CORP	LA	GEN HEALTH MGMT INC	C			100 000 %		No
HEALTH INITIATIVES INC 8490 PICARDY AVE BATON ROUGE, LA 70809 72-0981798	DORMANT CORP	LA	GEN HEALTH MGMT INC	C			100 000 %		No
GENERAL HEALTH SYSTEM MGMT INC 8490 PICARDY AVE BATON ROUGE, LA 70809 72-1335513	MGT CO	LA	GHS	C			100 000 %		No
VERITY HEALTHNET ACCT MGT SVCS INC 8490 PICARDY AVE BATON ROUGE, LA 70809 72-1245224	PROVIDER NETWORK	LA	GHSM	C	869,250	38,723	100 000 %		No
VERITY HEALTHNET LLC 8490 PICARDY AVE BATON ROUGE, LA 70809 45-0510673	MARKETER	LA	VHAMS	C	-50,659		50 000 %		No
VERITY HEALTHNET NATL LLC 8490 PICARDY AVE BATON ROUGE, LA 70809 56-2353850	DORMANT CO	LA	VHAMS	C			50 000 %		No
BRGP AFTER HOURS CLINIC INC 8490 PICARDY AVE BATON ROUGE, LA 70809 74-3109146	DORMANT CORP	LA	BRGPS	C			100 000 %		No
MEDICAL DIAGNOSTIC SERVICES INC 8490 PICARDY AVE BATON ROUGE, LA 70809 72-0994499	DORMANT CORP	LA	GHSM	C		88,500	100 000 %		No
BRGP SERVICES INC 8490 PICARDY AVE BATON ROUGE, LA 70809 20-3756691	MGT CO	LA	GHSM	C	-1,979,825	355,786	100 000 %		No
BRG PHYSICIANS INC 8490 PICARDY AVE BATON ROUGE, LA 70809 72-1245632	PHYS CLINICS	LA	BRGPS	C	-3,133,967	1,725,479	100 000 %		No
HOSPITAL MEDICINE GROUP INC 8490 PICARDY AVE BATON ROUGE, LA 70809 20-3720898	DORMANT CLINIC	LA	BRGPS	C	100,699	256,970	100 000 %		No
BRGP HOSP SPECIALISTS INC 8490 PICARDY AVE BATON ROUGE, LA 70809 20-3756738	PHYS CLINIC	LA	GHSM	C	194,592	446,382	100 000 %		No
BRG PRIMARY CARE LLC 8490 PICARDY AVE BATON ROUGE, LA 70809 45-2969168	DORMANT CORP	LA	GHSM	C		141,043	100 000 %		No
BRGP MEDICAL GROUP LLC 8490 PICARDY AVE BATON ROUGE, LA 70809 45-3063914	PHYS CLINIC	LA	GHSM	C	30,403	210,500	100 000 %		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
GHS STAFFING SERVICES LLC 8490 PICARDY AVE BATON ROUGE, LA 70809 45-3058006	STAFFING SVCS	LA	GHSM	C	13,476	44,043	100 000 %		No
BR GENERAL LAB SERVICES LLC 8490 PICARDY AVE BATON ROUGE, LA 70809 46-1735706	DORMANT CORP	LA	GHSM	C			100 000 %		No
GULF SOUTH HEALTH PLAN INC 8490 PICARDY AVE BATON ROUGE, LA 70809 72-1068656	DORMANT CORP	LA	GHS	C	415	13,386	100 000 %		No

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
SEE SCHEDULE O FOR ADD'L SCHEDULE R INFORMATION			
GENERAL HEALTH SYSTEM (PARENT COMPANY) 72-0475545			CASH VALUE
GENERAL HEALTH SYSTEM FOUNDATION 74-0801335			CASH VALUE
BATON ROUGE GENERAL PHYSICIANS INC #72-1245632			CASH VALUE
HOSPITAL MEDICINE GROUP INC 20-3720898			CASH VALUE
BATON ROUGE GENERAL PHYSICIANS HOSP SPECIALISTS INC 20-3756738			CASH VALUE

**BATON ROUGE
GENERAL MEDICAL CENTER**

Financial Statements

September 30, 2013 and 2012

**BATON ROUGE
GENERAL MEDICAL CENTER**

For the Years Ended September 30, 2013 and 2012

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LaPorte, APAC
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Independent Auditor's Report

To the Board of Trustees
Baton Rouge General Medical Center

Report on the Financial Statements

We have audited the accompanying financial statements of Baton Rouge General Medical Center (the Hospital) which comprise the balance sheets as of September 30, 2013 and 2012, and the related statements of operations, changes in net assets, and cash flows, for the years then ended and the related notes to the financial statements

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Baton Rouge General Medical Center as of September 30, 2013 and September 30, 2012, and the results of its operations and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America

A handwritten signature in cursive script, reading "LaPorte".

A Professional Accounting Corporation

Metairie, LA

January 20, 2014

BATON ROUGE GENERAL MEDICAL CENTER
Balance Sheets
September 30, 2013 and 2012

	2013	2012
	(In Thousands)	
Assets		
Current assets		
Cash and cash equivalents	\$ 56,772	\$ 50,135
Patient accounts receivable, net	38,465	36,121
Assets whose use is limited	-	4,523
Inventories	6,540	5,831
Prepaid expenses and other assets	2,752	2,875
Total current assets	104,529	99,485
Assets whose use is limited, less current portion	14,820	33,586
Other assets	2,725	3,883
Property, plant, and equipment, net	141,827	140,605
Total assets	\$ 263,901	\$ 277,559
Liabilities and net assets		
Current liabilities		
Trade accounts payable	\$ 15,968	\$ 12,394
Accrued expenses	9,863	10,541
Amounts due to contractual third-party payors	2,758	2,172
Current portion of long-term debt	7,085	7,595
Total current liabilities	35,674	32,702
Long-term debt, less current portion	164,417	180,717
Due to (from) affiliate	(7,797)	(1,825)
Total liabilities	192,294	211,594
Net assets		
Unrestricted	71,607	65,965
Total liabilities and net assets	\$ 263,901	\$ 277,559

The accompanying notes are an integral part of these financial statements

BATON ROUGE GENERAL MEDICAL CENTER
Statements of Operations
Years Ended September 30, 2013 and 2012

	2013	2012
	<i>(In Thousands)</i>	
Unrestricted revenues, gains and other support		
Net patient revenue	\$ 365,884	\$ 319,524
Provision for Bad Debts	(25,066)	(20,059)
Net patient revenue after provision for bad debts	340,818	299,465
Investment (loss) income	(68)	2,326
Other revenue	15,958	12,315
Total revenues, gains and other support	356,708	314,106
Expenses		
Salaries, wages, and benefits	134,588	121,527
Supplies and other expenses	187,260	160,596
Depreciation and amortization	11,796	12,810
Interest expense	6,875	10,383
Total expenses	340,519	305,316
Nonoperating loss (Note 8)	(10,547)	-
Excess of revenues over expenses	\$ 5,642	\$ 8,790

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, 2013 and 2012

	2013	2012
	<i>(In Thousands)</i>	
Unrestricted net assets		
Excess of revenues over expenses	\$ 5,642	\$ 8,790
Net assets, beginning of year	65,965	57,175
Net assets, end of year	\$ 71,607	\$ 65,965

The accompanying notes are an integral part of these financial statements

BATON ROUGE GENERAL MEDICAL CENTER
Statements of Cash Flows
Years Ended September 30, 2013 and 2012

	2013	2012
	<i>(In Thousands)</i>	
Cash flows from operating activities		
Change in net assets	\$ 5,642	\$ 8,790
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Depreciation and amortization	11,796	12,810
Gain from disposal of assets	(12)	-
Amortization of bond premium	(4,571)	(390)
Provision for bad debts	25,066	20,059
(Increase) decrease in operating assets		
Patient accounts receivable	(27,410)	(26,954)
Inventories, prepaid expenses and other current assets	(586)	2,629
Other assets	859	-
Increase (decrease) in operating liabilities		
Amounts due to third-party payors	586	1,357
Trade accounts payable and accrued expenses	2,896	1,488
Due from affiliate	(5,972)	(8,049)
Net cash provided by operating activities	8,294	11,740
Cash flows from investing activities		
Purchases of property, plant, and equipment	(12,719)	(6,447)
Proceeds from disposal of assets	12	-
Decrease (increase) in assets whose use is limited	23,289	(2,062)
Net cash provided in (used in) investing activities	10,582	(8,509)
Cash flows from financing activities		
Proceeds from the issuance of bonds	175,446	-
Principal payments on bonds outstanding	(187,685)	(8,335)
Net cash used in financing activities	(12,239)	(8,335)
Net increase (decrease) in cash and cash equivalents	6,637	(5,104)
Cash and cash equivalents, beginning of year	50,135	55,239
Cash and cash equivalents, end of year	\$ 56,772	\$ 50,135
Supplemental disclosures of cash flow information:		
Cash paid for interest, net of the amount capitalized	\$ 9,184	\$ 10,442

The accompanying notes are an integral part of these financial statements

BATON ROUGE GENERAL MEDICAL CENTER

Notes to Financial Statements

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.

Excess of revenues over expenses, as stated on the consolidated statement of operations, is considered the System's performance indicator as it is indicative of the Hospital's results from operations.

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.

Net Patient Service Revenue and Related Receivables

The Hospital has entered into agreements with third-party payors, 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.

BATON ROUGE GENERAL MEDICAL CENTER

Notes to Financial Statements

Note 1. Significant Accounting Policies (Continued)

Net Patient Service Revenue and Related Receivables (Continued)

Net patient service revenue is reported at the estimated net realizable amounts due from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. The allowance for uncollectible accounts at September 30, 2013 and 2012 was approximately \$31,678,000 and \$22,066,000, respectively.

Retroactively calculated contractual adjustments arising under reimbursement agreements with third-party payors 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 fraud and abuse, as well as other 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

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. Management has evaluated the Hospital's experience with RAC and MIC audits and believes that the financial statements are fairly presented. Management has not accrued an additional reserve related to the ongoing RAC and MIC audits. Actual results could differ from these estimates.

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, 2013 and 2012 are as follows:

	2013	2012
	<i>(In Thousands)</i>	
Capital improvement funds	\$ -	\$ 4,191
Debt retirement funds	14,695	33,783
Other restricted assets	125	135
	<u>14,820</u>	<u>38,109</u>
Less current portion	-	(4,523)
	<u>\$ 14,820</u>	<u>\$ 33,586</u>

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, including estimated legal fees. 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 decreased net patient service revenue by approximately \$163,000 in 2013 and increased net patient service revenue by approximately \$1,216,000 in 2012.

Fair Values

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 value, 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

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 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, 2013 and 2012 are as follows (in thousands):

	2013		2012	
	Carrying Amount	Fair Value	Carrying Amount	Fair Value
Cash and Cash Equivalents	\$ 56,772	\$ 56,772	\$ 50,135	\$ 50,135
Assets limited as to use, current	\$ -	\$ -	\$ 4,523	\$ 4,523
Assets limited as to use, less current portion	\$ 14,820	\$ 14,820	\$ 33,586	\$ 33,586
Accounts payable and accrued expenses	\$ 25,831	\$ 25,831	\$ 22,935	\$ 22,935
Estimated third-party payor settlements	\$ 2,758	\$ 2,758	\$ 2,172	\$ 2,172
Long-term Debt	\$ 171,502	\$ 135,784	\$ 188,312	\$ 196,565

Advertising Costs

The Hospital's policy is to expense advertising costs as the costs are incurred. Advertising costs for the years ending September 30, 2013 and 2012 were approximately \$1,527,000 and \$918,000, respectively.

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.

The Hospital also recognizes the critical role of education in creating a more positive future for individuals and cultivating future clinician leaders. Through its robust training and education programs, BRGMC annually trains approximately 500 medical students, residents, fellows, nurses, pharmacists, physician assistants, nurse practitioners, certified registered nurse anesthetists, and radiation technologists.

BATON ROUGE GENERAL MEDICAL CENTER

Notes to Financial Statements

Note 2. Community Benefits – Unaudited (Continued)

BRGMC operates the Baton Rouge General Medical Center School of Nursing and the School of Radiologic Technology and provides trained healthcare professionals to the Baton Rouge community. In response to the community need for registered nurses, BRGMC has increased the class size of its School of Nursing. BRGMC also has a PharmD program through the University of Louisiana-Monroe School of Pharmacy.

In addition, BRGMC is a Council of Teaching Hospital accredited community-based teaching hospital. BRGMC has accredited residency programs in family medicine and internal medicine as well as a fellowship program in primary care sports medicine. This commitment to graduate medical education (GME) is important to both Baton Rouge and the State of Louisiana. BRGMC has been active in GME for many years, working with the Louisiana State University School of Medicine (LSU) to enhance the quality of healthcare through medical education programs. BRGMC has collaborated with LSU in training physician residents in a variety of specialties, including internal medicine, emergency medicine and general surgery. In addition, BRGMC provides training for Tulane University anesthesiology residents.

BRGMC is also a satellite training campus for Tulane University medical students and is the first Tulane University School of Medicine satellite training campus outside of New Orleans. Officially titled the Baton Rouge LEAD (Leadership, Education, Advocacy, and Discovery) Academy, the program is based on BRGMC's Mid City campus. In the program, Tulane medical students spend their third and fourth year clinical rotations in Baton Rouge. BRGMC physicians serve as faculty members and mentor the students. Since the program was established in May 2010, 19 medical students have graduated from the program. The upcoming third and fourth year classes of medical students have grown and many of the program's graduates have remained in Louisiana for their residency training.

Beyond ensuring access to high quality healthcare, BRGMC's medical education programs also help support viable communities across Louisiana through ancillary jobs and allied industry, as well as creating an economic halo that helps sustain local businesses. The economic impact of BRGMC's physician residents upon graduation is over \$63 million and 252 full-time jobs annually.*

**Source: The Economic Impact of Baton Rouge General's Mid City Campus, Tripp Umbach, 2012*

Another unique program to Baton Rouge General is its Regional Burn Center, recognized by the American Burn Association as the only burn center in southern Louisiana and, therefore, BRGMC provides critical burn care services to patients in the entire Gulf Coast region and petro-chemical corridor. 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.

Note 2. Community Benefits – Unaudited (Continued)

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

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

- BRGMC offers free resources and support groups for cancer patients, including breast cancer, lymphedema, pancreatic cancer, and prostate cancer support groups
- BRGMC also 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
- BRGMC 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
- Through a specialized Healthy Heart Club, a cardiac reconditioning program, BRGMC offers an ongoing maintenance program in which the general public can exercise in our gym under the supervision of certified therapists and nutritionists
- BRGMC 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
- BRGMC’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
- BRGMC 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 BRGMC also offers this seminar information through online educational videos to provide community members a virtual option to learn about obesity and surgical weight loss options
- Each year, Baton Rouge General provides free community health screenings to aid in early detection
 - In 2013, the Company provided a free skin cancer screening and screened a total of 51 participants
 - The Company also provided a free vascular screening series that included three vascular screening events and screened a total of 243 participants

Note 2. Community Benefits – Unaudited (Continued)

- BRGMC participated as a corporate sponsor of the Susan G. Komen Race for the Cure and the American Cancer Society's Best Dressed Ball
- BRGMC also supports Cancer Services of Greater Baton Rouge, a community based agency that provides financial, emotional, educational support for cancer patients and their families. In 2013, BRGMC was a corporate sponsor and participated in the organization's Capitol Chef Showcase, a fundraising event that supports programs and services for children and adults in Baton Rouge's 10 parish area dealing with cancer
- BRGMC hosts free community events to promote cancer awareness. BRGMC hosted "Think Pink and Beyond," a free breast cancer awareness seminar for the community, which featured specialists on lung, stomach and other cancers, as well as interactive risk assessments and wellness/fitness tips
- BRGMC is the main corporate sponsor of the American Heart Association's Go Red for Women Luncheon. The Company provided education activities that promoted heart health awareness and also had physician experts on hand to answer heart health questions
- BRGMC also participated as a corporate sponsor of the American Heart Association's Heart Walk
- BRGMC launched a free e-wellness health tool to enhance primary care and early detection as well as support the overall health of the community. The tool provides a customized annual email reminder with suggested screenings and topics (based on age and gender) to discuss with their physicians. To date, more than 1,400 people have signed up for the e-wellness tool
- Reaching more than 10,000 Facebook fans, BRGMC uses its social media platforms to encourage healthy behaviors through responsible messaging with health information and wellness tips, such as nutrition and fitness videos
- BRGMC participated as a corporate sponsor of the "Walk from Obesity" and provided information on wellness programs and weight loss options
- BRGMC, in collaboration with other area hospitals, provided medical support for participants at the Louisiana Marathon event. Physicians, physician residents and nurses volunteered their expertise to provide medical support
- BRGMC offers free wellness classes for the community focused on the special needs of seniors, including fitness, nutrition and safety classes for seniors and caregivers
- BRGMC participated in Baton Rouge's "Life Begins at 50" expo event for senior members of the community, providing information on senior health programs and resources, as well as, offering free blood pressure screenings to seniors

BATON ROUGE GENERAL MEDICAL CENTER

Notes to Financial Statements

Note 2. Community Benefits – Unaudited (Continued)

- BRGMC hosted a free community event to promote senior health and wellness “Grandparent’s Day” offered wellness and health information and resources for seniors and caregivers, as well as provided fun activities for seniors and their grandchildren to enjoy together. In addition, the event offered a free vascular screening opportunity – a total of 35 participants were screened.
- BRGMC also participated as a major corporate sponsor of Pennington Biomedical Research Center’s 2nd Annual Parkinson’s Conference, an education event for community members living with Parkinson’s disease and their families and caregivers. The Company provided information on rehabilitation and physical medicine services for the community.

Note 3. Third-Party Reimbursement

The Hospital has agreements with third-party payors 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 payors follows:

Medicare - The Hospital is paid for inpatient acute care services rendered to Medicare program beneficiaries under prospectively determined rates-per-discharge. 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, 2009.

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.

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

During the years ended September 30, 2013 and 2012, approximately 39% and 44% of consolidated 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.

BATON ROUGE GENERAL MEDICAL CENTER

Notes to Financial Statements

Note 3. Third-Party Reimbursement (Continued)

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.

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.

The Hospital follows ASU 2010-23, Health Care Entities (Topic 954) Measuring Charity Care for Disclosure, which requires that costs be used as the measurement basis of charity care disclosures and that cost be identified as the direct and indirect cost of providing the charity care.

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, 2013 and 2012, is as follows:

	2013		2012	
	Charges Foregone	Estimated Costs In Excess of Payments	Charges Foregone	Estimated Costs In Excess of Payments
<i>(In Thousands)</i>				
Benefits for the indigent				
Charity care	\$ 37,339	\$ 12,359	\$ 28,228	\$ 11,291
Medicaid program services	107,444	-	106,563	-
	<u>144,783</u>	<u>12,359</u>	<u>134,791</u>	<u>11,291</u>
Other community benefits				
Medicare program services	182,686	-	148,463	-
	<u>182,686</u>	<u>-</u>	<u>148,463</u>	<u>-</u>
Total quantifiable benefits	<u>\$ 327,469</u>	<u>\$ 12,359</u>	<u>\$ 283,254</u>	<u>\$ 11,291</u>

BATON ROUGE GENERAL MEDICAL CENTER

Notes to Financial Statements

Note 3. Third-Party Reimbursement (Continued)

The System estimates its cost of care provided under its charity care programs by applying a ratio of direct and indirect costs to charges to gross uncompensated revenue associated with providing care to charity patients

Note 4. Investments

The Hospital's investments at September 30, 2013 and 2012 were as follows

	2013	2012
	<i>(In Thousands)</i>	
Assets whose use is limited		
Money market deposits	\$ 58	\$ 8,821
Certificates of deposit	125	135
U S government and government agency obligations and mutual funds	14,637	29,153
	<u>\$ 14,820</u>	<u>\$ 38,109</u>

See Note 1, Significant Accounting Policies for further information about Assets whose use is limited

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).

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"> • quoted prices for similar assets or liabilities in active markets, • quoted prices for identical or similar assets or liabilities in inactive markets, • inputs other than quoted prices that are observable for the asset or liability, • inputs that are derived principally from or corroborated by observable market data by correlation or other means <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

BATON ROUGE GENERAL MEDICAL CENTER

Notes to Financial Statements

Note 4. Investments (Continued)

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, 2013 are summarized below.

Assets	Level 1	Level 2	Level 3	Net Balance
Marketable Stocks	\$ -	\$ -	\$ -	\$ -
Governments Securities	14,637	-	-	14,637
Money Market Deposits	58	-	-	58
Certificates of Deposit	125	-	-	125
Total	\$ 14,820	\$ -	\$ -	\$ 14,820

Assets measured at fair value on a recurring basis at September 30, 2012 are summarized below.

Assets	Level 1	Level 2	Level 3	Net Balance
Marketable Stocks	\$ 15,694	\$ -	\$ -	\$ 15,694
Governments Securities	13,459	-	-	13,459
Money Market Deposits	8,821	-	-	8,821
Certificates of Deposit	135	-	-	135
Total	\$ 38,109	\$ -	\$ -	\$ 38,109

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, 2013 from those used in 2012.

- 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
- Certificates of Deposit Valued at cost which approximates fair value

BATON ROUGE GENERAL MEDICAL CENTER

Notes to Financial Statements

Note 4. Investments (Continued)

The following schedule summarizes the investment income in the statements of operations for the years ended September 30, 2013 and 2012

	2013	2012
	<i>(In Thousands)</i>	
Dividends and interest	\$ 1,078	\$ 1,815
Net unrealized (losses) gains	(1,084)	538
Net realized (losses) gains	(62)	(27)
Investment (loss) income	<u>\$ (68)</u>	<u>\$ 2,326</u>

Note 5. Property, Plant and Equipment

Property and equipment and accumulated depreciation at September 30, 2013 and 2012, are as follows

	2013	2012
	<i>(In Thousands)</i>	
Land and land improvements	\$ 16,899	\$ 16,899
Buildings and fixed equipment	208,399	205,261
Equipment	93,514	111,716
Construction in progress	6,613	1,992
	<u>325,425</u>	<u>335,868</u>
Accumulated depreciation	(183,598)	(195,263)
	<u>\$ 141,827</u>	<u>\$ 140,605</u>

Depreciation expense was \$11,498,000 and \$12,464,000 for the years ended September 30, 2013 and 2012, 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 2019. Rental expenses totaled approximately \$1,590,000 and \$1,412,000 for the years ended September 30, 2013 and 2012, respectively

BATON ROUGE GENERAL MEDICAL CENTER

Notes to Financial Statements

Note 6. Leases and Other Commitments (Continued)

Future minimum payments under all operating leases with original or remaining terms of one year or more at September 30, 2013, are as follows (in thousands)

2014	\$	481
2015		458
2016		448
2017		37
Thereafter		-
Total Minimum Rental Commitments	\$	<u>1,424</u>

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 has not experienced any losses and does not believe that significant credit risk exists as a result of this practice.

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, 2013 and 2012 as follows:

	2013	2012
Medicare	21%	22%
Medicaid	19%	23%
Commercial	57%	53%
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 BRGMC 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. These bonds were defeased on December 4, 2012.

BATON ROUGE GENERAL MEDICAL CENTER

Notes to Financial Statements

Note 8. Long-Term Debt (Continued)

On December 4, 2012, the Louisiana Public Facilities Authority, ("Series 2004 Bonds"), were defeased and new Government National Mortgage Association ("GNMA") taxable bonds were issued. This bond defeasance resulted in a loss on refunding which is shown in the non-operating loss on the Statement of Operations. The proceeds of the bonds were used for the purpose of advance refunding and defeasance of the nontaxable Series 2004 Bonds.

Long-term debt at September 30, 2013 is summarized as follows (in thousands)

	2013	2012
Mortgage Revenue Bonds, FHA Insured Series 2004, \$30,450 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. Defeased on December 4, 2012.	\$ -	\$ 180,530
Note payable to Bank, original principle of \$175,983,168 with interest rate of 2.98% per annum, matures on January 1, 2033. Loan was issued to refinance 2004 series bonds.	171,100	-
Note payable to Bank, original principle of \$4,003,403 with interest rate of 4.64% per annum, matures on December 1, 2013.	111	759
Note payable with Bank, original amount of \$10,389,891, with interest rate of 4.93% per annum, December 1, 2013.	291	2,452
Total	171,502	183,741
Plus unamortized bond premium Series 2004	-	4,571
	171,502	188,312
Less principal payments due within one year	(7,085)	(7,595)
	<u>\$ 164,417</u>	<u>\$ 180,717</u>

BATON ROUGE GENERAL MEDICAL CENTER

Notes to Financial Statements

Note 8. Long-Term Debt (Continued)

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

2014	\$ 7,085
2015	6,885
2016	7,093
2017	7,307
2018	7,528
Thereafter	<u>135,604</u>
	<u>\$ 171,502</u>

Note 9. Other Operating Revenue

Other operating revenue recognized during the years ended September 30, 2013 and 2012 consist of the following

	2013	2012
Cafeteria revenues	\$ 3,281	\$ 2,841
Rent revenues	2,660	2,393
Contributions	1,019	676
Purchase Rebates	1,179	895
Training revenue	965	883
Lab service revenues	875	811
Other	5,979	3,816
	<u>\$ 15,958</u>	<u>\$ 12,315</u>

BATON ROUGE GENERAL MEDICAL CENTER

Notes to Financial Statements

Note 9. Other Operating Revenue (Continued)

Cooperative Endeavor Agreements

The Hospital and other health care providers have collaborated with the State and units of local government in Louisiana, to more fully fund the Medicaid program and ensure the availability of quality healthcare services for the low income and needy residents in the community population. The provision of this care directly to low income and needy patients will result in the alleviation of the expense of public funds the governmental entities previously expended on such care, thereby allowing the governmental entities to increase support for the state Medicaid program up to federal Medicaid Upper Payment Limits (UPL). At September 30, 2013 Medicaid UPL payments received by the Hospital were \$8,272,000, which is recorded in net patient service revenue on the statement of revenues, as the payments related directly to patient care. At September 30, 2012 the Hospital received Medicaid UPL Payments of \$1,502,000 which were recorded in net patient service revenue on the statement of revenues, as the payments related directly to patient care. An additional \$236,000 of Medicaid UPL payments were recorded as other operating revenue at September 31, 2012, as they did not relate directly to patient care. Each State's UPL methodology must comply with its State plan and be approved by the Centers for Medicare & Medicaid Services (CMS). Federal matching funds are not available for Medicaid payments that exceed UPLs.

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:

	2013	2012
	<i>(In Thousands)</i>	
Health care services	\$ 178,023	\$ 178,266
General and administrative	162,496	127,050
	<u>\$ 340,519</u>	<u>\$ 305,316</u>

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 \$4,717,000 and \$3,958,000 at September 30, 2013 and 2012, 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.

BATON ROUGE GENERAL MEDICAL CENTER

Notes to 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 year ended September 30, 2013, the Hospital incurred \$55,075,000 in service fees with GHS. For the year ended September 30, 2012, the costs incurred totaled \$48,496,000.

Note 13. Accounting for Uncertainty in Taxes

The Company adopted 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. The Company's open audit periods are years ended September 30, 2010 through September 30, 2012. 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, January 20, 2014, and determined that no events required disclosure.