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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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public

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

OMB No 1545-0047

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 10-01-2018 , and ending 09-30-2019

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
BATON ROUGE GENERAL MEDICAL CENTER

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
8490 PICARDY AVENUE NO 300-B

City or town, state or province, country, and ZIP or foreign postal code
BATON ROUGE, LA 70809

D Employer identification number
72-1025017

E Telephone number
(225) 237-1547

G Gross receipts $ 413,439,476

F Name and address of principal officer
EDGARDO TENREIRO
8490 PICARDY AVENUE NO 300-B
BATON ROUGE, LA 70809

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW BRGENERAL ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1983

M State of legal domicile LA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO PROVIDE 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 ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	10
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	**5**	0
6	Total number of volunteers (estimate if necessary)	**6**	100
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	2,036,227
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-299,358

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	471,460	5,002,438
9	Program service revenue (Part VIII, line 2g)	429,779,327	400,130,555
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,606,808	1,526,418
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,418,613	6,188,958
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	438,276,208	412,848,369
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,132,341	1,007,451
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)	143,289,023	144,430,106
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	287,399,732	257,880,778
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	431,821,096	403,318,335
19	Revenue less expenses Subtract line 18 from line 12	6,455,112	9,530,034

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	326,272,446	349,805,122
21	Total liabilities (Part X, line 26)	154,791,348	167,162,043
22	Net assets or fund balances Subtract line 21 from line 20	171,481,098	182,643,079

Part II Signature Block

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

Sign Here

****** 2020-08-14
Signature of officer Date

KENDALL JOHNSON CPA, VICE PRESIDENT, AND CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ 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 or note to any line 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 $ 267,567,505 including grants of $ 1,007,451) (Revenue $ 271,413,803)
See Additional Data

4b (Code) (Expenses $ 36,153,795 including grants of $) (Revenue $ 81,214,447)
See Additional Data

4c (Code) (Expenses $ 24,031,575 including grants of $) (Revenue $ 48,931,642)
See Additional Data

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

4e **Total program service expenses ▶** 327,752,875

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	Yes	
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 other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**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? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**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? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations 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 or note to any line in this Part V ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	105		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c** Yes	

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			**3a**	Yes
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .			**3b**	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .			**4a**	No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**	
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .			**9a**	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			**9b**	
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N			**15**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O			**16**	No

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions*

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a** 16		
	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	**1b** 10		
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▶ LA

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶GLENN SMITH CPA 8490 PICARDY AVE 300B BATON ROUGE, LA 70809 (225) 237-1547

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

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

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

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

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

(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			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, **Section A** ▶										
d Total (add lines 1b and 1c) ▶								142,450	8,632,334	1,216,335

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 ▶ 125

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**	Yes	
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? *If "Yes," complete Schedule J for such individual*	**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? *If "Yes," complete Schedule J for such person*	**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	66,815,911
PARISH ANESTHESIA OF BR 3510 N CAUSEWAY BLVD METAIRIE, LA 70002	MEDICAL SERVICES	3,701,982
HMG PHYSICIANS LLC 3600 FLORIDA BLVD BATON ROUGE, LA 70806	MEDICAL SERVICES	3,636,377
LSU HEALTH SCIENCES CTR 433 BOLIVAR ST NEW ORLEANS, LA 70112	MEDICAL SERVICES	2,731,366
BAYOU RADIATION ONCOLOGY PO BOX 2511 BATON ROUGE, LA 70821	MEDICAL SERVICES	2,096,192

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 ▶ 51

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	**1a** Federated campaigns . .	**1a**			
	b Membership dues . .	**1b**			
	c Fundraising events . .	**1c**			
	d Related organizations	**1d**	4,920,538		
	e Government grants (contributions)	**1e**			
	f All other contributions, gifts, grants, and similar amounts not included above	**1f**	81,900		
	g Noncash contributions included in lines 1a - 1f $ _____				
	h Total. Add lines 1a-1f . . . . . ▶		5,002,438		

Program Service Revenue		Business Code				
	2a NET PATIENT REVENUES	621990	394,962,549	394,962,549		
	b CAFETERIA REVENUE	722210	5,168,006	3,131,779	2,036,227	
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a–2f . . . . ▶		400,130,555			

Other Revenue					
	3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	1,628,315			1,628,315
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties . . . . . ▶				

		(i) Real	(ii) Personal				
	6a Gross rents	3,465,564					
	b Less rental expenses	0					
	c Rental income or (loss)	3,465,564					
	d Net rental income or (loss) . . . . . ▶			3,465,564	3,465,564		

		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory	489,210					
	b Less cost or other basis and sales expenses	414,033	177,074				
	c Gain or (loss)	75,177	-177,074				
	d Net gain or (loss) . . . . . ▶			-101,897			-101,897
	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 SUPPORT REVENUE-LTAC	900099	2,438,362			2,438,362
b PURCHASE REBATES	900099	285,032			285,032
c					
d All other revenue					
e Total. Add lines 11a–11d . . . . . ▶		2,723,394			
12 Total revenue. See Instructions . . . . . ▶		412,848,369	401,559,892	2,036,227	4,249,812

Part IX Statement of Functional Expenses

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

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

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,005,622	1,005,622		
2 Grants and other assistance to domestic individuals See Part IV, line 22	1,829	1,829		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	142,450	142,450		
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	105,913,030	104,911,517	1,001,513	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	30,096,274	29,907,442	188,832	
10 Payroll taxes	8,278,352	8,178,352	100,000	
11 Fees for services (non-employees)				
a Management	69,849,078	502,385	69,346,693	
b Legal				
c Accounting				
d Lobbying	240,043		240,043	
e Professional fundraising services See Part IV, line 17				
f Investment management fees	40,224		40,224	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	43,665,642	39,599,374	4,066,268	
12 Advertising and promotion	24,142	23,685	457	
13 Office expenses	603,145	601,170	1,975	
14 Information technology	490,098	490,098		
15 Royalties				
16 Occupancy	6,222,097	6,087,499	134,598	
17 Travel	263,569	248,915	14,654	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	5,393,970	5,232,151	161,819	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	12,713,730	12,713,730		
23 Insurance	243,660	243,660		
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MEDICAL SUPPLIES	89,865,871	89,837,990	27,881	
b BAD DEBT EXPENSE	14,445,743	14,445,743		
c EQUIPMENT EXPENSES/RENT	11,036,987	10,902,717	134,270	
d TAXES & LICENSES	2,252,262	2,246,640	5,622	
e All other expenses	530,517	429,906	100,611	
25 **Total functional expenses.** Add lines 1 through 24e	403,318,335	327,752,875	75,565,460	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 ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		10,846,343	1	7,194,222
	2	Savings and temporary cash investments		77,422,938	2	83,666,621
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		39,505,084	4	34,758,581
	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		1,157,256	7	1,331,650
	8	Inventories for sale or use		9,444,619	8	8,858,925
	9	Prepaid expenses and deferred charges		2,028,525	9	2,425,533
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 407,007,829			
	b	Less accumulated depreciation	10b 250,341,628	144,126,328	10c	156,666,201
	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		41,741,353	15	54,903,389
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		326,272,446	16	349,805,122
Liabilities	17	Accounts payable and accrued expenses		19,186,521	17	18,442,691
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	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		135,604,827	23	148,719,352
	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		154,791,348	26	167,162,043
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		171,481,098	27	182,643,079
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ 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		171,481,098	33	182,643,079
	34	Total liabilities and net assets/fund balances		326,272,446	34	349,805,122

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	412,848,369
2	Total expenses (must equal Part IX, column (A), line 25)	2	403,318,335
3	Revenue less expenses Subtract line 2 from line 1	3	9,530,034
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	171,481,098
5	Net unrealized gains (losses) on investments	5	1,631,947
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	182,643,079

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 72-1025017

Name: BATON ROUGE GENERAL MEDICAL CENTER

Form 990, Part III, Line 4a:

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 $5,377,982 OF FREE AND/OR SUBSIDIZED CARE, $293,253,562 OF CARE CHARGE-PFFS PROVIDED TO PERSONS COVERED BY GOVERNMENTAL PROGRAMS AT BELOW COST AS WELL AS HEALTH ACTIVITIES AND EDUCATION PROGRAMS DURING FY 2019, BRG RECORDED 16,038 ADMITS, 1,394,495 OUTPATIENT CASES/PROCEDURES/LAB TESTS, 80,672 PATIENT DAYS, 44,533 EMERGENCY ROOM VISITS, DISPENSED 1,500,000 PHARMACY UNIT DOSES AND 10,672 INPATIENT/OUTPATIENT SURGERIES

Form 990, Part III, Line 4b:

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 10,672 SURGERIES DURING THE FISCAL YEAR

Form 990, Part III, Line 4c:

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 1,500,000 UNIT DOSES

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			
EDGARDO TENREIRO PRES & CEO	48 00 2 00	X		X				0	984,543	189,272
ANDREW OLINDE MD BOARD MEMBER & CHIEF MED OFFICER	6 00 6 00	X		X				142,450	0	0
LOUIS MINSKY MD BRD MEMBER & CHIEF OF STAFF	15 00 35 00	X		X				0	775,414	52,640
VENKAT BANDA MD BOARD MEMBER & CHIEF ACADE	10 00	X		X				0	671,742	69,172
CHARLES D'AGOSTINO BOARD MEMBER	2 00	X						0	0	0
GWEN HAMILTON BOARD MEMBER	2 00	X						0	0	0
MARGARET HART BOARD MEMBER	2 00	X						0	0	0
JOE JUBAN ESQ BOARD MEMBER	2 00	X						0	0	0
ROY G KADAIR MD BOARD MEMBER	2 00	X						0	0	0
ED STARNES CPA BOARD MEMBER	2 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PHYLLIS MCLAURIN BOARD CHAIR	2 00	X						0	0	0
ISABELINA NAHMENS PHD BOARD MEMBER	2 00	X						0	0	0
REV RONNIE WILLIAMS BOARD MEMBER	2 00	X						0	0	0
JACQUES DE LA BRETONNE MD BOARD MEMBER	2 00	X						0	0	0
JUDGE BRIAN JACKSON BOARD MEMBER	2 00	X						0	0	0
SCOTT KIRKPATRICK BOARD MEMBER	2 00	X						0	0	0
KENDALL JOHNSON CPA VICE PRES & CFO	48 00 2 00			X				0	649,065	116,044
MONICA NIJOKA VICE PRES & CNO	50 00			X				0	376,297	90,404
STEPHEN MUMFORD VICE PRES & CHIEF OPERATIN	50 00			X				0	358,874	79,620
PAUL DOUGLAS VICE PRES-HUMAN RESOURCES & STRATEGY	50 00				X			0	437,565	66,748

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			
BENNETT CHERAMIE VICE PRES-INFO SERVICES	50 00				X			0	354,721	71,907
PEYTON GRANT VICE PRES- FACILITIES MGT	50 00				X			0	303,736	94,038
ROBERT KENNEY MD VICE PRES-MEDICAL OPERATIO	50 00				X			0	348,012	23,514
DONALD SHAW VICE PRES-REVENUE CYCLE	50 00				X			0	332,108	68,870
DHAVAL V ADHVARYU MD PHYSICIAN-SURGEON	50 00					X		0	420,233	62,898
JOSEPH BENTON DUPONT MD PHYSICIAN-SURGEON	50 00					X		0	341,426	31,525
JEFFREY LITTLETON MD PHYSICIAN-SURGEON	50 00					X		0	575,363	62,403
TRACEE SHORT MD PHYSICIAN-SURGEON	50 00					X		0	483,583	30,487
TODD FONTENOT MD PHYSICIAN	50 00					X		0	576,938	51,141
JEREMY ROGERS COO - BRG PHYSICIAN GROUP	50 00						X	0	186,393	39,420

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			
MILTON DAY ..... VICE PRES-BUS DEVELOPMENT	50 00						X	0	456,321	16,232

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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.**

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

OMB No 1545-0047

2018

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 12, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))

3 ☑ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170 (b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____

10 ☐ An organization that normally receives (1) more than 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)

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

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170 (b)(1)(A)(ix)**

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) **12**

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2017 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2018.** 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—2017.** 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—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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 III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2018** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2017** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2018.** 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—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)*	1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard*	3b		

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

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

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

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

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

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

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

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2018**	**(iii) Distributable Amount for 2018**
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 **Excess distributions carryover to 2019.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:

Software Version:

EIN: 72-1025017

Name: BATON ROUGE GENERAL MEDICAL CENTER

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493230022100

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

OMB No 1545-0047

2018

Open to Public Inspection

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

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

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

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

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

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

Name of the organization	**Employer identification number**
BATON ROUGE GENERAL MEDICAL CENTER	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 (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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		
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-		

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

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? ☐ **Yes** ☐ **No**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2015	**(b)** 2016	**(c)** 2017	**(d)** 2018	**(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 on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a) Yes	(a) No	(b) 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		500
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		500
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		240,043
j	Total Add lines 1c through 1i			241,043
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

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

Return Reference	Explanation
PART II-B, LINE 1D & 1E	INTERNAL COMMUNICATION ONLY, INVOLVING LITTLE OR NO DIRECT COST
PART II-B, LINE 1G	COSTS WERE LIMITED TO IN-TOWN TRAVEL AT MINIMAL DIRECT COST
PART II-B, LINE 1I	LOBBYING FIRM ENGAGED TO ASSIST IN LEGISLATIVE EFFORTS AND/OR PUBLIC RELATIONS EFFORTS ONLY

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2018

Open to Public Inspection

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" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under 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) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on 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
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ Yes ☐ No

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

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

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

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		13,255,209		13,255,209
b Buildings		247,811,861	139,246,276	108,565,585
c Leasehold improvements		8,110,033	7,138,317	971,716
d Equipment		129,347,947	103,957,035	25,390,912
e Other		8,482,779		8,482,779
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* . . ▶				156,666,201

Part VII **Investments—Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX **Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) UNAMORTIZED BOND ISSUE COSTS	3,773,602
(2) DUE FROM PARENT COMPANY, GENERAL HEALTH SYSTEM	46,423,810
(3) GOODWILL	4,705,977
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	54,903,389

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

1	Total revenue, gains, and other support per audited financial statements			1	400,034,573
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	1,631,947		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	-14,445,743		
e	Add lines **2a** through **2d**			2e	-12,813,796
3	Subtract line **2e** from line **1**			3	412,848,369
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	0
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	412,848,369

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

1	Total expenses and losses per audited financial statements			1	388,872,592
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	388,872,592
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	14,445,743		
c	Add lines **4a** and **4b**			4c	14,445,743
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	403,318,335

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII **Supplemental Information *(continued)***

Return Reference	Explanation

Additional Data

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

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA PROVIDE ACCOUNTIN G AND DISCLOSURE GUIDANCE ABOUT POSITIONS TAKEN BY AN ENTITY IN ITS TAX RETURNS THAT MIGHT BE UNCERTAIN THE ORGANIZATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSIT IONS TAKEN, AND MANAGEMENT HAS DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS THAT A RE MATERIAL TO THE FINANCIAL STATEMENTS PENALTIES AND INTEREST ASSESSED BY INCOME TAX AUT HORITIES, IF ANY, WOULD BE INCLUDED IN OPERATING EXPENSES

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	BAD DEBT EXPENSE -14,445,743

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	BAD DEBT EXPENSE 14,445,743

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
BATON ROUGE GENERAL MEDICAL CENTER

Employer identification number
72-1025017

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	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			
	☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care	3a	Yes	
	☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %			
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b	Yes	
	☑ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____ %			
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
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 eligibile for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			1,591,902		1,591,902	0 390 %
b Medicaid (from Worksheet 3, column a)			42,197,272	21,617,357	20,579,915	5 100 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			43,789,174	21,617,357	22,171,817	5 490 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)		48,071	276,931		276,931	0 070 %
f Health professions education (from Worksheet 5)		831	8,226,247	4,910,459	3,315,788	0 820 %
g Subsidized health services (from Worksheet 6)		51,242	40,340,340	28,926,197	11,414,143	2 830 %
h Research (from Worksheet 7)			389,706	57,304	332,402	0 080 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,006,622		1,006,622	0 250 %
j **Total.** Other Benefits		100,144	50,239,846	33,893,960	16,345,886	4 050 %
k **Total.** Add lines 7d and 7j		100,144	94,029,020	55,511,317	38,517,703	9 540 %

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

			Yes	No
1	Did the organization report bad debt expense in accordance with 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 14,445,743		
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	82,515,954
6	Enter Medicare allowable costs of care relating to payments on line 5	6	91,498,937
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-8,982,983
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	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes	

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

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

Part V Facility Information

Section A. Hospital Facilities

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

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

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group BRGMC-MID CITY AND BLUEBONNET CAMPUSES

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):

		Yes	No
Community Health Needs Assessment			
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	**1**		No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	**2**		No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	**3**	Yes	
If "Yes," indicate what the CHNA report describes (check all that apply)			
a ☑ A definition of the community served by the hospital facility			
b ☑ Demographics of the community			
c ☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☑ How data was obtained			
e ☑ The significant health needs of the community			
f ☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☑ The process for consulting with persons representing the community's interests			
i ☐ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j ☐ Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA 20 18			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**5**	Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	**6a**	Yes	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	**6b**	Yes	
7 Did the hospital facility make its CHNA report widely available to the public?	**7**	Yes	
If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a ☑ Hospital facility's website (list url) WWW BRGENERAL ORG/IN-THE-COMMUNITY/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/			
b ☐ Other website (list url)			
c ☑ Made a paper copy available for public inspection without charge at the hospital facility			
d ☐ Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	**8**	Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 17			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**	Yes	
a If "Yes" (list url) WWW BRGENERAL ORG/IN-THE-COMMUNITY/COMMUNITY-HEALTH-NEEDS-ASSESSMENT			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	**10b**		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**12a**		No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	**12b**		
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

BRGMC-MID CITY AND BLUEBONNET CAMPUSES

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of 200 000000000000 %			
b	☑ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) WWW BRGENERAL ORG/			
b	☑ The FAP application form was widely available on a website (list url) HTTPS //WWW BRGENERAL ORG/PATIENTS-VISITORS/BILLING			
c	☑ A plain language summary of the FAP was widely available on a website (list url) HTTPS //WWW BRGENERAL ORG/PATIENTS-VISITORS			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

BRGMC-MID CITY AND BLUEBONNET CAMPUSES

Name of hospital facility or letter of facility reporting group

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☑ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☐ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a ☐ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c ☑ Processed incomplete and complete FAP applications			
d ☑ Made presumptive eligibility determinations			
e ☐ Other (describe in Section C)			
f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

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

BRGMC-MID CITY AND BLUEBONNET CAMPUSES

Name of hospital facility or letter of facility reporting group

		Yes	No
22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period			
b ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
c ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
d ☑ The hospital facility used a prospective Medicare or Medicaid method			
23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**23**		No
If "Yes," explain in Section C			
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**	Yes	
If "Yes," explain in Section C			

Part V **Facility Information** *(continued)*

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

Form and Line Reference	Explanation
See Add'l Data	

Part V **Facility Information** *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? **12**

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

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 3C	CHARITY CARE ELIGIBILITY IS BASED ON MANY FACTORS RELATED TO INDIVIDUAL PATIENT CIRCUMSTANCES EACH AND EVERY PATIENT IS SCREENED BY PATIENT FINANCIAL SERVICES PERSONNEL, LICENSED SOCIAL WORKERS AND OTHER HEALTHCARE PROFESSIONALS TO DETERMINE IF ELIGIBLE FOR STATE AND/OR FEDERAL HEALTHCARE ASSISTANCE SAID ASSISTANCE AS WELL AS ELIGIBILITY FOR BRGMC CHARITY CARE IS ASSESSED WITH THE PATIENT OR THEIR DESIGNATED FAMILY MEMBER OR REPRESENTATIVE OF PRIMARY IMPORTANCE IS THE HEALTH, RECUPERATION AND WELL-BEING OF OUR PATIENTS
PART I, LINE 7	THE COST-TO-CHARGE RATIO USED IN THE VARIOUS LINE 7 WORKSHEETS IS DERIVED FROM THE TAXPAYER'S 2018 MEDICARE COST REPORT AS FILED WITH THE CENTER FOR MEDICARE AND MEDICAID SERVICES IN ACCORDANCE WITH THE LINE 7 INSTRUCTIONS, TOTAL EXPENSES USED TO CALCULATE THE COLUMN F PERCENTAGES DO NOT INCLUDE BAD DEBTS EXPENSE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 2	THE BAD DEBT ESTIMATE IS BASED ON PERIODIC, ONGOING REVIEWS THAT THE TAXPAYER ROUTINELY CONDUCTS TO REVIEW AND DETERMINE THE REASONABLENESS OF ITS COLLECTIONS STATISTICS UTILIZED IN THE CALCULATION OF ITS BAD DEBT EXPENSE
PART III, LINE 4	THE BAD DEBT FOOTNOTE CAN BE FOUND ON PAGE 19 OF THE AUDITED FINANCIAL STATEMENTS ATTACHED HERETO IN MARCH 2015, THE MID-CITY CAMPUS CLOSED ITS EMERGENCY DEPARTMENT DUE TO MATERIAL, CONTINUING FINACIAL LOSSES SAID MID-CITY CAMPUS HAS SERVED A SIGNIFICANT UNDER-INSURED/UNINSURED POPULATION FOR MANY YEARS

990 Schedule H, Supplemental Information

Form and Line Reference	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 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 THE TAXPAYER'S FINANCIAL ASSISTANCE POLICY, FAP APPLICATION AND PLAIN LANGUAGE SUMMARY CAN BE FOUND AT WWW BRGENERAL ORG/PATIENTS-VISITORS/BILLING-INSURANCE/FINANCIAL-ASSISTANCE/
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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
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 SERVE 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 AFFLIATION AGREEMENT WITH TULANE UNIVERSITY SCHOOL OF MEDICINE TO CREATE A SATELLITE TRAINING CAMPUS FOR ITS MEDICAL STUDENTS IN MAY 2018, 45 SELECTED STUDENTS (IN MAY 2017, 45 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 STUDENT'S 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

Additional Data

Software ID:

Software Version:

EIN: 72-1025017

Name: BATON ROUGE GENERAL MEDICAL CENTER

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **1** Name, address, primary website address, and state license number		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 CAMPUSES 8490 PICARDY AVENUE BATON ROUGE, LA 70809 WWW BRGENERAL ORG HO0001608	X	X		X			X			

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

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

Form and Line Reference	Explanation
BRGMC-MID CITY AND BLUEBONNET CAMPUSES	PART V, SECTION B, LINE 5 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, OUR LADY OF THE LAKE MEDICAL CENTER, WOMANS HOSPITAL OF BATON ROUGE, LANE MEMORIAL HOSPITAL, OFFICE OF US SENATOR JOHN KENNEDY, EBR PARISH SCHOOL SYSTEM, LSU HEALTH SCIENCES CENTER-LA, PRIMARY CARE ASSOCIATION, AMERICAN HEART ASSOCIATION, THE BATON ROUGE CLINIC, LSU PENNINGTON BIOMEDICAL RESEARCH CENTER AMONG A GROUP OF 25 MAJOR COMMUNITY GROUPS IN THE AREA THE MAYOR'S HEALTHY CITY INITIATIVE IS COMPOSED OF 3 SEPARATE BUT COMPATIBLE ADVISORY BOARDS TARGETING HEALTH PRIORITIES THROUGHOUT EAST BATON ROUGE PARISH AND SURROUNDING AREAS THOSE BOARDS ARE LIVE HEALTHY BR THAT FOCUSES ON HEALTHY EATING, MED BR THAT FOCUSES ON ACCESS TO CARE, AND THE HEALTH INNOVATION CENTER THAT FOCUSES ON EVALUATION AND EFFECTIVE USE OF RESOURCES FROM AN ACADEMIC PERSPECTIVE COORDINATION AMONG THESE VARIOUS PARTICIPANTS SERVED TO COORDINATE THE ASSESSMENT AND AVOID DUPLICATE EFFORTS TO INCREASE THE VALUE OF WHAT WE COLLECTIVELY BRING TO THE COMMUNITY HEALTHCARE NEEDS
BRGMC-MID CITY AND BLUEBONNET CAMPUSES	PART V, SECTION B, LINE 6A IN ADDITION TO BRGMC'S PARTICIPATION IN THE 2015 & 2018 CHNA, OTHER AREA HOSPITAL PARTICIPANTS INCLUDED LANE REGIONAL MEDICAL CENTER, OCHSNER HEALTH SYSTEM-BATON ROUGE, OUR LADY OF THE LAKE REGIONAL MEDICAL CENTER, WOMAN'S HOSPITAL, SURGICAL SPECIALTY CENTER OF BATON ROUGE, LSU PENNINGTON BIOMEDICAL RESEARCH CENTER AND THE LOUISIANA HOSPITAL ASSOCIATION

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

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

Form and Line Reference	Explanation
BRGMC-MID CITY AND BLUEBONNET CAMPUSES	PART V, SECTION B, LINE 11 THE 2018 CHNA IDENTIFIED 10 HEALTHCARE NEEDS OF THE GREATER BATON ROUGE AREA WHILE BRGMC DEVOTES MUCH TIME, TALENT AND RESOURCES TO ALL OF THE IDENTIFIED NEEDS, THE TAXPAYER HAS ELECTED TO BRING A MUCH SHARPER FOCUS AND CONCENTRATION TO THE AREAS OF HIV/STD RATES, OBESITY PREVENTION, ACCESS TO EMERGENCY CARE AND MENTAL HEALTH/SUBSTANCE ABUSE TREATMENT BRGMC HAS DETERMINED THAT THESE TOP 4 PRIORITIES HAVE THE POTENTIAL TO GREATLY INFLUENCE MORE THAN ONE AREA OF NEED AND THE GREATEST POTENTIAL FOR COMMUNITY-WIDE POSITIVE IMPACT BRGMC AND ITS COMMUNITY PARTNERS HAVE COLLABORATED ON A THREE YEAR JOINT IMPLEMENTATION PLAN THAT WILL ADDRESS THESE NEEDS ACROSS THE BATON ROUGE COMMUNITY IT SHOULD BE NOTED THAT OTHER PARTICIPANTS HAVE ELECTED THEIR OWN TOP 4 PRIORITIES ON A COORDINATED BASIS SO AS TO PROVIDE A HIGH LEVEL OF DEPTH AND VALUE OF WHAT WE COLLECTIVELY BRING TO THE COMMUNITY HEALTH NEEDS MUCH MORE INFORMATION IS AVAILABLE AS TO THE EFFORTS OF THE TAXPAYER AT THE URL LISTED ON PAGE 4, QUES 10A AS WELL AS THE FOLLOWING HTTP //WWW HEALTHYBR COM/BE-SMART/COMMUNITY-HEALTH-NEEDS-ASSESSMENT THE 2018 CHNA IDENTIFIED FOUR SIGNIFICANT HEALTH NEEDS OBESITY, HIV/AIDS AND OTHER STIS, MENTAL AND BEHAVIORAL HEALTH, AND OVERUSE OF EMERGENCY DEPARTMENTS IN ACCORDANCE WITH FEDERAL REGULATIONS, EACH HOSPITAL MUST SUBMIT AN IMPLEMENTATION PLAN THAT SPEAKS TO HOW THEY WILL ADDRESS EACH IDENTIFIED SIGNIFICANT NEED ALONG WITH THE JOINT CHNA, THE COLLABORATING HOSPITALS HAVE CHOSEN TO SUBMIT A JOINT COMMUNITY IMPLEMENTATION PLAN THAT OUTLIES THE COMMUNITY-LEVEL STEPS THE HOSPITALS AND THE MHCI PARTNERS TAKE TO ADDRESS EACH SIGNIFICANT NEED IDENTIFIED THIS JOINT COMMUNITY IMPLEMENTATION PLAN WAS UPDATED IN THE SPRING 2017 AND CAN BE FOUND AT HTTP //WWW HEALTHYBR COM/BE-SMART/COMMUNITY-HEALTH-NEEDS-ASSESSMENT
PART V, SECTION B, LINE 4	THE ORGANIZATION CONDUCTED ITS THIRD COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IN FISCAL YEAR 2018 TO COVER THE PERIOD 2018-2020 (TAX YEARS 2017-2019)

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

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

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

	Name and address	Type of Facility (describe)
1	1 - FAMILY HEALTH CENTER 3801 NORTH BLVD BATON ROUGE, LA 70809	CLINICAL LOCATION
1	2 - FAMILY HEALTH CENTER-SOUTH 333 LEE DRIVE SUITE B BATON ROUGE, LA 70806	CLINICAL LOCATION
2	3 - BRG SURGICAL ASSOCIATES 3401 NORTH BLVD SUITE 200-B BATON ROUGE, LA 70806	CLINICAL LOCATION
3	4 - BRG SURGICAL ASSOCIATES-BLUEBONNET 8595 PICARDY AVENUE SUITE 235 BATON ROUGE, LA 70809	CLINICAL LOCATION
4	5 - BRG ORTHOPEDIC ASSOCIATES 8595 PICARDY AVENUE SUITE 235 BATON ROUGE, LA 70809	CLINICAL LOCATION
5	6 - BRG GASTROENTEROLOGY CENTER 6615 PERKINS ROAD BATON ROUGE, LA 70808	CLINICAL LOCATION
6	7 - BRG NEUROLOGY ASSOCIATES 3600 FLORIDA BLVD BATON ROUGE, LA 70806	CLINICAL LOCATION
7	8 - MATERNAL-FETAL MEDICINE OF BATON ROUGE 8595 PICARDY AVENUE SUITE 305 BATON ROUGE, LA 70809	CLINICAL LOCATION
8	9 - WOMACK HEART CENTER-VALVE CENTER 8888 SUMMA AVENUE BATON ROUGE, LA 70809	CLINICAL LOCATION
9	10 - BRG IMAGING CENTER-DIJON 5422 DIJON DRIVE BATON ROUGE, LA 70809	CLINICAL LOCATION
10	11 - BRG IMAGING CENTER-ONEAL 2550 ONEAL LANE BATON ROUGE, LA 70816	CLINICAL LOCATION
11	12 - BRG NEUROSURGERY 8595 PICARDY AVENUE SUITE 220 BATON ROUGE, LA 70809	CLINICAL LOCATION

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
BATON ROUGE GENERAL MEDICAL CENTER

Employer identification number
72-1025017

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) GENERAL HEALTH SYSTEM FOUNDATION 8490 PICARDY AVE BATON ROUGE, LA 70809	74-0801335	501C3	936,872				CHARITY EFFORTS
(2) CANCER ASSOC OF GTR NEW ORLEANS 824 ELMWOOD PARK BLVD NEW ORLEANS, LA 70123	72-0517802	501C3	68,750				CHARITY EFFORTS

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

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) VARIOUS EDUCATION SCHOLARSHIPS TO EMPLOYEES/NURSING STUDENTS	2	1,829			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2	THE GRANT RECIPIENT (GENERAL HEALTH SYSTEM FOUNDATION) IS RELATED TO THE TAXPAYER AND IS A 501C3 ORGANIZATION BECAUSE OF CENTRALIZED MANAGEMENT, 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
PART III, LINE 1	VARIOUS EMPLOYEES AND NURSING SCHOOL STUDENTS ARE AWARDED SCHOLARSHIPS TO CONTINUE THEIR CLINICAL EDUCATIONS

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
BATON ROUGE GENERAL MEDICAL CENTER

Employer identification number
72-1025017

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☑ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☑ Discretionary spending account	☑ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured 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	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	CERTAIN KEY EXECUTIVES ARE PROVIDED A BENEFITS STIPEND IN ORDER TO ALLOW FOR SELF-DIRECTED BENEFITS THE EXECUTIVE BENEFITS PACKAGE ALSO INCLUDES AN OPTIONAL WELLNESS BENEFIT THAT INCLUDES A WELLNESS ASSESSMENT AND THE AVAILABILITY OF A PERSONAL FITNESS TRAINER 12 EXECUTIVES UTILIZED THIS PARTICULAR BENEFIT ALL OF THESE BENEFITS (COSTING $74,300) WERE INCLUDED IN THEIR 2018 AND/OR 2019 FORMS W-2 AS COMPENSATION NO PERSONS LISTED IN 990 PART VII TRAVELLED FIRST CLASS OR BY CHARTER 13 BOARD MEMBERS AND EXECUTIVES' SPOUSE MEAL COSTS (TOTALING $3,315) AT THE FEBRUARY 2019 ANNUAL BOARD RETREAT IN NEW ORLEANS, LA WERE PAID BY THE TAXPAYER, FOR THE ENTIRE TAX YEAR, 6 EXECUTIVE SPOUSAL MEAL AND/OR AIRFARE COSTS (TOTALING $2,521) FOR BUSINESS-RELATED TRAVEL WERE PAID BY THE TAXPAYER THESE COSTS WERE INCLUDED IN THE LISTED PERSONS' COMPENSATION OFFICERS, KEY EMPLOYEES AND 5 HIGHEST PAID EMPLOYEES LISTED IN PART II ARE EMPLOYED AND COMPENSATED BY GENERAL HEALTH SYSTEM (GHS) A 501(C)(3) ORGANIZATION #72-0475545 GENERAL HEALTH SYSTEM IS THE PARENT COMPANY OF BATON ROUGE GENERAL MEDICAL CENTER

Return Reference	Explanation
PART I, LINE 4B	EXECUTIVES PARTICIPATE IN A NON-QUALIFIED DEFERRED COMPENSATION PLAN DESIGNED TO PROVIDE A RETIREMENT SUPPLEMENT EXECUTIVES MAY DEFER A PRE-TAX PORTION OF THEIR WAGES AND THE ORGANIZATION PROVIDES A PERCENT OF WAGES SUPPLEMENT THE AMOUNT PROVIDED IS DIRECTED BY THE BOARD AND THE BOARD'S COMPENSATION COMMITTEE BASED ON MARKET DATA PROVIDED BY AN INDEPENDENT BENEFIT CONSULTING FIRM THAT CONDUCTS A REVIEW OF RETIREMENT FUNDING FOR EXECUTIVES IN COMPARABLE HEALTHCARE ORGANIZATIONS FUNDS DEPOSITED BY THE EMPLOYEES AND THE ORGANIZATION HAVE A RISK OF FORTEITURE TIED TO SOLVENCY, RETENTION, NON-COMPETITION AND/OR VESTING

Return Reference	Explanation
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

Return Reference	Explanation
PART II	BOARD MEMBER (BANDA) IS THE OWNER/PRINCIPAL OF A HEALTHCARE SERVICES PROVIDER (CONSISTING OF 60 PHYSICIANS, PHYSICIAN ASSISTANTS AND NURSE PRACTITIONERS) THAT PROVIDES HOSPITALIST, PALLIATIVE CARE, GERIATRIC, CARE MANAGEMENT, NON ACUTE AND GRADUATE MEDICAL EDUCATION SERVICES TO THE TAXPAYER DR BANDA WAS PAID A VESTED DEFERRED RETIREMENT BENEFIT ($330,841) IN JULY 2018 AND IT IS INCLUDED IN THE SCH J PART II AS "OTHER REPORTABLE COMPENSATION" BOARD MEMBER (OLINDE) PROVIDES SERVICES TO THE TAXPAYER'S HOSPITAL SUBSIDIARY (BATON ROUGE GENERAL MEDICAL CENTER) AS THE CHIEF MEDICAL OFFICER AND HIS COMPENSATION FOR THESE SERVICES IS IN PART II OLINDE IS ALSO OWNER/PRINCIPAL OF A HEALTHCARE SERVICES PROVIDER (CONSISTING OF 4 PHYSICIANS AND OTHER PROFESSIONALS) THAT PROVIDES VASCULAR STAFFING SERVICES TO THE TAXPAYER'S 501C3 HOSPITAL AFFILIATE, BATON ROUGE GENERAL MEDICAL CENTER #72-1025017 THESE SERVICES ARE PROVIDED AT FAIR MARKET VALUES IN ACCORDANCE WITH MEDICAL SERVICES AGREEMENTS ALSO SEE SCHEDULE L FORMER VICE PRESIDENT OF BUSINESS DEVELOPMENT (DAY) WAS SEPARATED FROM SERVICE IN JUNE 2018 AND WAS PAID A BIWEEKLY SEVERANCE PAYOUT UNTIL JULY 2019 THE SEVERANCE AMOUNT PAID DURING CALENDAR YEAR 2018 TOTALED $207,692 AND IS INCLUDED IN THE SCH J PART II AS "OTHER REPORTABLE COMPENSATION" QUALIFYING EXECUTIVES RECEIVE 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

Additional Data

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 and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
EDGARDO TENREIRO PRES & CEO	(i)	0	0	0	0	0	0	0
	(ii)	671,846	213,183	99,514	171,124	18,148	1,173,815	65,519
LOUIS MINSKY MD BRD MEMBER & CHIEF OF STAFF	(i)	0	0	0	0	0	0	0
	(ii)	420,000	269,617	85,797	32,750	19,890	828,054	0
VENKAT BANDA MD BOARD MEMBER & CHIEF ACADE	(i)	0	0	0	0	0	0	0
	(ii)	225,000	93,371	353,371	49,672	19,500	740,914	330,841
KENDALL JOHNSON CPA VICE PRES & CFO	(i)	0	0	0	0	0	0	0
	(ii)	475,000	102,720	71,345	96,875	19,169	765,109	59,077
MONICA NIJOKA VICE PRES & CNO	(i)	0	0	0	0	0	0	0
	(ii)	297,000	58,800	20,497	70,904	19,500	466,701	6,538
STEPHEN MUMFORD VICE PRES & CHIEF OPERATIN	(i)	0	0	0	0	0	0	0
	(ii)	262,789	53,750	42,335	60,120	19,500	438,494	29,578
PAUL DOUGLAS VICE PRES-HUMAN RESOURCES & STRATEGY	(i)	0	0	0	0	0	0	0
	(ii)	317,000	73,398	47,167	57,045	9,703	504,313	20,201
BENNETT CHERAMIE VICE PRES-INFO SERVICES	(i)	0	0	0	0	0	0	0
	(ii)	258,486	50,191	46,044	59,272	12,635	426,628	33,787
PEYTON GRANT VICE PRES- FACILITIES MGT	(i)	0	0	0	0	0	0	0
	(ii)	217,000	42,200	44,536	78,847	15,191	397,774	30,657
ROBERT KENNEY MD VICE PRES-MEDICAL OPERATIO	(i)	0	0	0	0	0	0	0
	(ii)	279,670	54,305	14,037	9,727	13,787	371,526	0
DONALD SHAW VICE PRES-REVENUE CYCLE	(i)	0	0	0	0	0	0	0
	(ii)	230,000	46,830	55,278	62,756	6,114	400,978	29,995
DHAVAL V ADHVARYU MD PHYSICIAN-SURGEON	(i)	0	0	0	0	0	0	0
	(ii)	380,000	5,984	34,249	44,750	18,148	483,131	0
JOSEPH BENTON DUPONT MD PHYSICIAN-SURGEON	(i)	0	0	0	0	0	0	0
	(ii)	260,000	0	81,426	31,525	0	372,951	0
JEFFREY LITTLETON MD PHYSICIAN-SURGEON	(i)	0	0	0	0	0	0	0
	(ii)	420,500	114,840	40,023	44,255	18,148	637,766	0
TRACEE SHORT MD PHYSICIAN-SURGEON	(i)	0	0	0	0	0	0	0
	(ii)	376,923	0	106,660	24,373	6,114	514,070	0
TODD FONTENOT MD PHYSICIAN	(i)	0	0	0	0	0	0	0
	(ii)	450,000	126,938	0	31,641	19,500	628,079	0
JEREMY ROGERS COO - BRG PHYSICIAN GROUP	(i)	0	0	0	0	0	0	0
	(ii)	98,654	37,618	50,121	28,920	10,500	225,813	28,140
MILTON DAY VICE PRES-BUS DEVELOPMENT	(i)	0	0	0	0	0	0	0
	(ii)	225,000	0	231,321	14,732	1,500	472,553	0

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

OMB No 1545-0047

2018

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), section 501(c)(4), and 501(c)(29) 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	(d) Corrected? 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? To	(d) Loan to or from the organization? From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	(g) In default? No	(h) Approved by board or committee? Yes	(h) Approved by board or committee? No	(i) Written agreement? Yes	(i) Written agreement? No
Total				▶ $								

Part III Grants or Assistance Benefiting 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) R MORRIS	DAUGHTER OF BRD MEMBER	24,014	EMPLOYEE COMPENSATION		No
(2) HMG PHYSICIANS LLC	BRD MEMBER	6,105,885	PROF MEDICAL SERVICES		No
(3) VASCULAR SPECIALTY CENTER	BRD MEMBER	736,736	PROF MEDICAL SERVICES		No
(4) THE LONG LAW FIRM	BRD MEMBER	120,043	LOBBYING SERVICES		No
(5) L MINSKY	SPOUSE-BRD MEMBER	68,624	EMPLOYEE COMPENSATION		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
PART IV	VARIOUS FAMILY MEMBERS OF CERTAIN BOARD MEMBERS AND OFFICERS ARE EMPLOYED BY THE TAXPAYER R MORRIS IS THE DAUGHTER OF BOARD MEMBER, M HARTL MINSKY IS THE SPOUSE OF BOARD MEMBER/CHIEF OF STAFF, L MINSKYA BOARD MEMBER (BANDA) IS THE OWNER/PRINCIPAL OF A HEALTHCARE SERVICES PROVIDER (CONSISTING OF 60 PHYSICIANS, PHYSICIAN ASSISTANTS AND NURSE PRACTITIONERS) THAT PROVIDE HOSPITALIST, PALLIATIVE CARE, GERIATRIC, CARE MANAGEMENT, NON ACUTE AND GRADUATE MEDICAL EDUCATION SERVICES TO THE TAXPAYER ALL SERVICES ARE PROVIDED AT FAIR MARKET WITH A MEDICAL SERVICES AGREEMENT CHIEF MEDICAL OFFICER/BOARD MEMBER (OLINDE) IS AN OWNER/PRINCIPAL OF A HEALTHCARE SERVICES PROVIDER (CONSISTING OF 4 PHYSICIANS AND OTHER PROFESSIONALS) THAT PROVIDES VASCULAR STAFFING SERVICES TO THE TAXPAYER ALL SERVICES ARE PROVIDED AT FAIR MARKET VALUES IN ACCORDANCE WITH A MEDICAL SERVICES AGREEMENT A BOARD MEMBER (JUBAN) IS A PRINCIPAL OF A LAW FIRM THAT PROVIDES LOBBYING AND GOVERNMENTAL CONSULTING SERVICES TO THE TAXPAYER AND THE TAXPAYER'S 501C3 PARENT COMPANY, GENERAL HEALTH SYSTEM #72-0475545 SERVICES ARE PROVIDED AT FAIR MARKET VALUES IN ACCORDANCE WITH A PROFESSIONAL SERVICES AGREEMENT

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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 990-EZ or to provide any additional information.
▶ **Attach to Form 990 or 990-EZ.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
BATON ROUGE GENERAL MEDICAL CENTER

Employer identification number
72-1025017

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	DURING PREPARATION OF THE 990, SENIOR FINANCE AND ADMINISTRATIVE 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 CO PY 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 T HE 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION COMMITTEE OF THE GHS BOARD OVERSEES ALL EXECUTIVE COMPENSATION MATTERS T HE COMMITTEE ENGAGES AN INDEPENDENT THIRD PARTY CONSULTING FIRM TO CONDUCT AN ANNUAL INDEP ENDENT MARKET-BASED COMPENSATION REVIEW OF EXECUTIVES IN COMPARABLE HEALTHCARE SYSTEMS AND USES THIS DATA IN DETERMINING REASONABLE AND APPROPRIATE EXECUTIVE COMPENSATION LEVELS A LL COMMITTEE MEMBERS ARE INDEPENDENT WITH NO CONFLICT OF INTEREST WITH REGARD TO EXECUTIVE COMPENSATION MATTERS THE COMPENSATION COMMITTEE CONSIDERS MANY FACTORS IN DETERMINING EX ECUTIVE COMPENSATION LEVELS SOME OF THESE FACTORS ARE, BUT ARE NOT LIMITED TO, THE KNOWLE DGE, EXPERIENCE AND COMPETENCIES OF THE EXECUTIVE, PERFORMANCE OF THE EXECUTIVE, AREAS OF RESPONSIBILITY, IMPORTANCE OF EXECUTIVE RETENTION AND PEER CALIBRATION AND TALENT MANAGEME NT RATING THE COMMITTEE DOCUMENTS ITS DECISIONS AND THE PROCESS IT FOLLOWS IN DETAILED AN D CONTEMPORANEOUS MINUTES IT DILIGENTLY FOLLOWS THE PRESCRIBED PROCESS FOR ESTABLISHING A PRESUMPTION OF REASONABLENESS

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII, LINE 1A	COLUMN F-OTHER COMPENSATION TO THE PRESIDENT/CEO AND DESIGNATED EXECUTIVES INCLUDES 401K A ND DEFERRED COMPENSATION BENEFITS SUBJECT TO FUTURE VESTING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	OTHER FEES FOR SERVICES PROGRAM SERVICE EXPENSES 39,599,374 MANAGEMENT AND GENERAL EXPEN SES 4,066,268 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 43,665,642

990 Schedule O, Supplemental Information

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 A UDIT AND SELECTION OF THE INDEPENDENT ACCOUNTANT GENERAL INFO THE BOARD OF TRUSTEES FOR THE PARENT COMPANY (GENERAL HEALTH SYSTEM #72-0475545) ALSO SERVES AS THE BOARD OF TRUSTEE S FOR THE ORGANIZATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 3	THE TAXPAYER'S AFFILIATE, BEHAVIORAL HEALTH, INC (BHI) HAS HELD A 50% INTEREST IN A RADIO LOGY CLINIC JOINT VENTURE WITH AN UNRELATED LOCAL RADIOLOGY PHYSICIAN GROUP SINCE 2011 ON JULY 31, 2015, THROUGH A SERIES OF CAPITAL CONTRIBUTIONS BETWEEN BHI, THE TAXPAYER AND TH EIR COMMON PARENT COMPANY, GENERAL HEALTH SYSTEM (GHS), THE TAXPAYER BECAME THE OWNER OF T HE 50% OWNERSHIP INTEREST HELD BY BHI AFTER THE CONTEMPORANEOUS TAXPAYER'S PURCHASE OF TH E PHYSICIAN GROUP'S 50% INTEREST AND ITS RECEIPT OF BHI'S 50% INTEREST, THE TAXPAYER OWNED 100% OF THE OWNERSHIP INTEREST IN THE CLINIC ENTITY IMMEDIATELY AFTER TAKING SOLE OWNERS HIP, THE TAXPAYER ENTERED INTO AN AGREEMENT TO MERGE THE CLINIC INTO BATON ROUGE GENERAL M EDICAL CENTER

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

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" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) GENERAL HEALTH NETWORK LLC 8490 PICARDY AVE BATON ROUGE, LA 70809	DORMANT CORP	LA	0		BRGMC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) 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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

See Additional Data Table

(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) Disproprtionate allocations? Yes	(h) Disproprtionate allocations? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) General or managing partner? No	(k) Percentage ownership

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

See Additional Data Table

(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	(i) Section 512(b)(13) controlled entity? No

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

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

		Yes	No
1 During the tax year, did the orgranization 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	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i	Yes	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s	Yes	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)SEE SCHEDULE O FOR ADDITIONAL SCHEDULE R INFORMATION			CASH VALUE
(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

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

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, LEGAL INFORMATION, TECHNOLOGY SERVICES TO ALL MEMBERS OF THE GENERAL HEALTH SYSTEM (GHS) ALL MONIES COLLECTED FROM OR SPENT FOR ALL GHS-RELATED ENTITIES ARE DEPOSITED INTO/SPENT FROM CENTRALIZED GHS BANK ACCOUNTS AND ACCOUNTED FOR AS RECEIVED OR DISBURSED THE ANNUAL NET AMOUNTS OF THESE TRANSACTIONS ARE REFLECTED AS GHS RECEIVABLES/LIABILITIES ON AN ONGOING BASIS DUE TO THE MASSIVE NUMBER OF TRANSACTIONS DESCRIBED ABOVE, A PROPER, SEGREGATED ACCOUNTING IN THE MANNER PROSCRIBED BY SCHEDULE R IS NOT POSSIBLE AT THIS TIME

Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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	
(1) BATON ROUGE REHABILITATION HOSPITAL LLC 8490 PICARDY AVE BATON ROUGE, LA 70809 27-1558673	REHAB HOSPITAL	LA	N/A	N/A				No			No	
(1) BATON ROUGE REHABILITATION DEVELOPMENT LLC 8490 PICARDY AVE BATON ROUGE, LA 70809 27-1558883	BLDG LESSOR	LA	N/A	N/A				No			No	
(2) RADIATION ONCOLOGY CENTER ZACHARY LLC 8490 PICARDY AVE BATON ROUGE, LA 70809 45-4618032	ONCOLOGY CLINIC	LA	N/A	N/A				No			No	
(3) DUTCHTOWN URGENT CARE LLC 8490 PICARDY AVE BATON ROUGE, LA 70809 47-3812373	PHYS CLINIC	LA	N/A	N/A				No			No	
(4) MID CITY SEPCIALTY CENTER LLC 8490 PICARDY AVE BATON ROUGE, LA 70809 82-2996794	VASC CLINIC	LA	N/A	N/A				No			No	
(5) BR WELLNESS & RECOVERY SVS LLC 8490 PICARDY AVE BATON ROUGE, LA 70809 84-2263345	PSYCH SVCS	LA	N/A	N/A				No			No	
(6) HOOD HOME HEALTH SVCS LLC 8490 PICARDY AVE BATON ROUGE, LA 70809 34-1994325	HEALTH SVCS	LA	N/A	N/A				No			No	
(7) TRANSFORMYX LLC 8490 PICARDY AVE BATON ROUGE, LA 70809 72-1428284	IT SVCS	LA	N/A	N/A				No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) GENERAL HEALTH MANAGEMENT INC 8490 PICARDY AVE BATON ROUGE, LA 70809 72-0904131	MGT CO	LA	GHS	C			100 000 %		No
(1) HEALTH MANAGEMENT SERVICES INC 8490 PICARDY AVE BATON ROUGE, LA 70809 72-0929442	DORMANT CORP	LA	GEN HEALTH MGMT INC	C			100 000 %		No
(2) HEALTH INITIATIVES INC 8490 PICARDY AVE BATON ROUGE, LA 70809 72-0981798	DORMANT CORP	LA	GEN HEALTH MGMT INC	C			100 000 %		No
(3) GENERAL HEALTH SYSTEM MGMT INC 8490 PICARDY AVE BATON ROUGE, LA 70809 72-1335513	MGT CO	LA	GHS	C			100 000 %		No
(4) VERITY HEALTHNET ACCT MGT SVCS INC 8490 PICARDY AVE BATON ROUGE, LA 70809 72-1245524	NETWORK	LA	GHSM	C			100 000 %		No
(5) VERITY HEALTHNET LLC 8490 PICARDY AVE BATON ROUGE, LA 70809 45-0510673	PHYSICIAN NETWORK MARKETER	LA	VHAMS	C			50 000 %		No
(6) VERITY HEALTHNET NATL LLC 8490 PICARDY AVE BATON ROUGE, LA 70809 56-2353850	DORMANT CORP	LA	VHAMS	C			50 000 %		No
(7) BRGP AFTER HOURS CLINIC INC 8490 PICARDY AVE BATON ROUGE, LA 70809 74-3109146	DORMANT CORP	LA	BRGPS	C			100 000 %		No
(8) MEDICAL DIAGNOSTIC SERVICES INC 8490 PICARDY AVE BATON ROUGE, LA 70809 72-0994499	DORMANT CORP	LA	GHSM	C			100 000 %		No
(9) BRG PHYSICIANS SERVICES INC 8490 PICARDY AVE BATON ROUGE, LA 70809 20-3756691	MGT CO	LA	GHSM	C			100 000 %		No
(10) BRG PHYSICIANS INC 8490 PICARDY AVE BATON ROUGE, LA 70809 72-1245632	PHYS CLINICS	LA	BRGPS	C			100 000 %		No
(11) HOSPITAL MEDICINE GROUP INC 8490 PICARDY AVE BATON ROUGE, LA 70809 20-3720898	DORMANT CLINIC	LA	BRGPS	C			100 000 %		No
(12) BRG PHYSICIANS HOSP SPECIALISTS INC 8490 PICARDY AVE BATON ROUGE, LA 70809 20-3756738	PHYS CLINIC	LA	GHSM	C			100 000 %		No
(13) BRG PRIMARY CARE LLC 8490 PICARDY AVE BATON ROUGE, LA 70809 45-2969168	DORMANT CORP	LA	GHSM	C			100 000 %		No
(14) BRGP MEDICAL GROUP LLC 8490 PICARDY AVE BATON ROUGE, LA 70809 45-3063914	PHYS CLINIC	LA	GHSM	C			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
(16) GHS STAFFING SERVICES LLC 8490 PICARDY AVE BATON ROUGE, LA 70809 45-3058006	STAFFING SVCS	LA	GHSM	C			100 000 %		No
(1) BR GENERAL LAB SERVICES LLC 8490 PICARDY AVE BATON ROUGE, LA 70809 46-1735706	DORMANT CORP	LA	GHSM	C			100 000 %		No
(2) GULF SOUTH HEALTH PLAN INC 8490 PICARDY AVE BATON ROUGE, LA 70809 72-1068656	DORMANT CORP	LA	GHS	C			100 000 %		No
(3) LA INTERNAL MEDICINE ASSOC LLC 8490 PICARDY AVE BATON ROUGE, LA 70809 45-3063914	PHYS CLINIC	LA	GHSM	C			100 000 %		No
(4) BRGP CONCIERGE MEDICINE LLC 8490 PICARDY AVE BATON ROUGE, LA 70809 82-2127255	PHYS CLINIC	LA	GHSM	C			100 000 %		No

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

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