Unrelated business taxable income Subtract line 31 from line 30

For Paperwork Reduction Act Notice, see instructions.

8X2740 1 000

(299, 358) Form **990-T** (2018)

Ч

JSA 8X2741 1 000

Use Only

Firm's name

Firm's address

Form 990-1-(2018)

Firm's EIN ▶

Phone no

| Form 990-T (2018) | | | | | | | | Page |
|--|---|--|---|---|--|---|--|------------|
| Schedule A - Cost of Go | oods Sold. Er | nter metho | d of invento | ry valuation | > | | | |
| 1 Inventory at beginning of y | ear [1 | | | 6 Inventory | at end of year | ar | 6 | |
| 2 Purchases | 2 | | | 7 Cost of | goods so | old Subtract line | - | |
| 3 Cost of labor | 3 | | | 6 from | line 5 Er | nter here and in | | |
| 4a Additional section 263A co | osts | | | Part I, line | 2 | | 7 | |
| (attach schedule) | 1 1 | | | | | section 263A (w | ith respect to | Yes No |
| b Other costs (attach schedu | | | ** | property | produced | or acquired for | resale) apply | |
| 5 Total Add lines 1 through 4b . 5 | | | | | • | | , , , , , | |
| Schedule C - Rent Income | | roperty a | nd Persor | al Property | Leased V | Vith Real Proper | tv) | <u> </u> |
| (see instructions) | () | | | , , | | • | •, | |
| Description of property | · | | | | | | | |
| (1) | | | | | | | | |
| (2) | | | | | | • | | |
| (3) | | | | | | .= | | |
| 4) | | | | | | | | |
| | 2. Rent recei | ved or accru | ed | | | | | |
| (a) From passage and account (if the | | · · · · · · · · · · · · · · · · · · · | | acreanal property | (if the | 3(a) Deductions du | rectly connected with | the income |
| (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) (b) From real and percentage of rent (50%) or if the rent in the rent | | | | | • | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) | | |
| | | | r if the rent is l | based on profit or | income) | | | |
| 1) | | | | <u>-</u> | | | | |
| 2) | | | | | | | | |
| 3) | | | | | | | | |
| 4) | | | | | | | - | |
| Fotal | | Total | | | | | | |
| c) Total income. Add totals of columns 2(a) and 2(b) Enter | | | | | (b) Total deductions. | | | |
| here and on page 1, Part I, line 6, column (A) | | | | | Enter here and on page 1, Part I, line 6, column (B) ▶ | | | |
| Schedule E - Unrelated De | | _ | e instruction | ons) | | 1 | (5) | |
| 50,1044,52 | | ,,,,, | | | 3 [| Deductions directly con | | le to |
| | | | 1 | Gross income from or allocable to debt-financed | | | (b) Other deductions (attach schedule) | |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | property (a) | | | nt line depreciation ch schedule) | | | |
| 1) | | | | | | | | |
| 2) | | | | | | | | |
| 3) | | | | | | | | |
| 4) | | | İ | | | | | |
| 4 Amount of average | 5. Average adju | | 6.0 | Column | | | 8 Allocable ded | uctions |
| acquisition debt on or allocable to debt-financed | of or allocable to debt-financed property | | | 6. Column 4 divided | | income reportable n 2 x column 6) | (column 6 x total of columns | |
| property (attach schedule) | (attach sche | | by co | olumn 5 | (coluini | ii z x colalilii oj | 3(a) and 3(t | ١)) |
| 1) | | | | % | | | | |
| 2) | | | | % | | | | |
| 3) | - | | | % | | | | |
| 4) | | | | % | | | | |
| | | | • | | Enter her | e and on page 1, | Enter here and or | |
| | | | | | Parti, lin | ne 7, column (A) | Part I, line 7, colu | אוווע (פ) |

Form **990-T** (2018)

Total dividends-received deductions included in column 8.

| | | Exem | pt Controlled O | rganızatı | ons | | | - | |
|---|--|--|--|--------------------------------|------------------------------------|---|--|--|--|
| Name of controlled organization | 2. Employer identification numb | iei | et unrelated income s) (see instructions) | 4 Total of specified includ | | ıncluded | Part of column 4 that is cluded in the controlling janization's gross income | | 6 Deductions directly connected with incoming column 5 |
|) | | | | | | | | | |
| 2) | | | | | | | | | |
|) | | | | | | | | | |
|) | | | | | | | | | |
| onexempt Controlled Organiz | zations | | <u> </u> | | ···· | | _ | | |
| 7 Taxable Income | 8 Net unrelated ii (loss) (see instruc | | 9 Total of speci payments mad | | include | t of columned in the co ation's gros | ntrolling | | Deductions directly nected with income in column 10 |
|) | | | | | | | | | |
|) | | | | | | | | | |
|) | | | | | _ | | | | |
|) | <u> </u> | | | | | | | | |
| otals | come of a Sec | tion 501(c | | | Part I, | ere and on line 8, colu (see ins | mn (A) | | er here and on page 1, t I, line 8, column (B) |
| 1. Description of income | 2 Amount of income | | directly co | | | t-asides schedule) | | 5 Total deductions and set-asides (col 3 plus col 4) | |
|) | _ | | | | | | | | |
| 2) | | | | | | | | _ | |
| ·) | | | | | | | | | |
| | Enter here and | | | | | | | | Enter here and on page |
| otals | mpt Activity In | 3 Expens | es 4. Net inco | me (loss) | | | ctions) | | 7. Excess exempt |
| 1. Description of exploited activity | unrelated business income from trade or business | directly connected production unrelated business inc | with or business 2 minus co | (column olumn 3) compute | 5. Gross income | | 6. Expe attributa colum | ble to | expenses (column 6 minus column 5, but not more than column 4) |
|) | | | | | | | | | |
|) | | | | | | | | | |
|) | | | | | | · | | | |
|) | | | | | | | | | |
| | Enter here and on page 1, Part I, line 10, col (A) | Enter here ar page 1, Pa line 10, col | rt I, | | | | | | Enter here and on page 1, Part II, line 26 |
| otals | · | | | | | | | | |
| | iodicals Report | ed on a Co | nsolidated Ba | sis | | | | | |
| Part I Income From Peri | | | 4 Adve | - | s) (col 5. Circula in 3) If income | | • | | 7 Excess readership costs (column 6 |
| Part I Income From Peri 1 Name of periodical | 2 Gross advertising income | 3 Direct advertising of | 1 2 | ol 3) If ompute | | | | ts . | minus column 5, bu not more than column 4) |
| 1 Name of periodical | advertising | | costs 2 minus o | ol 3) If ompute | | | | s · | not more than |
| Name of periodical) | advertising | | costs 2 minus o | ol 3) If ompute | | | | | not more than |
| 1 Name of periodical) | advertising | | costs 2 minus o | ol 3) If ompute | | | | es . | not more than |
| 1 Name of periodical)) | advertising | | costs 2 minus o | ol 3) If ompute | | | | es | not more than |
| | advertising | | costs 2 minus o | ol 3) If ompute | | | | as . | not more than |

(4)

Total Enter here and on page 1, Part II, line 14.

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

| 2 through / on a | iine-by-iine basi | S) | | | | |
|-------------------------------|--|--|--|--|---|---|
| 1. Name of periodical | 2 Gross advertising income | 3 Direct advertising costs | 4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 | 5 Circulation income | 6 Readership costs | 7 Excess readership costs (column 6 minus column 5, but not more than column 4) |
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals from Part I ▶ | | | į | | | |
| | Enter here and on page 1, Part I, line 11, col (A) | Enter here and on page 1, Part I, line 11, col (B) | | | | Enter here and on page 1, Part II, line 27 |
| Totals, Part II (lines 1-5) ▶ | | | | | | |
| Schedule K - Compensation | n of Officers, D | irectors, and Tr | ustees (see instr | uctions) | | |
| 1. Name | | 2 Title | | 3. Percent of time devoted to business | Compensation attributable to unrelated business | |
| (1) NO OFFICER COMPENS | ATION IS | | | % | | |
| (2) ATTRIBUTED TO UNE | ELATED | | | % | | |
| (3) BUSINESS INCOME | | | | % | | |

Form **990-T** (2018)

%

BATON ROUGE GENERAL MEDICAL CENTER FORM 990-T SUPPORTING SCHEDULE FYE SEPTEMBER 30, 2019

BRGMC UBI WRKSHT 2019 xlsx OTHER EXP SCH 7/31/20 8 44 AM

#72-1025017

Page 1, Part II, Line 28 OTHER DEDUCTIONS

| Other Deductions: | Unallocated Amount |
|------------------------|-----------------------|
| | |
| Food Costs | \$610,868 |
| Chemical Supplies | \$13,410 |
| Instruments & Minor Eq | \$20,525 |
| Paper Goods | \$168,511 |
| Total Other Expenses | \$813,314 |

BATON ROUGE GENERAL MEDICAL CENTER FORM 990-T SUPPORTING SCHEDULE FYE SEPTEMBER 30, 2019

72-1025017

NET OPERATING LOSS SCHEDULE, PAGE 1, PART II, Line 31

| NOL GENERATED FYE 09/30/98 | \$58,876 |
|--|-------------|
| NOL GENERATED FYE 09/30/99 | \$72,537 |
| NOL GENERATED FYE 09/30/00 | \$17,179 |
| NOL GENERATED FYE 09/30/01 | \$44,402 |
| NOL GENERATED FYE 09/30/02 | \$88,616 |
| NOL GENERATED FYE 09/30/03 | \$63,469 |
| NOL GENERATED FYE 09/30/04 | \$33,452 |
| NOL GENERATED FYE 09/30/06 | \$527 |
| NOL GENERATED FYE 09/30/07 | \$579 |
| NOL GENERATED FYE 09/30/08 | \$743 |
| NOL GENERATED FYE 09/30/12 | \$1,349 |
| NOL GENERATED FYE 09/30/13 | \$108,788 |
| NOL GENERATED FYE 09/30/14 | \$109,767 |
| NOL GENERATED FYE 09/30/15 | \$11,312 |
| NOL GENERATED FYE 09/30/16 | \$118,196 |
| NOL GENERATED FYE 09/30/17 | \$250,708 |
| NOL GENERATED FYE 09/30/18 | \$271,716 |
| AMOUNT CARRIED FORWARD TO FYE 09/30/19 | \$1,252,216 |
| NOL GENERATED FYE 09/30/19 | \$299,358 |
| FYE 09/30/1998 NOL EXPIRED IN FYE 09/30/19 | (\$58,876) |
| AMOUNT CARRIED FORWARD TO FYE 09/30/20 | \$1,492,698 |

^{*} Agrees w/ FYE 09/30/2018 Form 990-T