



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Termination

☐ Amended return

☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

FMOL HEALTH SYSTEM INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

Room/suite

4200 ESSEN LANE

City or town, state or country, and ZIP + 4

BATON ROUGE, LA 708092158

D Employer identification number

72-1028323

E Telephone number

(225) 923-2701

G Gross receipts \$ 58,701,490

F Name and address of Principal Officer

JOHN FINAN

4200 ESSEN LANE

BATON ROUGE, LA 70809

H(a) Is this a group return for affiliates?

☐ Yes

☒ No

H(b) Are all affiliates included?

☐ Yes

☐ No

(If "No," attach a list See instructions)

H(c) Group Exemption Number

0928

I Tax-exempt status

☒ 501(c) (3)

☐ (insert no)

☐ 4947(a)(1) or

☐ 527

J Web site:

N/A

K Type of organization

☒ Corporation

☐ trust

☐ association

☐ other

L Year of Formation

1984

M State of legal domicile

LA

Part I Summary			
Activities & Governance	1	Briefly describe the organization's mission or most significant activities FMOL Health System manages an integrated health system to make a difference in our communities through Catholic Health Services by calling forth all who serve in the healthcare ministry	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets	
	3	Number of voting members of the governing body (Part VI, line 1a)	3 18
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 17
	5	Total number of employees (Part V, line 2a)	5 343
	6	Total number of volunteers (estimate if necessary)	6 15
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a 0
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 0Current Year 0
	9	Program service revenue (Part VIII, line 2g)	38,166,24158,356,029
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	211,451176,397
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	18,7589,610
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	38,396,45058,542,036
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	47,55552,750
	14	Benefits paid to or for members (Part IX, column (A), line 4)	00
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	21,770,85029,280,725
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	00
	b	(Total fundraising expenses, Part IX, column (D), line 25 ⁰ _____)	
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	27,712,97945,591,902
	18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	49,531,38474,925,377
	19	Revenue less expenses Subtract line 18 from line 12	-11,134,934-16,383,341
Net Assets or Fund Balances			Beginning of YearEnd of Year
	20	Total assets (Part X, line 16)	13,929,98463,994,347
	21	Total liabilities (Part X, line 26)	16,471,82542,344,517
	22	Net assets or fund balances Subtract line 21 from line 20	-2,541,84121,649,830

Part II Signature Block

Please Sign Here

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

Signature of officer

Date

ROBERT RAMSEY CFO

Type or print name and title

Paid Preparer's Use Only

Preparer's signature

Date

Check if self-employed

Firm's name (or yours if self-employed), address, and ZIP + 4

EIN

Phone no

May the IRS discuss this return with the preparer shown above? (See instructions)

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2008)

Part III

Statement of Program Service Accomplishments (See the instructions.)

1

Briefly describe the organization’s mission

See Additional Data Table

2

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

Yes

☒

No

If “Yes,” describe these new services on Schedule O

3

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

Yes

☒

No

If “Yes,” describe these changes on Schedule O

4

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

Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code

) (Expenses \$

743,847

including grants of \$

) (Revenue \$

1,086,070)

FMOL HEATHL SYSTEM INCLUDES CALAIS HEALTH, LLC, WHICH PROVIDES OCCUPATIONAL MEDICINE AND BEHAVIORAL HEALTH SERVICES TO LOUISIANA RESIDENTS

4b

(Code

) (Expenses \$

52,750

including grants of \$

52,750) (Revenue \$

0)

GRANTS ARE MADE TO CHARITABLE ORGANIZATIONS IN ORDER TO SUPPORT THE CHARITABLE MISSION OF FMOL HEALTH SYSTEMS, INC

4c

(Code

) (Expenses \$

including grants of \$

) (Revenue \$

)

4d

Other program services (Describe in Schedule O)

(Expenses \$

including grants of \$

) (Revenue \$

)

4e

Total program service expenses \$



















796,597

Must equal Part IX, Line 25, column (B).









Form 990 (2008)

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?	2	No
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? If "Yes," complete Schedule C, Part II 	4	Yes
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable 	11	Yes
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12	No
13	Is the organization a school as 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 U S?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S? If "Yes," complete Schedule F, Part I	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	No
18	Did the organization report more than \$15,000 total 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 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	No
21	Did the organization report more than \$5,000 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 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 	22	No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? 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 questions 24b–24d and complete Schedule K. If "No," go to question 25 	24a	Yes
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 	25a	No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I 	25b	No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? 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, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III 	27	No

Part IV Checklist of Required Schedules *(Continued)*

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i> 		No
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> 	Yes	
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> 		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> 	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> 	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> 	Yes	
36	501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> 		No
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> 		No

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a62		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b0		
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, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a343		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? . . . Note: <i>If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.</i>	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," 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	Yes	
b	If "Yes," enter the name of the foreign country <u>CJ</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	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 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	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 provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	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, during the year, 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	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	Yes	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	Yes	
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		No
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the 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		

Part VI

Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?		No
6	Does the organization have members or stockholders?	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	Yes	
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	the governing body?	Yes	
8b	each committee with authority to act on behalf of the governing body?	Yes	
9a	Does the organization have local chapters, branches, or affiliates?		No
9b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13	Yes	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Yes	
13	Does the organization have a written whistleblower policy?		No
14	Does the organization have a written document retention and destruction policy?		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision		
15a	The organization's CEO, Executive Director, or top management official?	Yes	
15b	Other officers or key employees of the organization? Describe the process in Schedule O	Yes	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed _____
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> own website <input checked="" type="checkbox"/> another's website <input checked="" type="checkbox"/> upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ROBERT D RAMSEY 4200 ESSEN LANE BATON ROUGE, LA 70809 (225) 923-2701

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

☐ Check this box if the organization did not compensate any officer, director, trustee or key employee

Form 990 (2008)

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total								13,238,242	0	729,284

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

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A)	(B)	(C)
Name and business address	Description of services	Compensation
FIRST CONSULTING GROUP DEPT 200352 DALLAS, TX 753200352	CONSULTING SERVICES	712,955
CERNER CORPORATION 2800 ROCKCREEK PKWY KANSAS CITY, MO 64117	CONSULTING & SERVICE	3,668,864
LAWSON 380 ST PETER ST ST PAUL, MN 551021302	CONSULTING & SERVICE	1,021,009
CA INC PO BOX 933316 ATLANTA, GA 311933316	CONSULTING & SERVICE	922,430
FMOL NORTH AMERICAN PROVENCE 4200 ESSEN LANE BATON ROUGE, LA 70809	CONTRACT LABOR	418,515

2	Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization	
---	---	--

Part VIII

Statement of Revenue

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a0				
	b	Membership dues					
			1b				
	c	Fundraising events					
			1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above					
			1f				
g	Noncash contributions included in lines 1a-1f \$						
h	Total (Add lines 1a-1f)		0				
Program Service Revenue			Business Code				
	2a	MANAGEMENT FEES	900,099	57,269,959	57,269,959		
	b	PATIENT SERVICE	900,099	1,086,070	1,086,070		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f \$ 58,356,029					
Other Revenue	3	Investment income (including dividends, interest other similar amounts)		197,118		197,118	
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
	6a	(i) Real					
		(ii) Personal					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7a	(i) Securities					
		(ii) Other					
	b	Less cost or other basis and sales expenses		159,454			
	c	Gain or (loss)		-20,721			
	d	Net gain or (loss)		-20,721			-20,721
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000		0			
	b	Less direct expenses					
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000		0			
	b	Less direct expenses					
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances		0				
b	Less cost of goods sold						
c	Net income or (loss) from sales of inventory						
	Miscellaneous Revenue		Business Code				
11a	OTHER REVENUE		900,099	9,610	9,610		
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d \$ 9,610						
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		58,542,036	58,365,639	0	176,397	

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).					
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	52,750	52,750		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	5,612,384		5,612,384	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	17,538,403	429,269		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,193,129	28,394	1,164,735	
9	Other employee benefits	3,281,972	71,592	3,210,380	
10	Payroll taxes	1,654,837	30,391	1,624,446	
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	290,607		290,607	
c	Accounting	126,217		126,217	
d	Lobbying	63,174		63,174	
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	22,176,873	39,868	22,137,005	
12	Advertising and promotion	58,558	5,648	52,910	
13	Office expenses	1,188,894	17,453	1,171,441	
14	Information technology	309,735	52,689	257,046	
15	Royalties	822		822	
16	Occupancy	963,321	45,104	918,217	
17	Travel	930,827	3,791	927,036	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	0			
20	Interest	851,102	2,000	849,102	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	14,105,976	204	14,105,772	
23	Insurance	257,408	15,431	241,977	
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	CHG IN VALUE OF INT RATE SWAP	3,414,811		3,414,811	
b	MINOR UNCAP EQUIPMENT	274,922		274,922	
c	DUES/SUBSCRIPTIONS	480,829	1,893	478,936	
d	MISCELLANEOUS	97,826	120	97,706	
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	74,925,377	796,597	74,128,780	0
26	Joint Costs. Check <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X **Balance Sheet**

		(A)		(B)		
		Beginning of year		End of year		
Assets	1 Cash—non-interest-bearing	3,379,807	1	12,723,502		
	2 Savings and temporary cash investments	1,625,065	2	1,741,289		
	3 Pledges and grants receivable, net		3			
	4 Accounts receivable, net	481,010	4	754,908		
	5 Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>		5			
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i>		6			
	7 Notes and loans receivable, net		7			
	8 Inventories for sale or use		8			
	9 Prepaid expenses and deferred charges	1,665,603	9	2,948,807		
	10a Land, buildings, and equipment—cost basis	<table><tr><td>10a</td><td>65,589,573</td></tr></table>	10a	65,589,573		
	10a	65,589,573				
	b Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	<table><tr><td>10b</td><td>24,477,263</td></tr></table>	10b	24,477,263	5,580,656	10c 41,112,310
	10b	24,477,263				
	11 Investments—publicly traded securities	793,885	11	332,970		
	12 Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i>		12			
	13 Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i>	130,000	13	130,000		
14 Intangible assets		14				
15 Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i>	273,958	15	4,250,561			
16 Total assets. Add lines 1 through 15 (must equal line 34)	13,929,984	16	63,994,347			
Liabilities	17 Accounts payable and accrued expenses	9,057,024	17	12,467,390		
	18 Grants payable		18			
	19 Deferred revenue		19			
	20 Tax-exempt bond liabilities	0	20	7,085,316		
	21 Escrow account liability <i>Complete Part IV of Schedule D</i>		21			
	22 Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i>		22			
	23 Secured mortgages and notes payable to unrelated third parties		23			
	24 Unsecured notes and loans payable		24			
	25 Other liabilities <i>Complete Part X of Schedule D</i>	7,414,801	25	22,791,811		
	26 Total liabilities. Add lines 17 through 25	16,471,825	26	42,344,517		
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27 Unrestricted net assets	-2,541,841	27	21,649,830		
	28 Temporarily restricted net assets		28			
	29 Permanently restricted net assets		29			
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.					
	30 Capital stock or trust principal, or current funds		30			
	31 Paid-in or capital surplus, or land, building or equipment fund		31			
	32 Retained earnings, endowment, accumulated income, or other funds		32			
	33 Total net assets or fund balances	-2,541,841	33	21,649,830		
	34 Total liabilities and net assets/fund balances	13,929,984	34	63,994,347		

Part XI **Financial Statements and Reporting**

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> cash <input checked="" type="checkbox"/> accrual <input type="checkbox"/> other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	No
b	Were the organization's financial statements audited by an independent accountant?	2b	No
c	If "Yes" to lines 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	
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?	3b	

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization FMOL HEALTH SYSTEM INC	Employer identification number 72-1028323
--	--

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only one organization)

1

☐

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

2

☐

A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E)

3

☐

A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H)

4

☐

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

5

☐

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

6

☐

A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(v).

7

☐

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

8

☐

A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II)

9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See Section 509(a)(2). (Complete Part III)

10

☐

An organization organized and operated exclusively to test for public safety See Section 509(a)(4). (See instructions)

11

☒

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See Section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☒

Type III - Functionally Integrated

d

☐

Type III - Other

e

☒

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

f

☐

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

g

☐

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

(i)

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

(ii)

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

(iii)

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

h

☐

Provide the following information about the organizations the organization supports

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

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
OUR LADY OF THE LAKE HOSPITAL INC	720423651	03	Yes		Yes		Yes		28978956
OUR LADY OF LOURDES REGIONAL MEDICAL CENTER	720423635	03	Yes		Yes		Yes		9691945
ST FRANCIS MEDICAL CENTER	720408970	03	Yes		Yes		Yes		14794992
ST ELIZABETH HOSPITAL	721470744	03	Yes		Yes		Yes		3803016
Total									57,268,909

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 Public Support subtract line 5 from line 4						

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total Support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Computation of Public Support Percentage		
14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	
16a 33 1/3% Test - 2008. 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		<input type="checkbox"/>
b 33 1/3% Test - 2007. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% Facts and Circumstances Test - 2008. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% Facts and Circumstances Test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private Foundation. If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		<input type="checkbox"/>

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total Add lines 1-5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
cTotal of lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13Total Support (Add lines 9, 10c, 11 and 12)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Computation of Public Support Percentage			
15	Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	
16	Public Support Percentage for 2007 Schedule A, Part IV -A, line 27g	16	

Computation of Investment Income Percentage			
17	Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment Income Percentage from 2007 Schedule A, Part IV -A, line 27h	18	
19a	33 1/3% Tests - 2008. 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% Tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
20	Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV

Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

Additional Data

Software ID:
Software Version:
EIN: 72-1028323
Name: FMOL HEALTH SYSTEM INC

Form 990, Schedule A, Part I, Line 11h - Provide the following information about the organizations the organization supports.

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1 - 9 above or IRC section)	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
OUR LADY OF THE LAKE HOSPITAL INC	720423651	03	Yes		Yes		Yes		28978956
OUR LADY OF LOURDES REGIONAL MEDICAL CENTER	720423635	03	Yes		Yes		Yes		9691945
ST FRANCIS MEDICAL CENTER	720408970	03	Yes		Yes		Yes		14794992
ST ELIZABETH HOSPITAL	721470744	03	Yes		Yes		Yes		3803016

Additional Data

Software ID:

Software Version:

EIN: 72-1028323

Name: FMOL HEALTH SYSTEM INC

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099MISC)	(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			
JOHN J FINAN , PRESIDENT/CEO	50 0	X		X				5,161,208	0	55,805
Sr Margarida M Vasques OSF , BOARD MEMBER	1 0	X						0	0	0
Roland M Toups , BOARD MEMBER	1 0	X						0	0	0
C STEVEN CLARK , CHAIRMAN	1 0	X						0	0	0
RICHARD M DEARMAN MD , BOARD MEMBER	1 0	X						0	0	0
JOHN S LORE , BOARD MEMBER	1 0	X						0	0	0
CW LOVELL II MD , BOARD MEMBER	1 0	X						0	0	0
SR LILIAN LYNCH OSF , BOARD MEMBER	1 0	X						0	0	0
ROGER A MOSER , BOARD MEMBER	1 0	X						0	0	0
MERLIN I OLSON , BOARD MEMBER	1 0	X						0	0	0
SR EILEEN ROWE OSF , BOARD MEMBER	1 0	X						0	0	0
JOHN WARNER SMITH , BOARD MEMBER	1 0	X						0	0	0
FR THAN NGOC VU STL VG , BOARD MEMBER	1 0	X						0	0	0
SR MAGDALEN O'DONOVAN OSF , BOARD MEMBER	1 0	X						0	0	0
MR CLAUDE HARBARGER , BOARD MEMBER	1 0	X						0	0	0
DR SALLY CLAUSEN , BOARD MEMBER	1 0	X						0	0	0
SR BARBARA ARCENEUX OSF , BOARD MEMBER	1 0	X						0	0	0
SR HELEN CAHILL OSF , BOARD MEMBER	1 0	X						0	0	0
SR KATHLEEN CAIN OSF , BOARD MEMBER	1 0	X						0	0	0
SR BRENDAN MARY RONAYNE OSF , BOARD MEMBER	1 0	X						0	0	0
HOWARD HARVILL SR , VICE PRESIDENT/CFO	50 0			X				679,129	0	139,648
JOLEE H BOLLINGER ESQ , SECRETARY/GENERAL COUNSEL	50 0			X				268,621	0	26,436
GEORGE BURGESS III MD , VP-INNOVATION & TECHNOLOGY	50 0				X			316,472	0	51,108
KENNETH SCOTT WESTER , PRESIDENT / CEO OLOL	50 0				X			521,936	0	34,360
WILLIAM BARROW , PRESIDENT / CEO LOURDES	50 0				X			455,237	0	46,919
DOLORES LEJEUNE , PRESIDENT / CEO ST ELIZABETH	50 0				X			294,905	0	50,727
Stephanie A Mills MD , Chief Information Officer	50 0				X			405,408	0	27,234
Pamela B Shows , VP of Human Resources	50 0				X			249,136	0	40,707
Laura T Martin , VP of Healthcare Reform	50 0				X			218,303	0	42,191
Redfield E Bryan MD , Special Projects Consultant	20 0				X			197,378	0	12,212

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099MISC)	(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			
Wilson J Gordon III , VP of Strategy	50 0				X			406,423	0	58,683
Sue E McMahon , Chief Legal Counsel	50 0					X		307,269	0	48,723
Karen Parker , Director of Business Info Svcs	50 0					X		158,500	0	32,209
David E Wendt , Corp Director of IS Services	50 0					X		147,392	0	18,279
Rene J Ragas , Corp Director of Payor Relati	50 0					X		135,717	0	10,634
Suzanne Schexnayder , VP of Materials Management	50 0					X		130,161	0	32,209
ROBERT DAVIDGE , FORMER CEO OLOL	50 0						X	3,185,047	0	1,200

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

Inspired by the vision of St. Francis and in the tradition of the Roman Catholic Church, we extend the healing ministry of Jesus Christ to God's people, especially those most in need. We call forth all who serve in this healthcare ministry, to share their gifts and talents to create a spirit of healing - with reverence and love for all of life, with joyfulness of spirit, and with humility and justice for all those entrusted to our care. We are, with God's help, a healing and spiritual presence for each other and for the communities we are privileged to serve. FMOL Health System is, with God's help, a healing a spiritual presence for

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

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

OMB No 1545-0047

2008

Open to Public Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)

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

If the organization answered “Yes,” to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) complete Part II-A Do not complete Part II-B
 - Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A
- If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax)
- Section 501(c)(4), (5), or (6) organizations complete Part III

Name of the organization FMOL HEALTH SYSTEM INC	Employer identification number 72-1028323
--	--

Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations. (See the instructions for Schedule C for details.)

- 1

Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2

Political expenditures

\$
- 3

Volunteer hours

Part I-B To be completed by all organizations exempt under section 501(c)(3). (See the instructions for Schedule C for details.)

- 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 in 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 To be completed by all organizations exempt under section 501(c), except section 501(c)(3). (See the instructions for Schedule C for details.)

- 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 internal funds contributed to other organizations for section 527 exempt funtion activities

\$
- 3

Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b

\$
- 4

Did the filing organization file **Form 1120-POL** for this year?

☐ Yes

☐ No
- 5

State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and 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 internal funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-

Part II-A

To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). (See the instructions for Schedule C for details.)

A Check ☐ if the filing organization belongs to an affiliated group

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)			
c Total lobbying expenditures (add lines 1a and 1b)			
d Other exempt purpose expenditures			
e Total exempt purpose expenditures (add lines 1c and 1d)			
f Lobbying nontaxable amount Enter the amount from the following table in both columns— If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000 The lobbying nontaxable amount is: 20% of the amount on line 1e \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000 \$1,000,000			
g Grassroots nontaxable amount (enter 25% of line 1f)			
h Subtract line 1g from line 1a Enter -0- if line g is more than line a			
i Subtract line 1f from line 1c Enter -0- if line f is more than line c			
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line d, column (e))					
f Grassroots lobbying expenditures					

Part II-B **To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

		(a)		(b)
		Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	a Volunteers?		No	
	b Paid staff or management (include compensation in expenses reported on lines c through i)?		No	
	c Media advertisements?		No	
	d Mailings to members, legislators, or the public?		No	
	e Publications, or published or broadcast statements?		No	
	f Grants to other organizations for lobbying purposes?	Yes		
	g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		No	
	i Other activities If "Yes," describe in Part IV		No	
	j Total lines 1c through 1i			63,174
	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 **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).** (See the instructions for Schedule C for details.)

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

Part III-B **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes."** (See the instructions for Schedule C for details.)

1	Dues, assessments and similar amounts from members	1 \$
2	Section 162(e) non-deductible lobbying and political expenditures <i>(do not include amounts of political expenses for which the section 527(f) tax was paid).</i>	
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 (line 2c total minus 3 and 4)	5 \$

Part IV **Supplemental Information**

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

Identifier	Return Reference	Explanation

Supplemental Information

Explanation

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
FMOL HEALTH SYSTEM INC

Employer identification number

72-1028323

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate Contributions to (during year)	
3	Aggregate Grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	

Part II

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

1

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

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

2

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

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

3

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

4

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

5

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

☐ Yes☐ No

6

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

7

Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes☐ No

9

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

Part III

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

1a

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

b

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

(i) Revenues included in Form 990, Part VIII, line 1▶ \$

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

2

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

a

Revenues included in Form 990, Part VIII, line 1▶ \$

b

Assets included in Form 990, Part X▶ \$

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

Cat No 52283D

Schedule D (Form 990) 2008

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes ☐ No

Part IV

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

1a

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

☐ Yes ☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes ☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance				
b	Contributions				
c	Investment earnings or losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

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

(i)

unrelated organizations

(ii)

related organizations

3a(i)

Yes

No

3a(ii)

b

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

3b

4

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

Part VI

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

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings		63,158,343	24,427,634	38,730,709
c Leasehold improvements	0	302,913	49,629	253,284
d Equipment	0	0	0	0
e Other		2,128,317		2,128,317
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				41,112,310

Schedule D (Form 990) 2008

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12) 		

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
LOUISE INSURANCE CO LTD	130,000	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		

(a) Description	(b) Book value
CERNER FEES	2,374,322
DUE FROM AFFILIATES	1,607,535
DEFERRED COMPENSATION	100,254
VHA STOCK	168,450
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.)	4,250,561

(a) Description of Liability	(b) Amount
Federal Income Taxes	
ACCRUED KEYSOP LIABILITY	1,915,375
ACCRUED FMC CLAIMS	53,384
DUE TO AFFILIATES	0
OTHER LIABILITY- INTEREST RATE SWAP	5,272,923
CAPITAL LEASE - CERNER	15,550,129
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	22,791,811

Schedule D (Form 990) 2008

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

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

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

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
FIN 48 FOOTNOTE		ON JULY 1, 2007, FMOLHS ADOPTED FASB INTERPRETATION NO 48 (FIN 48), ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES-AN INTERPRETATION OF FASB STATEMENT NO 109 FIN 48 CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAX POSITIONS RECOGNIZED IN ACCORDANCE WITH FASB STATEMENT NO 109, ACCOUNTING FOR INCOME TAXES IT ALSO PROVIDES GUIDANCE ON WHEN TAX POSITIONS ARE RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS AND HOW THE VALUES OF THOSE POSITIONS ARE DETERMINED THERE WAS NO IMPACT ON FMOLHS'S CONSOLIDATED FINANCIAL STATEMENTS AS A RESULT OF THE ADOPTION OF FIN 48

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments and Individuals in the U.S.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization
FMOL HEALTH SYSTEM INC

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

Employer identification number
72-1028323

Part I General Information on Grants and Assistance

1

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

☒ Yes ☐ No

2

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 if additional space is needed ☐

1(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 non-cash assistance	(h) Purpose of grant or assistance
Our Lady of the Lake Hospital5000 Hennessy Blvd Baton Rouge, LA 70808	72-1014324	501(c)(3)	12,000				GALA SPONSORSHIP

2

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

1

3

Enter total number of other organizations

Part III

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

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

Part IV

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

Identifier	Return Reference	Explanation
Schedule I, Part 1, Line 2		According to the Levels of Authorization's policies and procedures, all charitable contributions are approved by the CEO of the FMOL Health System

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
FMOL HEALTH SYSTEM INC

Employer identification number
72-1028323

Part I Questions Regarding Compensation

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

Part II

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

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

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

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

Schedule J (Form 990) 2008

Software ID:
Software Version:
EIN: 72-1028323
Name: FMOL HEALTH SYSTEM INC

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
JOHN J FINAN	(i) (ii)	620,025 0	295,728 0	4,245,455 0	39,993 0	15,812 0	5,217,013 0	352,098 0
HOWARD HARVILL SR	(i) (ii)	386,033 0	138,858 0	154,238 0	123,836 0	15,812 0	818,777 0	268,971 0
GEORGE BURGESS III MD	(i) (ii)	232,910 0	79,402 0	4,160 0	33,735 0	17,373 0	367,580 0	133,632 0
KENNETH SCOTT WESTER	(i) (ii)	338,790 0	143,676 0	39,470 0	13,723 0	20,637 0	556,296 0	249,162 0
WILLIAM BARROW	(i) (ii)	318,580 0	94,841 0	41,816 0	28,307 0	18,612 0	502,156 0	180,054 0
DOLORES LEJEUNE	(i) (ii)	173,562 0	69,025 0	52,318 0	36,033 0	14,694 0	345,632 0	119,351 0
ROBERT DAVIDGE	(i) (ii)	103,918 0	0 0	3,081,129 0	0 0	1,200 0	3,186,247 0	3,185,047 0
JOLEE H BOLLINGER ESQ	(i) (ii)	182,617 0	58,522 0	27,482 0	7,213 0	19,223 0	295,057 0	100,422 0
Stephanie A Mills MD	(i) (ii)	269,635 0	95,503 0	40,270 0	12,890 0	14,344 0	432,642 0	154,968 0
Pamela B Shows	(i) (ii)	167,398 0	52,726 0	29,012 0	21,097 0	19,610 0	289,843 0	104,931 0
Laura T Martin	(i) (ii)	165,413 0	51,600 0	1,290 0	27,040 0	15,151 0	260,494 0	94,666 0
Redfield E Bryan MD	(i) (ii)	157,378 0	40,000 0	0 0	0 0	12,212 0	209,590 0	0 0
Sue E McMahon	(i) (ii)	225,481 0	45,272 0	36,516 0	34,869 0	13,854 0	355,992 0	0 0
Karen Parker	(i) (ii)	111,372 0	28,628 0	18,500 0	17,925 0	14,284 0	190,709 0	0 0
David E Wendt	(i) (ii)	114,261 0	26,631 0	6,500 0	7,267 0	11,012 0	165,671 0	0 0
Suzanne Schexnayder	(i) (ii)	129,075 0	0 0	1,086 0	24,549 0	7,660 0	162,370 0	76,812 0
Wilson J Gordon III	(i) (ii)	294,513 0	93,135 0	18,775 0	38,016 0	20,667 0	465,106 0	169,896 0

Schedule K (Form 990)	Supplemental Information on Tax Exempt Bonds	OMB No 1545-0047
		2008
		Open to Public Inspection

Department of the Treasury
Internal Revenue Service

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a.
Provide descriptions, explanations, and any additional information in Schedule O.

Name of the organization FMOL HEALTH SYSTEM INC	Employer identification number 72-1028323
--	--

Part I

Bond Issues (Required for 2008)

(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
						Yes	No	Yes	No
A LOUISIANA PUBLIC FACILITIES AUTHORITY	72-0895871	546395B78	10-25-2005	170,286,095	REF PRI ISS 7/23/98 & CAPITAL EXPS		X		X
B LOUISIANA PUBLIC FACILITIES AUTHORITY	72-0895871	546395D92	05-28-2008	100,000,000	REFUND PRIOR ISSUE 10/04/2005		X		X
C LOUISIANA PUBLIC FACILITIES AUTHORITY	72-0895871	546395C28	07-21-2008	88,325,000	REFUND PRIOR ISSUE 10/25/2005		X		X
D LOUISIANA PUBLIC FACILITIES AUTHORITY	72-0895871	546395E83	08-07-2008	82,485,000	REF PRI ISS 7/23/98 & 2/3/93		X		X

Part II

Proceeds (Optional for 2008)

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Total Proceeds of Issue										
2	Gross Proceeds in Reserve Funds										
3	Proceeds in Refunding or Defeasance Escrows										
4	Other Unspent Proceeds										
5	Issuance Costs from Proceeds										
6	Working Capital Expenditures from Proceeds										
7	Capital Expenditures from Proceeds										
8	Year of Substantial Completion										
9	Were the bonds issued as part of a current refunding issue?										
10	Were the bonds issued as part of an advance refunding issue?										
11	Has the final allocation of proceeds been made?										
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?										

Part III

Private Business Use (Optional for 2008)

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

Part III

Private Business Use (Continued)

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

Part IV

Arbitrage (Optional for 2008)

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?										
6	Did the bond issue qualify for an exception to rebate?										

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Attach to Form 990 or Form 990-EZ.
▶ To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V lines 38b or 40b.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization FMOL HEALTH SYSTEM INC	Employer identification number 72-1028323
--	--

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

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

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

Part II Loans to and/or From Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

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

Total ▶ \$

Part III Grants or Assistance Benefitting Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

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

Part IV Business Transactions Involving Interested Persons

To be completed by organizations that 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
MARILYN BURGESS	FAMILY OF BOARD MEMBER	17,228	COMPENSATION		No

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493137043690

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
FMOL HEALTH SYSTEM INC

Employer identification number
72-1028323

Identifier	Return Reference	Explanation
Part VI, Section A, Question 6		the entity is organized as a non-profit corporation with members The Members are the Provincial of the FMOL North American Province and those persons are members of the Provincial Council of FMOL North American Province

Identifier	Return Reference	Explanation
Part VI, Section A, Question 7a		The Members retain the power to appoint and remove the Members of the Board of Trustees and Officers of FMOL Health System

Identifier	Return Reference	Explanation
Part VI, Section A, Question 7b		the reserved powers to the Members are as follows 1 Change philosophy, objectives, purposes of corporation and any corporation in which FMOL Health System retains voting rights 2 Appoint and remove Board of Trustees and Officers of FMOL Health System 3 Alter Articles of Incorporation and Bylaws of FMOL Health System and any corporation in which FMOL Health System retains voting rights 4 Authorize merger, consolidation or affiliation, or participate in joint ventures 5 Dissolve and distribute Assets of FMOL Health System or any corporation in which FMOL Health System retains voting rights 6 Appoint and terminate CEO of FMOL Health System or any corporation in which FMOL Health System retains voting rights 7 Acquire, lease, encumber real estate on behalf of FMOL Health System or any corporation in which FMOL Health System retains voting rights 8 Add to or incur long term debt in excess of \$5 million by FMOL Health System or any corporation in which FMOL Health System retains voting rights

Identifier	Return Reference	Explanation
Part VI, Section A, Question 10		After preparation and review by KPMG, LLP, management will review the Form 990 A copy of the Form 990 is provided to the organization's governing body before it is filed with the IRS

Identifier	Return Reference	Explanation
Part VI, Section B, Question 12c		FMOL Health System has a comprehensive conflict of interest policy that requires each officer, trustee, board committee member and employee to complete a conflict of interest disclosure statement annually Completed disclosure forms are reviewed and maintained by the Chief Compliance Officer If any trustee, Board committee member or senior manager has a potential conflict, the Executive Committee of the Board determines whether action needs to be taken and communicates any such action to the individual A potential conflict of any other employee is reviewed by the CEO or his designee The Executive Committee, CEO or designee, as applicable, determines if a conflict of interest results in creating the appearance of impropriety If such a determination is made, the individual will be excused from participating in the business decision During the year, any change to the information in the disclosure statement must be disclosed promptly to the Chief Compliance Officer, who takes appropriate action The process also requires affirmation from each individual that she OR HE (a) has received a copy of the conflict of interest policy, (b) has read and understands the policy, (c) has agreed to comply with the policy, and (d) understands that FMOL Health System is a charitable organization and that, in order to maintain its Federal tax exemption, it must engage primarily in activities which accomplish one or more of its tax-exempt purposes In addition to the above, FMOL Health System provides mechanisms for confidential reporting of compliance issues These mechanisms include an anonymous hotline and Web site where individuals may raise issues, seek clarification, and report possible conflicts of interest or other concerns These reports, including reports of possible conflicts of interest, are reviewed and investigated by the Corporate Compliance Department and appropriate action is taken

Identifier	Return Reference	Explanation
Part VI, Section B, Question 15a & 15b		Our board of directors designates the human resources and compensation committee, made up of independent members to review and set the compensation annually of our executives and key employees The committee obtains and relies upon comparable data including industry-wide compensation information from an outside consulting firm The committee reviews compensation packages and appropriate compensation is determined and approved The basis for determination is then documented by the committee

Identifier	Return Reference	Explanation
Part VI, Section C, Question 19		Copies of the governing documents, conflict of interest policy, and financial statements are available upon request

Identifier	Return Reference	Explanation
IRS REQUIREMENTS	PART V, QUESTIONS 7G & 7H	THE ORGANIZATION WAS NOT REQUIRED TO FILE FORM 8899 OR FORM 1098-C

Identifier	Return Reference	Explanation
AUDIT BY INDEPENDENT ACCOUNTANT	PART XI, QUESTION 2B	THIS ENTITY IS AUDITED BY AN INDEPENDENT ACCOUNTANT, BUT ONLY AS PART OF A CONSOLIDATED FINANCIAL STATEMENT AUDIT

Identifier	Return Reference	Explanation																																																																																								
Program Service		<p>The Franciscan Missionaries of Our Lady Health System ("FMOLHS") was formed in 1984 by the Franciscan Missionaries of Our Lady - North American Province, a religious community of the Roman Catholic Church, to ensure the perpetuation of their mission. The Health System delivers medical care and community services through its sponsored hospitals, subsidiaries and affiliates. Our Lady of the Lake Regional Medical Center in Baton Rouge, Louisiana, St. Elizabeth Hospital, in Gonzales, Louisiana, Our Lady of Lourdes Regional Medical Center in Lafayette, Louisiana, and St. Francis Medical Center in Monroe, Louisiana. Calais Health, LLC, a wholly owned corporate health services subsidiary, and Franciscan PACE, Inc., a wholly owned corporation formed for the purpose of performing religious, benevolent, charitable, healthcare and educational activities, are both headquartered in Baton Rouge and operate throughout Louisiana. Louise Insurance Company seeks to assure best-cost liability coverage for Health System-sponsored organizations. These sponsored hospitals, subsidiaries and affiliates are referred to herein as "FMOLHS Affiliates". FMOLHS supports the purpose and activities of FMOLHS Affiliates and its power must be exercised in accordance with the teachings, traditions and Canon law of the Roman Catholic Church and the ethical and religious directives for Catholic Health facilities promulgated by the National Conference of Catholic Bishops of the United States Catholic Conference. FMOLHS supports the activities of the entire system by providing executive leadership and centralized support and managerial functions. System-level activities include strategic planning, capital and operational budgeting, human resources administration, centralized cash management and treasury functions, information technology development and support, business office, decision support, and other support and management functions. FMOLHS and the FMOLHS Affiliates are active, caring members of the communities they serve. In carrying out its mission of meeting the health needs of the people of God, the Board of Directors has established a policy under which FMOLHS Affiliates provide care to needy members of their communities. Following that policy, health care services costing \$12,763,000 were provided without charge during the year ended June 30, 2009. Charges foregone, based on established rates, totaled \$26,228,000 for the year ended June 30, 2009. The FMOLHS Affiliates also participate in government programs including Medicare, Medicaid, and the TriCare program. Under these programs, the FMOLHS Affiliates provide care to patients at payment rates that are determined by the federal and state governments, regardless of actual cost. In some cases, these programs pay the FMOLHS Affiliates at amounts which are less than their cost of providing services. The following tables summarize the amount of charges foregone (i.e., contractual adjustments) and the estimated losses incurred by the FMOLHS Affiliates due to inadequate payments by these programs and for charity for the years ended June 30, 2009.</p> <table><tr><th></th><th>June 30, 2009</th><th>Charges Estimated</th><th>Forgone</th><th>unreimbursed costs</th></tr><tr><td>Medicare</td><td>\$618,718,000</td><td>\$68,505,000</td><td></td><td></td></tr><tr><td>Medicaid</td><td>229,916,000</td><td>46,372,000</td><td></td><td></td></tr><tr><td>Other</td><td>13,821,000</td><td>2,557,000</td><td></td><td></td></tr><tr><td>Charity</td><td>26,228,000</td><td>12,763,000</td><td></td><td></td></tr><tr><td>Totals</td><td>888,683,000</td><td>130,197,000</td><td></td><td></td></tr></table> <p>In addition to community services directly associated with providing hospital based care, FMOLHS Affiliates serve their communities in numerous other ways. Although the FMOLHS Affiliates have estimated the cost of each of these efforts to serve their communities, management and the Boards of Directors believe that such costs represent only some of the many ways FMOLHS Affiliates serve their communities. The estimated costs for the year ended June 30, 2009 are as follows:</p> <table><tr><th></th><th>2009</th></tr><tr><td>Our Lady of Lourdes Regional Medical Center Net community benefit expense</td><td></td></tr><tr><td>Community benefits at cost</td><td></td></tr><tr><td>Community health improvement services</td><td>333,000</td></tr><tr><td>Health professions education</td><td>131,000</td></tr><tr><td>Donations or in-kind contributions</td><td>288,000</td></tr><tr><td>Total</td><td>752,000</td></tr><tr><td>Community health improvement services - Includes activities carried out to improve community health and costs which are underwritten by Lourdes. No bills are generated for these services. These services include Camp Bluebird, a camp for cancer patients and survivors, Lafayette Community Healthcare Clinic which provides healthcare for individuals who are employed or temporarily unemployed and are not insured, a program that provides medications to Lourdes' patients who do not have the financial ability to purchase them upon discharge, Congregational Health Services which provides nurses to two churches within the Lafayette area, and Northside High School Health Center which is committed to providing exemplary comprehensive health care to the student.</td><td></td></tr><tr><td>Health professions education - Includes helping to prepare future health care professionals and includes assistance to nursing students and pharmacy students.</td><td></td></tr><tr><td>Donations and in-kind contributions - Includes donations to various area community organizations such as United Way of Acadiana and American Heart Association. Lourdes also provides office space for The Family Tree Parenting Center, which is included. Also included are employee costs associated with board and community involvement in various community organizations.</td><td></td></tr><tr><td>St. Francis Medical Center Net community benefit expense</td><td></td></tr><tr><td>Community benefits at cost</td><td></td></tr><tr><td>2009 Other community benefits</td><td></td></tr><tr><td>Health professions education</td><td>686,000</td></tr><tr><td>Subsidized health services</td><td>668,000</td></tr><tr><td>Cash and in-kind contribution</td><td>56,000</td></tr><tr><td>to community groups</td><td></td></tr><tr><td>Total other community benefits</td><td>1,410,000</td></tr><tr><td>Community building activities</td><td></td></tr><tr><td>Physical improvements & housing</td><td>94,000</td></tr><tr><td>Community health education</td><td>70,000</td></tr><tr><td>Community Support</td><td>233,000</td></tr><tr><td>Community based clinical services</td><td>417,000</td></tr><tr><td>Leadership development & training</td><td>31,000</td></tr><tr><td>for community members</td><td></td></tr><tr><td>Community health improvement advocacy</td><td>113,000</td></tr><tr><td>Workforce development</td><td>76,000</td></tr><tr><td>Total community building activities</td><td>1,034,000</td></tr><tr><td>Total</td><td>2,444,000</td></tr></table>		June 30, 2009	Charges Estimated	Forgone	unreimbursed costs	Medicare	\$618,718,000	\$68,505,000			Medicaid	229,916,000	46,372,000			Other	13,821,000	2,557,000			Charity	26,228,000	12,763,000			Totals	888,683,000	130,197,000				2009	Our Lady of Lourdes Regional Medical Center Net community benefit expense		Community benefits at cost		Community health improvement services	333,000	Health professions education	131,000	Donations or in-kind contributions	288,000	Total	752,000	Community health improvement services - Includes activities carried out to improve community health and costs which are underwritten by Lourdes. No bills are generated for these services. These services include Camp Bluebird, a camp for cancer patients and survivors, Lafayette Community Healthcare Clinic which provides healthcare for individuals who are employed or temporarily unemployed and are not insured, a program that provides medications to Lourdes' patients who do not have the financial ability to purchase them upon discharge, Congregational Health Services which provides nurses to two churches within the Lafayette area, and Northside High School Health Center which is committed to providing exemplary comprehensive health care to the student.		Health professions education - Includes helping to prepare future health care professionals and includes assistance to nursing students and pharmacy students.		Donations and in-kind contributions - Includes donations to various area community organizations such as United Way of Acadiana and American Heart Association. Lourdes also provides office space for The Family Tree Parenting Center, which is included. Also included are employee costs associated with board and community involvement in various community organizations.		St. Francis Medical Center Net community benefit expense		Community benefits at cost		2009 Other community benefits		Health professions education	686,000	Subsidized health services	668,000	Cash and in-kind contribution	56,000	to community groups		Total other community benefits	1,410,000	Community building activities		Physical improvements & housing	94,000	Community health education	70,000	Community Support	233,000	Community based clinical services	417,000	Leadership development & training	31,000	for community members		Community health improvement advocacy	113,000	Workforce development	76,000	Total community building activities	1,034,000	Total	2,444,000
	June 30, 2009	Charges Estimated	Forgone	unreimbursed costs																																																																																						
Medicare	\$618,718,000	\$68,505,000																																																																																								
Medicaid	229,916,000	46,372,000																																																																																								
Other	13,821,000	2,557,000																																																																																								
Charity	26,228,000	12,763,000																																																																																								
Totals	888,683,000	130,197,000																																																																																								
	2009																																																																																									
Our Lady of Lourdes Regional Medical Center Net community benefit expense																																																																																										
Community benefits at cost																																																																																										
Community health improvement services	333,000																																																																																									
Health professions education	131,000																																																																																									
Donations or in-kind contributions	288,000																																																																																									
Total	752,000																																																																																									
Community health improvement services - Includes activities carried out to improve community health and costs which are underwritten by Lourdes. No bills are generated for these services. These services include Camp Bluebird, a camp for cancer patients and survivors, Lafayette Community Healthcare Clinic which provides healthcare for individuals who are employed or temporarily unemployed and are not insured, a program that provides medications to Lourdes' patients who do not have the financial ability to purchase them upon discharge, Congregational Health Services which provides nurses to two churches within the Lafayette area, and Northside High School Health Center which is committed to providing exemplary comprehensive health care to the student.																																																																																										
Health professions education - Includes helping to prepare future health care professionals and includes assistance to nursing students and pharmacy students.																																																																																										
Donations and in-kind contributions - Includes donations to various area community organizations such as United Way of Acadiana and American Heart Association. Lourdes also provides office space for The Family Tree Parenting Center, which is included. Also included are employee costs associated with board and community involvement in various community organizations.																																																																																										
St. Francis Medical Center Net community benefit expense																																																																																										
Community benefits at cost																																																																																										
2009 Other community benefits																																																																																										
Health professions education	686,000																																																																																									
Subsidized health services	668,000																																																																																									
Cash and in-kind contribution	56,000																																																																																									
to community groups																																																																																										
Total other community benefits	1,410,000																																																																																									
Community building activities																																																																																										
Physical improvements & housing	94,000																																																																																									
Community health education	70,000																																																																																									
Community Support	233,000																																																																																									
Community based clinical services	417,000																																																																																									
Leadership development & training	31,000																																																																																									
for community members																																																																																										
Community health improvement advocacy	113,000																																																																																									
Workforce development	76,000																																																																																									
Total community building activities	1,034,000																																																																																									
Total	2,444,000																																																																																									

Identifier	Return Reference	Explanation
Program Service Continued		<p>Health professions education - Clinical setting for undergraduate, vocational training, internships, clerkships, and residencies Includes registered nurse recruitment activities and collaboration with local colleges for supervision and clinical training in pharmacy, respiratory therapy, health information management, and medical technology Subsidized health services- Includes the discount provided at cost, to all patients that have no form of insurance coverage Cash and in-kind contribution to community groups - Includes donations to Families Helping Families, Children's Coalition, Wellspring, YMCA, Haiti Project, Prevent Child Abuse, Komen Foundation, Alzheimer's Foundation Also includes employee cost associated with board and community involvement of rural hospitals Community Building Activities Physical improvements and housing - Includes occupancy and utilities provided to St Vincent DePaul Charitable Pharmacy Also includes occupancy for a primary health care clinic located in one of the poorest areas of Monroe Community health education - Includes classes on breast feeding, childbirth basics, sibling class, and ABC's of childcare Also includes sponsorship of Think First, a national injury prevention organization St Francis provides free depression and anxiety screenings to the community St Francis Junior Fitness promotes wellness for obese children Community support- Includes staff costs of management oversight of community benefit programs and activities including Meals on Wheels, taxi and medication provided to the needy, and community benefit salary dollars Community based clinical services - Includes community based health screenings including behavior health Includes discounted services provided to Louisiana Baptist Children's Home, Veteran's Administration, Rural Hospitals, ULM Athletic Department, MDA, YWCA, and Handicap Children Leadership development and training for community members - St Francis serves as the designated regional hospital for Region 8 and provides leadership and coordination for emergency preparedness activities Community health improvement advocacy - includes the unreimbursed cost of the adult day health care facility Workforce development - Designed to promote leadership development and provide exposure to various careers in health care Includes sports medicine program, AHEC (Area Health Education Center) program, Carroll High School housekeeping program, and junior volunteer program Our Lady of the Lake Net Community Benefit Expense Community benefits cost 2009 Immunological support 441,000 Community Health 472,000 Lakeline Direct 1,194,000 St Martha Activity Center 86,000 Elderly Services 200,000 Elderly Housing 2,555,000 Health Care Professions education OLOL College 3,836,000 Interns and residents 2,655,000 Family education 1,433,000 Subsidized Health services OLOL neighborhood clinic 525,000 COPE 1,099,000 Palliative care 340,000 Research Clinical Research 624,000 Financial contribution Cash Contribution 541,000 Community building activities Elderly Housing complex 325,000 Mary Bird Perkins 100,000 Community Clinic 29,000 Total 16,455,000 Community Health Improvement Services Immunological support - The Lake organized, owns and operates a home which is designed to help the members of our community who have contracted acquired immune deficiency syndrome (AIDS) to deal with the very debilitating physical, social, and psychological problems associated with the disease Community health - To assist in educating the community regarding health related issues, the Lake participates in numerous health fairs and sponsors talks to various schools and industry groups regarding such issues as drug abuse and safety in the workplace LakeLine Direct - The Lake operates a nurse call center, Lakeline Direct, offering complimentary 24 hour nurse advice, health information aid and physician referral service to the community St Martha Activity Center - The Lake provides an activity center located at the elderly housing facility for the residents of the housing facility as well as other elderly community meetings Elderly services - The Lake sponsors and incurs the salary of the Director of the HUD housing facility, Pastoral Care Associate and Medical Director of Elderly Services Elderly housing - Ollie Steele Burden Manor, a subsidiary of the Lake, operates St Clare Manor which has 216 total beds, of which 120 are Medicaid licensed Health Care Professions Education OLOL College - In an effort to ensure that an adequate supply of nurses are available for the Baton Rouge community, the Lake founded and organized Our Lady of the Lake College, Inc The Lake subsidizes the operations of Our Lady of the Lake College, Inc with grants Family education - The Lake promotes a healthy environment for the family through its pediatric programs, which include Kid-Med Clinic Pediatric Assessment Center and child life programs Subsidized Health Services OLOL neighborhood clinic - The Lake operates a Scottlandville Clinic to provide walk-in care for minor illness and injury during evening and weekends COPE - The Lake provides crisis oriented psychiatric evaluation (COPE) to the community Palliative care - The Lake provides palliative care service for patients in the final stage of life and their family members St Francis House - The Lake subsidizes an Adult Day Center for aging persons in the community Research Clinical research -The Lake participates in clinical research projects to improve the health and care of patients and community members Financial Contributions Cash contributions - The Lake also organizes employee participation in fund raising for organizations such as Capital Area United Way, March of Dimes of America, Junior Achievement, Cystic Fibrosis and the Community Fund for the Arts The Lake also makes corporate donations to various area community service organizations Community-Building Activities Elderly housing complex - The Lake operates four elderly housing projects Villa St Francis, Inc , Assisi Village, Inc , Calais House, Inc , and Chateau Louise, Inc These projects are designed to promote the health, security and happiness of the elderly and handicapped persons of the Greater Baton Rouge area Mary Bird Perkins - The Lake also sponsors the charitable activities of other not for profit organizations in Baton Rouge The Lake Provides land adjoining the Lake to Mary Bird Perkins Cancer Center for its operations and foregoes any rental income for the use of this land Community clinic - The Lake provides a building that sponsors a community clinic and foregoes all rental income related to the use of the building</p>

Identifier	Return Reference	Explanation
Part vi, question 2		Dr Sally Clausen and Roland M Toups- Business Relationship

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2008

Open to Public Inspection

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

Name of the organization
FMOL HEALTH SYSTEM INC

Employer identification number
72-1028323

Part I

Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
CALAIS HEALTH LLC 5745 ESSEN LANE BATON ROUGE, LA 70809 72-1470366	HEALTHCARE	LA	1,150,273	2,062,065	FMOLHS

Part II

Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public chanty status (if section 501(c)(3))	(F) Direct controlling entity
St Bernard Health Fund 4200 Essen Lane Baton Rouge, LA70809 20-4685614	Healthcare	LA	501(c)(3)	11 type 1	NA
Health Partners Network of South LA 611 ST LANDRY STREET LAFAYETTE, LA70506	Healthcare	LA	501(c)(3)	3	Lourdes RMC

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, investment, unrelated)	(F) Share of total income	(G) Share of end-of- year assets	(H) Dispropportionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	No
See Additional Data Table											

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
St Francis Insurance Agency 309 Jackson Street Monroe, LA71201 72-1435136	Insurance	LA	ST FRANCIS	C Corp			
Hospital Assistance Services PO Box 4027-C Lafayette, LA70502 72-1073486	Healthcare	LA	LOURDES	C Corp			
Louise Insurance Company PO BOX 1051 KY1-1102 CJ	INSURANCE	CJ	NA	C Corp	7,944,221	28,522,773	100 %
Monroe Health Services PO Box 3187 Monroe, LA71210 72-1057820	Healthcare	LA	AMBULATORY	C Corp			
Northeast LA Health Network 309 Jackson Street Monroe, LA71201 72-1294587	Healthcare	LA	AMBULATORY	C Corp			
BERNARD BRIAN ALLAIN MEMORIAL CRT 5000 HENNESSY BOULEVARD BATON ROUGE, LA70808 20-7114528	INVESTMENT	LA	OLOL FOUNDATION	TRUST			

Part V

Transactions with Related Organizations

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

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

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

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

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

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

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

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

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

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

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

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

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

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

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

Yes

No

1a

No

1b

Yes

1c

No

1d

No

1e

Yes

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

Yes

1l

No

1m

No

1n

No

1o

Yes

1p

Yes

1q

Yes

1r

Yes

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds		
(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1) See Additional Data Table		
(2)		
(3)		
(4)		
(5)		
(6)		

Schedule R (Form 990) 2008

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

[illegible]

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, investment, unrelated)	(F) Share of total income (\$)	(G) Share of end-of-year assets (\$)	(H) Dispropportionate allocations?		(I) Code V-UBI amount on Box 20 of Schedule K- 1 (Form 1065) (\$)	(J) General or Managing Partner?	
							Yes	No		Yes	No
Lourdes Imaging Center LLC 611 St Landry Street Lafayette, LA 70506 20-8326214	Healthcare	LA	LOURDES	N/A				No		Yes	
Heart Hospital of Acadiana 1105 Kaliste Saloom Road Lafayette, LA 70508 30-0442368	Healthcare	LA	LOURDES	N/A				No		Yes	
Perkins Plaza Medical Arts Development 5000 Hennessy Boulevard Baton Rouge, LA 70808 45-0516574	Real Estate	LA	OLOL	N/A				No		Yes	
Perkins Plaza Imaging Center 5000 Hennessy Boulevard Baton Rouge, LA 70808 20-3697665	HEALTHCARE	LA	OLOL	N/A				No		Yes	
Perkins Plaza Imaging Development 5000 Hennessy Boulevard Baton Rouge, LA 70808 20-3894521	REAL ESTATE	LA	OLOL	N/A				No		Yes	
P&S Surgery Center LLC 312 Grammont Street Monroe, LA 71201 72-1387870	Healthcare	LA	ST FRANCIS	N/A				No		Yes	
NUCLEAR IMAGING 5000 HENNESSY BOULEVARD BATON ROUGE, LA 70808 72-1470061	Healthcare	LA	OLOL	n/a				No		Yes	
ST FRANIS PEDIATRIC AFTER HOURS LLC POST OFFICE 207 MONROE, LA 71210 06-1782572	Healthcare	LA	ST FRANCIS	n/a				No		Yes	
LOURDES IMAGING DEVELOPMENT LLC 611 ST LANDRY STREET Lafayette, LA 70506 20-8326287	REAL ESTATE	LA	LOURDES	n/a				No		Yes	
PARK PLACE SURGICAL HOSPITAL 901 WILSON STREET LAFAYETTE, LA 70503 72-1404092	Healthcare	LA	LOURDES	n/a				No		Yes	
BRPT LAKE REHABILITAION CENTERES LLC 530 SHADOWS LANE BATON ROUGE, LA 70806 72-1506100	Healthcare	LA	OLOL	n/a				No		Yes	
CONVENIENT CARE LLC 7777 HENNESSY BOULEVARD SUITE 1004 BATON ROUGE, LA 70808 72-1439481	Healthcare	LA	OLOL	n/a				No		Yes	
PERKINS PLAZA AMBULATORY SURGERY CENTER 54 THE LEDGENDS PARKWAY SUITE 159 EUREKA, MO 63025 48-1264699	Healthcare	LA	OLOL	n/a				No		Yes	
SURGICAL SPECIALTY CENTER OF BATON ROUGE 8080 BLUEBONNET BOULEVARD Baton Rouge, LA 70810 26-3160962	HEALTHCARE	LA	OLOL	n/a				No		Yes	
MONROE SURGICAL HOSPITAL LLC PO BOX 4887 MONROE, LA 71211 72-1479756	HEALTHCARE	LA	ST FRANCIS	N/A				No			No
ST ELIZABETH - MARY BIRD PERKINS 4950 ESSEN LANE BATON ROUGE, LA 70809 26-0628752	HEALTHCARE	LA	STEH	N/A				No		Yes	
REGIONAL EYE SURGERY CENTER LLC 7777 HENNESSY BLVD SUITE 4000 BATON ROUGE, LA 70808 72-1484653	HEALTHCARE	LA	OLOL	N/A				No		Yes	
ST MARY'S IMAGING CENTER II LLC 611 ST LANDRY STREET LAFAYETTE, LA 70506	HEALTHCARE	LA	LOURDES IMAGING	N/A				No		Yes	
NORTHEAST LA CANCER INSTITUTE 141 DESTARD STREET SUITE 704 MONROE, LA 71201 72-1329499	HEALTHCARE	LA	ST FRANCIS	N/A				No		Yes	
LOURDES AFTER HOURS LLC 7777 HENNESSY BLVD SUITE 1004-202 BATON ROUGE, LA 70808 20-1367299	HEALTHCARE	LA	LOURDES	N/A				No		Yes	
LHCG-XIII LLC 420 WEST PINHOOK ROAD SUITE A LAFAYETTE, LA 70503 20-8068308	HEALTHCARE	LA	LOURDES	N/A				No		Yes	

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

(A) Name of other organization		(B) Transaction type(a-r)	(C) Amount Involved (\$)
(1)	OLOL Ascension Community Hospital	j	92,360
(2)	OLOL Ascension Community Hospital	k	3,803,016
(3)	OLOL Ascension Community Hospital	o	182,280
(4)	OLOL Ascension Community Hospital	p	864,598
(5)	OLOL Ascension Community Hospital	r	2,150,381
(6)	OLOL-United States Catholic Conference	e	5,000,000
(7)	OLOL-United States Catholic Conference	j	497,685
(8)	OLOL-United States Catholic Conference	k	28,978,956
(9)	OLOL-United States Catholic Conference	o	7,582,741
(10)	OLOL-United States Catholic Conference	p	19,838,228
(11)	OLOL-United States Catholic Conference	r	23,023,675
(12)	Our Lady of Lourdes Regional Medical Center	k	9,691,945
(13)	Our Lady of Lourdes Regional Medical Center	o	1,205,615
(14)	Our Lady of Lourdes Regional Medical Center	p	6,699,122
(15)	Our Lady of Lourdes Regional Medical Center	r	7,493,800
(16)	St Francis Medical Center	k	16,112,505
(17)	St Francis Medical Center	o	1,596,105
(18)	St Francis Medical Center	p	12,353,046
(19)	St Francis Medical Center	r	11,940,241
(20)	Franciscan Pace Inc	b	110,000
(21)	Louise Insurance Company	q	4,033,055

TY 2008 Other Deductions Schedule**Name:** FMOL HEALTH SYSTEM INC**EIN:** 72-1028323

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
PERFORMANCE FEES	19,693	
MANAGEMENT FEES	8,314,253	
ADMINISTRATION FEES	29,925	
DIRECTORS FEES	22,000	
PROFESSIONAL FEES	41,233	
OTHER EXPENSES	8,817	