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Form **990**

# Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

**2009**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A For the 2009 calendar year, or tax year beginning** 07/01, 2009, and ending 06/30, 2010

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>FMOL HEALTH SYSTEM, INC.</b> 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 70809-2158	<b>D</b> Employer identification number 72-1028323
		<b>E</b> Telephone number (225) 923-2701
		<b>G</b> Gross receipts \$ 64,263,123.
		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( 03 ) (insert no ) 4947(a)(1) or 527	<b>F</b> Name and address of principal officer <b>JOHN FINAN</b> 4200 ESSEN LANE BATON ROUGE, LA 70809	<b>H(c)</b> Group exemption number 0928
<b>J</b> Website N/A		
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	<b>L</b> Year of formation 1984	<b>M</b> State of legal domicile LA

**Part I Summary**

<b>Activities &amp; Governance</b>	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 net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	12	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	11	
	5	Total number of employees (Part V, line 2a)	503	
	6	Total number of volunteers (estimate if necessary)	10	
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	0.	
	7b	Net unrelated business taxable income from Form 990-T, line 34	0.	
	<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h)	0.
		9	Program service revenue (Part VIII, line 2g)	58,356,029.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	176,397.	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,610.	
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	58,542,036.	
<b>Expenses</b>		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	52,750.
		14	Benefits paid to or for members (Part IX, column (A), line 4)	0.
		15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	29,280,725.
		16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.
		16b	Total fundraising expenses, Part IX, column (D), line 25	0.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	45,591,902.	
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	74,925,377.	
	19	Revenue less expenses Subtract line 18 from line 12	-16,383,341.	
	<b>Net Assets or Fund Balances</b>	20	Total assets (Part X, line 16)	63,994,347.
		21	Total liabilities (Part X, line 26)	42,344,517.
22		Net assets or fund balances Subtract line 21 from line 20	21,649,830.	

**Part II Signature Block**

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

**Sign Here**  
Signature of officer: *Robert D. Ramsey Jr* Date: 5/16/11  
Type or print name and title: Robert D. Ramsey Jr CFO/SVP

**Paid Preparer's Use Only**  
Preparer's signature: *Shannon Kirkpatrick* Date: 5/16/11  
Firm's name (or yours if self-employed), address, and ZIP + 4: KPMG LLP 450 LAUREL STREET, SUITE 1700 BATON ROUGE, LA 70801  
Preparer's identifying number (see instructions): P00566467  
EIN: 13-5565207  
Phone no: 225-344-4000

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. \* Form 990 (2009)

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**Part III Statement of Program Service Accomplishments****1** Briefly describe the organization's mission.

ATTACHMENT 3

**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 501(c)(4) organizations and section 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 \$ 701,947 including grants of \$ \_\_\_\_\_) (Revenue \$ 911,069 )

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

**4b** (Code \_\_\_\_\_) (Expenses \$ 68,530 including grants of \$ 68,530 ) (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 **▶** 770,477.Form **990** (2009)

**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 . . . . .	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? . . . . .		X
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 . . . . .		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .	X	
5 Sections 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 . . . . .		
6 Did the organization maintain any donor advised funds or any similar funds or 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 . . . . .		X
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 . . . . .		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .		X
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 . . . . .		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .		X
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable . . . . .	X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		
• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		
• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		
• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X		
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII . . . . .		X
12A Was the organization included in consolidated, independent audited financial statement for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional . . . . .	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .		X
14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I . . . . .		X
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 . . . . .		X
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 . . . . .		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I . . . . .		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H . . . . .		X

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**Part IV Checklist of Required Schedules (continued)**

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II. . . . .	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III. . . . .		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J . . . . .	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to question 25 . . . . .	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		X
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? . . . . .		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		X
25 a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .		X
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 . . . . .		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III . . . . .		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. . . . .		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. . . . .		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . . .		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I . . . . .	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 . . . . .	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .	X	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . . . . .		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	X	

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**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable. <span style="float:right">164</span>		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. <span style="float:right">0</span>		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. <span style="float:right">503</span>		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions).	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	X	
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)?	X	
4b	If "Yes," enter the name of the foreign country: <u>CAYMAN ISLANDS</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?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	<b>Section 501(c)(7) organizations.</b> Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	<b>Section 501(c)(12) organizations.</b> Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		

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

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body . . . . .	<b>1a</b> 12	
<b>b</b> Enter the number of voting members that are independent . . . . .	<b>1b</b> 11	
<b>2</b> 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? . . . . .	<b>2</b> X	
<b>3</b> 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? . . . . .	<b>3</b>	X
<b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .	<b>4</b>	X
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .	<b>5</b>	X
<b>6</b> Does the organization have members or stockholders? . . . . .	<b>6</b> X	
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	<b>7a</b> X	
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	<b>7b</b> X	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following . . . . .		
<b>a</b> The governing body? . . . . .	<b>8a</b> X	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b> X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	<b>9a</b>	X

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

	Yes	No
<b>10a</b> Does the organization have local chapters, branches, or affiliates? . . . . .	<b>10a</b>	X
<b>b</b> 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? . . . . .	<b>10b</b>	
<b>11</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . .	<b>11</b> X	
<b>11A</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . .		
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<b>12a</b> X	
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<b>12b</b> X	
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	<b>12c</b> X	
<b>13</b> Does the organization have a written whistleblower policy? . . . . .	<b>13</b>	X
<b>14</b> Does the organization have a written document retention and destruction policy? . . . . .	<b>14</b>	X
<b>15</b> 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? . . . . .		
<b>a</b> The organization's CEO, Executive Director, or top management official . . . . .	<b>15a</b> X	
<b>b</b> Other officers or key employees of the organization . . . . .	<b>15b</b> X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) . . . . .		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<b>16a</b>	X
<b>b</b> 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? . . . . .	<b>16b</b>	

**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 Forms 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.  
☐ Own website ☐ Another's website ☒ 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 . . . . .

**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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

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

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

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

(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			
JOHN J. FINAN PRESIDENT/CEO	50.00	X		X				1,235,162.	0	70,865.
ROLAND M. TOUPS BOARD MEMBER	1.00	X						0.	0	0.
C. STEVEN CLARK CHAIRMAN	1.00	X		X				0.	0	0.
JOHN S. LORE BOARD MEMBER	1.00	X						0.	0	0.
ROGER A. MOSER BOARD MEMBER	1.00	X						0.	0	0.
MERLIN I. OLSON BOARD MEMBER	1.00	X						0.	0	0.
JOHN WARNER SMITH BOARD MEMBER	1.00	X						0.	0	0.
MR. CLAUDE HARBARGER BOARD MEMBER	1.00	X						0.	0	0.
DR. SALLY CLAUSEN BOARD MEMBER	1.00	X						0.	0	0.
SR. MARGARIDA M. VASQUES, O.S.F. BOARD MEMBER	1.00	X						0.	0	0.
C.W. LOVELL, II, M.D. BOARD MEMBER	1.00	X						0.	0	0.
RICHARD M. DEARMAN, M.D. BOARD MEMBER	1.00	X						0.	0	0.
SR. MAGDALEN O'DONOVAN, O.S.F. BOARD MEMBER	1.00	X						0.	0	0.
SR. LILIAN LYNCH, O.S.F. BOARD MEMBER	1.00	X						0.	0	0.
DR. WILLIAM JENKINS BOARD MEMBER	1.00	X						0.	0	0.
JIM PRINCE BOARD MEMBER	1.00	X						0.	0	0.



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

(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			
SR. PETER LILLIAN DE MARIA BOARD MEMBER	1.00	X						0.	0.	0.
SR. BARBARA ARCENEUX, O.S.F. BOARD MEMBER	1.00	X						0.	0.	0.
SR. HELEN CAHILL, O.S.F. BOARD MEMBER	1.00	X						0.	0.	0.
SR. KATHLEEN CAIN, O.S.F. BOARD MEMBER	1.00	X						0.	0.	0.
SR. BRENDAN MARY RONAYNE, O.S.F. BOARD MEMBER	1.00	X						0.	0.	0.
HOWARD L. HARVILL VICE PRESIDENT/CFO	50.00			X				665,789.	0.	157,685.
JOLEE H. BOLLINGER, ESQ. SECRETARY/GENERAL COUNSEL	50.00			X				305,410.	0.	40,091.
ROBERT D. RAMSEY, JR. VICE PRESIDENT/CFO	50.00			X				212,868.	175,500.	51,969.
KENNETH SCOTT WESTER PRESIDENT / CEO OLOL	50.00				X			512,217.	0.	44,933.
WILLIAM BARROW PRESIDENT / CEO LOURDES	50.00				X			454,623.	0.	56,667.
DOLORES LEJEUNE PRESIDENT / CEO ST. ELIZABETH	50.00				X			334,757.	0.	61,221.
PAMELA B. SHOWS VP OF HUMAN RESOURCES	50.00				X			265,799.	0.	63,312.
LAURA T. MARTIN VP OF HEALTHCARE REFORM	50.00				X			214,983.	0.	55,028.
<b>1b Total</b> CONTINUED AT SCHEDULE J-2								6,948,230.	175,500.	991,122.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **24**

**3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
<b>3</b>		X
<b>4</b>	X	
<b>5</b>		X

**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 4		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **15**

**Part VIII Statement of Revenue**

72-1028323

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>					
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>					
	<b>g</b> Noncash contributions included in lines 1a-1f \$ . . . . .						
	<b>h</b> <b>Total.</b> Add lines 1a-1f . . . . .			0.			
<b>Program Service Revenue</b>		<b>Business Code</b>					
	<b>2a</b> MANAGEMENT FEES . . . . .	900099	62,603,700	62,603,700			
	<b>b</b> PATIENT SERVICE . . . . .	900099	911,069.	911,069			
	<b>c</b> INSURANCE CONTRACT NEGOTIATION . . . . .	900099	370,370	370,370			
	<b>d</b> PURCHASED DISCOUNT . . . . .	900099	150,037	150,037			
	<b>e</b> OTHER REVENUE . . . . .	900099	352	352			
	<b>f</b> All other program service revenue . . . . .						
	<b>g</b> <b>Total.</b> Add lines 2a-2f . . . . .		64,035,528				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . ATTACHMENT 5 . . . . .		227,415		0	227,415	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .		0				
	<b>5</b> Royalties . . . . .		0				
		(i) Real	(ii) Personal				
	<b>6a</b> Gross Rents . . . . .						
	<b>b</b> Less rental expenses . . . . .						
	<b>c</b> Rental income or (loss) . . . . .						
	<b>d</b> Net rental income or (loss) . . . . .		0				
		(i) Securities	(ii) Other				
	<b>7a</b> Gross amount from sales of assets other than inventory . . . . .		180				
	<b>b</b> Less cost or other basis and sales expenses . . . . .		6,226				
	<b>c</b> Gain or (loss) . . . . .		-6,046				
<b>d</b> Net gain or (loss) . . . . .		-6,046			-6,046		
<b>8a</b> Gross income from fundraising events (not including \$ . . . . . of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>						
<b>b</b> Less direct expenses . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from fundraising events . . . . .		0					
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>						
<b>b</b> Less direct expenses . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from gaming activities . . . . .		0					
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>						
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from sales of inventory . . . . .		0					
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
<b>11a</b> . . . . .							
<b>b</b> . . . . .							
<b>c</b> . . . . .							
<b>d</b> All other revenue . . . . .							
<b>e</b> <b>Total.</b> Add lines 11a-11d . . . . .		0					
<b>12</b> <b>Total Revenue.</b> See instructions . . . . .			64,256,897	64,035,528	0.	221,369	

Form 990 (2009)

**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).

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21 . . .	68,530.	68,530.		
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 . . . . .	6,109,051.		6,109,051.	
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 . . . . .	19,728,871.	439,953.	19,288,918.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . .	3,399,706.	29,480.	3,370,226.	
9 Other employee benefits . . . . .	2,222,874.	26,014.	2,196,860.	
10 Payroll taxes . . . . .	1,846,976.	31,694.	1,815,282.	
11 Fees for services (non-employees)	0.			
a Management . . . . .	218,344.		218,344.	
b Legal . . . . .	70,253.		70,253.	
c Accounting . . . . .	68,851.		68,851.	
d Lobbying . . . . .	0.			
e Professional fundraising services See Part IV, line 17	0.			
f Investment management fees . . . . .	0.			
g Other . . . . .	25,754,835.	22,279.	25,732,556.	
12 Advertising and promotion . . . . .	981,072.	8,495.	972,577.	
13 Office expenses . . . . .	1,315,236.	21,668.	1,293,568.	
14 Information technology . . . . .	315,750.	46,310.	269,440.	
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	1,726,287.	50,988.	1,675,299.	
17 Travel . . . . .	868,494.	3,018.	865,476.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings . . . .	0.			
20 Interest . . . . .	760,792.		760,792.	
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . .	13,125,928.		13,125,928.	
23 Insurance . . . . .	536,900.	16,763.	520,137.	
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 <u>CHG IN VALUE OF INT RATE SWA</u> . . . . .	5,411,909.		5,411,909.	
b <u>DUES/SUBSCRIPTIONS</u> . . . . .	579,145.	3,923.	575,222.	
c <u>DEPARTMENTAL FOOD</u> . . . . .	147,572.		147,572.	0.
d <u>MINOR UNCAP EQUIPMENT</u> . . . . .	145,312.		145,312.	
e <u>CAPITAL TRANSFERS</u> . . . . .	67,273.		67,273.	
f All other expenses . . . . .	91,285.	1,362.	89,923.	0.
25 <b>Total functional expenses.</b> Add lines 1 through 24f	85,561,246.	770,477.	84,790,769.	0.
26 <b>Joint Costs.</b> Check here <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) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing . . . . .	12,723,502.	1	7,456,359.
	2 Savings and temporary cash investments . . . . .	1,741,289.	2	1,945,837.
	3 Pledges and grants receivable, net . . . . .		3	
	4 Accounts receivable, net . . . . .	754,908.	4	283,619.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L . . . . .		6	
	7 Notes and loans receivable, net . . . . .		7	
	8 Inventories for sale or use . . . . .		8	
	9 Prepaid expenses and deferred charges . . . . .	2,948,807.	9	8,066,319.
	10 a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . . . . .	10a 75,789,321.		
	b Less accumulated depreciation . . . . .	10b 37,588,897.	10c	38,200,424.
	11 Investments - publicly traded securities . . . . .	332,970.	11	0.
	12 Investments - other securities See Part IV, line 11 . . . . .		12	
	13 Investments - program-related See Part IV, line 11 . . . . .	130,000.	13	130,000.
	14 Intangible assets . . . . .		14	
	15 Other assets See Part IV, line 11 . . . . .	4,250,561.	15	2,908,782.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	63,994,347.	16	58,991,340.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses . . . . .	12,467,390.	17	16,448,243.
	18 Grants payable . . . . .		18	
	19 Deferred revenue . . . . .		19	
	20 Tax-exempt bond liabilities . . . . .	7,085,316.	20	165,000.
	21 Escrow or custodial account liability Complete Part IV of Schedule D . . . . .		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		22	
	23 Secured mortgages and notes payable to unrelated third parties . . . . .		23	
	24 Unsecured notes and loans payable to unrelated third parties . . . . .		24	
	25 Other liabilities Complete Part X of Schedule D . . . . .	22,791,811.	25	26,906,453.
	26 <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	42,344,517.	26	43,519,696.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets . . . . .	21,649,830.	27	15,471,644.
	28 Temporarily restricted net assets . . . . .		28	
	29 Permanently restricted net assets . . . . .		29	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	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 <b>Total net assets or fund balances</b> . . . . .	21,649,830.	33	15,471,644.
	34 <b>Total liabilities and net assets/fund balances</b> . . . . .	63,994,347.	34	58,991,340.

Form 990 (2009)

**Part XI Financial Statements and Reporting**

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .		X
<b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . .	X	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . . If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	X	
<b>d</b> If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>3a</b> 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? . . . . .		X
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form **990** (2009)

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

FMOL HEALTH SYSTEM, INC.

Employer identification number

72-1028323

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 ☐ An organization that normally receives (1) more than 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).
- 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 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? ☐

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

h Provide the following information about the supported organization(s).

(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	
ATTACHMENT 1									
<b>Total</b>									62,603,700.

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4</b> <b>Total.</b> Add lines 1 through 3 . . . . .						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . .						
<b>6</b> <b>Public support.</b> Subtract line 5 from line 4 . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .						
<b>11</b> <b>Total support.</b> Add lines 7 through 10 . . . . .						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13</b> <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a</b> <b>33 1/3 % support test - 2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b</b> <b>33 1/3 % support test - 2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>17a</b> <b>10%-facts-and-circumstances test - 2009.</b> 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 <b>stop here.</b> 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>b</b> <b>10%-facts-and-circumstances test - 2008.</b> 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 <b>stop here.</b> 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>18</b> <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6</b> Total. Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8</b> Public support (Subtract line 7c from line 6) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12) . . . . .						
<b>14</b> First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3 % support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐

**b 33 1/3 % support tests - 2008.** 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 explanation required by Part II, line 10, Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information. See instructions.

ATTACHMENT 1

SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION	(IV)		(V)		(VI)		(VII) AMOUNT OF SUPPORT
			YES	NO	YES	NO	YES	NO	
OUR LADY OF THE LAKE HOSPITAL, INC	72-0423651	03	X		X		X		30,419,100
OUR LADY OF LOURDES REGIONAL MEDICAL CENTER	72-0423635	03	X		X		X		11,376,840.
ST FRANCIS MEDICAL CENTER	72-0408970	03	X		X		X		15,810,156
ST ELIZABETH HOSPITAL	72-1470744	03	X		X		X		4,997,604
TOTAL AMOUNT OF SUPPORT									<u>62,603,700</u>

**SCHEDULE C**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**  
For Organizations Exempt From Income Tax Under section 501(c) and section 527  
▶ **Complete if the organization is described below.**  
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions**

OMB No 1545-0047

**2009**

**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), then

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

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

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

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures ▶ \$
- 3 Volunteer hours

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2009

JSA  
9E1264 2 000

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check ☐ if the filing organization belongs to an affiliated group
- 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												
<b>1 a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)															
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)															
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)															
<b>d</b> Other exempt purpose expenditures															
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)															
<b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table border="1"> <tr> <td><b>If the amount on line 1e, column (a) or (b) is:</b></td> <td><b>The lobbying nontaxable amount is:</b></td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>	<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000			
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)															
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0-															
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-															
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
<b>2 a</b> Lobbying non-taxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2009

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

	(a)		(b)
	Yes	No	Amount
<b>1</b> 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:			
<b>a</b> Volunteers?		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?		X	
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?	X		68,851.
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities? If "Yes," describe in Part IV			
<b>j</b> Total. Add lines 1c through 1i			68,851.
<b>2 a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

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

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

<b>1</b> Dues, assessments and similar amounts from members	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	2a	
<b>b</b> Carryover from last year	2b	
<b>c</b> Total	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
<b>4</b> 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	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	5	

**Part IV Supplemental Information**

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

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**Part IV** Supplemental Information (continued)

Area with horizontal dashed lines for supplemental information.

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

FMOL HEALTH SYSTEM, INC.

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public  
Inspection

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? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No

**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)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 8/17/06 . . . . .	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ► \_\_\_\_\_

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

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 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 . . . . . ► \$ \_\_\_\_\_

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

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

- a ☐ Public exhibition d ☐ Loan or exchange programs  
 b ☐ Scholarly research e ☐ Other \_\_\_\_\_  
 c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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 Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21? . . . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if 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 Net investment earnings, gains, and losses . . . . .					
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .					

2 Provide the estimated percentage of the 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 . . . . .

	Yes	No
3a(i)		
3a(ii)		
3b		

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

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) Accumulated depreciation	(d) Book value
1a Land . . . . .		0.		
b Buildings . . . . .				
c Leasehold improvements . . . . .		338,513.	68,415	270,098.
d Equipment . . . . .		74,782,927.	37,520,483.	37,262,444.
e Other . . . . .		667,881.		667,881.
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) . . . . .				38,200,423.

Schedule D (Form 990) 2009

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives . . . . .		
Closely-held equity interests . . . . .		
Other _____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12) ▶		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15

(a) Description	(b) Book value
CERNER FEES	884,843.
DUE FROM AFFILIATES	1,855,489.
DEFERRED COMPENSATION	0.
VHA STOCK	168,450.
_____	
_____	
_____	
_____	
_____	
_____	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	2,908,782.

**Part X Other Liabilities.** See Form 990, Part X, line 25

1. (a) Description of liability	(b) Amount
Federal income taxes	
ACCRUED KEYSOP LIABILITY	614,108.
ACCRUED FMC CLAIMS	21,211.
CAPITAL LEASE - CERNER	13,956,586.
INTEREST RATE SWAP	10,684,918.
DEFERRED REVENUE	1,629,630.
_____	
_____	
_____	
_____	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	26,906,453.

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48



**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited 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 through 8	9	
10	Excess or (deficit) for the year per audited 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		
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		
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 must 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		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	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		
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 must 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 IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

**Part XIV Supplemental Information** *(continued)*

EIN 48 FOOTNOTE

FMOLHS RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. RECOGNIZED INCOME TAX POSITIONS ARE MEASURED AT THE LARGEST AMOUNT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED. CHANGES IN RECOGNITION OR MEASUREMENT ARE REFLECTED IN THE PERIOD IN WHICH THE CHANGE IN JUDGEMENT OCCURS." THERE WAS NO IMPACT OF THE FINANCIAL STATEMENTS AS A RESULT OF FIN 48.

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

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

► Attach to Form 990.

Department of the Treasury  
Internal Revenue Service

**Name of the organization**

FMOL HEALTH SYSTEM, INC.

## Part I General Information on

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? .....

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

**Part II** Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to

Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . .

[illegible]

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

3 Enter total number of other organizations

Schedule I (Form 990) 2009

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**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 Part IV and 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.

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

FMOL HEALTH SYSTEM, INC.

Employer identification number

72-1028323

**Part I Questions Regarding Compensation**

**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.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence            |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)            |

**b** If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.

	Yes	No
1b		X

**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?

2	X	
---	---	--

**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.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                               |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a** X
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b** X
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c** X
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

4a	X	
4b	X	
4c		X

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

**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? **5a** X
- b** Any related organization? **5b** X
- If "Yes" to line 5a or 5b, describe in Part III.

5a		X
5b		X

**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? **6a** X
- b** Any related organization? **6b** X
- If "Yes" to line 6a or 6b, describe in Part III.

6a		X
6b		X

**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.

7	X	
---	---	--

**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.

8		X
---	--	---

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

9		
---	--	--

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2009

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

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

**Note.** The sum of columns (B)(i)-(iii) 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) Retirement and other 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 reportable compensation				
JOHN J. FINAN	(i) 653,541. (ii) 0.	521,656. 0.	59,966. 0.	41,142. 0.	29,723. 0.	1,306,027. 0.	0.
KENNETH SCOTT WESTER	(i) 336,739. (ii) 0.	128,182. 0.	47,296. 0.	17,319. 0.	27,614. 0.	557,150. 0.	0.
WILLIAM BARROW	(i) 332,058. (ii) 0.	73,216. 0.	49,349. 0.	32,911. 0.	23,756. 0.	511,290. 0.	0.
DOLORES LEJEUNE	(i) 204,903. (ii) 0.	70,779. 0.	59,075. 0.	41,431. 0.	19,790. 0.	395,978. 0.	0.
PAMELA B. SHOWS	(i) 164,061. (ii) 0.	47,754. 0.	53,984. 0.	32,731. 0.	30,581. 0.	329,111. 0.	0.
LAURA T. MARTIN	(i) 165,867. (ii) 0.	43,172. 0.	5,944. 0.	34,399. 0.	20,629. 0.	270,011. 0.	0.
SUE E. MCMAHON	(i) 261,415. (ii) 0.	16,374. 0.	516. 0.	38,118. 0.	19,210. 0.	335,633. 0.	0.
KAREN PARKER	(i) 114,066. (ii) 0.	21,876. 0.	22,248. 0.	20,165. 0.	18,232. 0.	196,587. 0.	0.
DAVID E. WENDT	(i) 123,445. (ii) 0.	20,470. 0.	8,016. 0.	20,575. 0.	15,325. 0.	187,831. 0.	0.
JOHN STUART SHOWALTER	(i) 154,151. (ii) 0.	0. 0.	37,926. 0.	0. 0.	6,430. 0.	198,507. 0.	0.
VINDELL WASHINGTON	(i) 240,096. (ii) 0.	80,725. 0.	13,691. 0.	9,800. 0.	18,227. 0.	362,539. 0.	0.
HOWARD L. HARVILL	(i) 392,173. (ii) 0.	119,383. 0.	154,233. 0.	130,679. 0.	27,006. 0.	823,474. 0.	0.
GEORGE E. BURGESS, III, M	(i) 237,195. (ii) 0.	64,759. 0.	8,814. 0.	40,472. 0.	29,936. 0.	381,177. 0.	0.
JOLEE H. BOLLINGER, ESQ.	(i) 224,532. (ii) 0.	49,330. 0.	31,548. 0.	13,474. 0.	26,617. 0.	345,501. 0.	0.
WILSON J. GORDON, III	(i) 302,882. (ii) 0.	71,014. 0.	21,590. 0.	40,164. 0.	27,826. 0.	463,476. 0.	0.
STEPHANIE A. MILLS, M.D.	(i) 275,543. (ii) 0.	79,550. 0.	46,273. 0.	16,282. 0.	20,712. 0.	438,360. 0.	0.

Schedule J (Form 990) 2009

**Part III Supplemental Information**

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, PART I, LINE 1A

JOHN FINAN, TONY GORDON AND DOLORES LEJEUNE HAVE RECEIVED REIMBURSEMENT

FOR HEALTH CLUB OR SOCIAL DUES. THE PERSONAL PORTIONS OF THESE EXPENSES

WERE TREATED AS TAXABLE COMPENSATION TO THE LISTED PERSON.

LOUIS BREMER AND JOHN STUART SHOWALTER HAVE RECEIVED A HOUSING ALLOWANCE.

THE PERSONAL PORTIONS OF THESE EXPENSES WERE TREATED AS TAXABLE

COMPENSATION TO THE LISTED PERSON.

SCHEDULE J, PART I, LINE 4A

THE CEO, CFO, AND THREE KEY EMPLOYEES ARE ENTITLED TO A SEVERANCE

BENEFIT. THE PAYOUT OF SUCH BENEFIT IS REMOTE AS IT IS EFFECTIVE ONLY

FOR A TERMINATION OF EMPLOYMENT WITHOUT CAUSE. IF TRIGGERED, THE

EXECUTIVE WOULD BE PAID HIS BASE SALARY AND AN ANNUAL INCENTIVE AT TARGET

AND PROVIDED RETIREMENT AND WELFARE BENEFITS FOR AN ENTITLEMENT PERIOD.

THE ENTITLEMENT PERIOD RANGES FROM 18 MONTHS TO 60 MONTHS DEPENDING ON

THE EXECUTIVE AND LENGTH OF SERVICE. NO PERSON LISTED ON PART VII

RECEIVED A SEVERANCE PAYMENT UNDER THIS PLAN.

**Part III Supplemental Information**

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.

A SEVERANCE PAYMENT WAS RECEIVED BY TWO INDIVIDUALS WHO WERE NOT

ASSOCIATED WITH THE ABOVE PLAN.

SUZANNE SCHEXNAYDER \$68,444

JOHN STUART SHOWALTER \$36,926

SCHEDULE J, PART I, LINE 1B

HUMAN RESOURCES IS INVOLVED IN THE DECISION-MAKING PROCESS IN DETERMINING  
THAT THE ORGANIZATION WOULD PROVIDE HEALTH CLUB, SOCIAL DUES, AND HOUSING  
ALLOWANCES.

SCHEDULE J, PART 1, LINE 4B

FMOL HEALTH SYSTEM, INC. MAINTAINS FOUR SEPARATE, UNFUNDED DEFERRED  
COMPENSATION PLANS WHICH MEET THE REQUIREMENTS OF IRC SECTION 457(F) AND  
IRC SECTION 409A. THE PLANS PROVIDE FOR COMPENSATION TO BE DEFERRED AND  
PAID AT THE EARLIEST OF ONE'S DISABILITY, DEATH OR ATTAINMENT OF A



**Part III Supplemental Information**

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.

SPECIFIC PAYMENT DATE. PARTICIPATION IN THE PLAN IS LIMITED TO CERTAIN  
EXECUTIVES AND IS SUBJECT TO THE APPROVAL OF FMOL HEALTH SYSTEM, INC.  
BOARD OF DIRECTORS OR A DESIGNATED COMMITTEE OF SUCH BOARD. NO PERSONS  
LISTED IN FORM 990, PART VII, SECTION A RECEIVED PAYMENTS FROM THE PLAN  
IN THE CURRENT YEAR.

SCHEDULE J, PART I, LINE 7

DISCRETIONARY BONUSES WERE PAID WITH REGARD TO PERSONS LISTED ON PART  
VII, SECTION A, LINE 1A. SUCH BONUSES WERE APPROVED BY THE CEO OR THE  
COMPENSATION COMMITTEE DEPENDING ON INDIVIDUALS JOB LEVEL.

## Continuation Sheet for Schedule J (Form 990)

▶ Attach to Form 990 to list additional information for Schedule J (Form 990), Part II.

▶ See Instructions for Schedule J (Form 990).

Department of the Treasury  
Internal Revenue Service

Name of the organization

FMOL HEALTH SYSTEM, INC.

Employer Identification number

72-1028323

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (Schedule J, Part II)**

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**For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**

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**Continuation Sheet for Form 990**

▶ **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**

► See the Instructions for Form 990.

OMB No. 1545-0047

2009

**Open to Public Inspection**

Name of the Organization

FMOL HEALTH SYSTEM, INC.

Employer identification number

72-1028323

## Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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**For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule J-2 (Form 990) 2009

**SCHEDULE K  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information on Tax-Exempt Bonds**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).

▶ Attach to Form 990. See separate instructions.

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

FMOL HEALTH SYSTEM, INC.

Employer identification number

72-1028323

**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer	
						Yes	No	Yes	No
<b>A</b> LOUISIANA PUBLIC FACILITIES AUTHORITY 05A 05D	72-0895871	546395B78	10/25/2005	170,286,095	CAPITAL, REFUND PRIOR ISSUES 7/23/			X	X
<b>B</b> LOUISIANA PUBLIC FACILITIES AUTHORITY 05B 05C	72-0895871	546395D92	05/28/2008	100,000,000	CAPITAL, REFUND PRIOR ISSUE 10/04/0			X	X
<b>C</b> LOUISIANA PUBLIC FACILITIES AUTHORITY 05D	72-0895871	546395C28	07/21/2008	88,325,000	REFUND 10/25/05-REFUNDS 7/23/98			X	X
<b>D</b> LOUISIANA PUBLIC FACILITIES AUTHORITY 98B 08A	72-0895871	546395E83	08/07/2008	82,485,000	REFUND PRIOR ISSUES '98 '05			X	X
<b>E</b> LOUISIANA PUBLIC FACILITIES AUTHORITY 09A	72-0895871	546395H72	07/23/2009	202,528,691	CAPITAL, REFUND PRIOR ISSUES '98			X	X

**Part II Proceeds**

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Total proceeds of issue		86,932,831.		104,257,715.				535,600.		121,483,123.
2 Gross proceeds in reserve funds										
3 Proceeds in refunding or defeasance escrows										
4 Other unspent proceeds		6,133,473.								20,460,295.
5 Issuance costs from proceeds		3,358,949.		1,141,630.				535,600.		2,163,735.
6 Working capital expenditures from proceeds										
7 Capital expenditures from proceeds		77,440,409.		103,116,085.						98,859,093.
8 Year of substantial completion	2009		2009						2009	
9 Were the bonds issued as part of a current refunding issue?										
10 Were the bonds issued as part of an advance refunding issue?	X								X	
11 Has the final allocation of proceeds been made?		X						X		X
12 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							X		X

**Part III Private Business Use**

	A		B		C		D		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?		X								X
2 Are there any lease arrangements with respect to the financed property which may result in private business use?	X								X	

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule K (Form 990) 2009

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**Part III Private Business Use (Continued)**

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts with respect to the financed property which may result in private business use?	X		X						X	
<b>b</b> Are there any research agreements with respect to the financed property which may result in private business use?		X		X						X
<b>c</b> 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?	X		X						X	
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		.1920%		.0230%		%		%		.0300 %
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		.1610%		.1090%		%		%		.1430 %
<b>6</b> Total of lines 4 and 5		.3530%		.1320%		%		%		.1730 %
<b>7</b> Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X						X	

**Part IV Arbitrage**

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X	X			X		X		X
<b>2</b> Is the bond issue a variable rate issue?		X		X		X		X		X
<b>3a</b> Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?	X			X	X					X
<b>b</b> Name of provider	MERRILL LYNCH									
<b>c</b> Term of hedge	23.500									
<b>4a</b> Were gross proceeds invested in a GIC?	X		X			X				X
<b>b</b> Name of provider	HYPO RE BANK									
<b>c</b> Term of GIC	3.500									
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X		X							
<b>5</b> Were any gross proceeds invested beyond an available temporary period?	X			X		X		X		X
<b>6</b> Did the bond issue qualify for an exception to rebate?		X		X		X		X		X

Schedule K (Form 990) 2009

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

FMOL HEALTH SYSTEM, INC.

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No 1545-0047

**2009**

**Open to Public  
Inspection**

Employer identification number

72-1028323

ATTACHMENT 2

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.

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.

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

Name of the organization	Employer identification number
FMOL HEALTH SYSTEM, INC.	72-1028323
ATTACHMENT 2 (CONT'D)	

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

PART VI, SECTION A, QUESTION 11

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.

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

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

ATTACHMENT 2 (CONT'D)

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.

PART VI, SECTION B, QUESTION 15A & 15B

OUR BOARD OF DIRECTORS DESIGNATES THE HUMAN RESOURCES AND COMPENSATION



Name of the organization

FMOL HEALTH SYSTEM, INC.

Employer identification number

72-1028323

ATTACHMENT 2 (CONT'D)

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.

## PART VI, SECTION C, QUESTION 19

COPIES OF THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND  
FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

## PROGRAM SERVICE

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

Name of the organization

FMOL HEALTH SYSTEM, INC.

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ATTACHMENT 2 (CONT'D)

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  
\$12,643,000 WERE PROVIDED WITHOUT CHARGE DURING THE YEAR ENDED JUNE 30,  
2010. CHARGES FOREGONE, BASED ON ESTABLISHED RATES, TOTALED \$31,433,000

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

ATTACHMENT 2 (CONT'D)

FOR THE YEAR ENDED JUNE 30, 2010.

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 SUMMARIZES 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, 2010:

	CHARGES FOREGONE	ESTIMATED UNREIMBURSED COSTS
MEDICARE	\$641,409,000	\$74,014,000
MEDICAID	250,345,000	51,236,000
OTHER	5,302,000	1,202,000
CHARITY	31,433,000	12,643,000
TOTALS	928,489,000	139,095,000

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

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

ATTACHMENT 2 (CONT'D)

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, 2010 ARE AS FOLLOWS:

## OUR LADY OF LOURDES REGIONAL MEDICAL CENTER

## NET COMMUNITY BENEFIT EXPENSE

COMMUNITY BENEFITS AT COST	2010
SUBSIDIZED HEALTH SERVICES	817,000
COMMUNITY HEALTH IMPROVEMENT SERVICES	278,000
HEALTH PROFESSIONS EDUCATION	162,000
COMMUNITY BUILDING ACTIVITIES	31,000
DONATIONS OR IN-KIND CONTRIBUTIONS	287,000
TOTAL	1,575,000

SUBSIDIZED HEALTH SERVICES-INCLUDES THE DISCOUNT PROVIDED, AT COST TO ALL  
 PATIENTS THAT HAVE NO FORM OF INSURANCE COVERAGE. PROGRAMS SUCH AS SCOTT  
 FAMILY CLINIC, WHICH SERVICES THE UNDERINSURED OR UNINSURED, AND ST.  
 BERNADETTE'S CLINIC, WHICH PROVIDES FREE MEDICAL CARE TO THE HOMELESS AND  
 UNINSURED POPULATION, ARE ALSO INCLUDED.

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

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

ATTACHMENT 2 (CONT'D)

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.

COMMUNITY BUILDING ACTIVITIES-INCLUDES ACTIVITIES THAT ENHANCE THE OVERALL COMMUNITY SUCH AS EMERGENCY PREPAREDNESS PROGRAMS.

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.

COMMUNITY BENEFIT OPERATIONS- INCLUDES COSTS ASSOCIATED WITH DEDICATED STAFF, COMMUNITY NEEDS ASSESSMENTS, OR COORDINATION OF COMMUNITY BENEFIT.

Name of the organization

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FMOL HEALTH SYSTEM, INC.

72-1028323

ATTACHMENT 2 (CONT'D)

## ST. FRANCIS MEDICAL CENTER

## NET COMMUNITY BENEFIT EXPENSE

COMMUNITY BENEFITS AT COST	2010
OTHER COMMUNITY BENEFITS:	
HEALTH PROFESSIONS EDUCATION	1,023,000
SUBSIDIZED HEALTH SERVICES	499,000
CASH AND IN-KIND CONTRIBUTION	54,000
TO COMMUNITY GROUPS	
TOTAL OTHER COMMUNITY BENEFITS	1,576,000
COMMUNITY BUILDING ACTIVITIES:	
PHYSICAL IMPROVEMENTS & HOUSING	94,000
COMMUNITY HEALTH EDUCATION	17,000
COMMUNITY SUPPORT	217,000
COMMUNITY BASED CLINICAL SERVICES	349,000
LEADERSHIP DEVELOPMENT & TRAINING	33,000
FOR COMMUNITY MEMBERS	
COMMUNITY HEALTH IMPROVEMENT ADVOCACY	158,000
WORKFORCE DEVELOPMENT	24,000
TOTAL COMMUNITY BUILDING ACTIVITIES	892,000
TOTAL	2,468,000

## COMMUNITY BENEFITS

HEALTH PROFESSIONS EDUCATION - CLINICAL SETTING FOR UNDERGRADUATE,  
VOCATIONAL TRAINING, INTERNSHIPS, CLERKSHIPS, AND RESIDENCIES. INCLUDES

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ATTACHMENT 2 (CONT'D)

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

Name of the organization

FMOL HEALTH SYSTEM, INC.

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ATTACHMENT 2 (CONT'D)

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



Name of the organization

Employer identification number

FMOL HEALTH SYSTEM, INC.

72-1028323

ATTACHMENT 2 (CONT'D)

## NET COMMUNITY BENEFIT EXPENSE

COMMUNITY HEALTH IMPROVEMENT SERVICES 2010

IMMUNOLOGICAL SUPPORT 497,000

COMMUNITY HEALTH 186,000

LAKELINE DIRECT 1,226,000

ST. MARTHA ACTIVITY CENTER 41,000

ELDERLY SERVICES 279,000

ELDERLY HOUSING 2,246,000

## HEALTH CARE PROFESSIONS EDUCATION:

OLOL COLLEGE 6,074,000

INTERNS AND RESIDENTS 2,373,000

## SUBSIDIZED HEALTH SERVICES:

FAMILY EDUCATION 1,396,000

OLOL NEIGHBORHOOD CLINIC 457,000

COPE 1,159,000

PALLIATIVE CARE 398,000

## RESEARCH:

CLINICAL RESEARCH 645,000

## FINANCIAL CONTRIBUTION:

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

ATTACHMENT 2 (CONT'D)

CASH CONTRIBUTION 585,000

## COMMUNITY BUILDING ACTIVITIES:

ELDERLY HOUSING COMPLEX 462,000

MARY BIRD PERKINS 100,000

COMMUNITY CLINIC 29,000

TOTAL 18,153,000

## COMMUNITY HEALTH IMPROVEMENT SERVICES

IMMUNOLOGICAL SUPPORT - THE LAKE ORGANIZES, 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.

Name of the organization	Employer identification number
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ATTACHMENT 2 (CONT'D)

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

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

ATTACHMENT 2 (CONT'D)

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.

Name of the organization	Employer identification number
FMOL HEALTH SYSTEM, INC.	72-1028323
ATTACHMENT 2 (CONT'D)	

## 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.

## SCHEDULE K ADDITIONAL INFORMATION

PART II-4 THE REMAINING FUNDS WILL BE SPEND BY EARLY 2012.

PART IV-1 THE ARBITRAGE REBATE CALCULATION WAS PERFORMED AND THERE WAS NO ASSOCIATED TAX LIABILITY.

PART IV-2 THE ISSUE IS 50% VARIABLE AND 50% FIXED.

PART IV-5 THE REMAINING FUNDS WILL BE SPEND BY EARLY 2012.

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

ATTACHMENT 2 (CONT'D)

## PART VI, QUESTION 2

DR. SALLY CLAUSEN AND ROLAND M. TOUPS- BUSINESS RELATIONSHIP

ATTACHMENT 3FORM 990, PART III, LINE 1 - 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.

ATTACHMENT 4990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
CERNER CORPORATION 2800 ROCKCREEK PKWY KANSAS CITY, MO 64117	CONSULTING & SERVICE	4,581,165.
LAWSON 380 ST. PETER ST ST PAUL, MN 55102-1302	CONSULTING & SERVICE	1,019,161.
KPMG, LLP PO BOX 120001 DEPT 0721 DALLAS, TX 75312-0721	PROFESSIONAL SERVICE	637,160.
FMOL NORTH AMERICAN PROVENCE 4200 ESSEN LANE BATON ROUGE, LA 70809	CONTRACT LABOR	573,388.

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

ATTACHMENT 4 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
HEWITT ASSOCIATES, LLC P.O. BOX 95135 CHICAGO, IL 60694-5135	CONSULTING SERVICES	366,145.
TOTAL COMPENSATION		<u>7,177,019.</u>

ATTACHMENT 5

FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INVESTMENT INCOME	227,415		0	227,415
TOTALS	<u>227,415.</u>		<u>0.</u>	<u>227,415.</u>

ATTACHMENT 6

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

DESCRIPTION	ENDING BOOK VALUE
PREPAID EXPENSES	8,066,319.
TOTALS	<u>8,066,319.</u>

ATTACHMENT 7

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	ENDING BOOK VALUE	COST OR FMV
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Name of the organization

FMOL HEALTH SYSTEM, INC.

Employer identification number

72-1028323

ATTACHMENT 7 (CONT'D)FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>COST OR FMV</u>
KEYSOP INVESTMENT	0.	FMV
TOTALS	<u>0.</u>	





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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?
							Yes	No		
LOURDES IMAGING CENTER LLC 20- 611 ST LANDRY STREET	HEALTHCARE	LA	LOURDES	N/A				X		X
HEART HOSPITAL OF ACADIANA 30- 1105 KALISTE SALOOM ROAD	HEALTHCARE	LA	LOURDES	N/A				X		X
PERKINS PLAZA MEDICAL ARTS DEV 5000 HENNESSY BOULEVARD	REAL ESTATE	LA	OLOL	N/A				X		X
PERKINS PLAZA IMAGING CENTER 2 5000 HENNESSY BOULEVARD	HEALTHCARE	LA	OLOL	N/A				X		X
PERKINS PLAZA IMAGING DEVELOPM 5000 HENNESSY BOULEVARD	REAL ESTATE	LA	OLOL	N/A				X		X
P&S SURGERY CENTER LLC 72-1387 312 GRAMMONT STREET	HEALTHCARE	LA	ST FRANCIS	N/A				X		X
NUCLEAR IMAGING 72-1470061 5000 HENNESSY BOULEVARD	HEALTHCARE	LA	OLOL	N/A				X		X

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

(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, LA 71201	INSURANCE	LA	ST FRANCIS	C CORP			
HOSPITAL ASSISTANCE SERVICES P O BOX 4027-C LAFAYETTE, LA 70502	HEALTHCARE	LA	LOURDES	C CORP			
LOUISE INSURANCE COMPANY P O BOX 1051 KY1-1102	INSURANCE	CJ	N/A	C CORP	5,509,854	30,220,691	100.0000
MONROE HEALTH SERVICES P O BOX 3187 MONROE, LA 71210	HEALTHCARE	LA	AMBULATORY	C CORP			
NORTHEAST LA HEALTH NETWORK 309 JACKSON STREET MONROE, LA 71201	HEALTHCARE	LA	AMBULATORY	C CORP			
BERNARD BRIAN ALLAIN MEMORIAL CRT 5000 HENNESSY BOULEVARD BATON ROUGE, LA 70808	INVESTMENT	LA	OLOL FOUNDATION TRUST				

Schedule R (Form 990) 2009

**Part V** Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

	Yes	No
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Gift, grant, or capital contribution to other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> Gift, grant, or capital contribution from other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> Loans or loan guarantees to or for other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>e</b> Loans or loan guarantees by other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>f</b> Sale of assets to other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>g</b> Purchase of assets from other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>h</b> Exchange of assets	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>i</b> Lease of facilities, equipment, or other assets to other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>j</b> Lease of facilities, equipment, or other assets from other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>l</b> Performance of services or membership or fundraising solicitations by other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>n</b> Sharing of paid employees	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>o</b> Reimbursement paid to other organization for expenses	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>p</b> Reimbursement paid by other organization for expenses	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>q</b> Other transfer of cash or property to other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>r</b> Other transfer of cash or property from other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved
(1) OLOL ASCENSION COMMUNITY HOSPITAL	R	1,170,648.
(2) OLOL ASCENSION COMMUNITY HOSPITAL	O	162,984.
(3) OLOL ASCENSION COMMUNITY HOSPITAL	P	1,883,109.
(4) OLOL ASCENSION COMMUNITY HOSPITAL	K	4,997,604.
(5) OUR LADY OF THE LAKE HOSPITAL	J	1,169,414.
(6) OUR LADY OF THE LAKE HOSPITAL	R	7,590,240.

Schedule R (Form 990) 2009













**Part V** Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(A)	Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(7)	OUR LADY OF THE LAKE HOSPITAL	O	4,582,823.
(8)	OUR LADY OF THE LAKE HOSPITAL	P	20,435,811.
(9)	OUR LADY OF THE LAKE HOSPITAL	K	30,419,100.
(10)	OUR LADY OF LOURDES REGIONAL MEDICAL CENTER	R	2,236,144.
(11)	OUR LADY OF LOURDES REGIONAL MEDICAL CENTER	O	380,649.
(12)	OUR LADY OF LOURDES REGIONAL MEDICAL CENTER	P	9,580,331.
(13)	OUR LADY OF LOURDES REGIONAL MEDICAL CENTER	K	11,376,840.
(14)	ST. FRANCIS MEDICAL CENTER	R	4,059,378.
(15)	ST. FRANCIS MEDICAL CENTER	O	628,880.
(16)	ST. FRANCIS MEDICAL CENTER	P	10,666,000.
(17)	ST. FRANCIS MEDICAL CENTER	K	15,810,156.
(18)	FRANCISCAN PACE, INC.	P	388,338.
(19)	FRANCISCAN PACE, INC.	O	164,456.
(20)	FRANCISCAN MISSIONARIES OF OUR LADY	J	294,515.
(21)	FRANCISCAN MISSIONARIES OF OUR LADY	O	655,761.
(22)	LOUISE INSURANCE COMPANY	Q	5,871,735.
(23)			
(24)			

Schedule R-1 (Form 990) 2009



Form **8868**

(Rev. April 2009)

Department of the Treasury  
Internal Revenue Service**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No. 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).  
**Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

**Electronic Filing (e-file)** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

Type or print  File by the due date for filing your return. See instructions.	Name of Exempt Organization		Employer identification number
	FMOL HEALTH SYSTEM, INC.		72-1028323
	Number, street, and room or suite no. If a P.O. box, see instructions		
	4200 ESSEN LANE		
City, town or post office, state, and ZIP code. For a foreign address, see instructions			
BATON ROUGE, LA 70809-2158			

**Check type of return to be filed** (file a separate application for each return)

- |  |  |                                    |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)     | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                             | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ ROBERT D. RAMSEY

Telephone No. ▶ 225 923-2701

FAX No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) 0928. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15, 2011, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ ☐ calendar year \_\_\_\_\_ or  
▶ ☒ tax year beginning 07/01, 2009, and ending 06/30, 2010.

- 2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)

- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box ☒ X
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

**Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).**

Type or print  File by the extended due date for filing the return. See instructions.	Name of Exempt Organization <b>FMOL HEALTH SYSTEM, INC.</b>	Employer identification number <b>72-1028323</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>4200 ESSEN LANE</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>BATON ROUGE, LA 70809-2158</b>	

**Check type of return to be filed (File a separate application for each return):**

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of **ROBERT D. RAMSEY**  
Telephone No. **225 923-2701** FAX No. \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **0928**. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **05/15/2011**
- 5 For calendar year \_\_\_\_\_, or other tax year beginning **07/01/2009** and ending **06/30/2010**
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension **INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 8069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 8069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$ 0.
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **Ryan B. Hooks** Title **LA CPA** Date **1/20/2011**

**KPMG LLP**  
**450 LAUREL STREET, SUITE 1700**  
**BATON ROUGE, LA 70801**

Form 8868 (Rev. 4-2009)